



# Regional Technical Assistance Report

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Project Number: 41353  
May 2008

## HIV Prevention and Infrastructure: Mitigating Risk in the Greater Mekong Subregion (Financed by the Government of Australia)

Asian Development Bank



## CURRENCY EQUIVALENTS

(as of 19 May 2008)

Currency Unit	–	Australian Dollar (A\$)
A\$1.00	=	0.95523
\$1.00	=	A\$1.04687

## ABBREVIATIONS

ADB	–	Asian Development Bank
AIDS	–	acquired immune deficiency syndrome
GMS	–	Greater Mekong Subregion
HIV	–	human immunodeficiency virus
Lao PDR	–	Lao People's Democratic Republic
NGO	–	nongovernment organization
SERD	–	Southeast Asia Department
SESS	–	Southeast Asia Social Sectors Division
STI	–	sexually transmitted infection
TA	–	technical assistance

## TECHNICAL ASSISTANCE CLASSIFICATION

<b>Targeting Classification</b>	–	Targeted intervention (TI-M6)
<b>Sector</b>	–	Health, nutrition, and social protection
<b>Subsector</b>	–	Health programs
<b>Themes</b>	–	Capacity development, gender and development, inclusive social development
<b>Subthemes</b>	–	Client relations, network, and partnership development; regional gender equity initiatives; other vulnerable groups

## NOTE

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

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## I. INTRODUCTION

1. The Greater Mekong Subregion (GMS) is one of the world's fastest-growing subregions in economic development. Investments in infrastructure, especially transport corridors, are improving physical connectivity and regional integration, while cross-border agreements are facilitating the movement of goods and people across borders. Improved connectivity and regional integration also mean increased vulnerability to the spread of HIV, especially along newly developed transport corridors, in cross-border areas and new economic corridors.

2. The Asian Development Bank (ADB) has a commitment to promoting economic growth and poverty reduction in the GMS through the three "Cs"—improving connectivity, enhancing competitiveness, and promoting community.<sup>1</sup> Consistent with this strategy, ADB financing for infrastructure projects in the GMS is increasing, particularly in road-related economic corridors. Recognizing the links between connectivity and the spread of HIV, ADB is also committed to fighting HIV in the region, particularly as that risk may be heightened by the development of transportation and other infrastructure.<sup>2</sup>

3. The commitment to economic development, poverty reduction, and HIV prevention in the GMS is shared by the Government of Australia.<sup>3</sup> Given ADB's experience with the design and implementation of HIV prevention packages in association with infrastructure development, particularly in road construction, the Government of Australia is partnering with ADB to strengthen and expand these activities in the GMS. The proposed technical assistance (TA) will support HIV prevention activities to be implemented in connection with ADB-financed infrastructure projects. The design and monitoring framework is in Appendix 1.<sup>4</sup>

## II. ISSUES

4. The HIV epidemic is well established in the GMS. While the epidemic varies in prevalence and nature between countries, it continues to threaten economic growth and poverty reduction across the region. HIV prevalence is highest in Cambodia (1.9% among those 15–49 years) and Thailand (1.4%) and increasing in Viet Nam (0.5%), driven largely by sexual transmission and injecting drug use. Within countries, HIV hot spots are common, especially along land and water transport routes. The Lao People's Democratic Republic (Lao PDR) remains a low-prevalence country (0.1%) but with a steadily growing epidemic and particular vulnerability in transport corridors and cross-border areas.<sup>5</sup>

5. Migration, mobility, and the spread of HIV are closely linked. Mobile men with money—commonly referred to as "the 3Ms"—are a major force in the ongoing spread of HIV in the region. HIV is spread through high-risk behaviors such as unprotected sex and the sharing of contaminated needles by injecting drug users. Increases in HIV prevalence have been observed along major transport routes, in cross-border areas, and in regions experiencing high seasonal and long-term population mobility. Large infrastructure projects, including the building of airports, railways, ports, power infrastructure, and roads, offer economic opportunities that attract migrant workers, commercial retailers, and entertainment industries to previously remote communities. Many contributing factors make the workers and populations associated with infrastructure

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<sup>1</sup> ADB. 2004. *The GMS Beyond Borders: Regional Cooperation Strategy and Program Update, 2004–2008*. Manila.

<sup>2</sup> ADB. 2007. *HIV and the Greater Mekong Subregion: Strategic Directions and Opportunities*. Manila.

<sup>3</sup> AusAID. 2007. *The GMS: Australia's Strategy to Promote Integration and Cooperation, 2007–2011*. Canberra.

<sup>4</sup> This TA first appeared in the business opportunities section of ADB's website on 20 May 2008.

<sup>5</sup> ADB. 2005. *Development, Poverty, and HIV/AIDS: ADB's Strategic Response to a Growing Epidemic*. Manila.

projects vulnerable to HIV infection. Although these factors vary with the sociocultural and economic context, some common risk situations are:

- (i) **Construction personnel.** Loneliness and disconnection from community and family; disposable income that can readily be used on sex, alcohol, and drugs; accessibility of sex workers (formal and informal).
- (ii) **Truck drivers.** Separation from families and home for extended periods; long waiting times for clearances in border areas; accessibility and availability of sex workers; use of drugs to cope with the long hours of driving.
- (iii) **Female sex workers.** Unequal bargaining power to negotiate condom use; few alternative income opportunities; lack of knowledge to prevent infection; lack of accessible health facilities for sexually transmitted infection (STI) testing and treatment; lack of protection from authorities; vulnerability of being a female migrant or being mobile.
- (iv) **Local communities around construction sites.** Loss of livelihoods, loss of income, and displacement due to resettlement; opportunities for transactional sex with migrant workers for material benefits (e.g., clothes, food); disruption of traditional values and social systems, particularly in ethnic minority areas.

6. Possible HIV prevention interventions that can be implemented with infrastructure projects include: educational and behavior change communication campaigns; social-marketing of condoms; testing and case management for STIs; voluntary counseling and testing for HIV; harm reduction options for injecting drug users (e.g., needle exchange programs); capacity development of government agencies, nongovernment organizations (NGOs), and local organizations; and anti-trafficking and safe migration initiatives, particularly for women. The interventions must be multisectoral and responsive to differences in risk related to gender and ethnic groups.

