

**Regional Technical Assistance (RETA) Project 6467:
HIV Prevention and Infrastructure: Mitigating Risk in the Greater Mekong Subregion**

Progress Report - December 2008

A. 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 and in cross-border areas.

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.¹ Consistent with this strategy, ADB financing for infrastructure projects in the GMS is increasing, particularly in road-related transport 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.²

3. The commitment to economic development, poverty reduction, and HIV prevention in the GMS is shared by the Government of Australia.³ 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.

4. In 2008 ADB prepared and approved a comprehensive project co-financed with the Government of Australia, represented by AusAID, for strengthening HIV prevention actions in association with infrastructure development projects in the GMS. The project was developed in close collaboration with AusAID and included a detailed review of ADB's previous experience, field visits and consultations with a range of stakeholders at the country and regional level. The result was a regional technical assistance (RETA)-6467: *HIV Prevention and Infrastructure – Mitigating Risk in the Greater Mekong Subregion* (RETA 6467). This is essentially an umbrella RETA for eight HIV prevention packages to be implemented in conjunction with a number of ADB-financed GMS road corridor projects either underway, completed or planned in three countries: Cambodia, Lao People's Democratic Republic (Lao PDR) and Viet Nam.

5. ADB commenced implementation of the project in July 2008 and is currently (i) contracting consulting firms/nongovernment organizations (NGOs) for the implementation of the subprojects; (ii) completing the designs for others; and (iii) putting in place the overall monitoring and evaluation framework. As agreed between ADB and AusAID, ADB will provide bi-annual progress reports to AusAID on all aspects of the project's implementation. This is the first of those reports.

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

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

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

B. Overview of Activities July – December 2008

1. Subproject Preparation

6. The core of the RETA project is the set of eight subprojects to be implemented in conjunction with ADB-financed road construction projects in the GMS. Since project approval in mid-2008, work has commenced on six of the eight subprojects which are at different stages of design and contracting for implementation. The following sections provide a brief description of work that has started under 6 of the proposed 8 subprojects. The detailed design documents are provided as supplementary appendices, circulated under separate covers. A summary of subproject status is provided in Attachment 1. A summary of the contracting status of the four subprojects is provided in Attachment 2.

a. Subproject 1: Northern Economic Corridor (LAO)

7. **Introduction.** The Northern Economic Corridor Project upgraded National Route 3, a 220-kilometer road in the Lao People's Democratic Republic (Lao PDR), linking Thailand and the People's Republic of China (PRC). Route 3 passes through 94 villages and towns in the poor northern regions of Lao PDR. To minimize the potential adverse impacts of road corridor development, an HIV/AIDS/STI, drug and people trafficking awareness and prevention program was incorporated in the project design. Activities under the component were implemented from 2003 to 2006. However, since the completion of Route 3 in late 2007, the provincial health authorities of Luang Namtha and Bokeo (where Route 3 passes) have reported increasing HIV vulnerabilities along and near the road. Hence, there is a need for conducting HIV prevention activities in the post construction period.

8. A joint inception mission was conducted by ADB and AusAID on 14-24 October 2007 to assess the reported health and social vulnerabilities associated with the completion of Route 3. Through consultations with national and local stakeholders, key areas of concern were identified, including the high-risk setting found at the border town of Boten. Located at the start of Route 3 with People's Republic of China (PRC), Boten is rapidly developing with emergence of commercial and entertainment establishments, including casinos, nightclubs and brothels. An increasing number of sex workers have been reported in the area, particularly from PRC. Entertainment establishments have also increased along other areas of Route 3, especially at transit and destination points for migrant workers. Increases in HIV prevalence have also been reported in towns along the Mekong River (near Route 3), particularly among ethnic minority populations who migrate to Thailand for work. In order to mitigate these post-construction vulnerabilities along Route 3, Subproject 1 was developed.

