RETA 6467: HIV Prevention and Infrastructure: Mitigating Risk in the Greater Mekong Subregion

Third AusAID Progress Report

Submitted by: Asian Development Bank

Date: II February 2010

REGIONAL TECHNICAL ASSISTANCE (RETA) 6467: HIV PREVENTION AND INFRASTRUCTURE: MITIGATING RISK IN THE GREATER MEKONG SUBREGION

3rd PROGRESS REPORT JANUARY 2010

A. INTRODUCTION

- 1. In June 2008, the Asian Development Bank (ADB) approved a Regional Technical Assistance (RETA 6467) for HIV Prevention and Infrastructure: Mitigating Risk in the Greater Mekong Subregion (GMS) co-financed by the Government of Australia, represented by AusAID. The RETA was developed in close collaboration with AusAID and supports HIV prevention programs in ADB-supported infrastructure projects during pre-construction, construction and post-construction phases in the GMS. Under the RETA is a set of distinct subprojects on HIV prevention and mitigation associated with ADB-financed infrastructure projects in the GMS.
- 2. Progress in implementing the RETA had been significant since the submission of the second progress report in July 2009, even as performance across subprojects varies. Of the five current subprojects that entail field interventions, four have finished their baseline surveys, developed and/or started implementing risk mitigation packages, started conducting information-education-communication, behavior change, and capacity building activities, and strengthened partnerships and coordinative nodes that had earlier been established after subproject inception. The two other subprojects are research studies, of which one is already accomplished while the other is being revised.
- 3. The following sections provide a brief summary and implementation progress of these subprojects. This report also draws from the findings of the first progress review mission for Subprojects 1, 2, 5 and 8, and the inception mission for Subproject 9. The subproject documents (i.e., inception, implementation, and survey reports) are provided as supplementary appendices. A summary of subproject status is provided in Attachment 1. A summary of implementation schedule is in Attachment 2. A disbursement status and projection is included in Attachment 3.

B. IMPLEMENTATION STATUS

1. COMPONENT 1: Subproject Implementation

4. Subproject 9 (NRIP) is the latest to addition to the RETA, with the engagement of the Consultant starting 19 November 2009. Consultants for the 6 other subprojects were mobilized in the 1st quarter (Subprojects 1, 2, 3, 4 and 5) and 2nd quarter (Subproject 8) of 2009. Four of the field intervention subprojects are now in their second semester of implementation. For the analytical study (Subproject 3: Central Region Transport Networks) which delves into the general risk settings for HIV, human trafficking and gender in small-scale infrastructure projects, the draft final report is being revised and the final report will be submitted to ADB by end February 2010. The other analytical study (Subproject 4: Cross Border Transport Agreement) which was completed in December 2008 looks into the impact of the CBTA on HIV/AIDS risk factors.

5. The RETA intends to implement 8 subprojects, to include Subproject 10 the focus of which is to be determined by ADB and AusAID. The RETA will also be including in its overall M&E and knowledge dissemination activities the HIV Awareness and Prevention Program (HAPP) of 2 other road projects (Southern Coastal Corridor Project or SCCP in Cambodia and Viet Nam, and the Northern GMS Transport Network Improvement Project in Lao PDR) which are being financed and implemented separate from the RETA. Initial coordination has been made with the project officer of the SCCP. The RETA will be providing technical assistance to the M&E specialist of the HAPP to ensure that their design and monitoring framework (DMF) is consistent with the overall RETA 6467 DMF.

a. Subproject 1: Northern Economic Corridor (LAO)

