# “Healthy Together – Our Future”

**Guidebook for HIV/AIDS/STI Prevention in the context of Mining and Transport**

ШАДАР САЙДЫН
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## Guidebook for HIV/AIDS/STI Prevention in the context of Mining and Transport

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# Foreword

With the rapid exploitation of Mongolia's extensive mineral deposits the country is undergoing an economic transformation. Mining development is also catalyzing major developments in other sectors such as transport and energy. Already, new transport corridors are being constructed to service mines in southern Mongolia, and a large power transmission line is being built to source electricity from the Peoples' Republic of China. Economic growth will create demand for new facilities and even new towns.

The Mongolian government has recognized that, alongside the benefits of rapid infrastructural development, there is the potential for negative consequences should health, social, and environmental risks not be addressed in a timely and appropriate manner. For example, the nature of rapid infrastructural development is characterized by high population mobility, particularly among unaccompanied men, and the exposure of previously remote areas to new lifestyles. International experience has shown this is likely to lead to risky sexual behavior and the accompanying threat of HIV/AIDS. Although HIV levels in Mongolia are currently low, the number of cases is increasing and road and mining developments offer a potential route through which the disease might establish a foothold in the country.

With this in mind, Mongolia has taken appropriate measures to make the infrastructure and mining sectors a core part of the national response, to the threat of HIV/AIDS. These measures involve the inclusion of responsibilities for non-health ministries and private companies in the new revised HIV/AIDS Law and detailed Ministerial Orders relating to HIV prevention in the context of mining and transport. Many Asian countries have made progress

on HIV and infrastructure. Mongolia's work has drawn heavily on experiences and lessons learned from these countries and other parts of the world. Mongolia's approach can now be seen as truly pioneering in bringing together five important elements in a coordinated manner: high-level support institutionalized through key policies; detailed guidance on how policy should be turned into practice; partnerships between government agencies and the private sector; linkages to the National HIV/AIDS system; and a monitoring system to ensure all parties are fulfilling their obligations.

For road and mining companies these obligations involve implementing a package of workplace activities to prevent the spread of HIV/AIDS and other STIs. This Guidebook provides detailed step-by-step guidance for companies on how to do so effectively, drawing on Mongolia's own experiences alongside best international practice. Much of the work can be undertaken very cost effectively by the companies themselves but the Guidebook also highlights where the involvement of trained health educators is important. Particular emphasis is placed on building HIV prevention into existing processes and systems.

While it is recognized that HIV prevention is also needed in the informal mining sector (e.g. ninja mining), the Guidebook is specifically tailored to the formal sector. At the same time, although it focuses primarily on the road transport and mining sectors, the recommended package of activities and associated materials are also relevant to other large construction projects such as building and improving airports, railways and ports, as well as power generation projects.

# Abbreviations

| | |
|---|---|
| ADB | – Asian Development Bank |
| AIDS | – Acquired Immune Deficiency Syndrome |
| HAS | – HIV/AIDS/STI |
| HIV | – Human Immunodeficiency Virus |
| HPT | – HAS Prevention Management Team |
| ILO | – International Labour Organization |
| LCA | – Local Committee on AIDS |
| IRIM | – Independent Research Institute of Mongolia |
| MMRE | – Ministry of Mineral Resources and Energy |
| MO | – Ministerial Order |
| MONEF | – Mongolian Employers' Federation |
| MoRTCUD | – Ministry of Roads, Transportation, Construction and Urban Development |
| NCA | – National Committee on AIDS |
| OSH | – occupational safety and health |
| PRC | – People's Republic of China |
| STI | – sexually transmitted infection |
| TA | – technical assistance |
| VCT | – voluntary counseling and testing |
| WHO | – World Health Organization |

**Notes**

The following Mongolian language terms are used throughout the document:

| | |
|---|---|
| *aimag* | – province |
| *bagh* | – administrative subdivision of the soum |
| *ger* | – traditional tent |
| *soum* | – administrative subdivision of the aimag |

In this report, "$" refers to US dollars.

**Currency Equivalents**

(as of 25 April 2013)

| | |
|---|---|
| Currency unit | – togrog (MNT) |
| MNT1.00 | = $0.000713 |
| $1.00 | = MNT1,402.48 |

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# PART I

## Introduction to HIV/AIDS/STIs and Infrastructure

# Section 1
# PURPOSE OF THE GUIDEBOOK

IN MAY 2012, two Ministerial Orders were issued requiring companies working in the mining and transport sectors in Mongolia to implement activities to prevent the spread of HIV/AIDS and other sexually transmitted infections (STIs) in the context of their work. This Guidebook has been specifically developed to assist these companies to meet their contractual responsibilities in an effective and cost-efficient manner.

The proposed approaches and materials are based on experiences and lessons learned in Mongolia and around the world and all activities have been field tested and refined in Mongolia. The recommended package of activities has been specifically designed for the infrastructure context and seeks to ensure HIV prevention activities achieve their goals while minimizing disruption to work schedules. In specific terms, the Guidebook:

- provides basic information on HIV/AIDS and STIs (HAS) with particular reference to Mongolia;
- highlights potential linkages between HAS and infrastructural development;
- documents the laws and regulations governing HAS prevention in the context of transport and mining sector development in Mongolia;
- describes how to implement the package of interventions required by the Ministerial Orders for transport and mining companies in Mongolia;
- identifies which steps can be undertaken directly by non-specialists and which require the engagement of experienced health professionals;
- connects each step to an integrated package of supporting resources, including training curricula and information materials; and
- provides tools for reporting, monitoring and quality assuring the implementation of key activities.

# Section 2
# HIV/AIDS/STIs IN MONGOLIA

AS OF THE END OF 2012, there were an estimated 674 cases of HIV in Mongolia, of which 127 were confirmed. Of the total cases, 81% were male. Two-thirds of all cases were men having sex with men, while one in ten involved female sex workers. The level of HIV prevalence among men who have sex with men is between 6% and 10%. As a result, the World Health Organization now classifies Mongolia as having a concentrated epidemic, defined as HIV prevalence of over 5% in a sub-population while under 1% of the general population.[3]

Although HIV prevalence is low in Mongolia, STI prevalence is constantly high. In 2012, 14,490 new cases of common STIs were reported, primarily gonorrhea (36.9%), syphilis (34.2%) and trichomoniasis (28.7%).[4]

**BOX 1: The Specific Case of Mongolia – High Risk Factors, Low HIV**

Mongolia has an unusual profile for HIV/AIDS. The country already has a concentrated epidemic among men who have sex with men. Outside of this population, HIV prevalence is under 0.1%. However, the high prevalence of other sexually transmitted infections (STIs) suggests that the **risk factors exist for a significant epidemic if appropriate action is not taken.** In 2010, STIs accounted for one-third of all infectious diseases in Mongolia.[5] This indicates that unprotected sex with multiple partners – the main way in which HIV is spread – is common in Mongolia.

Thus, while HIV prevalence is low, there is no reason for complacency. On the contrary, now is the time to act, before HIV has the opportunity to establish a foothold. Should it do so, the presence of risk behaviors indicates the potential for it to spread quite quickly.

As detailed in the next section, infrastructure may offer HIV such an opportunity. Unlike other countries where it is often seen as a minor priority, HIV and infrastructure is therefore a key part of the Mongolian national HIV/AIDS response. The government has recognized this in implementing several key policies focusing on the transport and mining sectors (see Section 4).

Detailed information about HIV/AIDS/STIs including how they spread and how they can be prevented is contained in Annex 1.

# Section 3

# HIV, MINING AND TRANSPORT

**Summary of main points in this section**

1. Throughout the world, there is evidence of an increase in the spread of HIV/AIDS related to new mining and transport infrastructure.
2. The presence of many unaccompanied men on mining and construction sites generally increases demand for sex, which is often met by paid sex.
3. Men who buy sex are probably the most important determinant of future rates of HIV.
4. In Mongolia, there is special concern about the risks faced by long-distance truck drivers serving the mining sector, and their potential sexual partners along the road.

INFRASTRUCTURAL development contributes to economic growth and reduction of poverty, as well as to broader progress towards the Millennium Development Goals. New roads, for example, bring increased access to resources and markets, as well as to schools and health facilities. Returns on investment in road projects in low/middle-income countries average an estimated 80%.[6] At the same time, infrastructure development can bring negative side effects. ADB notes that "… *transport sector projects and the increased mobility of the populations resulting from better roads may facilitate the spread of less desirable 'goods' and services, in particular, communicable diseases, drugs, and human trafficking*."[7] This section outlines the potential connections between HIV and infrastructure.

## HIV and Infrastructure

In Asia, men who buy sex are "*probably the most important determinant of future rates of HIV*".[8] The influx of unaccompanied men for infrastructure development contributes to an increase in paid sex. These mobile men with money are far from home, away from their normal constraints and with little to spend money on other than 'entertainment' in the form of alcohol, sex and gambling. In parts of Asia, the connection between mobile construction workers and sex work is so strong-

-that some sex selling establishments actually follow construction companies around from site to site. Local community members can also be at risk from an influx of mobile workers seeking temporary sex partners (see Section 6.8).