7. Over the past 15 years, ADB has supported several HIV prevention projects in the GMS, some of them in association with infrastructure projects. Outputs have ranged from economic analyses of the poverty impact of a growing epidemic<sup>6</sup> to support for community-based HIV prevention actions in Cambodia, Lao PDR, and Viet Nam with a focus on sites and areas that receive transient mobile populations or long-term migrants, large construction sites, and source communities of migrants.<sup>7</sup> In more recent years, GMS projects have supported the development of targeted prevention messages to ethnic minority communities especially in remote and cross-border areas,<sup>8</sup> a youth-focused project in Viet Nam,<sup>9</sup> and a regional communicable disease control project.<sup>10</sup> The projects have expanded the knowledge base for actions in these areas and provided ADB with experience in effective regional and country-level HIV programming.

<sup>6</sup> ADB and UNAIDS. 2004. *Asia Pacific's Opportunity: Investing to Avert an HIV/AIDS Crisis*. Manila.

<sup>7</sup> ADB. 2001. *Cambodia, Lao PDR, Viet Nam: Community Action for the Prevention of HIV/AIDS*. Manila (Japan Fund for Poverty Reduction 9006-REG for \$8,000,000, approved on 9 May).

<sup>8</sup> ADB. 2005. *GMS: HIV/AIDS Vulnerability and Risk Reduction among Ethnic Minority Groups through Communication Strategies*. Manila (TA 6247-REG for \$1,222,000, approved on 1 July).

<sup>9</sup> ADB. 2006. *Report and Recommendation of the President to the Board of Directors on a Proposed Asian Development Fund Grant to the Socialist Republic of Viet Nam for HIV/AIDS Prevention among Youth Project*. Manila (G-0046 for \$20,000,000 approved on 9 June).

<sup>10</sup> ADB. 2005. *Report and Recommendation of the President to the Board of Directors on a Proposed Grant to the Kingdom of Cambodia, Lao People's Democratic Republic, and the Socialist Republic of Viet Nam For the Greater Mekong Subregion Regional Communicable Disease Control Project*. Manila (G-0025/0026/0027 for \$30,000,000, approved on 31 October).

8. In 2007, ADB reviewed its program of HIV activities and developed a new GMS HIV strategy and framework to guide future operations (see footnote 2). The strategy identifies ADB's comparative advantage in the GMS to be HIV prevention in the context of infrastructure development. As a major financier of infrastructure in the subregion, ADB has the obligation to mitigate the HIV risks associated with infrastructure development and the opportunity to contribute strategically to fighting HIV in the subregion. While previous interventions delivered good results and evaluations were positive, the proposed initiative adopts a more focused, coherent, and programmatic approach that is more directly linked to, and closely aligned with, the overall GMS program and core infrastructure operations. This enhanced effort to integrate HIV prevention actions into major infrastructure projects builds on previous GMS experience and seeks to better target affected communities, the construction workforce, and ultimately road users. This work is complemented by other TA work on practice reviews and the piloting of new approaches<sup>11</sup> and collaboration with development partners to improve practices and advocate more integrated and streamlined approaches.<sup>12</sup>

9. To date, HIV prevention actions have been largely confined to the construction period. Financing for pre- and post-construction initiatives has not been available, given the nature of ADB loan operations. Initiating actions in the pre-construction period, such as resilience-building measures in local communities, will strengthen risk mitigation efforts during construction. Similarly, HIV prevention programs should continue in a modified form in the post-construction period, when the risks and target groups change as roads come into use and migration and other economic opportunities grow. The proposed TA will enable ADB to extend support for HIV prevention initiatives beyond the construction period to include the pre- and post-construction phases. Further, it will enable the development of knowledge, skills, and in-country capacity for designing and implementing sustainable, comprehensive, multisectoral HIV prevention responses in the context of infrastructure development projects.

### III. THE PROPOSED TECHNICAL ASSISTANCE

#### A. Impact and Outcome

10. The proposed regional TA will contribute to achieving Millennium Development Goal (MDG) 6, Target 7, to "halt and begin to reverse the spread of HIV/AIDS" in the GMS by 2015.<sup>13</sup> The outcome will be a reduced incidence of HIV transmission and prevalence of other STIs in communities and population groups directly associated with ADB-financed infrastructure developments in the GMS. Key outputs will be: (i) enhanced leadership support and institutional policies for addressing HIV risks in the context of infrastructure projects; (ii) improved awareness of HIV, AIDS, and STI among key target groups in the infrastructure settings; (iii) improved access to HIV and STI prevention commodities; (iv) reduced incidence of HIV risk behaviors among key target groups; (v) improved access to HIV and STI treatment and testing; and (vi) improved surveillance and associated knowledge products.

<sup>11</sup> ADB. 2006. *Technical Assistance for Fighting HIV/AIDS in Asia and the Pacific: Subproject 3*. Manila (TA 6321-REG for \$750,000, approved on 6 June) has produced a set of GMS HIV and Infrastructure case studies of experiences to date, is piloting new methods, and is seeking to strengthen the capacity of government partners in three GMS countries (Cambodia, Lao PDR, and Viet Nam).

<sup>12</sup> ADB, African Development Bank, Department for International Development (UK), Japan Bank for International Cooperation, KfW Entwicklungsbank, and World Bank. 2006. *The Joint Initiative by Development Agencies for the Infrastructure Sectors to Mitigate the Spread of HIV/AIDS*. Toronto (declaration signed 11 August).

<sup>13</sup> Website of the UN Millennium Development Goals (accessed 19 April 2008). <http://www.un.org/millenniumgoals/#>

11. The principles guiding all risk mitigation actions highlight the importance of working through the national AIDS authority (or its equivalent) and supporting cross-border collaboration and evidence-based design (Appendix 2). The collection of gender-disaggregated data at the community level will facilitate appropriate targeting of vulnerable groups including ethnic minorities. A gender action plan is in Appendix 3.

## **B. Methodology and Key Activities**

12. The proposed activities under the regional TA are grouped into two components: (i) HIV prevention interventions associated with infrastructure projects; and (ii) knowledge management, monitoring, evaluation, and regional coordination.