9. **Project Design Summary.** Subproject 1- *The Northern Economic Corridor* aims to address HIV vulnerabilities along Route 3 and in the cross-border areas with PRC and Thailand through conducting the following key activities:

- (i) Strengthening capacity of local health providers and promoting collaboration between, local authorities in Yunnan (PRC) and Luang Namtha (Lao PDR) to address high-risk settings in Boten and the surrounding areas, driven mainly by the demand for paid sex from casino guests, business investors and migrant workers;
- (ii) Supporting the provincial health authorities and private establishments (e.g. casinos, hotels, and logging and mining companies) to integrate HIV prevention into workplace activities, including any occupational health and safety programs;

- (iii) Conducting awareness and behavior change communication on HIV, drug use and human trafficking among local communities and migrant and mobile populations along and near Route 3 and cross-border areas; and
- (iv) Updating protocols to provide condoms and quality HIV, STI and other health services to female sex workers, migrant and mobile clients.

10. A separate gender action plan has been prepared and included in the subproject 1 package. A rigorous monitoring and evaluation mechanism will be put in place, including baseline, mid-term, and end evaluations. These activities will be implemented by a consulting firm or nongovernment organization (NGO) from 2009 to 2011, with an estimated budget of \$600,000.

11. **Progress Status.** The detailed design document for Subproject 1 was finalized in September 2008. The consulting services recruitment notice (CSRN) was posted on ADB's website on 24 September 2008 as well as in local Lao newspapers. Expressions of interest (EOIs) were received from 14 qualified firms/NGOs, of which 6 were shortlisted on 27 October 2009. Technical proposals were submitted on 12 December 2008 and reviewed on 16 December 2008. Contract negotiations will be held in early January 2009 and the contracted firm/NGO should be fielded by February 2009.

b. Subproject 2: East West Economic Corridor (LAO/VE)

12. **Introduction.** The GMS East–West Economic Corridor (EWEC) project was one of ADB's first infrastructure projects to address HIV vulnerabilities associated with road construction. The project rehabilitated a total of 161 kilometers of Route 9 linking Vietnam with Thailand starting in Quang Tri, Viet Nam, passing through Savannakhet, Lao PDR and ending in Mukhdahan, Thailand. To address potential vulnerabilities associated with road construction and corridor development, mitigation measures for HIV and other sexually transmitted infections (STIs) were incorporated into the project design. However, the activities were only focused on construction employees. This HIV mitigation effort ran in parallel with the road construction from 2000 to 2006. However, since the completion of the ADB-funded section of EWEC, the provincial AIDS authorities have raised concerns about increased HIV vulnerabilities along the highway, at the intersection of EWEC and the Ho Chi Minh Highway, and in cross-border areas, especially Savannakhet.

13. A joint inception mission was conducted between 14-24 October 2007 by ADB and AusAID to assess these reports. In Vietnam, the provincial health authorities of Quang Tri and Hue provinces identified two groups as being especially vulnerable to HIV and human trafficking, namely: (i) the residents, migrant workers and informal sex workers in Lao Bao, the economic trade zone at the Viet Nam-Lao PDR border; and (ii) the ethnic minority groups that reside near and along Route 9 and the Ho Chi Minh Highway. In Lao PDR, Route 9 passes through Savannakhet province, which had approximately 40% of the reported HIV cases in the country in 2007. Although Savannakhet has received much international aid for the epidemic, the provincial health authority has identified several gaps to the current response, the main one being the lack of targeted interventions among clients of sex workers. These sex worker clients are mostly comprised of migrant workers seeking work in Thailand or in the commercial and manufacturing companies along the highway. To address the increasing HIV vulnerabilities associated with Route 9, Subproject 2 was developed.