Recognizing these potential links between HIV and infrastructure, the International Federation of Consulting Engineers has prepared HIV/AIDS mitigation clauses and "*recommends that these clauses be included in construction contracts wherever there is the slightest risk of HIV/AIDS infection relating to the construction site or activities*."[9] The Asian Development Bank (ADB) and other development agencies such as the World Bank now include such clauses in the standard bidding documents used for the large-scale civil works. Under these clauses, contractors are required to take necessary measures to raise the awareness of construction workers and other employees about the behaviors that prevent HIV/AIDS transmission. Mongolia's policies and regulations on HIV and infrastructure build on this work by making the requirements more specific and adding provisions on monitoring (see Section 4).

## HIV and the Transport Sector

The building of new roads brings an influx of workers, predominantly male. As noted above, this normally leads to a demand for sex, which is often met by paid sexual services. This can create the conditions for the spread of HIV/AIDS and other STIs. After roads are completed, increased mobility and changes in community lifestyles can also contribute to HIV/AIDS spread. Long-distance truck drivers are a particular risk population associated with the transport sector (see Box 2 below).

### Improvement of Highway "Seminal Event" in the Spread of HIV/AIDS

The earliest documented case of HIV infection was found in central Africa, from a 1959 blood sample but the disease did not come to public attention until the early 1980s. The improvement of the Mombasa - Kinshasa highway, which travels across Central Africa from Kinshasa in Zaire (now Congo) to Mombasa in Kenya on the Indian Ocean, is widely regarded as having helped to open the way for the HIV virus to spread. Doctors estimated that 90% of the sex workers along the road had HIV. Truck drivers stopping for sex helped to transport HIV along the road from which it spread to roadside communities and then to communities further from the road.

### Recent experience shows the risk is real in Asia

In late 2008, the Guangxi Centre for Disease Control in the Peoples' Republic of China (PRC) found seven new cases of HIV among sex workers in the city of Baise. These women listed among their clients, managers and laborers on the construction of the Longling-Baise Expressway. This clearly demonstrated to transport sector authorities and private sector construction companies the risk and proximity of HIV/AIDS.

## HIV/AIDS/STIs and the Mining Sector

In countries such as Botswana and South Africa, HIV/AIDS among mine workers has not only helped to drive the national AIDS problem, but also created great problems for companies through high turnover, loss of workers and lower productivity. HIV/AIDS is particularly costly for many mining companies due to the investment made in on-the-job training of workers.

## Botswana: Mining Generated Gains Eroded by HIV/AIDS

Botswana is an African success story, effectively using mining resources to generate average annual growth of 8.3% from 1960 to 1995. The benefits of these gains have been destroyed by HIV/AIDS, however. By 2000, HIV prevalence among adults was estimated at 35.8%, the highest in the world. Mobile mining workers seeking multiple sexual partners facilitated the spread of HIV and life expectancy fell from a projected 62 years to 44 years. In 2005, the HIV/AIDS was estimated to be reducing economic growth by 1.6%, increasing those in poverty by 1.5% and disproportionately affecting labor-intensive industries.

Botswana has taken strong action against HIV/AIDS, with the Government stating that "the HIV and AIDS epidemic represents the most critical development challenge in Botswana's history". By 2008, HIV rates had fallen to 17%, AIDS related deaths had fallen by 50% over five years, and access to treatment for people living with HIV/AIDS was among the highest in Africa. In particular, treatment to prevent mother-to-child transmission was available to 97% of pregnant women.[10] The economic, health, and social consequences will, however, be felt for generations.

*"HIV/AIDS rates have come down, but not by as much as we had hoped and we are spending a lot of money on treatment. We have implemented good programs but we would have saved a lot of money and a lot of lives had we done so earlier. Mongolia has made an excellent decision to address this problem while HIV/AIDS levels are still very low."* (Jeffrey Makgolo, Wellness Manager for Debswana mining company, Botswana).

**Box 2: Mining and Transport Together: Long-Distance Truck Drivers**

As large mines become operational in Mongolia demand for transport services is rapidly on the rise. This in turn creates major demand for truck drivers. In 2011, Asian Development Bank-supported research by the Independent Research Institute of Mongolia (IRIM) took place along two major roads: a 254 kilometer long dirt road connecting "Erdenes TT" coal mine with the customs control zone at Tsagaan Khad; and a parallel hard surface road constructed by the mining company Energy Resources Ltd, between Ukhaa Khudag and Gashuun Sukhait. As of December 2011, there were 3,812 truck drivers involved in mining product transportation along these roads, estimated to increase to close to 10,000 in the peak summer months. [11]

**Figure 1: Map of New Mining Roads in Southgobi**


The research found that Mongolian and Chinese truck drivers along the road:

- appeared to have higher than average risk behaviors, with a growing amount of casual sex. Chinese drivers were more likely to engage in paid sex, while Mongolian drivers tended to seek nonpaid casual partners. Acceptance of prostitution among Mongolian drivers appeared to be increasing, however. Some roadside gers even had small tents inside for semiprivate sex;
- had limited knowledge of HIV/AIDS/STIs. Reliable knowledge sources for both drivers and those working along the roads were limited and there were lots of misconceptions. For example, many people incorrectly believed that mosquitoes could spread HIV;
- lacked access to condoms. Despite high expressed demand for condoms along the road, there was limited availability; and
- had received limited occupational safety and health training unless they worked for large companies.

The report recommended that HIV prevention activities be undertaken with drivers and workers along the roadside, using peer education techniques. Ideally, this should be incorporated with training on other relevant issues such as road safety (see Section 6.5.3 for more details).

# Section 4
# POLICIES AND LAWS

**Summary of main points in this section**

1. Mongolia passed a new HIV/AIDS Law in early 2013. This includes HIV/AIDS prevention responsibilities for both non-health ministries and private companies.
2. Ministerial Orders issued by the Ministry of Mineral Resources and Energy and the Ministry of Roads, Transportation, Construction and Urban Development set out HIV/AIDS prevention obligations of the two ministries and mining and transport companies in specific terms. Although issued prior to the Law, the provisions are consistent.
3. The respective ministries must include HIV/AIDS prevention clauses in all mining and transport constructions in Mongolia and monitor compliance with these clauses.
4. Under these clauses, companies are required to implement and fund a detailed package of activities and to report on these to the appropriate Ministry.

In early 2013, Mongolia amended the Law on the Prevention of HIV/AIDS. The law amends the previous version from 2004, increasing the focus on the rights of people living with HIV/AIDS and specifying in more detail the responsibilities of non-health ministries and private companies for HIV prevention. This includes a requirement to implement HIV/AIDS program in the workplace. More details of company obligations under this Law are provided in Section 6.7.

Mongolia's National Strategic Plan on HIV/AIDS and STIs, 2009-2015, sets out a framework for responding to HIV/AIDS. The framework sets priorities, establishes targets and indicators and covers the role of different organizations. The National Plan contains several references to mining and transport infrastructure and the Ministry of Mineral Resources and Energy (MMRE) and the Ministry of Roads Transportation, Construction and Urban Development (MoRTCUD) are tasked with developing strategies to guide their sectoral and institutional responses to HIV and STIs. MoRTCUD and MMRE were also required to establish subcommittees on HIV/AIDS and STIs, headed by a high-level official.

In May 2012, both respective Ministers signed Ministerial Orders (MO) on HIV prevention. These MOs went beyond general policy to detail in specific terms the obligations of key organizations within this sector. Specifically, they:

- established subcommittees responsible for implementing their commitments under the National Plan and incorporating HAS expenditure in the ministry's annual budget;
- mandated the inclusion of HAS prevention activities in road construction and mining contracts with government agencies and business entities;
- established reporting and monitoring requirements at company and Ministry level; and
- outlined a detailed package of activities to be undertaken and financed at company level, (see Box 3.)

**Box 3: Required Package of Activities for Transport and Mining Companies**

*The Ministerial Orders require transport and mining companies to:*

1. form and ensure training for the HIV/AIDS/STIs Prevention Management Team (HPT) according to a Company Director's order;
2. develop a policy, program and work plan to prevent HIV/AIDS/STIs at each work place
3. integrate the issues of the prevention of HIV/AIDS/STIs into the occupational safety and health management system of each entity;
4. prepare fully trainers at the work sites and, through them, prepare peer educators at the entity level;
5. organize training regularly and provide necessary training and publicity materials to all workers for the prevention of HIV/AIDS/STIs;
6. support workers to access services on STI diagnosis and treatment and on voluntarily counseling and testing for HIV/AIDS;
7. work in the implementation of the relevant clauses of laws, decrees and regulations on HIV/AIDS/STIs prevention in Mongolia; and
8. collaborate with the relevant Local Committee on HIV/AIDS (LCA)

## How much does HIV prevention cost?

The costs involved in implementing the package of activities are outlined in Table 1. The total cost will vary according to the size and location of each company. The annual costs for a company of 50 workers will be in the order of $25 per worker.

**Table 1: Cost of Implementing HIV/AIDS/STI Package**

| Item | Annual Cost |
|---|---|
| ***Mandatory*** | |
| Information materials, including billboards | $3.50 per worker |
| Condoms (40 per worker per year) | $1.50 per worker |
| Master trainers for HPT training (2 days per year) | $550 plus transport |
| Master/field trainers for peer training (1 day per year) | $300 (plus transport if necessary) |
| Time for HPT members to implement activities | .. |
| Time for workers to attend training (and VCT services) | .. |
| ***Optional*** | |
| Transport costs for health service providers to visit site | By agreement with service providers |
| Small Incentives to HPT members/field educators | At company's discretion |
| Support for activities in communities | At company's discretion |

# Section 5

# KEY APPROACHES FOR COMBATING HIV/AIDS/ STIs IN TRANSPORT AND MINING CONTEXTS

**Summary of main points in this section**

1. In Mongolia, the main focus of HIV/AIDS prevention is on reducing sexual transmission of HIV.
2. Research from all over the world has repeatedly shown that making people aware of HIV/AIDS/STI is NOT sufficient to ensure they avoid risky behaviors.
3. Effective education on HAS requires interactive communication methods and regular reinforcement of messages.
4. Alongside this education, we need to ensure a supportive environment such as by ensuring that workers have access to condoms and that there is no discrimination against people living with HIV/AIDS.