- 6. **Introduction.** This Subproject seeks to mitigate HIV related vulnerabilities in the postconstruction phase along the completed Northern-Economic Corridor (Route 3), in the two northern provinces of Bokeo and Luang Namtha in Lao PDR. Particular emphasis is placed on building sustainable local capacities via a learning-by-doing process involving a focused pilot test, with the targeted outcome of effective mechanisms for strengthened community-level response formulated and demonstrated, with enhanced capacity of local AIDS authorities to support sustained multi-sectoral responses. Key outputs of this sub-project are: (i) strengthened capacity of and partnerships with key stakeholders for HIV prevention; (ii) increased knowledge and awareness about HIV and STI prevention among vulnerable groups in target settings; (iii) enhanced provincial strategies and capacities for expanding access to condoms and basic HIV- and STI-related services in target communities along Route 3; and (iv) efficient monitoring and evaluation which tracks interventions in target settings and contributes qualitative and quantitative evidence of the efficacy of piloted interventions within local parameters.
- 7. The Center for HIV/AIDS and STI (CHAS) under Department of Prevention and Hygiene of Ministry of Health is designated as a national coordinating agency while the Provincial Committees for the Control of AIDS (PCCAs) in Bokeo and Luang Namtha are provincial coordinating agencies. The Burnett Institute was recruited on 3 March 2009 as the consulting firm to implement the Subproject. The total budget for this Subproject is US\$600,000.
- 8. As outlined below, the Subproject has supported the establishment of multi-sectoral project working teams (PWTs), and is supporting development and implementation of behavioral change communication strategies together with key stakeholders, the building of partnerships with other agencies/organizations working on HIV-related issues and sexual health in the area. The Subproject has also begun training and supporting provincial and district AIDS authorities to work with the private sector on workplace HIV interventions, and will continue to involve key stakeholders in monitoring and evaluation (M&E). It is also now exploring options for the establishment of local revolving funds of condoms and STI treatment kits.
- 9. **Implementation progress.** In November 2009, ADB and AusAID jointly conducted the first review mission following the commencement of activities in both provinces: AusAID inputs to the mission were greatly appreciated. The joint review observed that the Subproject is progressing well. Over the last 9 months, it has established the necessary administrative system, coordinative nodes, and technical assistance structures. It has completed participatory qualitative and quantitative baseline assessments, and conducted planned advocacy and capacity-building activities. The following are the major accomplishments of the Subproject from 1 July to 31 December 2009:

- 10. **Advocacy and Capacity Building**: (a) PWTs (established earlier in 2009) trained and now fully functional in both provinces; (b) held advocacy meetings with managers and staff of a major coal mine company in Luang Namtha and a road construction company in Bokeo; and (c) in partnership with the Thai Business Coalition, conducted advocacy strategy workshop and training of PCCAs and other PWT members on how to work with company managers.
- 11. **Information, Education, and Behavior Change Communications**: (a) initial training, follow-up activities and refresher training of peer educators (22 in Luang Namtha, 19 in Bokeo) held; (b) initial training and refresher training of coal mine peer educators in Luang Namtha; (c) Phase 1 training and refresher training for Peer Educators at the Boten Casino, Luang Namtha Province; (d) training on BCC and IEC material design for the PWTs in Luang Namtha and Bokeo conducted.
- 12. **Provision of Medical Packages**: (a) Held discussions on setting up a revolving fund to improve access to condoms and STI treatment in Luang Namtha in November 2009, including discussion on how to establish the proposed revolving fund, where condoms and STI kits should be distributed, coordinating and monitoring mechanisms, and the need for more robust data on the extent of STI case reporting (b) held discussions on the revolving fund proposed to be established in Pangsalao Village of Bokeo, and (c) held dialogue with the Lao National Network of People Living with HIV/AIDS (LNP+), Population Services International (PSI), and other potential partners. As observed during the joint ADB-AusAID review mission, there is a need to further flesh out details and modalities for the proposed revolving fund for condoms and STI kits, ensuring consistency with ADB procedures.
- 13. **Monitoring and Evaluation**: (a) Held separate training on quantitative data collection for Luang Namtha and Bokeo PWT members and village peer educators, followed by data collection in the two provinces in September 2009. A total of 354 respondents were interviewed, of which 201 were village youth in Pangsalao and Nam Ngeun villages, and 153 were mobile men with money. Most of the data collectors (village peer educators and PWT members) in both provinces had little or no experience in survey work, making data collection a true milestone in building capacities. The same can be said of the inclusion of more than one ethnic group in the research team; (b) Subproject-specific PPMS and DMF have been drafted, and will be finalized following ADB's confirmation of minor adjustments in the Subproject's focus as a result of the first review mission.
- 14. Other issues. Among the issues identified during the recent review mission are: (a) short or inadequate time frame of two years to deliver expected results; (b) difficulty to attribute results by end-of-project, as external surveillance data (collected as part of national surveillance) would not be available by that time, and due to the nature of the Subproject which focuses on building of sustainable local capacities and development of new strategies via a short-duration, small-scale pilot, creating challenges for detecting results in terms of HIV incidence, etc.; (c) need to rationalize IEC in terms of necessity, choice of medium, design, content and message, and socio-cultural sensitivity; and (d) the need for more detailed discussion on the proposed revolving fund and some other operational aspects. With regards to the limited time frame, a possible no-cost extension will be discussed with government partners and the consultant in lead-up to the next review mission. Regarding M&E, the review mission identified refined indicators to capture the Subproject's efficacy and contributions to the overall RETA, subject to further discussion at the upcoming RETA-supported regional forum. In terms of IEC approaches, given the nature of the Lao HIV epidemic (concentrated and low prevalence), the Subproject will focus on building local capacities for IEC strategy while producing/disseminating a select amount of materials, drawing on existing materials that are

