

## A Story Within a Story

ADB Works to Prevent Sexually Transmitted Infections  
and Human Trafficking in Afghanistan



Asian Development Bank

In 2007, the Asian Development Bank (ADB) launched its North–South Corridor Project to finance the rehabilitation of two roads running through some of the remotest and least-developed areas in Afghanistan: the 140-kilometer Mazar-e-Sharif–Dara-i-Suf road and the 99-kilometer Bamiyan–Yakawlang road. Their rehabilitation will link isolated communities and bring them closer to schools and clinics, and create jobs for unskilled laborers in road construction and maintenance, especially displaced persons and ex-combatants.

Road rehabilitation, however, may have a couple of downsides: construction workers may increase the demand for paid sex, which could result in the spread of HIV/AIDS and other sexually transmitted infections (STIs). And better roads make it easier to traffic in human beings.

## Preventing HIV/AIDS, STIs, and Human Trafficking

ADB started the \$550,000 HIV/AIDS/STI Prevention and Anti–Human Trafficking Awareness Campaign (the Project), which operated along the North–South Corridor from December 2010 to July 2011. The Project’s approach was innovative: it combined the closely linked themes of HIV/AIDS and STIs and human trafficking, and brought much-needed information on topics such as “safe sex practices” and “human trafficking” to a population that had never heard of them before.

Implemented mainly by ActionAid, an international nongovernment organization (NGO), the Project engaged in four activities:

- **Data collection.** Working with the Ministry of Public Health, the Project collected and analyzed data to assess the vulnerability of the local population to human trafficking, HIV/AIDS, and STIs. The Project also collected and analyzed sex-disaggregated data, filled data gaps, and compiled qualitative data through key-informant interviews, focus group discussions, and stakeholder analyses.
- **Cooperation with partners.** To ensure coordination with the government’s National Strategic Plan, the Project sent observers to attend government discussions on HIV/AIDS prevention and, when requested, reported on the Project’s progress to a coordinating committee, which included representatives from government ministries, NGOs, and civil society organizations.

- **Provision of health services.** The Project set up seven mobile health centers equipped with testing kits for HIV, hepatitis, and other STIs to serve road construction workers and truck drivers. The Project trained health center workers and government officials and distributed material promoting health and behavioral change. The Project also prepared or updated protocols on HIV and STI voluntary counseling and testing, especially for at-risk populations such as construction workers, and ensured the availability of STI diagnostic tools and drugs. And it established a referral system so that those diagnosed with HIV and STIs would have access to counseling and information about support services and treatment options.
- **Communication and awareness campaign.** The Project developed gender-sensitive educational materials for high-risk populations and local communities. The materials were culturally and linguistically appropriate, taking into account the people's levels of literacy and education. To prevent and mitigate HIV/AIDS, STIs, and human trafficking, the Project worked with the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the government to develop a television campaign, produced a short video documentary, did a case study of good practices, and distributed condoms at health centers and road construction work sites.






## The Obstacles Ahead

### *Preventing HIV/AIDS and STIs*

The Project had to overcome many obstacles. First, the number of HIV/AIDS cases was unclear: 636 HIV-positive cases were reported nationwide between early 2008 and early 2009, and the number of deaths due to AIDS was estimated at fewer than 10, according to the *United Nations General Assembly Special Session Country Progress Report. National AIDS Control Program Afghanistan (2010)*. Yet, UNAIDS and the World Health Organization estimated the number of Afghans with HIV in 2008 to be between 2,000 and 3,000.

No one had accurate figures. Afghanistan has no HIV surveillance sites or case-reporting systems. The only available sources of data are blood banks and voluntary counseling and testing centers. Given the underreporting that must occur, it is believed that there are more actual than confirmed cases. What is known for sure is that the country is in the midst of an expanding HIV epidemic among injecting drug users (IDUs), and that paid sex, unprotected sex between men, mobility, and migration are all major risk factors.

Another problem is lack of knowledge. According to the United Nations Development Programme (UNDP), Afghanistan has one of the lowest adult literacy rates in the world, last estimated at 29% (2008), and this has also hindered HIV/AIDS awareness and prevention.



Afghanistan is a conservative Muslim country, which makes it difficult to discuss sex, gender relations, and HIV/AIDS. The use of condoms is especially sensitive. Some people believe that promoting condom use is equivalent to promoting illegal sex, and that using them for family planning is prohibited in Islam.

Reticence regarding sex, and the general lack of information that results, have led to dangerous practices. For instance, a 2006 World Bank study found that almost 33% of IDUs interviewed in Kabul (all males) said they used contaminated injecting equipment, 32% had sex with men or boys, and 69% had bought sex without using condoms. Only about 50% of the IDUs knew that unclean syringes carried a high risk of HIV transmission or that condoms could prevent infection. The 2006 World Bank survey showed that intravenous drug use is increasing, especially among returning refugees and ex-combatants, because they are poor and lack information about the dangers of using illegal drugs.