**Box 4: MONEF: HIV/AIDS Programs in the Workplace**

The Mongolian Employers' Federation (MONEF) was established in 1990 with 35 members. It now embraces 21 regional employers' associations and has approximately 7,800 members in the manufacturing, construction, transportation, banking, insurance, and service sector. It advocates employers' interests and promotes the private sector.

Since 2006, MONEF has supported 240 companies to established HIV programs and has trained 27,000 workers in HIV prevention. MONEF's approach is based on the International Labour Organization's global workplace program on HIV, implemented in over 70 countries. This work forms the basis of the approach highlighted in this Guidebook, with modifications made to take into account specific contextual factors that need to be understood in working in a transport and mining context.

MONEF will have a key role in supporting HIV prevention in the transport and mining sectors in the long run. It will sustain and build on the achievements of the Asian Development Bank supported technical assistance project on HIV prevention in infrastructure and the mining sectors and is available as a resource for companies. Its work will include providing companies and other relevant stakeholders with access to trainers and information materials and informing them of new developments, as well as ongoing advocacy

## 5.1 Promoting Safe Practices

In Mongolia, the main focus of HIV/AIDS prevention is on reducing sexual transmission of HIV. This is done through a combination of education to promote safe sexual practices and initiatives to create a good environment for these practices. Promoting safe behavior includes:

1. education about how HIV/STIs are transmitted/not transmitted and how they are prevented;
2. encouraging people with multiple sex partners to use condoms every time they have sex, or every time they have sex outside their stable long-term relationship;
3. encouraging people to accurately assess their own risk of contracting HIV;
4. encouraging people with STIs to seek prompt treatment from a reliable source;
5. encouraging people at risk to access voluntary counseling and testing;
6. addressing barriers to safe behaviors by (i) accessing, negotiating and using condoms, and (ii) dealing with risk behaviors caused by alcohol.

**Box 5: Prevention Programs Must Focus on Behavior, Not Just Awareness.**

***In Mongolia, as elsewhere, making people aware of HIV/AIDS/ STIs is NOT sufficient to ensure they avoid risky behaviors.***

Most people who smoke continue despite being well aware that it is bad for them. Similarly, research from all over the world has repeatedly shown that raised awareness of HIV/AIDS/ STI does not automatically translate into a reduction in risk behavior. Recent research, for example, has found that managers of transport construction projects had high risk of HIV despite very high levels of knowledge about how to prevent its spread.[12] The managers had high disposable incomes and, unlike other workers, had access to vehicles, which allowed them to travel away from remote sites to entertainment venues.

In 2010, a joint assessment by the International Labour Organization and the Asian Development Bank of HIV workplace programs in Mongolia noted that the programs had been very effective in providing information on HIV/AIDS but needed to increase their focus on the behaviors leading to HIV and how to change these. In order to encourage people to adopt and maintain safe behaviors, we need to understand any barriers they may have to doing so. For example, a person may know about HIV but not think they are at risk. People may not use condoms because they don't like the feel, cannot get them, are too shy to buy them, and/ or get drunk and forget; or even because they simply do not know how to use them. Peer pressure is another reason people may engage in risk behavior.

Understanding barriers to behavior change can only be done by interactive communication, which is why one-way awareness activities such as lectures and posters need to be supplemented by other activities, and messages must be regularly reinforced. Thus ongoing education programs are needed, involving interpersonal communication, together with supporting services such as availability of condoms and services for STI treatment and voluntary counseling and testing.

## 5.2 Creating a Good Environment for Safe Practices

A key aspect of supporting behavior change is creating an appropriate environment. A supportive environment for adopting and maintaining safe behavior includes:

1. consistent access to good quality, affordable (or free) condoms;
2. access to effective and confidential diagnosis and treatment for STIs;
3. access to voluntary and confidential counseling and testing for HIV;
4. support for people diagnosed with HIV/AIDS, including access to treatment;
5. policies that respect the rights of people with HIV/AIDS; and
6. the challenging of any discriminatory attitudes.

- **Consistent Access to Good Quality Affordable Condoms**

The use of condoms for sexual intercourse with non-stable partners has proved an extremely effective strategy in reducing the spread of HAS worldwide. A well-known example is Thailand, which introduced a 100% condom program. This required all establishments where sex was sold to ensure that a condom was used 100% of the time. Between 1989 and 1993 the use of condoms in commercial sex in Thailand increased from 14% to 94%, and the number of cases of the five major sexually transmitted infections declined by 79% in men.[13] Encouraging the use of condoms by members of the target group can involve highlighting the benefits of use in terms of preventing HIV and other STIs, as well as pregnancy outside of marriage. In addition, good quality affordable condoms must be readily available at all times and people need the confidence to obtain them and negotiate their use (see section 6.5.1).

- **Access to Effective and Confidential Diagnosis and Treatment for STIs**

As noted above, sexually transmitted infections can have major effects in the long-term if not properly treated. They also facilitate HIV spread and act as an indicator of high-risk behavior.For these reasons, prompt diagnosis and effective treatment is very important. HAS programs should ensure people are able to recognize the symptoms of STI infection and strongly encourage them to seek treatment at an appropriate place.

- **Access to Voluntary and Confidential Counseling and Testing for HIV[14]**

Evidence from all countries shows that individuals reduce risk and take precautions to protect their partners once they know whether or not they have HIV.[15]

Voluntary counseling and testing (VCT) provides the opportunity for people to know their HIV status. For people who test positive, VCT services can link them to options for treatment and to care and support. It also allows for adoption of preventive measures. For those that test negative – the majority of the population even in high HIV prevalence settings – remaining negative can also be a strong motivating factor, particularly for those who may otherwise assume it is too late for them to adopt safer sexual practices. Counseling services are important to support people to prepare for, and cope, with a positive or a negative test result, and to provide advice on how to reduce risk in future.

Testing is particularly important for pregnant women. The risk of HIV transmission from mother to child in the absence of drug treatment is estimated at between 1/3 and 1/4. With appropriate treatment this can fall to below 2%. [16]

**Box 6: Compulsory testing for HIV/AIDS is an ineffective strategy for preventing HIV**

Some countries and organizations have favored compulsory testing as a strategy for preventing HIV/AIDS. Although understandable based on approaches to other diseases, this is not just ineffective in dealing with HIV but counterproductive. This is because:

- **people who recently acquired HIV will test negative when at their most infectious.** See Annex 1 on "window period";
- **compulsory testing (and not employing people who test positive) gives other people a false sense of safety** and increases the likelihood they will engage in risk behaviors;
- **compulsory testing is a breach of international human rights standards** and contributes to stigma and discrimination; and
- compulsory testing is expensive and **drains resources that could be more effectively used** for other prevention approaches.

- **Challenging attitudes to stigma and discrimination**

Around the world, fear, denial, stigma and discrimination have accompanied the HIV/AIDS epidemic. HIV is sometimes associated with behaviors that may be considered as socially unacceptable such as injecting drug use and sex work. A social environment with shame and discrimination encourages those living with HIV/AIDS to conceal their HIV status, which not only has a negative effect on those concerned but also on society as a whole, by acting to conceal the problem. Discrimination also makes people scared to test for HIV, meaning that many people with HIV will not get access to the support and treatment they need. [17]

Research in Mongolia and elsewhere also highlights that stigmatization increases with "social distance." In other words, people are much more likely to be compassionate to family members and friends with HIV/AIDS than strangers. Education can work to "humanize" the problem by helping to portray those with HIV/AIDS as people first and foremost. If possible, involving people living with HIV/AIDS in training can be a very effective strategy. Research has shown that meeting HIV-positive people reduces fear and prejudice, reinforces messages about safe behavior and increases the belief that HIV is preventable.[18] The support of leaders, such as company management is also important in challenging discriminatory attitudes.

# PART II

## HIV/AIDS/STI Prevention for Infrastructure Companies

# Section 6
# PACKAGE OF ACTIVITIES

**Summary of main points in this section**

1. Under the Ministerial Orders for transport and mining, companies are required to implement a package of activities for HIV/AIDS/STI (HAS) prevention.
2. This includes establishing an HAS prevention management team, developing policies and work plans, training peer educators and implementing educational activities.
3. Some of the required activities can be implemented by the companies themselves, while others will require specialist assistance.
4. Resources available to assist companies include: the Mongolian Employers' Federation, Marie Stopes International Mongolia and a team of master trainers. A full range of specially designed training and information materials is also available.
5. Management commitment is crucial to the effective prevention of HAS.

## Introduction

This section provides an overview of the proposed package of activities for the prevention of HAS in the context of infrastructure. The section headings correspond to those in Part 3.2 of the Ministerial Order on Roads and HIV/AIDS, and Part 2.2 of the Ministerial Order on Mining and HIV/AIDS described in Section 4 above.