socially and culturally appropriate where possible. Finally, on the proposed revolving funds, the consultant will hold formal meetings with local governments and other stakeholders in the next quarter to assess options and identify operational details, guided by lessons learnt from previous experiences.

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

- 15. **Introduction.** Subproject 2 aims to mitigate the HIV vulnerabilities in the post-construction phase along and near Route 9 in Lao PDR and Viet Nam. The outcome is to effectively address HIV vulnerabilities associated with Route 9 and to develop a set of effective mechanisms and strengthen the capacity of local AIDS authorities. The project focuses on 2 key issues: (i) vulnerability of ethnic minority communities near and along Route 9, and (ii) behavior change among targeted migrant and mobile populations living and working near and along Route 9. The subproject covers Savannakhet (Lao PDR) and Quang Tri (Vietnam) along Route 9. The project focuses on the four areas: (a) advocacy and capacity building; (b) promotion of information, education, and behavior change communication; (c) strengthening access to medical services, and (d) monitoring and evaluation.
- 16. The Center for HIV/AIDS and STI (CHAS) and the Vietnam Administration for HIV/AIDS Control (VAAC) are designated as government counterparts for TA implementation in Lao PDR and Viet Nam, respectively. CHAS¹ coordinates implementation of subproject activities at national level, while PCCA coordinates subproject activities with the Committee for the Control of AIDS (DCCA) at district level in Savannakhet. In Vietnam, VAAC has officially delegated the project coordination role to the Quang Tri Provincial AIDS Centre (PCA) recently, including issuance of official approval or concurrence letters for project activities, steering committee meetings, and review missions. VAAC will provide technical support to PCA and will participate in review and monitoring activities as needed. World Vision Australia was engaged by ADB as the Consultant to undertake the subproject implementation. The Consultant was mobilized in 23 March 2009 for a total period of engagement of 24 months. The total budget for this subproject is US\$693,500.
- 17. **Implementation progress.** A joint review mission was conducted by ADB and AusAID in October 2009, during which it was observed that the Subproject has made progress since the Consultant was mobilized in May 2009, although it has faced delays. The start up of activities during holidays or planting seasons, and some issues related to institutional arrangement contributed to the delays. The major activities undertaken since the inception mission include the conduct of Baseline Survey, preparatory work for IEC and BCC component, conduct of the Project Steering Committee Workshop, and the initial conduct of training workshops for village health volunteers and Bru/Van Khieu volunteers in Savannakhet, and training of trainers from the provincial, district and commune health facilities in Quang Tri.
- 18. **Advocacy and Capacity Building**: Initial training activities started in January 2010, with the conduct of two workshops in Savannakhet Province which aimed to transfer knowledge and skills to 20 village health workers and young Bru/Van Khieu volunteers. Also in January, a ToT workshop was conducted for 22 provincial, district and commune health officers from Quang Tri which tackled training principles, training methodologies, training development and training.

-

¹ The Ministry of Planning and Investment (MPI) confirmed in November 2009 that the national counterpart is CHAS, as originally proposed.