### **1. Component 1: HIV Prevention Interventions in the Infrastructure Sector**

13. This component will support a set of distinct subprojects associated with ADB-financed infrastructure projects in the GMS. The subproject sites represent a range of HIV risk contexts in the pre-construction, construction, and post-construction phases in Cambodia, Lao PDR, and Viet Nam. An indicative list of subprojects is in Appendix 4. With more funding, the scope could be expanded to other infrastructure subsectors, such as energy.<sup>14</sup>

14. Activities will be designed to ensure a targeted, site- and risk-appropriate HIV mitigation response in association with each construction project. While the emphasis and allocation of resources will vary with the risk environment, the proposed TA subprojects will generally consist of the following four areas of activity:

- (i) **Advocacy and capacity building.** Targeting stakeholders at the local level, including government leaders, health services, and local NGOs in border areas with information and skills-building opportunities.
- (ii) **Information, education, and behavior change communications.** Targeting the workforce of infrastructure projects, sex workers, road users, and local communities. The activities will be aimed at increasing awareness and changing behaviors in relation to HIV and STI transmission, and providing preventive commodities (e.g., condoms) through social-marketing and other mechanisms.
- (iii) **Strengthening of medical services.** Including measures to improve quality and access to HIV and STI testing, and treatment and care services, for construction workers, sex workers, and affected communities, as well as HIV and STI monitoring and surveillance where necessary.
- (iv) **Monitoring and evaluation.** With attention to collecting data consistent with national monitoring systems and disaggregated according to gender and ethnic minority group, to refine actions as projects move from pre-construction to construction and then to the post-construction period.

15. Detailed designs, with a subproject-specific design and monitoring framework and gender framework, will be developed in stages and subject to peer review as part of the annual reviews with the Government of Australia. NGOs are expected to be key implementation partners. The subprojects listed in Appendix 4 include the following, among others:<sup>15</sup>

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<sup>14</sup> The Government of Australia has indicated that, with satisfactory progress, additional funding may be provided to expand the scope of the TA.

<sup>15</sup> Detailed designs for subprojects (i) and (ii) are available in Supplementary Appendixes A and B.

- (i) **LAO: Northern Economic Corridor (Loan 1989).**<sup>16</sup> Road upgrading was completed in 2007 and included an HIV mitigation package implemented during the construction. The subproject expands this package with condom social-marketing and targeted information campaigns in the post-construction period, to address emerging risks, particularly in the cross-border areas.
- (ii) **LAO/VIE: East–West Corridor (Loan 1727/1728).**<sup>17</sup> The road construction was finished in 2006 and included some HIV prevention activities for construction workers and local communities. The proposed subproject will target road users especially truck drivers, sex workers and their clients, and affected communities in the corridor and cross-border area. Activities will include information campaigns and enhanced health services. In communities where women and ethnic minorities are at particular risk, interventions will be aimed at effecting behavior change in the post-construction phase.

## 2. Component 2: Monitoring, Evaluation, Knowledge Dissemination, and Regional Coordination

16. Component 2 will focus on coordination, monitoring and evaluation, and the production and dissemination of knowledge products with the implementation of the component 1 subprojects. The HIV prevention interventions associated with the Cambodia/Viet Nam: Southern Coastal Corridor Project<sup>18</sup> and Lao PDR: Northern GMS Transport Network Improvement Project,<sup>19</sup> both cofinanced by the Government of Australia, will also be part of this component. Reports on lessons learned during the design and implementation will be prepared, and outputs will support national and regional forums with key stakeholders and cross-border collaboration. Participants at the forums will include representatives of the national AIDS agencies and ministries of health and transport, NGOs, and other development partners. These forums will not duplicate other related regional forums but will complement and expand these in relation to HIV prevention and infrastructure development.<sup>20</sup> The outputs will be aimed at improving practices and the institutional knowledge and structures for long-term program sustainability through national policy and resource commitments in these areas. An indicative list of subprojects and activities and the associated cost plan is in Appendix 4.

### C. Cost and Financing

17. The proposed TA is estimated to cost \$6,000,000. The TA will be financed with a grant from the Government of Australia to be administered by ADB. The detailed cost estimates are in Appendix 5.

<sup>16</sup> ADB. 2002. *Report and Recommendation of the President to the Board of Directors on a Proposed Loan to the Lao People's Democratic Republic for the Northern Economic Corridor Project*. Manila (Loan 1989-LAO for \$95,790,000 approved on 20 December).

<sup>17</sup> ADB. 1999. *Report and Recommendation of the President to the Board of Directors on a Proposed Loan to the Lao People's Democratic Republic and the Socialist Republic of Viet Nam for the Greater Mekong Subregion East-West Corridor Project*. Manila (Loan 1727-LAO/Loan 1728- VIE for \$400,000,000, approved on 20 December).

<sup>18</sup> ADB. 2007. *Report and Recommendation of the President to the Board of Directors on a Proposed Loan to the Kingdom of Cambodia and the Socialist Republic of Viet Nam for the Greater Mekong Subregion Southern Coastal Corridor Project*. Manila (Loan 2373-CAM/Loan 2372-VIE for \$227,400,000 approved on 28 November).

<sup>19</sup> ADB. 2007. *Report and Recommendation of the President to the Board of Directors on a Proposed Grant to Lao People's Democratic Republic for the Northern Greater Mekong Subregion Transport Network Improvement Project*. Manila (G-0082 for \$88,500,000, approved on 27 September).

<sup>20</sup> Related regional forums include the United Nations Regional Task Force on Mobility and Migration, ADB's GMS Working Group on Human Resources, and the Canadian South East Asian Regional HIV and AIDS Project.

#### **D. Implementation Arrangements**

18. ADB will be the Executing Agency, and the proposed TA will be implemented through the Social Sectors Division (SESS) of the Southeast Asia Department (SERD) from June 2008 to December 2011. Subprojects associated with infrastructure projects will be administered by the Infrastructure Division of SERD with technical support from SESS staff and consultants. The specific designs of subprojects under component 1 will be included in annual work programs, to be reviewed and agreed on in accordance with the agreement between ADB and the Government of Australia. A no-objection letter will be obtained before the start of TA activities in the territory of the participating countries.