## An Important Resource: Mongolia's Master and Local Trainers

Mongolia has formed a team of 15 ***master trainers*** to provide HIV/AIDS/STI training using participatory methods. These trainers combine specialist knowledge on HIV/AIDS with strong training skills and they are a very important resource for companies undertaking HAS prevention work. These trainers have also developed a master training curriculum (see next box) and provided training to ***local trainers*** in several *aimags*. The list of approved trainers is available from the Mongolian Employers' Federation, along with accompanying training materials.

# Section 6.1 HAS Prevention Management Team (HPT)

## Section 6.1.1 Forming an HPT

The first step in implementing HAS prevention activities is establishing an HAS prevention management team (HPT).The formation of the team will depend on the particular characteristics of the work site and company, which differ from place to place. If your work site has an existing team responsible for health issues then they could be responsible for including HIV prevention into their existing work. Alternatively, this could be the responsibility of safety or management teams.

If no suitable team exists, a special HPT needs to be formed. This normally comprises 3-6 people and should include a representative of management, as well as any medical staff and a person with responsibility for occupational safety and health (OSH). It should include male and female workers to ensure activities take into account the needs of both sexes. Team members should be involved on the work site long-term and should have sufficient time and motivation to carry out their duties. The team will need to meet regularly to review the progress of HAS prevention work and each member should have clearly defined responsibilities.[19] A sample terms of reference for an HPT is included as Appendix15.

## Section 6.1.2 Training of HPT by Approved Master Trainers

The HAS prevention management team needs a good understanding of HAS. Training should be provided to the team on all aspects of HAS prevention, as well as on developing and overseeing an effective workplace program. It is important that this training is undertaken by approved master trainers. The training takes 16 hours and can be organized over 2 days or 4 days according to the schedule of the participants.

**Mongolia's Master Trainer Curriculum for HIV/AIDS**

The Master Trainer Curriculum was developed by experienced Mongolian health professionals with Asian Development Bank support. It combines information on HIV/AIDS/STI (HAS), participatory training exercises and training tips. It is the base curriculum for training of HAS prevention management teams. The Curriculum consists of ten parts, each with a training module and matching information handouts. These are:

1. Trainer's communication skills and types
2. Pathway of life cycles – basic understanding of reproductive health
3. Sexual orientation and sex perceptions
4. Basic understanding of HAS
5. Behavior change communication: attitudes on HAS risks
6. Use and availability of condoms
7. Benefits of voluntary testing and counselling
8. Human rights, stigma and discrimination
9. Work place policy and programs on prevention of HAS
10. Monitoring and evaluation

# Section 6.2 Developing a Workplace Policy and Work Plan

## Section 6.2.1 Situational Assessment

Not everyone at the worksite will face the same HAS risks. Male and female construction workers who go home to their spouses every night are more likely to be monogamous and therefore have less risk of contracting HIV and other STIs. Single workers, or those who are away from their families, may be more likely to have casual sexual relations with multiple partners, putting them at a higher risk of contracting HIV. Other factors may also be relevant. In remote areas, for example, those with ready access to vehicles for travel to entertainment venues may be more at risk.

An assessment of the workplace is very useful to target the needs of different workers. There are three main ways to assess the workplace: observation, discussion groups and formal assessments in the form of surveys (see Box 7). The method will be partly determined by size and level of resources available. Although surveys can be useful in measuring change, experience from the mining sector suggests that formal assessments may not be very useful as a planning tool. South African company Anglo Gold, for example, states that a factor of their programs' success was that they spent *"less time and money on the risk assessment analysis which is costly and can produce unreliable estimates, and more resources on acting."*[20] Thus, except where large resources are available, an informal assessment by the HPT of the situation in their workplace (involving observation and/or discussion) may be preferable. A workplace assessment guide is included as Annex 3.

**Box 7:HIV/AIDS/STI Workplace Assessment Methods**[21]

**Observation:** Much information can simply be gained by observing the work site, as well as local bars and entertainment sites, and seeing what is going on, who goes home to their families every night, who lives far from their family, who associates with whom, etc.

**Discussion Groups:** Another way to assess the work site is to have a small number of discussion groups of five to seven people to discuss workers knowledge, attitudes, and behaviors regarding HIV. To ensure everyone feels comfortable to talk openly, such groups should be separated for men and women; and groups should be made up of the same level of workers (laborers, supervisors, managers). Ideally, a local HIV trainer or local health worker would assist the HAS prevention management team in conducting these discussion groups.

**Survey:** Conducting a survey of workers will help assess knowledge and behaviors and help measure change over time. This requires additional support, however, particularly in the analysis of information collected. There are also concerns about the accuracy of behavioral data provided by interview-based surveys.

## Section 6.2.2 Finalizing HIV/AIDS/STI Workplace Policy


The Mongolia Ministerial Orders require companies to develop a workplace policy on HIV. The workplace policy should reflect the commitment of management which is crucial to the success of HAS prevention programs. Specifically, it should include:

1. A preamble on why HAS is an important issue for the company and why the company is committed to HIV prevention.
2. A commitment to nondiscrimination against workers with HIV/AIDS.
3. Information on how HIV prevention work in the workplace will be undertaken.
4. Safety measures that the company will take in relation to workplace accidents to reduce the risk of a worker contracting HIV from exposure to infected blood.
5. Information on how the company will monitor and review its HIV prevention work.

The policy should be displayed prominently so that all workers are aware of it.

## Section 6.2.3 Developing an HIV/AIDS/STI Work Plan

There are many different ways to undertake HAS prevention in the workplace. Generally the most cost effective and easiest way to implement this work is to integrate it into existing work practices and processes. These include induction trainings for all workers, site meetings, safety trainings and talks, meal breaks, and monitoring trips that occur day-to-day at the work site.

Using a variety of different methods is important for several reasons. Different people like to learn in different ways. Some like to read brochures, others prefer to talk to friends or participate in practical trainings. Further, it is important that key messages are regularly reinforced. Having a range of different methods allows this to be done while still maintaining interest. The work plan should cover the following items:

- Acquiring appropriate information materials and condoms
- Identification and training of peer educators (see Section 6.4)
- A set of educational/training activities to be implemented, including a dedicated training for management staff
- Promotion and reinforcement of behavior change
- Promoting use of STI treatment and VCT services
- Reporting and monitoring

The work plan should be realistic in terms of costs and timings and be tailored to fit with work schedules as well as the size of the company. Company size and capacity varies considerably within the mining sector in particular. The work plan should cover all workers, with a particular focus on those assessed to be most at risk.

**Good Example: Interventions at the Right Time**

Holiday periods and festivals are times when many people are more likely to engage in risks behavior. After initial HIV training, it is therefore often a good idea to schedule refresher activities immediately before leave breaks to reinforce key messages and provide workers with condoms. In particular, it is often useful to remind people of the role of alcohol use in terms of increasing the likelihood of unsafe sex. These sessions can also be used to make sure workers have condoms. If a work group is going out to celebrate together, they might agree a “safety person” to remain sober and be responsible for reminding people about risk and the importance of condom use if they are going to engage in casual sex.

## Section 6.3 Integrating HAS Prevention into OSH Systems

As noted above, the most cost effective and easiest way to implement HAS activities is to integrate them into existing work practices and processes, such as OSH. OSH responsibilities are detailed in the Law on Labor Safety and Hygiene. The key provisions are:

- employed citizens, employees, employers shall attend short term training on labor safety and hygiene in compliance with procedures approved by the state central administrative organization in charge of labor issues and acquire knowledge and training [Article 17.1]; and
- an employer shall conduct training on labor safety and hygiene at least twice a year for all employees and shall take examinations from them [Article 17.4].

Transport and mining companies already have additional responsibilities with regard to HIV prevention as part of broader safety and health requirements under the Minister of Social Welfare and Labour’s Ministerial Order 127 of December 2008. This Order requires companies to provide all workers with 2 hours of HIV/AIDS training. This requirement could be met for management staff by a dedicated 2-hour training session, and for laborers as part of the induction training followed by a range of less formal training activities.

**Good example: Including HIV in Induction Training**

Safety induction training is mandatory for all workers before they start work on construction sites in Mongolia. Including HIV/AIDS/STI (HAS) in this induction training is a low-cost way of ensuring that all workers receive at least some HAS education and it helps to address one of the major problems faced on such sites – high turnover of workers. Oyu Tolgoi and Energy Resources have already built this into their training. Based on experiences shared during the ADB project study tour to Guangxi, the People's Republic of China, the project team has developed a 15-minute standardized DVD to ensure the HAS training accurately covers all the key points. The DVD is available from the Mongolian Employers' Federation.

Where regular OSH activities exist, such as monthly safety talks, there is scope to include HIV topics. At the same time, other OSH topics could be included as part of HIV training, as per the example below.

**Good example: Including Other Topics in HIV Training Where Appropriate**

Including other topics in HIV/AIDS/STI training programs can be an efficient use of training time and resources and have a positive impact on the way training is viewed by management and participants. For example, road accidents are a big problem for truck drivers in southwestern Mongolia so there may be potential for a "safe at work, safe at play" approach that includes both road safety and HIV. On other projects, training participants have requested topics ranging from dealing with stomach problems to dental hygiene. With good planning, such topics can be incorporated in a way that complements HIV/STI prevention training, emphasizing different aspects of a healthy life.