- 19. **Promotion of IEC and BCC**: The World Vision Australia (WVA) Team has initiated discussions with UNESCO and Handicap International (HI) as resource partners to facilitate media training and production. It is planned that UNESCO will provide media training, at substantially reduced cost, in March 2010 for 20-25 participants from each province, including local ethnic minorities and health officials. HI has agreed to co-finance these trainings. These initiatives are reflective of the Subproject's thrust to leverage its resources wisely. WVA team has also entered into a technical collaboration with a Rockefeller-funded project of the Hanoi Medical University to organize and mobilize theatre troupes among the Van Kieu and Pakoh communities. The details of the proposed partnership with UNESCO were presented in the Implementation Report submitted in November.
- 20. **Monitoring and Evaluation**: The Subproject's Baseline Survey Report was completed in November following modifications based on initial feedback from the ADB. A clear gap in HIV programs addressing ethnic minority populations and increasing mobility into and out of ethnic communities were found in the baseline survey results. The survey results also confirmed the necessity for a carefully designed media intervention suitable to the ethnic minorities in the area.
- 21. **Other issues.** There has been a turnover in the Project Team, with the disengagement of Dr. Ha Hue Chi, Project Officer in Hue, due to the change in geographic scope of the project approved at inception, and the replacement of the Project Officer in Savannakhet, Dr. Southa Chanthalangsy, by Mr. Vatvisa Keosalivong in September. The change in scope as well as replacement of project staff has contributed initial delays in the implementation.
- 22. As identified during the 12-16 October Review Mission, among the technical and implementation issues that should be addressed are: a) the need to revise the Subproject DMF and develop the PPMS in line with the findings in the revised baseline report; b) removal of MMP in factory settings from Subproject scope, since they do not exhibit high vulnerability and their numbers are decreasing, and the inclusion of mobile sex workers in Vietnam as a priority target group; c) the need for greater allocative efficiency which favors activity implementation; d) the need to explore the possibility of locating office sites closer to target districts for budget efficiencies and project effectiveness; and e) the need to clarify roles, responsibilities and delegations of Project members, particularly in regard the Deputy Team Leader to ensure that operations and communication are done smoothly in the absence of the part-time Team Leader.

c. Subproject 3: Central Region Transport Networks (VIE)

- 23. **Introduction.** The ongoing CRTN project aims to rehabilitate 1,200 kilometers of provincial and district roads in 19 provinces across central Viet Nam and is expected to be completed by the end of 2010. The road project includes a Gender, HIV/AIDS and Human Trafficking Prevention Program funded through a grant of US\$500,000. Following a site visit and consultations in November 2008, it was recommended that a study would be conducted to understand what HIV prevention strategies are better-suited for small-scale construction settings, such as those found in the CRTN project sites.
- 24. **Implementation progress.** ADB recruited an international HIV/AIDS and Infrastructure Consultant² for a total of 120 days, intermittent, starting 23 March to 28 February 2010 to: (a) conduct a comparative analysis of the general risk settings for HIV, human trafficking and gender in small-scale infrastructure projects; and (b) design and recommend a minimum

-

² The Consultant, Allan Beesey, is also the Team Leader for Subproject 8 of RETA 6467.

standard package for small-scale infrastructure projects. The total budget for this study is \$27,000. An initial draft of the report was submitted in early October 2009, and a second draft in early December. As the results of this study can be used to inform programming, the Consultant is being asked to address the comments and suggestions of ADB and the Technical Advisor. A final report is expected within the first quarter of 2010.

d. Subproject 4: Cross-Border Transport Agreement

- 25. **Introduction.** 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 seeks to address all the relevant aspects of cross-border transport facilitation, including: (i) single-stop/single-window customs inspection; (ii) transit traffic regimes, including exemptions from physical customs inspection, bond deposit, escort, and phytosanitary and veterinary inspection; (iii) eligibility requirements for cross-border traffic of road vehicles; (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. ADB has been working with GMS Governments to prepare and endorse the various CBTA protocols.
- 26. Subproject 4 was proposed to facilitate an assessment of the likely HIV impact of CBTA implementation. An International Consultant was engaged, starting 15 September until 31 December 2008. The total budget for the study is US\$55,131.
- 27. **Summary of findings.** The consultant's final report, which was submitted on 23 December 2008, contains the following findings and recommendations:
 - a. The CBTA directly contributes to the reduction of potential risks in the immediate zone of implementation at specific border-crossings. This is due to the reduction or removal of an array of risk factors, foremost of which is the reduction of waiting time at the border facility.
 - b. The Lao Cai-Hekou border zone between Viet Nam and China is the most complex, with factors such as ethnic diversity, population density, human development status, and the projected growth potentially overshadowing those at the other border crossings. Rather than spread the activity funds from the subproject to different cross-border sites, the funds should be used to augment the resources for a careful baseline research in the Lao Cai-Hekou border crossing area.
 - c. While CBTA will remove or reduce risk factors within specific border crossings, there is the likelihood that these risk factors will shift to new urban centers of specialized production – not necessarily far from the border crossings - as the risk factors will follow the investments along with the migrants seeking work.
- 28. In view of these findings, Subproject 4 will no longer fund specific activities in cross-border sites, as originally considered. As to the Lao Cai-Hekou border zone, another ADB-

supported HIV prevention project, RETA 6321-Subproject 12,³ covers the Noi Bai-Lao Cai highway. However, this subproject has not commenced due to delays in civil works.