14. **Project Design Summary.** Subproject 2: *East West Economic Corridor* is designed as a post-construction initiative to address HIV vulnerabilities associated with the use of Route 9,

especially among the clients of sex workers, road users, especially truck drivers and ethnic minority communities living in the vicinity of the transport corridor.. The subproject will implement the following key activities:

- (i) Strengthening the capacity of, and collaboration between, local authorities in Quang Tri and Hue (Viet Nam) and Savannakhet (Lao PDR) to provide HIV prevention and safe migration messages and deliver sexual health services to those living and working along Route 9. The activities will target migrant workers in the commercial/trade zone of Lao Bao; the mining and manufacturing industries in Savannakhet and; and entertainment establishments in Quang Tri and Savannakhet;
- (ii) Conducting HIV awareness and behavior change activities among ethnic minority populations that are culturally- and linguistically-appropriate (e.g. traditional song and dance nights, youth-based drama, radio programs); and
- (iii) Supporting, strengthening and/or partnering with organizations working on drug and human trafficking in the local area.

15. A separate gender action plan has been prepared and included. In the sub-project a monitoring and evaluation mechanism will be put in place, including baseline, mid-term, and end evaluations. These activities will be implemented by a consulting firm or NGO from 2009 to 2011 for an estimated budget of \$700,000.

16. **Progress Status.** The detailed design document for Subproject 2 was finalized in September 2008. The CSRN was posted on ADB's website as well as in local newspapers on 24 September 2008. ADB received EOIs from 14 qualified firms/NGOs. Six firms were shortlisted on 27 October 2008. Technical proposals were submitted on 12 December 2008. A Consultant Selection Committee (CSC) meeting⁴ is scheduled to evaluate the technical proposals on 19 December 2008. The consultant selection is expected to be finalized by 23 December 2008. Contract negotiations will be held in early January 2009 and the contracted firm/NGO should be fielded by February 2009.

c. Subproject 5: Cambodia Road Improvement Project (CAM)

17. **Introduction.** The Cambodia Road Improvement Project (CRIP) is part of the GMS Regional Highway Road 1, connecting Bangkok, Phnom Penh and Ho Chi Minh City. The Project includes the rehabilitation of 150 kilometers of national road (NR) 5 and NR6 between Siem Reap and Banteay Meanchey, as well as the construction of bridges along NR56 and NR 68 in Oddar Meanchey. Because the CRIP construction sites are located in the reported epicenter of Cambodia's HIV epidemic, HIV prevention and mitigation measures are integrated in the project design. The prevention and mitigation activities have been implemented by a local NGO and a private firm, targeting both the construction workforce and local communities. These activities have been implemented since 2006 in parallel with the road construction and expected to finish in mid-2009. However, recognizing that HIV prevention efforts need to be sustained during the post-construction phase, as vulnerabilities can increase with new economic and migration opportunities brought about by improved infrastructure, Subproject 5 was developed.

⁴ A formal CSC meeting is required to evaluate proposal for TA grant-funded consulting services with contracts worth more than \$600,000

18. An ADB design mission was conducted on 2-16 October 2008 to assess possible post-construction HIV mitigation interventions in and around the CRIP area. The key mission findings were as follows:

- (i) In Siem Reap, new HIV infections were highest among wives of migrant workers who were getting infected by their husbands who work in Thailand. In some districts, an average of 40%-50% of households has at least one family member who migrates for work;
- (ii) In Oddar Meanchey, among the people living with HIV (PLHIV) who receive home-based care services from a local NGO, 30% are former migrant workers in Thailand and 40% are in-migrants from other provinces in search of new farm land; and
- (iii) In Banteay Meanchey, particularly at the border town of Poipet, the HIV epidemic is driven by the confluence of unprotected paid sex and injecting drug use. Poipet has the highest HIV prevalence in the country (according to 2006 data) and continues to attract thousands of migrant and mobile populations seeking work in Thailand, at the border site and in the many casinos and commercial/industrial companies recently established in the town. Poipet is both a transit and destination town. Drug use, human trafficking and child labor are reported in the area.