## Section 6.4 Preparing Trainers and Peer Educators

### Section 6.4.1 Preparing Trainers

Effective HIV/AIDS training involves more than providing information. Participants need to be encouraged to understand how HIV relates to them and assess any personal risk factors and how to address these.

Lecture based methods providing only one-way communication are thus ineffective by themselves. Participatory methods are required and this usually involves the use of skilled trainers. Mongolia has formed a team of 15 master trainers on HAS and in many areas of the country appropriate local trainers are also available.

As noted in the introduction to this section, the list of these trainers is available from MONEF. Some companies, particularly in the mining sector, may have skilled trainers already on staff or may wish to invest in training of trainer programs to promote long-term sustainability of HAS prevention work.

**Table 2. Recommended Training Activities and Trainers**

| Training | Duration | Trainers |
|---|---|---|
| HPT training | 16 hours | Master trainers |
| Management training | 2 hours | HPT members |
| Peer educators training | 2 days | Master/local trainers |
| Worker induction training using induction DVD | 15 minutes | HPT members |
| Informal worker education activities | Various | Peer educators |

## Section 6.4.2 Identification and Training of Peer Educators

Peer education (sometimes called “friends tell friends”) is the name given to programs that involve people being educated by others who share similar characteristics, for example, those of similar age, same employment level, same sex or same cultural group. In the infrastructure context, this involves establishing a network of specially selected workers from different parts of the work site and providing them with specialized training on HAS and appropriate education techniques. Peer educators can then provide information to colleagues in small groups or one-on-one.

This has a number of benefits as an approach because peers: (i) are seen as a credible source of information; (ii) can conduct education activities informally and repeatedly; (iii) can work with individuals to help them address specific problems; and (iv) can provide feedback to the HPT on relevant issues. Further, as they share similar experiences and challenges, they are well placed to understand barriers faced by their colleagues in adopting and maintaining safe behaviors. Because of these advantages, peer education is one of the most effective methods of dealing with sensitive issues such as HAS and is a key component of most workplace HIV programs. There can be difficulties, however, in places of high turnover such as road construction sites. This may require a modified approach where those involved are not strictly peers of the target group. For example, management company employees who are supervisors of road teams might be recruited as “peer leaders.”

It is important to select the right people as peer educators. Companies who do not have a sufficient commitment to HAS prevention may choose potential educators simply on the basis of who is readily available or even who they think are the least useful workers on site. This will not be effective. **Peer educators should be good at both speaking and listening, committed to being an HAS educator and likely to be on the work site long term.**

Peer education training takes 2 days and should be run by approved master or local trainers. After training, peer educators can organize various different activities that can range from dedicated events with an HIV theme – such as film nights, quiz shows, and sports events– to informal small group or one-on-one discussions over meals, during breaks, while playing cards, etc. The peer education team should include a supervisor and meet monthly to discuss progress and plans, update their knowledge and raise any problems. Peer educators are not usually paid but the company may consider some form of incentive.

**Good Example: Training Interpreters as Educators**

One of the features of infrastructure construction in Mongolia is the presence of a high proportion of Chinese workers. To assist in reaching these workers, a range of suitable information materials were developed by the Asian Development Bank (ADB) funded" Awareness and Prevention of HIV/AIDS and Human Trafficking (ADB TA4364-MON), 2006 - 2009. Additional materials were obtained from ADB HIV and infrastructure projects in the People's Republic of China. Providing interactive training is, however, complicated by the fact that work site interpreters do not usually have a health background. In many cases, they may lack the vocabulary and/or understanding of the issues to provide effective interpretation. Often they are also embarrassed by the subject matter. With this in mind, TA4364 targeted the interpreters for training of trainer programs. Once these interpreters were trained, they were able to assist much more effectively in further trainings and many also became active as peer educators.

# Section 6.5 Ongoing Implementation of HAS Trainings and Activities

## Section 6.5.1 Acquiring Appropriate Information Materials and Condoms

**Information**

While information is often insufficient in itself to change behavior, information materials are an important part of an overall strategy. Companies should obtain a range of different materials such as posters and brochures. Items that have a useful purpose in themselves, such as playing cards and calendars, are often appreciated. The materials should include information on HIV transmission and prevention, access to services including STI treatment and VCT, and sources of additional information. They should be tailored to the target population in an appropriate format and language. In Mongolia, the ADB-funded project "HIV/AIDS Prevention in ADB Infrastructure Projects and the Mining Sector" has developed a wide range of materials for the mining and transport sectors. The materials are based on both local and international experience and many are available in Chinese language as well as Mongolian (see Annex 2 for details).They are available from MONEF.

**Condoms**

It is essential that workers have ongoing access to good quality, affordable condoms. Condoms must be available at all times to ensure they can be accessed whenever needed. The three main strategies used to make condoms available and affordable are:

- condom social marketing,
- distribution of free condoms in the workplace, and
- condom vending machines.

Condom social marketing is the selling of condoms using traditional sales and marketing techniques but at a subsidised price. In Mongolia, Marie Stopes International Mongolia (MSIM) runs a nationwide condom social marketing program, selling condoms called *Trust*. MSIM works mainly with local pharmacies, which is a very effective form of distribution for communities but may not necessarily meet the needs of construction and mining workers.

Many companies thus prefer to buy condoms in bulk and make them available to workers at no cost, for example by keeping a box stocked in bathrooms or toilets. It is important for companies buying condoms to ensure they are good quality. In Mongolia, there are advantages in working with MSIM to source condoms. This will not only ensure good quality at a good price but also take advantage of all the work that MSIM is already doing in promoting the MSIM condom brand.


Another option is installing condom vending machines. These have benefits for people who are shy as they can purchase them without having to deal with another person. The machines can also be self-funding. However, they need to be in a secure place and it is important that they are always restocked. They can therefore be a good option on mining sites and in urban construction areas but may not be so feasible on remote transport construction sites.

## Section 6.5.2 Promoting Safe Behavior

As highlighted throughout this document, preventing the spread of HIV and other STIs means the adoption and/or maintenance of safe practices, something that requires ongoing activities. Key messages need to be constantly reinforced and any barriers to behavior change identified and addressed. Further, for construction sites with high turnover, there are often new workers requiring information on HAS.

Taking a few minutes during monthly site meetings to highlight a key HIV topic is one way that messages can be reinforced. Going beyond this to identify and address barriers to behavior change generally requires two-way communication and is well suited to the role of peer educators.

## Section 6.5.3 Working With Long-Distance Truck Drivers

As highlighted in Box 2, there are several reasons for concern about the HAS vulnerability for long-distance truck drivers and their sexual partners, including growing use of sex workers, low HAS knowledge, limited access to condoms and services, and the existence of potentially exacerbating factors such as significant alcohol use. While it is difficult to reach truck drivers with formal education techniques, long-distance truck drivers generally have strong peer relationships and clear areas of downtime such as during delays when crossing borders. Thus informal peer education approaches appear the best way to reach this group.

Where mining and transport companies directly employ long-distance drivers, those concerned can be covered by workplace programs. These should be tailored to the specific needs of truck drivers, with a special emphasis on having at least one strong peer educator in each peer group, and making programs as relevant as possible by including a focus on blood safety in an accident situation and also covering other health issues of relevance to the drivers.


**Good Example: Materials Specially Designed for Truck Drivers**

The Asian Development Bank-funded HIV/AIDS Prevention in ADB Infrastructure Projects and the Mining Sector has designed a package of information materials specially for truck drivers. It includes an HIV information brochure and a “sandwich CD” in which HIV and other health messages for drivers are placed between songs. The brochure and CD are included in a first aid kit for drivers, which also includes condoms, as well as gloves for blood safety when dealing with road accidents. Samples of the first aid kit are available from the Mongolia Employers’ Federation.

Although drivers do not generally spend a lot of time on work sites, there are opportunities for materials to be distributed and messages to be reinforced such as when they stay overnight in company work camps or if they have to come to the site to collect their pay. Where mining companies contract driving work out to drivers from other companies, they may consider including these truck drivers in their HIV activities, or at least, to advocate to these companies on the value of HAS education. Education activities for drivers need to be supported by efforts to promote and ensure availability of condoms, as well as education for those along the roads, particularly women working in entertainment venues. Companies are not obligated to contribute to these efforts but may consider doing so in underserved areas as a form of corporate social responsibility.

**Good Example: Outreach to Drivers at Stopping Points**

Reaching truck drivers with health services requires specially tailored approaches. While it is difficult to provide formal training and health services, there are opportunities to organize activities in places where drivers stop. In East Africa, for example, SafeTStop recreation and resource centers offer educational outreach, confidential HIV counseling and testing, and a secure place to relax for truck drivers and other transient workers.[22] Based on experience these centers encourage the participation of truck drivers by offering a range of other basic health services in addition to HIV/AIDS/STI prevention.

## Section 6.6 Supporting Worker Access to Services

Two important HIV prevention activities are the promotion of VCT services and encouraging people with STI symptoms to seek treatment from an appropriate source. Importantly, this requires not just a desire on the part of the target group to seek these services but for the services to be available. This is not always the case, particularly in rural areas, where the few medical workers present may not be trained to diagnose and treat common STIs. Further not all medical clinics apply appropriate standards of privacy and confidentiality. At the other end of the scale some companies, particularly large mining companies, may have these services in-house.