19. Consultant services will be required to develop, coordinate, and implement the proposed TA activities. SESS staff will oversee project implementation with support from a program coordinator and a program assistant. A total of 60 international and 54 national person-months of individual consultant inputs, including inputs from monitoring and evaluation and gender specialists, will be required. The consultant inputs are outlined in Appendix 6. To implement the subproject activities, ADB will hire organizations or individual consultants, depending on the design of the subproject, in accordance with ADB's *Guidelines on the Use of Consultants* (2007, as amended from time to time), and procure goods and other services for the proposed TA operations according to ADB's *Procurement Guidelines* (2007, as amended from time to time).

#### **IV. THE PRESIDENT'S RECOMMENDATION**

20. The President recommends that the Board approve ADB administering technical assistance not exceeding the equivalent of \$6,000,000 to be financed on a grant basis by the Government of Australia for HIV Prevention and Infrastructure: Mitigating Risk in the Greater Mekong Subregion.

## DESIGN AND MONITORING FRAMEWORK

Design Summary	Performance Targets/Indicators <sup>a</sup>	Data Sources/Reporting Mechanisms	Assumptions and Risks
<p><b>Impact</b> Contribute to achieving the Millennium Development Goal (MDG) 6, Target 7: to have halted and begun to reverse the spread of HIV/AIDS by 2015 in the GMS.</p>	<p>Stabilized, then reduced, incidence of HIV infection among men and women 15–49 years</p> <p>Reduced prevalence of STI infection among men and women 15–49 years</p> <p>Increased condom use during last high-risk sexual encounter</p>	<p>UNGASS country reports</p> <p>National annual HIV reports</p>	<p><b>Risk</b> 7 years (4 years beyond project completion) is insufficient to show measurable change in HIV prevalence in specific subnational settings.</p>
<p><b>Outcome</b> Reduce the incidence of HIV transmission and prevalence of STIs among workers and communities associated with ADB-financed infrastructure projects in the GMS.</p>	<p>Increased percentage of construction personnel, female sex workers and men and women 15–49 years in communities affected by infrastructure projects reporting the use of a condom with their most recent client or casual partner.</p> <p>Increased percentage of truck drivers on completed roads (in post-construction period), reporting the use of a condom with their most recent casual partner.</p> <p>Increased proportion of enterprises/companies with HIV-related workplace policies and programs, among those involved in large infrastructure projects.</p>	<p>National behavioral surveillance survey (where available)</p> <p>National and provincial annual HIV reports</p> <p>Project-supported surveys at end-line to assess impact</p> <p>PPMS reports</p>	<p><b>Assumptions</b></p> <ul style="list-style-type: none"> <li>Government considers the association of HIV with the infrastructure sector a priority issue.</li> <li>HIV committee (or equivalent) within MOT is functional and supported by key officials.</li> </ul> <p><b>Risks</b></p> <ul style="list-style-type: none"> <li>Government does not support a multisectoral approach to HIV prevention.</li> <li>HIV and STI sentinel surveillance of sex workers is not conducted regularly at the project sites</li> </ul>
<p><b>Outputs</b> <b>Component 1</b> 1. Leadership support and associated institutional policies for addressing HIV risks in the context of infrastructure development</p>	<p>HIV-related policy and capacity in place in the national and provincial ministry or departments related to transport and other infrastructure.</p> <p>GMS forum for HIV and infrastructure information sharing established and supported.</p> <p>Workshops of GMS forum conducted regularly.</p>	<p>PPMS reports</p>	<p><b>Assumption</b> Within 4 years, governments are willing and able to institutionalize capacity, systems, and other resources necessary for sustainability.</p>
<p>2. Improved awareness of HIV, AIDS, and STI among the workforce of large infrastructure projects, infrastructure</p>	<p>Increased percentage of male and female workers who correctly identify ways of preventing HIV transmission and who reject major misconceptions</p>	<p>Project-supported surveys to assess impact</p> <p>PPMS reports</p>	<p><b>Assumption</b> MOT (or equivalent) has an HIV strategic plan.</p>

<b>Design Summary</b>	<b>Performance Targets/Indicators<sup>a</sup></b>	<b>Data Sources/Reporting Mechanisms</b>	<b>Assumptions and Risks</b>
users, related line ministries, and affected local communities	about HIV transmission, among those associated with infrastructure development and affected communities.		<b>Risk</b> Some government policies might restrict opportunities for effective health promotion.
3. Ready availability of HIV and STI prevention commodities (e.g., condoms) and associated social-marketing programs	<p>Increased percentage of targeted infrastructure projects that provide condoms as part of occupational health and safety programs</p> <p>Increased number of condom social-marketing vendors in selected project sites</p> <p>Increased percentage of condoms in retail outlets in selected project sites that meet WHO quality specifications</p> <p>Increased percentage of randomly selected retail outlets and service delivery points that have condoms in stock at the time of the survey</p>	PPMS reports	<b>Risk</b> There is inadequate supply of high-quality condoms from public and commercial sources
4. Improved and expanded HIV and STI testing, treatment, and care services used by staff of construction worksites and affected communities	<p>Increased number of occupational health and safety programs in infrastructure projects with HIV- and STI-related services or functional referral systems</p> <p>Increased number of provincial health departments with updated STI and HIV voluntary counseling and testing, treatment, care, and support</p> <p>Increased percentage of women and men with STIs who are appropriately diagnosed, treated, and counseled.</p>	<p>HIV and STI sentinel surveillance</p> <p>Provincial health department's routine reports</p> <p>PPMS reports</p>	<p><b>Assumption</b> Provincial health departments provide STI- and HIV-related services.</p> <p><b>Risks</b></p> <ul style="list-style-type: none"> <li>• Provincial health staffs lack the required capacity.</li> <li>• Lack of confidentiality in the provision of HIV- and STI-related services in infrastructure projects may lead to stigma and discrimination.</li> </ul>
5. Improved HIV and STI monitoring and surveillance systems with M&E indicators for HIV prevention in infrastructure projects	<p>HIV and STI surveillance conducted according to national guidelines.</p> <p>Developed M&amp;E indicators used by provincial health authorities in standard M&amp;E systems.</p>	<p>National HIV surveillance reports</p> <p>Provincial health department's routine reports</p>	<b>Assumption</b> Government is willing to adopt indicators for actions related to HIV in association with major infrastructure projects.
<b>Component 2</b> 6. Knowledge products (reports, Web materials, etc.) and advocacy materials and events related to the benefits	Regular production and dissemination of high-quality reports through the Web and other media	Reports with programming recommendations (including those related to design and	