19. **Project Design Summary.** Subproject 5- *Cambodia Road Improvement Project* aims to address HIV vulnerabilities associated with increased mobility resulting from road corridor development and improved regional connectivity in the border town of Poipet, in surrounding communities and along the highway corridor. Key activities will include the following:

- (i) Developing and implementing a community-based, behavior change focused risk mitigation package to address HIV and other locally-relevant social and health risks, such as human trafficking, child labor and drug use in partnership with health authorities;
- (ii) Workplace HIV Prevention Program for workers in casinos and other entertainment establishments that includes motivating workplace managers to support HIV prevention; incorporation of HIV prevention messages in occupational and health and safety programs and ensuring access to VCCT and STI services for entertainment workers especially females, before and after regular working hours.
- (ii) Piloting risk mitigation packages in selected local communities known for high rates of in- and out-migration in Banteay Meanchey and Oddar Meanchey through subcontracting 2 local NGOs, comprised mainly of people living with HIV;
- (iii) Strengthening workplace interventions through the Technical Advisory Committee – a formal partnership among provincial government authorities, private sector and civil society – by conducting HIV awareness and behavior change activities among the employees of casinos and other commercial/trade establishments in Poipet; and
- (iv) Subcontracting a consortium of local NGOs based in Poipet to provide risk mitigation activities to informal laborers (porters/rickshaw pullers), deported migrants (males and females) being temporarily held by border police, and out-of-school youth.

20. As in other sub-projects a gender action plan is included in the design. A monitoring and evaluation mechanism will be put in place, including baseline, mid-term, and end evaluations.

The subproject will be implemented by a selected consulting firm or NGO from 2009 to 2011 for an estimated budget of \$700,000.

21. **Progress Status.** The detailed design document was finalized in November 2008. The CSRN was posted on 24 October 2008 and shortlisting of firms/NGOs was completed on 5 December 2008. ADB received EOIs from 11 qualified firms/NGOs and short-listed 6 Technical proposals will be submitted by the short-listed firms in January 2009. The final selection and contract negotiations with the selected firm/NGO will be completed in early February 2009. The team should be fielded by end February 2009.

d. Subproject 8: Phnom Penh – Ho Chi Minh City Highway (CAM/VIE)

22. **Introduction.** The Phnom Penh-Ho Chi Minh City (PP-HCMC) Highway Project upgraded the cross-section of Highway 1, linking Phnom Penh to Ho Chi Minh City. It also reconstructed some ferry crossings at the Mekong River and built the customs and immigration offices for both sides of the Cambodian-Vietnamese border. Since its completion in 2006, there has been a significant increase in cross-border movement of people and goods. Several casinos and entertainment establishments have developed in the Cambodian border town of Bavet, where paid sexual services are readily available. A special economic zone was also established near the Cambodian border, which regularly attracts hundreds of young migrant workers, including from Viet Nam. The increased mobility of people, especially guests at the casino who demand for paid sexual services, has created conditions that increase HIV vulnerabilities along the road and at the cross-border area. Subproject 8 was developed to address these issues.

23. **Project Design and Progress Status.** The design work for Subproject 8 is currently underway. An initial design mission to Cambodia was conducted in October 2008. A second design mission is planned for both Cambodia and Viet Nam on 7 to 15 January 2009. Based on the results of the two missions, a detailed design document will be developed and finalized in January 2009. A consulting firm or NGO will be selected to implement the activities with an estimated budget of \$600,000. The recruitment process for the consultant is ongoing. The CSRN was posted on ADB's website on 22 November 2008. The succeeding schedule for contracting the consultant firm/NGO will be as follows: shortlisting of consultants to be done in early January 2009; shortlisted firms submit technical proposals by late February 2009; final selection of consultants and contract negotiation finalized by early March 2009; and the contracted firm or NGO fielded by end March 2009.

e. Subproject 3: Central Region Transport Network (VIE)