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

- 29. **Introduction.** The subproject aims to reduce HIV risks among mobile and migrant populations in targeted areas in the provinces affected by the Cambodia Road Improvement Project (CRIP), namely, Oddar Meanchey and Banteay Meanchey in North-West Cambodia. The subproject will address post-construction HIV risks by: (i) strengthening capacity of local communities to effectively address HIV, health and social risks, and vulnerabilities; (ii) integrating HIV prevention into workplace or occupational safety and health programs, where they exist, and improving access to sexual and reproductive health services of mobile and migrant workers; (iii) strengthening capacity for implementing effective HIV and STI prevention activities in the workplace, in local communities, and among migrant and mobile populations; and (iv) timely provision of reliable information on HIV-related risks, and on the results of interventions to guide quality management of subproject.
- 30. The National AIDS Authority (NAA) is designated as a national coordinating agency for TA implementation, to work closely with the National Centre for HIV/AIDS, Dermatology and STI (NCHADS) and other relevant ministries. Provincial AIDS Secretariats (PAS) primarily serve a secretariat role to coordinate activities, while Provincial AIDS Offices oversee implementation at the provincial level. Family Health International (FHI) was contracted by ADB as the Consultant to undertake subproject implementation. The subproject has a total budget of US\$700,000 and will be implemented from 19 March 2009 to June 2011.
- 31. **Implementation progress**. The first review mission was conducted from 19 to 23 October 2009. The mission observed that the Subproject has made good progress since its Inception in March 2009. The baseline assessment survey was jointly conducted with NAA and FHI, and data collection was done in June 2009. Based on findings from the baseline survey and formative assessments, the subproject confirmed its geographic coverage and target population of approximately 7,000 MMPs to be reached through a variety of programmatic interventions, and 6,000 commune members along National Road 56 who will benefit from community-based risk mitigation package developed by the Project Team. Accomplishments made during the period under the technical focus areas include the following:
- 32. **HIV**, health and social risks and vulnerabilities mitigation among targeted communities: (a) development of behavior change communities (BCC) tools that form part of the *My Way*⁴ risk mitigation package (e.g., My Way logo and peer/outreach worker collaterals, service directory, Risk Assessment facilitator's tool, assessment statement give away cards, alcohol risk reduction quiz cards, radio show format, and hotline cards); and (b) establishment of the subgrant mechanism with SEADO and WOMEN⁵ after conducting an organizational and financial assessment of both NGOs.

7

³ The overall objective of this TA, with a total budget of US\$1.0 M is to prevent the spread of HIV along the Noi Bai-Lao Cai Highway during and after the construction stage and to mitigate the increased risk of illicit drug use and human trafficking that may result from the Project.

⁴ The "My Way" brand was conceived to differentiate the project from others, create recognition, and build loyalty.

⁵ Social, Environment, Agricultural Development Organization (SEADO) and Women Organization for Modern Economic and Nursing (WOMEN)