Details of reliable VCT and STI services, including contact details, should be included in information materials. Unreliable services should not be recommended. Where services are not available nearby, companies may consider supporting their development, or supporting mobile services, such as by funding the travel of local health workers to different construction sites. Companies might also look to maximize the benefit of the presence of these health workers by organizing training activities, such as direct training of workers or refresher training for peer educators.

**Good Example: Mobile Testing Facilities**

In Guangxi, the People's Republic of China, testing among sex workers revealed seven HIV positive women from a sample of 400. Discussions with the women revealed that their clients included managers and laboring staff working on the construction of the nearby Longbai Highway. Any clients who were not regularly using condoms were thus at extremely high risk of contracting HIV. The local Centre for Disease Control travelled to the road construction site to offer voluntary counseling and testing to workers who otherwise found it difficult to access this service. They provided pre-test counseling to 49 workers. Of these, 42 decided to take the test and none were found to be HIV positive.

## Section 6.7 Working on Implementation of Relevant Laws and Policies

While this Guidebook focuses on the specific requirements of the two Ministerial Orders on HIV prevention from MMRE and MoRTCUD, 2012, other key laws and regulations also apply to HAS in the context of mining and road infrastructure. These include: Law on the Prevention of HIV/AIDS, 2013; Law on Labor Safety and Hygiene, 2008; the National Strategic Plan on HIV/AIDS and STIs, 2010-2015; and the Ministerial Order on OSH from the Minister of Social Welfare and Labour, 2008.

Article 5 of the Law on the Prevention of HIV/AIDS addresses the responsibility of non-health Ministries to implement HIV prevention activities within their respective sectors, involving all business entities as well as their own staff. Article 10 sets out the responsibility of businesses, requiring that companies:

1. Implement HIV/AIDS prevention programs in the workplace as part of their OSH responsibilities;
2. Support workers wishing to access VCT through the provision of information and allowance for paid time off for testing;
3. Not undertake compulsory testing of workers (see Box 6);
4. Not discriminate against people living with HIV/AIDS in decisions on recruitment, retention and promotion;
5. Protect the confidentiality of any workers with HIV/AIDS, in accordance with Article 11.3, and not to disclose their personal information;
6. Organize regular training for workers to increase their understanding of HIV/AIDS;
7. Allocate sufficient budget for HIV/AIDS activities; and
8. Adhere to Article 11.2 on protection of people with HIV/AIDS from stigma and discrimination.

## Section 6.8 Collaboration with Local Committees on AIDS

Local Committees on AIDS (LCAs) were created by Deputy Prime Ministerial Order in all 21 *aimags* in Mongolia and nine *soums*. They are chaired by the Governor or Deputy Governor. The primary rationale for requiring companies to cooperate with local committees is that mining and transport projects may affect local communities in a variety of ways, including HAS risk.

**Community and HIV/AIDS Risk**

Where sites are located in or near existing communities, infrastructure workers may interact daily with the local communities. Sexual relations often develop between workers (usually men) and local community members (usually women).In many instances, particularly in remote areas, mobile workers are likely to regard local women as safe from HIV and therefore not see the need for using condoms.

This can place local women at very high risk. Research in Mongolia on women from female-headed households, for example, suggests most of these women do not tend to have sex very often but when they do it is usually with casual partners and without condoms. Knowledge of HIV

and other STIs is limited, particularly in more remote areas. In Khovd *aimag* over 30% of women surveyed had never heard of HIV/AIDS and only 10% had used a condom the last time they had sex. Low economic status may also make some of the women vulnerable to exchanging sex for cash or material gifts from mobile men with money. 89% of women surveyed across three *aimags* reported they either did not have income to meet basic daily needs or only just had enough to do so. [23]

**Working in Local Communities**

As with workplace programs, HIV prevention programs in communities require a range of activities to promote and support safe practices, including ensuring access to condoms and STI/VCT services. Specific activities need to be scheduled with the local calendar in mind, considering such factors as festivals, any seasonal work and migration patterns. Training times and locations for women and men should take into account their different roles, responsibilities and work schedules. Activities also need to take into account that different groups, such as female-headed households and youth, may have different risk factors and respond to different approaches. The community may also include entertainment venues where some of the workers may be engaging in paid /and/ or transactional sex, including with mining and transport workers. Local HAS prevention activities need to pay special attention to this group.

**Company Obligations and Opportunities**

The only specific obligation under the Ministerial Orders is for companies to coordinate their activities with those of the relevant Local Committee on AIDS (LCA). These LCAs likewise have obligations to cooperate with companies. This may be facilitated by the presence of a company representative on the committee.

Beyond their immediate responsibilities, companies may consider cooperating with LCAs on implementing HAS activities in the community. This is not mandatory but may be a good fit with corporate social responsibility activities. Community events and local festivals may provide opportunities for HAS outreach work, for example, and some projects in the past have organized joint company/community HAS prevention events such as sports days. Where workers are drawn from local communities, they may be able to play a role as community peer educators. LCAs will usually have access to specialist HIV expertise that can be sourced by the companies for training support. Joint training activities may also be possible with, for example, LCAs providing the venue and expertise and companies supporting materials and meals. Mining companies with VCT and/or STI service facilities may be able to offer these to local community members.

**Good Example: Mining Company Activities With Local Communities**

Several mining companies in Mongolia are already working with local communities. An Asian Development Bank (ADB) project partner, Shijir Alt, for example, worked with local authorities and health services to organize a community open day including a concert, sports events and reproductive health services such as check-ups for pregnant women and condom promotion. From the Khailaast *bagh* (administrative subdivision of the *soum*) commune of 1,000 people in Zaamar *soum*, Tuv *aimag*, more than 300 people participated in these events. Another ADB project partner, Oyu Tolgoi is supporting training for local community doctors.

While mining companies are likely to have a long-term engagement with surrounding communities, transport companies will only be present in a location for a relatively short period of time. Thus it is important to consider how the community will address HIV issues in the post-construction period. The road itself may bring changes to communities, particularly where the new transport routes open up access to previously remote areas and bring more truck drivers and other mobile men with money into contact with populations who may lack information on the risks of HIV/AIDS.

Thus work in communities should have a strong focus on building their long-term capacity to respond. Experience also suggests that community level activities are likely to be more sustainable if any external support for these activities is phased out gradually rather than suddenly. Finally, strong support from community leaders greatly enhances the potential for successful local responses to HAS in both the short and long-term. Well-informed company management may be able to play an important role in advocating to community leaders on the importance of HIV prevention work.

**Good Example: Sharing Health Facilities**

Ok Tedi Mining Limited (OTML) in Papua New Guinea built Tabubil Hospital, a high quality hospital to provide health services to employees and their dependents. The provincial government requested that OTML also made the hospital available to the public and agreed to help meet the additional cost of providing medical services to the communities of North Fly district where the mine is based. OTML subsequently decided to support a 5-year program to address the main causes of illness and death in the district. A key principle of the program is to support the existing government health system, not to develop a parallel system. [24]

# PART III

## Reporting and Monitoring

# Section 7
# REPORTING AND MONITORING

**Summary of mainpoints in this section**

1. The Ministries of Mining and Road Transportation are responsible for ensuring company compliance with HIV/AIDS/STI contractual obligations.
2. This includes site visits, which may be incorporated into the responsibilities of supervisory companies, where these exist.
3. Companies are required to submit an annual report on their HIV/AIDS/STI prevention activities.
4. Although not compulsory, it is recommended that companies consider including quality assurance of their programs to help ensure that their activities are having an effect.

## Section 7.1 Reporting by Companies

The Ministerial Orders for Roads and Mining both require company management to submit an annual report on HAS prevention activities based on an approved template. This report is to be submitted prior to the end of January in the following year.

This template is contained in Appendix 8. Companies can facilitate their reporting processes and their planning processes by keeping good records of HAS prevention activities, including activities of peer educators and display and distribution of materials.

Not all records need to be kept in written form. Photos and videos of formal and informal training activities, for example, can enrich reporting.

## Section 7.2 Activity Monitoring by the HPT

The HPT should monitor implementation of activities to ensure that this is being done in accordance with the work plan. This will not only contribute to the success of the HIV prevention work but also help to ensure that the company is complying with its obligations. Activity monitoring should include:

- all points to be covered by external compliance monitoring as per Box 8 below;
- ensuring that all work plan activities are planned, and reporting is up to date;
- holding regular meetings with peer educators to report their work, find out what they achieved in terms of the HIV knowledge levels of construction workers and any problems that have arisen with regard to HIV prevention; and
- observing behavior of workers after hours.

## Section 7.3 External Compliance Monitoring by Ministry Committees

The Ministerial Orders require the establishment of Ministry subcommittees of the National Committee on AIDS (NCA). These subcommittees will have responsibility for prevention activities within each Ministry and will also monitor compliance of companies with the Orders. As well as a review of reports, this monitoring may be done from time to time through field visits by Ministry monitoring units or delegated representatives. Under the HIV/AIDS Prevention in ADB Infrastructure Projects and the Mining Sector, tools have been developed for external monitoring that can be done by non-specialists, such as supervision company staff (see Appendix 9). These tools are designed to be built into other monitoring activities in a way that assesses whether obligations are being fulfilled but does not require specialist HAS expertise or take too much time. Monitoring points are listed in Box 8.