24. **Introduction.** The Central Region Transport Network (CRTN) is being implemented to rehabilitate 1,200 kilometers (km) of provincial and district roads in 19 provinces of central Viet Nam. The total cost of the Project is estimated at \$138 million, of which \$94.5 million is ADB-financed. Civil works are being undertaken in three phases and are expected to finish by the end of 2010. A Gender, HIV/AIDS and Human Trafficking Prevention Program financed by ADB is integrated as a component of the road project. SMEC International was contracted to implement this component focusing on HIV prevention activities among construction workers and local communities affected by the road construction. Given the large geographic spread of the project, and the multi-stage process of construction, it was initially thought the available grant funding (\$500,000) may not be sufficient to comprehensively address the social risks arising from the road construction. Thus, this project was included in RETA 6467 for potential supplementary funding or additional design components.

25. **Progress Status.** ADB staff and consultants have had ongoing discussions with the SMEC consulting firm since 2007 on options for possible integration of additional funds. A mission was fielded to the central region in October 2008⁵. The observations of the consultant are as follows:

- (i) HIV vulnerability associated with the CTRN Project is relatively low;
- (ii) the construction period is short and the number of construction workforce mobilized per construction site is small;
- (iii) the upgrade of existing rural roads in coastal areas is not expected to trigger a rapid change in the existing migration and mobility patterns of the local communities;
- (iv) the construction of new district roads in the central highlands may facilitate increased mobility and migration among ethnic minority communities, but is not expected to be significant since these roads are still located far from national roads and highways; and
- (v) the current activities of the contracted firm seem to adequately cover the HIV prevention requirements in these project areas, including addressing relevant gender- and ethnic-specific issues.

26. Based on these findings the consultant has recommended not pursuing this subproject and for the allocated budget to be applied elsewhere. However, it is noted that this type of road investment project – diverse, small road upgrades in a range of locations using local workforce – is quite different to the types of projects ADB has commonly associated HIV prevention interventions. Thus, the consultant has recommended that some funds be used to conduct a small research study to compare the types and degrees of HIV vulnerability associated with the construction of major roads and highways compared to provincial and rural roads. The review findings will help to customize future HIV prevention initiatives according to the scale and scope of the infrastructure project.

27. ADB will consider the consultants recommendations before reaching a final conclusion on how to proceed with this subproject. AusAID will be consulted prior to making the final decision.

f. Subproject 4: Cross-Border Transport Agreement (GMS)

28. Studies have shown that provinces with international border crossings tend to have higher levels of HIV and STIs than other provinces.⁶ Border towns are regarded as higher-risk environments for HIV and STIs, in part because of the high concentration of various groups who are away from their families and cultural restrictions and therefore, more likely to engage in risk behaviors. The Cross Border Transport Agreement (CBTA) is a multilateral instrument for the facilitation of cross-border transport of goods and people in the GMS. It is a compact and comprehensive document that addresses all the relevant aspects of cross-border transport facilitation, including:

- (i) single-stop/single-window customs inspection;

⁵ An ADB Mission comprised of Charmaine Cu-Unjieng (Consultant) was conducted in Da Nang and Quang Tri provinces on 28-30 October 2008

⁶ Family Health International. 1996. *A Regional Cross-Border HIV/AIDS Prevention Response in East Asia. Seminar Proceedings*. Bangkok.

- (ii) transit traffic regimes, including exemptions from physical customs inspection, bond deposit, escort, and phytosanitary and veterinary inspection;
- (iii) requirements that road vehicles will have to meet to be eligible for cross-border traffic;
- (iv) exchange of commercial traffic rights;
- (v) infrastructure, including road and bridge design standards, road signs and signals; and
- (vi) cross-border movement of persons, including health inspection.