<b>Design Summary</b>	<b>Performance Targets/Indicators<sup>a</sup></b>	<b>Data Sources/Reporting Mechanisms</b>	<b>Assumptions and Risks</b>
from and implementation mechanisms for HIV prevention in infrastructure projects	Workshops conducted for knowledge dissemination and program and policy dialogue based on emerging knowledge products.	implementation)	
7. Functioning project management	Regular consultation with project financier.  Regular summarized monitoring and evaluation reports.	Mission and consultation reports  Monitoring and evaluation reports	
<b>Activities with Milestones</b> <b>Component 1<sup>b</sup></b> 1.1 Draw up implementation plan for subprojects 1 and 2 (by July 2008). 1.2 Field design consultant for subproject 3 (by August 2008). 1.3 Field assessment and design consultant for subproject 4 (by September 2008). 1.4 Field design consultant for subproject 5 (by September 2008). 1.5 Field consultants for implementing subprojects 1 and 2 (by November 2008). 1.6 Finalize terms of reference and field implementation consultants for subproject 3 (by January 2009). 1.7 Field design consultant for subproject 8 (by February 2009) 1.8 Field consultants for implementing subproject 4 (by March 2009). 1.9 Field consultants for implementing subproject 5 (by April 2009). 1.10 Field consultants for implementing subproject 8 (by June 2009) 1.11 Field monitoring and review mission for subproject 6 (by June 2009) and subproject 7 (by June 2010). 1.12 Field design consultants for subprojects 9 and 10 (by August 2009). <b>Component 2</b> 2.1 Field TA coordinator and program assistant (by July 2008). 2.2 Field monitoring and evaluation consultant (by September 2008). 2.3 Hold regional consultation (by October 2008). 2.4 Conduct annual review mission with Government of Australia (June 2009). 2.5 Hold M&E forum (June 2009). 2.6 Hold regional consultation (by October 2009). 2.7 Conduct midterm review with Government of Australia December 2009. 2.8 Conduct annual review mission with Government of Australia (June 2010). 2.9 Hold M&E forum (June 2010). 2.10 Conduct wrap-up evaluation (January–March 2011). 2.11 Hold regional evaluation forum (April 2011). 2.12 Disseminate final report and associated evaluation products (by June 2011).			<b>Inputs</b> <ul style="list-style-type: none"> <li>• Government of Australia: \$6,000,000</li> <li>• International TA coordinator (36 person-months)</li> <li>• National program assistant (36 person-months)</li> <li>• International M&amp;E adviser (9 person-months)</li> <li>• International gender adviser (12 person-months)</li> <li>• National gender advisers (18 person-months)</li> <li>• Subproject international consultants (66 person-months)</li> <li>• Subproject national consultants (460 person-months)</li> </ul>

AIDS = acquired immune deficiency syndrome, GMS = Greater Mekong Subregion, HIV = human immunodeficiency virus, M&E = monitoring and evaluation, MOT = Ministry of Transport, PPMS = project performance management system, STI = sexually transmitted infection, UNGASS = United Nations General Assembly Special Session on HIV/AIDS, WHO = World Health Organization.

<sup>a</sup> These targets and indicators will be achieved and measured in a wide range of settings according to the context and operational objectives of the subproject. It is therefore not possible or appropriate at this point to quantify or specify timelines for the achievement of these targets because such measures will vary according to the subproject. A context-specific design and monitoring framework will be developed for each subproject (as listed in Table A4.1) incorporating quantified, time-bound target and indicator statements.

<sup>b</sup> Activities under component 1 relate to implementing the series of subprojects listed in Table A4.1. This will be a rolling program of design, implementation and review and managing this program will be the key responsibilities of the program coordinator and assistant. Subprojects 6 and 7 are being financed and implemented under separate project arrangements (see also footnote a to Table A4.1) but are included in this schedule for review and monitoring activities as the information from these reviews will be included in overall reports and knowledge dissemination from this proposed TA.

### **HIV PREVENTION AND INFRASTRUCTURE: GENERAL PRINCIPLES FOR RISK MITIGATION ACTIONS IN THE GMS**

The following principles will apply to all activities implemented under the regional technical assistance project. The activities should:

- (i) Align with and support national and provincial programs and actively seek to avoid the creation of parallel systems including those for: (a) HIV and AIDS planning and strategy formulation, and (b) monitoring and evaluation.
- (ii) Support evidence-based actions that will reduce HIV transmission risk, including: (a) harm-reduction approaches where indicated for risk mitigation; (b) targeting of socially and economically disadvantaged groups where there is a clear indication of potential risk; (c) a campaign against stigma and discrimination where it enhances risk and hinders access to the social and economic opportunities that should arise from infrastructure projects; (d) the bio-behavioral, ethnographic, and anthropological research necessary for effective targeting, including the use of local researchers and the development of local research capacity; and (e) a process of consultation with local communities and with targeted and affected populations including people living with HIV, sex workers and their clients, and drug users.
- (iii) Support multisectoral approaches including the involvement of law enforcement, transport and other infrastructure, and health and educational institutions as appropriate.
- (iv) Be sustainable. The TA will (a) build national, provincial, and local capacity to sustain the activities and adapt them to the phase of infrastructure-related development (i.e., before, during, and after construction) and to future projects and risks that may emerge with economic development; and (b) build the capacity of national HIV and AIDS authorities and relevant ministries to plan and engage in regional collaboration.
- (v) Promote cross-border collaboration.
- (vi) In accordance with ADB's *Policy on Gender and Development* (1998), (a) provide a gender assessment and analysis related to HIV risk and impact, when appropriate; (b) be informed by principles of gender equality; (c) ensure the participation of women in policy development and activity design; (d) ensure the collection of disaggregated data for monitoring and evaluation and research; and (e) ensure the systematic integration of women's needs and concerns into the design and implementation of project activities.