**Box 8: Monitoring Compliance Points**

The external compliance monitoring team will examine the following points:

- Membership and functioning of the HIV/AIDS/STI prevention management team
- Existence of up to date records of activities, including those of peer educators
- Work progress against agreed work plan
- Availability and display/distribution of information materials
- Availability of condoms
- Existence of HIV induction training
- Spot checks with staff/workers checking participation in activities, including induction, as well as basic knowledge

## Section 7.4 Quality Assurance

In addition to meeting its formal monitoring and reporting requirements, companies may wish to help ensure their programs are working effectively by commissioning external quality assurance. This should involve local health authorities or other trained health professionals. Quality assurance aims to provide an insight into what workers have learned from the training activities and whether this is having some effect on their behaviors. It does not aim to measure the scope of any changes, but rather provide indicative information to assess and strengthen the effectiveness of HAS prevention activities.

Feedback can be sought from management, HPT members, health workers (if these exist), peer educators and workers. The advantage of having trained health professionals involved is that they can often assist with developing and implementing solutions to any problems.

**Potential quality assurance topics include**

- knowledge and training ability of HPT and educators;
- observations by management, HPT and educators on staff and worker behavior;
- knowledge displayed by staff/workers on key STI/HIV topics: transmission, non-transmission, prevention, availability of VCT and STI services;
- self-expressed changes in staff/worker knowledge, attitudes and behaviors;
- attitudes expressed by staff/workers toward people living with HIV/AIDS; and
- recommendations on ongoing activities

A sample quality assurance form is contained in Appendix 11.

**Good Example: Identifying and Addressing Problems Through Quality Assurance**

*"Before, when talking about condoms, I felt so embarrassed, but now it feels natural and I enjoy demonstrating how to use them and getting my colleagues to do the same"* (Peer educator, Vietnam)

In Vietnam, health specialists undertaking a quality assurance visit asked trained peer educators to demonstrate how to use condoms. This is an important facet of behavioral change programs both for its educational value and as a potentially lighthearted entry point to sensitive topics. This simple question revealed reluctance and shyness among most of the educators. Additional on-the-spot training was provided to the peer educators. They were then required to run a session with workers under the oversight of the quality assurance team. The educators displayed much more confidence after the training and many subsequently reported that condom demonstrations had become their most enjoyable training activity.

## Supporting Documents

**Annexes**

1. What are HIV/AIDS/STIs?
2. Information Materials for HIV and Infrastructure
3. Company Situational Assessment Form
4. HIV/AIDS - related quiz

**Appendices (available from MONEF)**

1. Sample Contract for Construction Companies
2. Sample of Company Workplace Policy on HIV/AIDS/STIs
3. HPT Training Handbook Including Pre- and Post-Test Forms
4. HPT Training DVD
5. HPT Induction DVD in Mongolian ( 15/30 min ) and Chinese ( 30 min )
6. Peer Educator Guidelines
7. Peer Educator Monitoring Forms
8. Company Activity Reporting Form
9. Community Activity Reporting Form
10. External Activity Monitoring Form
11. Quality Assurance Monitoring Guidelines
12. Ministerial Order of the MMRE
13. Ministerial Order of the MoRTCUD
14. Company Situational Assessment Form (soft copy).
15. Sample Terms of Reference for HIV Prevention Management Team

## Annex 1: What are HIV/AIDS/STIs?

**Summary of main points in this section**

1. HIV is a virus that weakens the body's ability to fight off disease.
2. There is no cure for HIV/AIDS but there is treatment and, just as importantly, ways to prevent its spread.
3. It is impossible to tell someone has HIV/AIDS by looking at them.
4. Although generally not as serious, other sexual transmitted infections (STIs) indicate the presence of unsafe practices and therefore a potential risk of HIV/AIDS.
5. Mongolia has high STIs rates, which indicate a high amount of casual sex and a low amount of condom use. These are key factors that cause HIV to spread.
6. Mongolia already has a concentrated epidemic of HIV among men having sex with men.

### HIV/AIDS

HIV is the human immunodeficiency virus. HIV weakens a person's immune system by destroying specific blood cells that are crucial to helping the body fight diseases. Without treatment, a person with HIV will eventually not be able to fight off illness.

AIDS stands for Acquired Immunodeficiency Syndrome, the final stage of HIV infection. People at this stage of HIV disease have badly damaged immune systems, which put them at risk for many infections and illnesses that would normally not create problems.

**HIV is spread primarily by:**

- **Having sex with an infected person without using a condom. This includes vaginal, anal and to a lesser extent oral sex.**[25] Having multiple sex partners or the presence of other sexually transmitted infections can increase the risk of infection during sex.
- **Sharing needles, syringes**, or other skin-piercing instruments (such as razor blades) that are contaminated with HIV.
- **Being born to an infected mother.** HIV can be passed from mother to child during pregnancy, birth, or breast-feeding.
- Receiving a blood transfusion with **contaminated blood**. In rare cases, HIV can also be spread through contract between broken skin and HIV-infected blood.

Although not a risk factor in itself the consumption of alcohol can lead to risk behaviors such as casual and/or paid sex without the use of condoms. Peer pressure is also an important factor in encouraging or discouraging risk behavior.




## How is HIV prevented?

**A person can prevent the transmission of HIV through sexual transmission by:**

- abstaining from sexual activity; or
- being in a long-term mutually faithful relationship with an uninfected partner; or
- correct and consistent condom use with all partners; or
- correct and consistent condom use with all partners outside a stable long-term relationship.

**A person can reduce the risk of HIV through sexual transmission by:**

- getting promptly treated for other sexually transmitted infections; and
- reducing the number of sex partners.

**A person can prevent transmission of HIV through needles and syringes by:**

- not sharing these instruments with others.

**The risks of mother-to-child transmission can be greatly reduced by:**

- providing a combination of drugs to mothers who are infected with HIV. This is why it is very important for pregnant women to know their HIV status.

**A person can prevent transmission of HIV through blood by:**

- only giving or receiving blood at an official clinic; and
- wearing gloves when attending to somebody who is bleeding (for example as a result of an accident).

## How can we tell whether a person has HIV/AIDS?

We cannot tell whether a person is infected with HIV by looking at them. The symptoms of HIV generally take many years to show. Therefore, many people with HIV appear perfectly healthy for a long time. The only way for a person to know whether they have HIV is to have an HIV test. The HIV test does not test for the virus itself but looks for HIV antibodies. These are the body's response to HIV infection.These antibodies can take up to 3 months to appear after a person becomes infected. During this period – known as the *window period* – a person will test negative for HIV/AIDS even though they are very infectious at this time.

## Can HIV/AIDS be treated?

There is no cure for HIV/AIDS. HIV can be treated, however, using a combination of different drugs. In this way, people with HIV can still live long, productive lives. However, the treatments must be taken strictly according to plan. They have side effects and do not work for everyone, which is why it is much better not to be infected in the first place. Further, the treatments are expensive. As a result, $1 invested properly in prevention is estimated to save $8 in treatment and other costs. [26]

## What are sexually transmitted infections?

Sexually transmitted infections are infections that are spread primarily through sexual contact. There are more than 30 different sexually transmissible bacteria, viruses and parasites. Apart from HIV, the most common STIs are gonorrhea, chlamydial infection, syphilis, trichomoniasis, chancroid, genital herpes, genital warts, and hepatitis B. Several, in particular HIV and syphilis, can also be transmitted from mother to child during pregnancy and childbirth, and through blood products. [27]

Common symptoms of STIs are itching, discharge, pain, sores or warts around the genital or anal area. Some STIs have no symptoms. STIs can cause serious problems if left untreated. Syphilis, for example, can result in heart and respiratory complications and dementia. Infectious syphilis in pregnant women can often result in miscarriage, stillbirth or an infected baby. Other STIs increase the risks of cervical cancer. People with STIs also risk transmitting them to partners. Anybody with symptoms of an STI or who thinks they are at risk should seek medical advice immediately.

## What is the connection between HIV/AIDS and other STIs?

The presence of another STI, particularly with open sores, can greatly increase the likelihood of HIV being transmitted during sex. Further, because HIV is primarily spread through unprotected sexual intercourse, the same way as other STIs, the presence of an STI is a clear indicator of unsafe sexual practices and provides an early warning of HIV risk. The prompt diagnosis and correct treatment of STIs is therefore important both in reducing the direct risk of HIV spread and in helping to identify people with risk behaviors so that they can be provided with appropriate education and counseling.

***Although STIs are not always mentioned when discussing HIV/AIDS, it is recommended that attention be paid to other STIs alongside HIV due to the strong connection between the two.***

## Who is most at risk?

**It is important to be clear that HIV risk is determined by people's behavior not their identity. Anybody undertaking unsafe practices for HIV/AIDS is potentially at risk of infection.** At the same time, certain groups have been identified as Most-At-Risk Populations (MARPs). Globally these are most commonly men who have sex with men, sex workers and injecting drug workers. In Mongolia, long-distance truck drivers also appear to be at high risk, along with their sexual partners along the roads, including but not only sex workers.

## HIV and Men

Mobile populations, in particular mobile men with money, are also potentially a risk population. These men comprise a variety of professional groups such as migrant workers, transport workers, business travelers and men working at mining sites. They are often away from their families and social constraints, with disposable income and limited options for expenditure. Many engage in risky behaviors such as paid and/or casual sex, often after having consumed alcohol, reducing the constraints on their sexual behavior and also the likelihood of using a condom. Migrant and mobile men returning home with HIV expose their partners and ultimately their unborn children to the problem. Many partners of mobile men are therefore at risk of HIV infection even if they themselves remain faithful.