29. ADB has been working with GMS Governments to prepare and endorse the various CBTA protocols to enable implementation of faster and smoother movement of people and goods across borders. In 2004, the GMS countries agreed to preempt the ratification of the annexes and protocols by undertaking the initial implementation of the CBTA (IICBTA) on a pilot basis at key border crossing points. This agreement was aimed at accelerating the implementation of the CBTA by allowing the early identification of key issues and the early realization of benefits from improved transport facilitation. At present, pilot testing has commenced in the East West Corridor and the North-South Corridor.

30. To date there has been no analysis of the impact of an agreement such as the CBTA on HIV risk in cross border areas. It has been suggested that mechanisms that reduce transit times will reduce risk. However, it is also possible that changes in the social environment of the immediate border-crossing might shift 'hot spots' to other areas. Moreover, there has been no analysis or proposal for how the implementation of the CBTA may present opportunities for enhancing risk mitigation measures among road users and border communities.

31. Subproject 4 was therefore proposed to facilitate an assessment of the likely HIV impact of the CBTA implementation and, if possible and appropriate, to design and implement an intervention package that would aim to mitigate this risk. The study to review risk was initiated in October 2008. The terms of reference for the study are to assess how HIV risk changes with the implementation of the CBTA and make recommendations for addressing risk that might arise. The consultant will provide detailed recommendations on how HIV and human trafficking prevention and mitigation efforts can be strengthened in cross-border settings and how to utilize cross-border agreements and protocols, such as the CBTA, to leverage this effort. The consultant conducting the study is due to report by 15 December 2008. ADB will review the recommendations and prepare follow-up proposals in January 2009.

2. 2nd GMS Workshop on HIV Prevention and the Infrastructure Sector, November 2008 (incorporating an introductory session for RETA 6467)

32. ADB, in partnership with the United Nations Regional Task Force on Mobility and HIV Vulnerability Reduction in South East Asia and Southern Provinces of China (UNRTF), held the *2nd Workshop on HIV Prevention and the Infrastructure Sector in the GMS* in Bangkok from 24-26 November, 2009.⁷ This workshop followed the 1st workshop held in Bangkok in May 2008 with the aim of reviewing information and experiences in addressing HIV vulnerabilities associated with the infrastructure sector in order to harmonize common areas of practice among development partners. The 2nd workshop aimed to build on that discussion and knowledge-sharing and to involve a broader cross-section of partners and other stakeholders. The

⁷ From ADB's side, these workshops were supported by funds available under ADB's Regional Technical Assistance Project 6321 (Technical Assistance for Fighting HIV/AIDS in Asia and the Pacific), Subproject 3. HIV Prevention and the Infrastructure Sector. This subproject started in February 2007 and will conclude in June 2009.

workshop had a focus on sharing practice experience for improving program outcomes. More than 60 participants including representatives from the signatories of the Joint Initiative⁸, relevant government ministries (e.g. infrastructure line ministries and national AIDS authorities), selected regional and bilateral development partners, NGOs, civil society, and private sector participated in the workshop.

33. Given the unique gathering of stakeholders involved in HIV prevention, mobility and infrastructure developments in the GMS, ADB took the opportunity of the workshop to introduce RETA 6467 to a broad range of stakeholders. This was done in a pre-workshop session on Monday 24 November that was attended by approximately 40 people.

34. There was active discussion following these presentations, including questions and comments from government representatives from Cambodia, Lao PDR and Viet Nam. The workshop report, which includes the program of activities and list of participants, is provided as a supplementary appendix.

3. Others

a. Initiation of M&E Planning

35. A rigorous monitoring and evaluation (M&E) system is an integral part of the design of each subproject and will contribute to an overall M&E framework for the project. In order to prepare the M&E framework, set the parameters for a common M&E process for all subprojects and set up a schedule for M&E processes through the life of the project, ADB has engaged an M&E specialist for 3 months. The consultant started work in November 2008 and is responsible for preparing a comprehensive M&E strategy for the project including a stakeholder analysis, an M&E framework for the project as a whole and with links to, and guidelines for, each of the subprojects and recommendations for implementing the M&E system. The consultant's inception report will be submitted in mid-December 2008 and a final report in April 2009. The consultant's report will include recommendations for follow-up M&E inputs at the international and national level as needed for implementing the overall project and the various subprojects.