Migrants (including migrant workers) and women also lack information. The country's 200,000 internally displaced people generally have little access to information, and are often vulnerable

because they are far from their families and lack the means to support themselves. Women's education level is extremely low by world standards: their literacy rate of 12.6% is lower than that of the general adult population.

Finally, there is an acute shortage of health facilities and trained staff, particularly female staff, in most rural areas. Facilities are generally ill-equipped and unable to treat opportunistic infections or to prevent mother-to-child transmission of HIV. Given that only 30% of transfused blood is tested for HIV, unsafe blood transfusion adds to the risk of HIV spreading to the general population.

### *Human Trafficking*

Human trafficking is the removal and migration of people, often women, against their will. According to the International Organization for Migration, Afghanistan is prone to domestic and international trafficking. Human trafficking often involves forcing women into paid sex work. As trafficking increases, women are in greater danger of contracting and spreading HIV/AIDS and STIs.



## A Journey Begins

The Project was implemented in Balkh, Samangan, and Bamiyan provinces. Through its health centers and communication and awareness campaign, it reached a total of 9,578 people during its 8 months of operation.

The health centers, which functioned from February to July 2011, were set up near road construction sites and served a total of 3,063 visitors. To help clients avoid the stigma associated with HIV/AIDS, the centers also offered general health services. About 85% of the visitors were road construction workers and the rest, truck drivers.

The health centers offered tests for HIV, hepatitis B, hepatitis C, and other STIs to visitors who had engaged in such high-risk behaviors as having multiple sex partners and sharing needles. In these centers, 1 patient was diagnosed as HIV positive, 70 with hepatitis B, 20 with hepatitis C, and 3 with syphilis. Other diagnoses included gonorrhea (236), trichomoniasis (155), chlamydia (154), and genital warts (79), as well as numerous diagnoses of genital scabies, respiratory tract infections, and the common cold. The HIV patient and those with severe STI were referred to support services and treatment clinics.

Of the remaining 6,515, many benefited from the distribution of condoms at the health centers and workplaces (mainly construction sites). The Project trained 78 female officials from the Ministry of Public Health and the Ministry of Women's Affairs, and doctors conducted weekly training for staff at the health centers.

The communication and awareness campaign targeted mainly local communities. The health centers showed films by ActionAid and other partner NGOs about HIV/AIDS, STIs, and human trafficking. Health education sessions were held at high schools; hotels; and at special events on World AIDS Day, International Women's Day, and International Human Trafficking Awareness Day. The participants listened to presentations, received educational materials, and watched films. The sessions were an eye-opener for the participants—including 650 high school girls and 244 women—who inevitably passed on what they learned to friends, family, and partners. Finally, thousands of people watched the two television spots that the Project produced with UNAIDS and the government. The public service ads ran from February to July, during the entire time the health centers were in operation.

## “I am really happy I went to that health education session”

Abdul Raof, 22, lives in Naqleen village, Kishende district, Balkh province. He was in ninth grade when he quit school to work to support his family. He wants to be a driver eventually, but now he just helps drivers load and unload their trucks. As part of the job, he usually travels 10–12 hours straight.

“One day, while we were resting in the *godown* (warehouse), I heard some of my friends making plans to visit sex workers. Though I knew it wasn't the right thing to do, I wanted to join them, which I had a couple of times when I felt low.

“One day, our manager told us we could attend a health education session that would be conducted nearby. We went because there would be a film and refreshments.

“The session was very useful, as I learned so many things. I also learned that what I was doing for the sake of enjoyment could be very harmful in the future because I never used condoms while having sex with multiple partners.

“I visited a health center and told the health workers that I would like to do an HIV test, just to be sure. I was very afraid. Thank God, everything was fine. I am really happy I went to that health education session. I will tell my friends about the risks they are taking. I am happy that there are people who take care of poor people like us.”

## “Using a condom is not against Islam”

Ghafoor Mohammad, 37, has lived in Balkh all his life. He has worked as a truck driver along the Mazar highway for 10 years, and heard about the health centers from a friend. He decided to visit one as he knew they were providing free health services.

“Urinating was painful, and I had a fever on and off since the week before. I didn’t want to visit a doctor in the hospital because I felt shy. So I went to the pharmacy and bought some medicines that the shopkeepers recommended. But they were not very effective, though I did get some relief for a few days.

“I’m happy I came to the center, as the health worker examined me properly and spent much time listening to me, which is something the doctors at government hospitals don’t normally do. I never knew that having sex without a condom could lead to this type of problem. As the health worker advised, I also took the medicine home for my wife so that we could be treated together. I also learned that having sex with many women can be dangerous. I usually do that during my trips. Now I know that I have to protect myself.

“I am going to tell other workers and drivers, as most of them also visit sex workers often and have sex without using condoms. For the first time, I found out that using a condom is not against Islam and can be used for family planning. I already have five children and don’t want any more. The health worker asked me to return next week and I will, definitely.”