## GENDER STRATEGY AND ACTION PLAN

Output	Specific Actions
General	<p>Conduct a gender analysis for each subproject, and prepare a gender action plan with specific design features, targeted activities, and monitoring mechanisms.</p> <p>Ensure that each subproject is informed by principles of gender equality, and will ensure (i) women's participation in policy development, activity design, and data collection; (ii) collection of sex-disaggregated data for M&amp;E and research; and (iii) systematic integration of women's needs and concerns into the design and implementation of project activities.</p> <p>Require social mobilizers, peer educators, group facilitators, and counselors to each have at least 30%–50% female representation.</p> <p>Require all subcontractors (e.g., NGOs, UN agencies, and consulting firms) hired to implement the subprojects to have at least 40% female representation, especially in implementation teams at the community level.</p> <p>Require subcontractors hired to implement each subproject to include a section in their progress reports on the specific gender actions in the subproject and their implementation. The PPMS consultant should disaggregate data by sex and by ethnic group (as appropriate).</p>
1. Leadership support and associated institutional policies for addressing HIV risks in the context of infrastructure development	<p>Address gender-specific needs of target populations in HIV and infrastructure policy and plans, including accessible provisions for confidential HIV testing, counseling, and follow-up and referral services for women and men.</p> <p>Present specific gender-related issues associated with HIV and infrastructure at each GMS forum on HIV and infrastructure.</p> <p>In presentations on subprojects at GMS workshops and forums, include separate presentations on gender-related issues, implementation, and outcomes.</p> <p>Include gender sensitization training in HIV prevention and anti-human trafficking workshops and seminars for provincial, national, or regional leaders.</p> <p>Include gender issues in training related to HIV prevention and anti-human trafficking for government officials, cross-border police, construction managers, etc.</p> <p>Establish or strengthen peer-to-peer learning opportunities for men and women from each target group.</p> <p>Require peer leaders to have at least 30%–50% female representation.</p>
2. Improved awareness of HIV, AIDS, and STIs among the workforce of large infrastructure projects, related line ministries, and affected local communities	<p>Conduct separate BCC assessments for men and women to better understand the different needs of target groups, levels of knowledge, and attitudes toward sexual behavior.</p> <p>As part of the separate assessments, survey perceptions of HIV transmission within each target group to determine the extent of stigma and discrimination.</p> <p>Hold separate focus group meetings with women and men from the different target groups to ensure that both sexes participate in all stages of IEC/BCC development and implementation.</p> <p>Require focus group facilitators to have at least 30%–50% female representation.</p> <p>Conduct separate IEC workshops for men and women at construction sites. Ensure that the workshop schedules take into account women's work schedules at the sites.</p> <p>Develop BCC campaigns to convince men to be more responsible in sexual health matters and in their family roles.</p> <p>Ensure the use of a range of communication strategies in developing IEC and BCC materials (e.g., media, pictorial messages, and youth-based/mobile dramas).</p> <p>Pretest IEC/BCC materials for the various target populations on men and women separately.</p> <p>Work with women's organizations and women's unions to help disseminate information.</p> <p>Post HIV/STI prevention messages in settings employing women or frequently visited by them (e.g., hair salons, entertainment settings such as bars and beer gardens).</p>
3. Readily available prevention commodities for HIV and STI (e.g., condoms) and associated social-marketing	<p>Provide female workers at construction sites with access to condoms as part of occupational health and safety programs for each relevant subproject (target 100% of all women).</p> <p>Ensure that HIV/STI prevention commodities are available in settings where women are employed (e.g., bars, karaoke bars, beer gardens).</p> <p>Provide HIV/STI prevention commodities within a comprehensive package of sexual and reproductive health care for men and women from different target groups.</p>

Output	Specific Actions
programs	<p>Explore opportunities for providing, and supporting the use of, female condoms.</p> <p>Conduct separate male and female perception surveys among different target groups to determine the value each places on condoms, when developing appropriate and gender-specific social-marketing programs.</p> <p>Require social mobilizers to have at least 30%–50% female representation.</p> <p>Base site selection for the randomly selected retail survey on women's and men's access to the sites (e.g., entertainment places such as bars and nightclubs, construction sites, gas stations along major corridors, health clinics, pharmacies).</p>
4. Stabilized or reduced incidence of HIV risk behaviors among construction workforce, sex workers, and local communities	<p>Increase social-marketing efforts aimed at reducing HIV risk behaviors, by sex and target group. Focus separate efforts on the specific needs of men and women.</p> <p>Integrate HIV prevention messages into reproductive health services.</p> <p>Ensure that life skills programs and anti-trafficking and safe migration messages target female teenagers.</p> <p>Promote safe sexual practices and behaviors in entertainment settings (e.g., safe beer-bars).</p> <p>Establish separate male and female discussion and counseling groups for different target groups.</p>
5. Improved and expanded HIV and STI testing, treatment, and care services used by staff at construction worksites and affected communities	<p>Ensure that protocols for HIV/STI VCT, care, and support for migrant and mobile clients take into consideration the specific needs and concerns of female clients.</p> <p>Provide gender-sensitive training to health department and AIDS committee staff engaged in each subproject.</p> <p>Require health workers and pharmacy staff trained in HIV/STI VCT and care and located near construction sites to have at least 30%–50% female representation.</p> <p>Ensure women's access to confidential VCT and STI-related services at construction sites and in the adjacent communities.</p> <p>Work with the department of health to establish confidential facilities where women can seek and have access to sexual and reproductive health services, including information on HIV and STIs.</p> <p>Provide HIV/STI testing within a comprehensive package of sexual and reproductive health services for men and women, with instructions on condom use, partner notification, and referral.</p> <p>Monitor the percentage of women working at construction worksites and in the adjacent communities that have voluntarily requested an HIV test, have been tested, and have received the results.</p> <p>Administer an exit survey at health facilities to male and female clients that have received VCT services, to determine the quality of care and level of stigma or discrimination associated with the services.</p>
6. Improved HIV and STI monitoring and surveillance systems with M&E indicators for HIV prevention in infrastructure projects	<p>Review national monitoring systems for improved HIV and STI monitoring and surveillance, to ensure that indicators are disaggregated by sex and ethnic group (as appropriate).</p> <p>Ensure that new M&amp;E indicators for HIV prevention associated with infrastructure development are disaggregated by sex and by ethnic group (as appropriate).</p>
7. Knowledge products (reports, web-materials, etc.) and advocacy materials and events publicizing the benefits of and implementation mechanisms for HIV prevention in infrastructure projects	<p>Mainstream gender in each report on design/implementation lessons. Include a section on the specific gender actions in the subproject and their implementation.</p> <p>Invite women's groups (women's unions), NGOs, and gender focal agencies to participate in TA-supported national and regional forums.</p> <p>Invite agencies and NGOs involved in the drive against human trafficking and gender-based violence, as well as reproductive health organizations, to participate in relevant forums.</p> <p>Include a discussion of gender-related issues, impact, and knowledge in dissemination workshops, programs, and policy dialogue.</p> <p>Prepare special studies relating to women, HIV, and infrastructure (e.g., studies on sex workers, female personnel at construction sites, and females in affected communities) and disseminate the results in different forums and on relevant websites.</p> <p>Provide annual updates on subprojects and related gender activities to the GMS working groups for human resources development and transport.</p>
8. Functioning project management	<p>Recruit an international gender specialist (12 person-months) to develop and supervise the implementation of all gender-related activities for each subproject.</p>