b. Gender

36. ADB will engage a gender consultant in January 2009 to initiate work on the implementation of the Gender Strategy and Action Plan for this project. The consultant will be responsible for (i) working with the subproject teams to develop sub-project 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 application of the gender action framework; (iii) support the annual and/or regular collection and collation of gender-related monitoring data along with the gender-disaggregated data on all appropriate indicators; and (iv) provide regular reports on progress with the gender action plan. The consultant will also assist with the finalization of gender action plans for all subprojects and in the recruitment of national gender specialist services in each of the three countries. The national specialists will be responsible for supporting gender action plan implementation in the subprojects within their country and for supporting the collection of relevant M&E data.

⁸ *Joint Initiative by Development Agencies for the Infrastructure Sectors to Mitigate the Spread of HIV/AIDS*, signed on 11 August 2006 in Toronto, Canada. Signatories were: ADB, African Development Bank, World Bank, DFID, KfW and JICA.

C. Forward Looking – Overview and Program of Activities for 2009

37. At the sidelines of the 2nd workshop in Bangkok in November, ADB and AusAID staff had a discussion on implementation progress and the plans and program of work for 2009. It was agreed that ADB would provide AusAID with subproject designs as they are finalized and recruitment of implementing firms/NGOs is started. If AusAID have comments or suggestions on the design these will be considered and incorporated prior to implementation of the subproject. It was noted that AusAID would like to participate in an annual review mission in approximately February each year in order to facilitate their own reporting requirements. This mission will closely follow the submission of the December progress report each year and AusAID comments on the progress report would be discussed during the review mission. In addition, ADB noted that as part of its project review requirements for two review missions each year, a second review mission would be held in approximately August each year. This would closely follow the submission of the June progress report. AusAID staff indicated they would like to be invited to participate but may or may not be able to do so depending on the issues and available resources. In the case AusAID does not participate, written comments on the progress report will be provided.

38. In February 2009, ADB intends to engage two long-term consultants for the technical assistance coordination activities outlined for this project. Two candidates have been identified and expressed an interest – both have been working for ADB HIV and infrastructure projects and activities for some time now and will be carried over to new contracts under RETA 6467. Their experience of the technical issues covered by this project, familiarity with all aspects of ADB administrative procedures and high level of interpersonal skills, experience and enthusiasm, will serve the project well.

39. The planned program of activities for 2009 is summarized as follows:

January – April	Finalize contracting and oversee fielding of implementation teams for subprojects 1, 2, 5 & 8
January – March	Finalize design and intervention plans for subprojects 3 & 4
January	Gender consultant to be recruited
February	Joint annual review mission with AusAID (to coincide with field inception of subprojects 1 & 2)
April	M&E report submitted. Stakeholders discussion to review recommendations and implementation plans for M&E to be held (Manila or Hanoi)
June	6-monthly report (II) to be prepared/submitted
July – August	Design missions for subprojects 9 & 10 to be conducted
August	Semi-annual review mission (AusAID to be invited to participate)
November	3 rd Workshop on HIV Prevention and the Infrastructure Sector in the GMS (Bangkok)

D. Conclusion

40. ADB, through staff and consultants in the Social Sectors Division of the South East Asia Regional Department (SESS/SERD) have made good progress in initiating the implementation of RETA 6467. As with all projects, the start-up phase with its myriad of administrative procedures related to contracting and stakeholder consultations, can seem to be slow and cumbersome but is necessary to ensure solid arrangements are in place for effective

implementation. ADB expects that by the end of 2009, all subprojects should be underway and at least two of the subprojects (1 & 2) will be nearing their mid-term point and thus reports on implementation progress should be available. The adoption of a strong M&E system is critical for this and while the process is complex given the many subprojects and their varying modes of implementation and target groups, it will aim to provide some readily disseminated messages that can be used for reporting progress and advocacy.