## “I now have a chance to live”

Faqir Hussain, 55, lives in Bamiyan. He was a long-distance truck driver for many years, quit 3 years ago, and then started working as a mechanic at a workshop near his home.

“I’d been feeling weak for quite some time. I didn’t feel like eating, and my whole body ached. I took lots of medicine, but it didn’t help. So I left driving and took this job because it’s much easier. I don’t want to work, but I have to because I must support my family.

“One day, someone came to our workshop and said he would like to talk to me. But I was busy. So he gave me a cassette tape and told me to listen to it when I had time. I liked the songs; they had interesting messages. I was happy to know about the free service provided by the road construction health center, which was nearby. So I went a few days later when I had a fever and some rashes on my face.

“When I entered the center, I saw a crowd, and one guy was giving a talk about HIV/AIDS. Later, I told him I wanted to see the health worker. He offered me tea and biscuits and asked me what was wrong. I was a bit hesitant but told him everything about my risky behavior. He listened patiently and took me to the health worker. The health worker

examined me thoroughly and said that he would like to do some blood tests. He explained everything to me in detail, and I agreed.

“I went to the center the next day, and the health worker talked with me for nearly half an hour. He said he suspected I had HIV and that I needed to do further tests. Since then, I’ve learned how dangerous the disease is. But the health worker told me that I could be treated with medicine.”

Mr. Hussain was diagnosed as HIV positive and also tested positive for hepatitis B. He was referred to the Antiretroviral Therapy (ART) center in Kabul for further treatment and follow-up care.

“Had I known of this deadly disease and how it’s transmitted, I would not have shared needles with anybody while injecting drugs. I also used to have sex with sex workers without a condom. Maybe that’s how I got this disease. I hope it’s not too late. I am very thankful that the health worker guided me, and now I feel good that I will get the treatment that will make me healthy again. And I’ll be able to work again and support my family.”

## “We didn’t know what HIV and AIDS were”

Malina is a 15-year-old student at Sar Ayab High School, in Samangan. She attended an orientation session at her school about the basics of HIV/AIDS. More than 30 women and girls attended.

“Dr. Tahira of ActionAid came to our school and said she would give a 2-hour session on HIV and AIDS. At first, we were not interested and didn’t feel like attending. But we had to. Then, as she spoke, I realized how important the session was. I especially enjoyed the film at the end.

“In the past we had heard about HIV. We didn’t know how it was transmitted and how easily. I shared this with my sisters and friends.

“Now that we know that AIDS is a global problem, it should be included as a subject in our syllabus so that all students will learn how to protect themselves. It would also be very good if the sessions could continue.”



## The Road Ahead

The Project was a success despite all the obstacles. The health centers were well accepted by the people they were meant to serve and this resulted in many being diagnosed, counseled, and treated.



Thousands of people benefited from the distributed condoms, training, and the communication and awareness campaign. But the model can be made even more effective:

- Health centers should target women, too, and should be located where women can easily go. In Afghanistan, women cannot be expected to visit health centers in construction sites. Local sex workers are a high-priority group. Since they are understandably still “invisible,” they should be able to seek general basic health services without being “discovered.”

- The health centers and communication and awareness campaign should broach related topics such as immunization, family planning, and reproductive health, which were touched on during the Project, but only briefly. This could supplement the weak basic health care system.
- The strategy of providing general health services to make HIV/AIDS testing and counseling less conspicuous could be used when providing reproductive and maternal health services. Health centers should have female staff to serve women visitors.
- The health centers should have more technical staff and be better equipped, ideally with the capacity to do chest X-rays, blood tests, urine tests, and sputum tests for tuberculosis.

Raising awareness about safe sexual practices is clearly needed, and the Project showed that it can succeed when done in a culturally appropriate manner. Most important of all, however, is the fact that the Project helped many people. Aside from those who received diagnoses and treatments they would have otherwise missed, there is no telling how many potential cases of STIs were avoided because of the thousands educated through the Project.

## **A Story Within a Story**

### **ADB Works to Prevent Sexually Transmitted Infections and Human Trafficking in Afghanistan**

The Asian Development Bank (ADB) supports road network development in Afghanistan and is developing project features that mitigate risks such as the spread of sexually transmitted infections and communicable disease, and that address social development needs of local communities.

### **About the Asian Development Bank**

ADB's vision is an Asia and Pacific region free of poverty. Its mission is to help its developing member countries reduce poverty and improve the quality of life of their people. Despite the region's many successes, it remains home to two-thirds of the world's poor: 1.8 billion people who live on less than \$2 a day, with 903 million struggling on less than \$1.25 a day. ADB is committed to reducing poverty through inclusive economic growth, environmentally sustainable growth, and regional integration.

Based in Manila, ADB is owned by 67 members, including 48 from the region. Its main instruments for helping its developing member countries are policy dialogue, loans, equity investments, guarantees, grants, and technical assistance.

Asian Development Bank  
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