Output	Specific Actions
	Recruit three national gender specialists in Viet Nam, Cambodia, and Lao PDR (6 person-months each) to assist in conducting a gender analysis, preparing individual gender action plans, and monitoring specific gender actions for each subproject.
	Recruit an international TA administrator to ensure that a gender analysis and specific gender action is prepared and implemented for each subproject.
	Recruit an international M&E specialist to ensure, in coordination with the gender specialists, that gender-specific indicators are included in the M&E framework for collecting and reporting sex-disaggregated data.

AIDS = acquired immune deficiency syndrome; BCC = behavior change communication; GMS = Greater Mekong Subregion; HIV = human immunodeficiency virus; IEC = information, education, and communication; Lao PDR = Lao People's Democratic Republic; M&E = monitoring and evaluation; NGO = nongovernment organization; PPMS = project performance management system; STI = sexually transmitted infection; TA = technical assistance; UN = United Nations; VCT = voluntary counseling and testing.

## COMPONENTS, SUBPROJECTS, ACTIVITIES, AND COST PLAN

### Table A4.1: Component 1 Subprojects and Cost Plan

No.	Subproject Title	Subproject Cost (\$'000)	Budget by Year (\$'000)			
			2008	2009	2010	2011
1.	LAO: Northern Economic Corridor (Route 3) (post-construction)	600	200	300	100	
2.	LAO/VIE: East–West Corridor (post-construction)	700	200	300	200	
3.	VIE: Central Region Transport Networks (construction phase)	700		400	300	
4.	GMS: Cross-Border Transport Agreement	500	100	200	200	
5.	CAM: Road Improvement Project (during and after construction)	700		400	300	
6.	CAM/VIE: Southern Coastal Corridor <sup>a</sup>	0				
7.	LAO: Northern GMS Transport Network Improvement Project <sup>a</sup>	0				
8.	PP-HCMC Highway (post-construction)	600		300	300	
9.	CAM: NW Provincial Roads (before and during construction)	600			300	300
10.	VIE/GMS: Second Northern GMS Transport Network (before and during construction)	600			300	300
	<b>Total</b>	<b>5,000</b>	<b>500</b>	<b>1,900</b>	<b>2,000</b>	<b>600</b>

CAM = Cambodia, GMS = Greater Mekong Subregion, LAO = Lao People's Democratic Republic, NW = northwest, PP-HCMC = Phnom Penh-Ho Chi Minh City, VIE = Viet Nam.

<sup>a</sup> Financing will be covered by a separate agreement but this activity will be included in the overall monitoring and evaluation activities under the proposed regional technical assistance, as well as in related knowledge dissemination and advocacy activities.

Source: Asian Development Bank estimates.

### Table A4.2: Component 2 Activities and Cost Plan

No.	Activity	Activity Cost (\$'000)	Budget by Year (\$'000)			
			2008	2009	2010	2011
1.	Project coordination (consultant)	380	10	160	160	50
2.	Monitoring and evaluation (consultant)	120	40	20	20	40
3.	Gender and development (consultants)	120	20	50	30	20
4.	Surveys and other field studies	70	10	30	30	
5.	Publications and reports (including production, dissemination, and Web materials)	70	0	20	30	20
6.	Workshops and consultations for advocacy and knowledge dissemination	140	10	50	30	50
7.	Contingency	100	20	30	30	20
	<b>Total</b>	<b>1,000</b>	<b>110</b>	<b>360</b>	<b>330</b>	<b>200</b>

Source: Asian Development Bank estimates.

**COST ESTIMATES AND FINANCING PLAN**  
(\$'000)

<b>Item</b>	<b>Cost</b>
<b>Government of Australia Financing<sup>a</sup></b>	
1. Consultants	3,500.0
a. Remuneration and Per Diem	
i. International Consultants	2,500.0
ii. National Consultants	800.0
b. International and Local Travel	200.0
(including international and local travel)	
2. Training, Seminars, Workshops, and Conferences	600.0
(including material development, supplies, and travel)	
3. Surveys	350.0
4. Publications and Reports	350.0
(including production, editing and dissemination)	
5. IEC Materials, Medical Supplies, and Office Equipment	600.0
(including condoms, STI treatment kits, and HIV testing)	
6. Contingencies	600.0
<b>Total</b>	<b>6,000.0</b>

HIV = human immunodeficiency virus; IEC = information, education, and communication; STI = sexually transmitted infection.

<sup>a</sup> Administered by the Asian Development Bank (ADB). This amount also includes ADB's administration fee, audit cost, bank charges, and a provision for foreign exchange fluctuations (if any), to the extent that these items are not covered by the interest and investment income earned on this grant, or any additional grant from the Government of Australia.

Source: ADB estimates.

## OUTLINE TERMS OF REFERENCE FOR CONSULTANTS

1. The consultant inputs under the technical assistance (TA) will consist of technical and implementation support for the TA program as a whole and the implementation of activities under component 2, as well as a range of consultant inputs for the implementation of component 1 subprojects. The terms of reference for the consultant inputs for implementation support are outlined below. The table at the end of the appendix lists the main tasks of the international and national consultants related to the implementation of the subprojects under component 1.