Attachments:

Attachment 1. Summary of Subproject Status

Attachment 2. Summary Status of Subprojects on Preparation and Contracting

Supplementary Appendices (circulated under separate cover):

1. Subproject 1: Final Design Document
2. Subproject 2: Final Design Document
3. Subproject 5: Final Design Document
4. Subproject 8: Consulting Services Request Notice with Outline of Design and Consultant TORs
5. Report for the 2nd Workshop on HIV Prevention and the Infrastructure Sector in the GMS

Attachment 1. Summary of Subproject Status

No.	Sub-Project Title	Estimated Subproject cost (\$ million)	Notes
1.	LAO: Northern Economic Corridor (Route 3) (post construction)	0.5	Contracting is underway. Implementation team should commence work in late January 2009.
2.	LAO/VIE: East West Corridor (post construction)	0.7	Contracting is underway. Implementation team should commence work in late January 2009.
3.	VIE: Central Region Transport Networks (construction phase)	0.6	A field mission to consider design options was conducted in October 2008. Revised proposal for investment in regional roads project to be developed in Q1 2009.
4.	GMS: Cross Border Transport Agreement	0.5	A field study to assess the impact of the CBTA on HIV risk was fielded in QIV 2008 and a report will be available in January 2009. Based on this, the merits and options for an intervention package related to CBTA will be considered. Subsequent design work should follow in February 2009.
5.	CAM: Road Improvement Project (during and post construction)	0.5	Contracting is underway. Implementation team should commence work in March 2009.
6	CAM/VIE: Southern Coastal Corridor ¹	0.0	The HIV intervention package associated with this road construction is financed by AusAID under a separate agreement. But, under the agreement for this project the HIV activity is to be included in the overall monitoring and evaluation framework of this for this package of activities.
7.	LAO: Road 4 ¹	0.0	The HIV intervention package associated with this road construction is financed by AusAID under a separate agreement. But, under the agreement for this project the HIV activity is to be included in the overall monitoring and evaluation framework of this for this package of activities.
8.	PP-HCMC Highway (post construction)	0.4	Design work for this component will be completed in January 2009.

No.	Sub-Project Title	Estimated Subproject cost (\$ million)	Notes
9.	CAM: NW Provincial Roads (pre and during construction)	0.4	Expressions of Interest from implementing agencies have already been sought and Design work will be done in QIII 2009.
10.	VIE/GMS: Second Northern GMS Transport Network (pre and during construction)	0.6	Design work will be done in QIII 2009.

Attachment 2. Summary Status of Subprojects on Preparation and Contracting

Subproject	Project design	Mission	CSRN	Consultants Shortlisting*	Proposal Evaluation**	Consultants Fielding (estimated)
Subproject 1. Northern Economic Corridor (Lao)	√	Oct 2007	24 Sep 08	27 Oct 08	17 Dec 08	4 Jan 09
Subproject 2. East-West Corridor (LAO/VIE)	√	Oct 2007	24 Sep 08	27 Oct 08	17 Dec 08	4 Jan 09
Subproject 5. Road Improvement Project (CAM)	√	Oct 2008	24 Oct 08	5 Dec 08	1 Feb 09	1 Mar 09
Subproject 8. PP-HCMC Highway (CAM/VIE)	Jan 2009	Jan 2009	22 Nov 08	2 Jan 09	21 Mar 09	2 Apr 09

Note: CSRN: Consulting Services Recruitment Notice

*The shortlisted consultants are given 35 days to prepare technical proposals to be submitted to ADB for final evaluation.

** Once the final evaluation is completed, ADB's Central Operations Services Office (COSO) will commence contract negotiations with the selected firm/consultant. Fourteen work days are allocated from commencement to completion of the contract negotiation and signing.