## Men who have Sex with Men

Men who have Sex with Men are a particular risk population for HIV/AIDS as HIV spreads very easily through anal sex. In some parts of the world, in areas with high concentrations of men and few women, sex between men has been known to increase, even where these men are otherwise heterosexual.

## HIV and Women

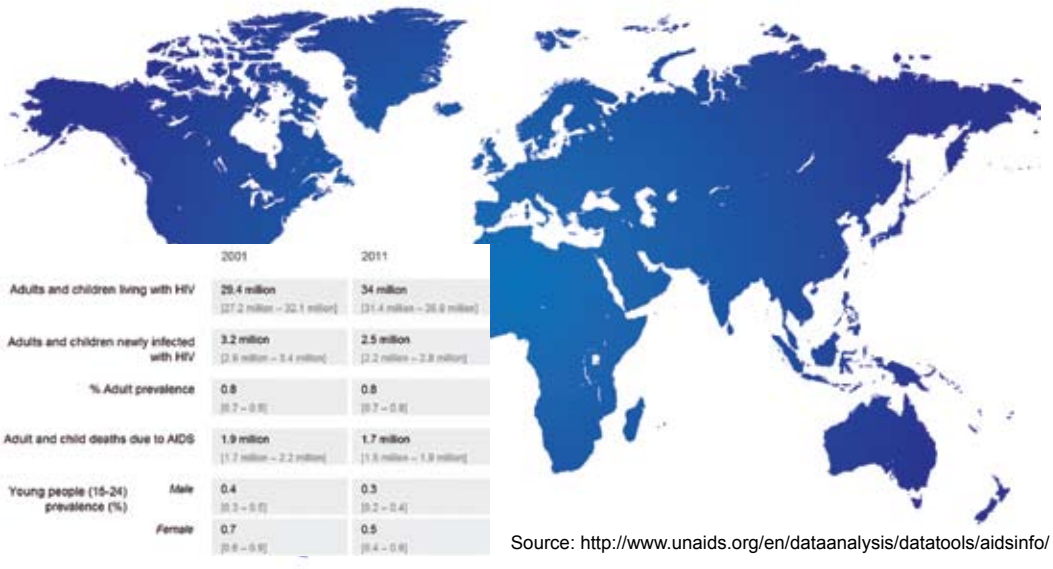
Globally it is estimated that around half of HIV infections are to be found among women. The proportion of women infected has steadily increased since the epidemic began, however, and the HIV rate among females aged 15-24 is estimated to be twice that of males. Further, women are biologically more vulnerable to HIV infection than men, being at least twice as likely to contract HIV through vaginal sex with infected males as men are with infected females. [28]

Perhaps most strikingly, a significant proportion of women contract HIV from their only sexual partner. One study in India, for example, found that 91 percent attending a clinic for treatment of an STI had not had sex with anyone other than their husbands.[29] For most of these women, knowing about the risks of HIV is of little protective value.

## HIV and Children

An estimated 3.3 million children under 15 years of age are infected with HIV around the world. Nine out of ten children infected with HIV were infected through their mother either during pregnancy, labour and delivery or breastfeeding. The remainder were mainly infected through unsafe blood products or medical procedures or early sexual activity, including rape. Children also suffer when their parents have HIV/AIDS. More than 16 million children under the age of 18 have lost one or both parents to AIDS. [30]

**Figure 2: HIV in the World as at the end of 2011**




Source: http://www.unaids.org/en/dataanalysis/datatools/aidsinfo/

In Asia, an estimated 4.83 million people were living with HIV in 2011. [31]

## Annex 2: Information Materials for HIV and Infrastructure

| # | Name of materials and target group |
|---|---|
| **Participatory training materials for master trainers and local trainers** | |
| 1. | Module |
| 2. | Handout |
| 3. | Folder for module and handouts |
| 4. | Video – reproductive health |
| 5. | Video DVD 30 minutes - HIV |
| 6. | Cards for HIV Risky game – 8 types |
| 7. | Wooden model penis (and condoms) |
| 8. | Posters for rotational training – 8 |
| 9. | Training apron - diagrams of male and female reproductive organs for participatory training |
| **Materials for peer educators** | |
| 10. | Peer educator guidelines |
| 11. | Peer educators handout |
| 12. | Peer educators notebook for recording activities, questions, and feedback |
| **Training materials for worker induction** | |
| 13. | HIV basic information DVD – 15 minutes |
| **Advocacy Fact Sheets on HIV/AIDS** | |
| 14. | General information (Policy makers, road/mining sector staff, companies, workers, local communities) |
| 15. | HIV and infrastructure (policy makers) |
| 16. | HIV and transport (road sector government staff and private companies) |
| 17. | HIV and mining (mining sector government staff and private companies) |
| 18. | HIV subtypes in Mongolia (research findings for health workers) |
| **Posters for site workers** | |
| 19. | "Always carry the right protective equipment" – helmet at work, condom after hours |
| 20. | "Keep your family in mind" – don't do anything that might affect your family |
| 21. | "Come home safely" – your family wants you home safe and healthy |
| 22. | Voluntary counseling and testing – what is involved and where to get it. |
| **Brochures** | |
| 23. | "Until known and can do" |
| 24. | "My darling take care of yourself" |
| 25. | Mother to child transmission – Mongolian/ Chinese |
| 26. | Voluntary counseling and testing – Mongolian/ English/Chinese |
| 27. | Service Map (where to access health services) – Mongolian/ Chinese |
| 28. | "HIV – don't carry it home" |
| **Usable Materials** | |
| 29. | Playing cards with HAS information– Mongolian/Chinese |
| 30. | HAS calendar for managers |
| 31. | Draughts set with HIV information– Mongolian /Chinese |
| 32. | Condom distribution box |
| **Truck driver materials** | |
| 33. | Sandwich CD (music for truck drivers interspersed with health messages) |
| 34. | First Aid kit |
| 35. | Truck drivers information sheet |
| **World AIDS Day TV spots for female headed households and youth** | |
| 36. | "Your choice – our future" HIV prevention 30 second spots |

## Annex 3: Company Situational Assessment Form

**Characteristics of the area surrounding the work site**

1. Where are the nearest reliable health facilities for sexually transmitted infections?
2. Where are the nearest reliable health facilities for voluntary counseling and testing?
3. Are condoms freely available in the local community and, if so, where?
4. How far is the work site from an urban center? How often do workers visit this urban center?
5. How frequently do workers interact with the local community?
6. Is there any information on HIV or STI rates in the area surrounding the project?

**Demographic characteristics of the work site**

**1. How many total employees?**

- How many male and female employees?
- How many employees between the reproductive ages of 18 years and 49 years?
- How many workers are there in the following categories?
    - Managers
    - Office staff
    - Supervisors/foremen
    - Skilled laborers
    - Unskilled laborers
    - Drivers

**2. Marital Status**

- How many employees are married and live with their partners on site?
- How many employees are married and live with their partners in the local communities?
- How many employees are married but not accompanied by their partners?
- How many employees are single?

**3. Workers characteristics**

- How are salaries paid to workers? Do workers have easy access to their money?
- How many employees have access to vehicles?
- How many employees socialize frequently (at least once a week)?
- How many employees drink excessively at least one time per month?

**Corporate Culture**

1. Is management aware of its legal and regulatory responsibilities on HAS?
2. Does management understand the risk of HAS?
3. Are managers aware of their responsibilities to protect confidentiality and workers' rights for HIV/STI testing and status?
4. Is there an existing workplace policy for HAS?
5. Is there an existing work plan for HAS prevention?
    - If yes, does it incorporate all aspects of the package of activities required by the relevant Ministerial Order?
6. Is there an existing and adequate budget for HAS prevention?
7. Are condoms available on the work site?
8. Is there an existing OSH program that HAS activities could be linked with?
9. Are there any other health issues that should be incorporated with HAS training?
10. Is there induction training for workers? If so, does it include an HAS component?

## Annex 4 – HIV/AIDS Related Quiz

This is a quick quiz for readers on HIV/AIDS knowledge.

The answers are at the bottom of the page.

**True or false?**

1. I can get HIV from kissing
2. I can be infected with HIV through blood transfusion
3. I can tell if someone has HIV by looking at them
4. I can be infected with HIV if I have unprotected sex with a stranger
5. HIV is contracted though sharing eating utensils
6. Only homosexuals, promiscuous women and uneducated people get HIV/AIDS
7. It is safe to be with an HIV infected person at work and socially
8. I can reduce the risk of getting HIV if I practice safe sex
9. HIV can be contracted by mosquito bites
10. There is a cure for HIV/AIDS
11. There is treatment for HIV/AIDS
12. HIV/AIDS rates are low in Mongolia so there is no need to worry about this problem.

1.False:2. True:3, False:4, True: 5, False:6, False: 7, True: 8, True: 9, False: 10, False: 11, True: 12, False.

**Endnotes**

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[23] Endnote 11.

[24] Endnote 20.

[25] The risks from anal sex are the highest. The risks from oral sex are not known exactly due to the fact that oral sex often happens together with other forms of sex but are thought to be relatively low. See http://hivinsite.ucsf.edu/InSite?page=kb-07-02-02#S3.1X (accessed 26 April. 2013) for more information.

[26] Endnote 8.

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# Voluntary Counseling and Testing :

- Anyone
- Voluntarily
- Confidentially
- Without registering your name and address


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