### A. Technical Assistance Coordination

2. An international TA administrator will be hired for 36 person-months to coordinate the overall implementation of subprojects under component 1 as well as the knowledge management program under component 2 (training, seminars, workshops, conferences, publications, etc). The consultant, who will be based in Manila, will: (i) prepare the annual workplan in consultation with Southeast Asia Social Sectors Division (SESS) staff; (ii) ensure regular reporting and consultations with the Government of Australia on TA activities; (iii) provide technical advice and other support to the Asian Development Bank (ADB) staff implementing the subprojects; (iv) help SESS staff and the HIV/AIDS steering committee review and process TA proposals; (v) support the development of targets and performance indicators for the subprojects; (vi) ensure the preparation of subproject gender analyses and the collection of related data; (vii) oversee the compilation of monitoring and evaluation data and the analysis and reporting of unified data; (viii) supervise the national program officer in preparing and updating material on TA activities for dissemination; (ix) organize annual reviews of TA activities; and (x) prepare annual reports on these activities.

3. To support TA coordination and monitoring and evaluation, a national program assistant will be hired for 36 person-months to (i) help the international TA coordinator and ADB staff prepare annual work programs under the TA, and to organize consultations with the Government of Australia and other key development partners; (ii) help the international coordinator and ADB staff prepare detailed plans for subprojects; (iii) establish and maintain a database and a monitoring system for subprojects and related disbursements and use of funds; (iv) help the international TA coordinator support the implementation of subprojects including disbursements and reporting; (v) prepare and update materials on subproject activities for publication on ADB's website and for dissemination through other media and in other appropriate forums; and (vi) help the international TA coordinator organize annual reviews of activities, and prepare annual reports on these activities.

### B. Technical Assistance Monitoring and Evaluation

4. An international monitoring and evaluation specialist will be hired to provide 12 person-months of services intermittently over 36 months. The consultant will: (i) establish a monitoring and evaluation framework for subproject activities; (ii) provide guidelines, advice, and support to ADB staff and consultants associated with subproject implementation, on the use of the framework; (iii) support the annual or other regular collection and comparison of monitoring data; (iv) ensure, wherever possible and appropriate, the collection of gender-disaggregated data; (v) provide annual reports based on the monitoring data; and (vi) design and support a year 3 evaluation.

### C. Gender Specialists

5. An international gender specialist will be hired to provide 12 person-months of services intermittently over 36 months. The consultant will: (i) work with subproject teams to develop site-specific gender action plans following the guidelines of the gender action plan for this TA; (ii) provide guidelines, advice, and support to ADB staff and consultants associated with subproject implementation, on the application of the gender action framework; (iii) support the annual or other regular collection and comparison of gender-related monitoring data along with gender-disaggregated data on all appropriate indicators; (iv) provide annual reports on the progress against the gender action plan; and (v) design and support a year 3 evaluation.

6. In addition to the international gender specialist, national gender specialist services will be hired in Cambodia, Lao People's Democratic Republic, and Viet Nam (6 person-months of intermittent services in each country) to support the development and implementation of plans associated with the subprojects in that country and to support the collection of relevant monitoring and evaluation data.

**Table A6: Outline of Estimated Consultant Inputs for Component 1 Subprojects and Activities**

No.	Subproject or Activity Title	International Consultant	National Consultant
1.	LAO: Northern Economic Corridor (Route 3)	<ul style="list-style-type: none"> <li>Team Leader/HIV Technical Expert (6 person-months)</li> <li>M&amp;E consultant (6 person-months)</li> </ul>	<ul style="list-style-type: none"> <li>HIV Social Marketing Specialist/Deputy Team Leader (24 person-months)</li> <li>HIV Community Programs Specialist (2 x 24 person-months)</li> <li>M&amp;E consultant (6 person-months)</li> </ul>
2.	LAO/VIE: East–West Corridor	<ul style="list-style-type: none"> <li>Team Leader/HIV Technical Expert (9 person-months)</li> <li>M&amp;E consultant (9 person-months)</li> </ul>	<ul style="list-style-type: none"> <li>HIV Community Programs Specialist/Deputy Team Leader (30 person-months)</li> <li>HIV Community Programs Specialist (3 x 36 person-months)</li> <li>M&amp;E consultant (3 x 9 person-months)</li> </ul>
3.	VIE: Central Region Transport Networks	<ul style="list-style-type: none"> <li>HIV Technical Specialist (9 person-months)</li> </ul>	<ul style="list-style-type: none"> <li>HIV Community Programs Specialist (2 x 24 person-months)</li> <li>M&amp;E consultant (6 person-months)</li> </ul>
4.	GMS: Cross-Border Transport Agreement	<ul style="list-style-type: none"> <li>HIV Technical Specialist (3 person-months for assessment and program design)</li> <li>HIV Technical Specialist (6 person-months intermittent for implementation)</li> </ul>	<ul style="list-style-type: none"> <li>HIV Community Programs Specialist (2 x 24 person-months)</li> <li>M&amp;E consultant (6 person-months)</li> </ul>

No.	Subproject or Activity Title	International Consultant	National Consultant
5.	CAM: Road Improvement Project	<ul style="list-style-type: none"> <li>HIV Technical Specialist (6 person-months)</li> </ul>	<ul style="list-style-type: none"> <li>HIV Community Programs Specialist (2 x 24 person-months)</li> <li>M&amp;E consultant (6 person-months)</li> </ul>
6.	CAM/VIE: Southern Coastal Corridor	Not applicable <sup>a</sup>	Not applicable <sup>a</sup>
7.	LAO: Northern GMS Transport Network Improvement Project	Not applicable <sup>a</sup>	Not applicable <sup>a</sup>
8.	PP-HCMC Highway (post-construction)	To be determined	To be determined
9.	CAM: NW Provincial Roads	To be determined	To be determined
10.	VIE/GMS: Second Northern GMS Transport Network	To be determined	To be determined

CAM = Cambodia, GMS = Greater Mekong Subregion, HIV = human immunodeficiency virus, LAO = Lao People's Democratic Republic, M&E = monitoring and evaluation, NW = northwest, PP-HCMC = Phnom Penh-Ho Chi Minh City, VIE = Viet Nam.

<sup>a</sup> The HIV components associated with this road project are being financed and implemented under arrangements separate to this Technical Assistance but this activity will be included in the overall monitoring and evaluation activities under the proposed regional technical assistance, as well as in related knowledge dissemination and advocacy activities.

Source: ADB estimates