- 33. Awareness raising and promotion of behavior change among Migrants and Mobile Populations (MMP): Strengthening the Technical Advisory Committee (TAC) with the conduct of two consultations (4 August and 28 December 2009) in Poipet that brought together representatives from NAA, the Provincial AIDS Committee (PAC), local authorities, the Provincial AIDS Secretariat (PAS), Poor Family Development (PFD), FHI/CRIP, casino representatives and casino peer educators. During the consultation, CRIP team members advocated for the extension of the TAC mandate and membership to include other workplace settings, to which the TAC chair and deputy chair agreed. FHI and SEADO are now working with TAC to incorporate this into TAC's ToR.
- 34. **Capacity and partnership-building among stakeholders**: (a) conducted 5-day training of 45 outreach and peer workers from SEADO, WOMEN, PAS and NAA on risk mitigation package and M&E tools under the *My Way* program; (b) established strong coordinative mechanism with provincial authorities thru, among others, the holding of regular quarterly meetings which started in November 2009; and (c) maintaining a strong presence in the *Mobility and HIV Technical Working Group and Secretariat* meetings thru the regular participation of the Deputy Team Leader, Dr. Tep Navuth, who is currently playing a lead role in the development of NAA's Mobility and HIV National Strategic Framework and Operational Plan.
- 35. **Monitoring and Evaluation**: (a) submission of the results of the baseline assessment survey which was jointly conducted with the NAA and FHI during the second quarter of 2009; and (b) development and adoption of the PPMS, DMF, and *My Way* monitoring tools. The Review Mission rated the baseline survey results as satisfactory, and suggested that the report be revised to include some discussions about the project context, including those on some target populations (i.e, entertainment workers in Poipet) that were not covered by the survey because information on them is available from other sources, such as Cambodia's surveillance system. A revised baseline report was submitted in November 2009.
- 36. **Other issues.** There are no outstanding issues affecting the performance of the subproject. A compelling concern, which is the monitoring of implementing partners (SEADO and Women), is adequately addressed with the development of monitoring tools and the conduct of quarterly monitoring visits to the project sites.

f. Subproject 8: Phnom Penh-Ho Chi Minh Highway

- 37. **Introduction.** Subproject 8 focuses on post-construction HIV risks along the PP-HCMC Highway, particularly in the cross-border area. The Subproject have five focus areas: (i) community-based risk mitigation program for HIV, trafficking, and unsafe migration; (ii) HIV prevention in entertainment settings and surrounding communities; (iii) awareness raising and behavior change among migrant and mobile populations through workplace programs; (iv) capacity and partnership building among key stakeholders; and (v) monitoring and evaluation. The key outputs include the following: (1) *Output 1*: Community HIV and trafficking prevention integrated with income generation and livelihoods; (2) *Output 2*: HIV prevention package in entertainment settings and for mobile populations; (3) *Output 3*: HIV Prevention for Factory Workers in Special Economic Zones; (4) *Output 4*: Strengthened capacity and partnerships for HIV prevention; and (5) *Output 5*: Monitoring & Evaluation.
- 38. NAA and VAAC are designated as government counterparts for TA implementation in Cambodia and Viet Nam. In Cambodia, NAA coordinates TA activities at the national level, while the Provincial AIDS Committees (PAC)/Provincial AIDS Secretariats (PAS) provide overall

coordination at the provincial level. In Viet Nam, VAAC has officially delegated the project coordination role to Tay Ninh Provincial Health Department (PHD), including issuance of official approval or concurrence letters for project activities, CBC meetings, and review missions. VAAC will provide technical support to Tay Ninh PHD and will participate in review and monitoring activities as needed. World Vision Australia was engaged by ADB as the consulting firm to undertake subproject implementation starting 25 May 2009 until 27 July 2011. The subproject has a total budget of US\$694,000.

- 39. Implementation progress. A joint review mission was conducted by ADB and AusAID in late January 2010. The review mission noted that while the project has made progress since mobilization of the Team in late May 2009, there were delays in implementation due to replacement of national M&E specialist as well as delays in finalizing counterpart responsibilities. The Project Team has established basic administrative systems, adeptly handled stakeholder concerns, commenced preparation of the risk mitigation package, conducted initial capacitybuilding activities, and conducted the baseline survey.
- 40. In terms of project administration, the process of establishing the legal status of the project office in Tay Ninh (from the temporary office in HCMC) was delayed due to administrative requirements and completed in November. In late December, the 1st Crossborder Committee (CBC) meeting was conducted, with participation from Tay Ninh, Svay Rieng and Prey Veng. The CBC, which consists of the Focal Points from the PAC/PAS of Prey Veng and Svay Rieng, Tay Ninh PHD, is mandated to guide and monitor implementation activities on the ground.
- 41. Project coordination was a key concern during the period, especially in the light of Prey Veng and Svay Rieng PAS/PAC's expectation to be more involved in project implementation than was envisaged or agreed during the Inception Mission and the Inception Workshop. A coordination meeting was held in late September in which the NAA and the PAS/PAC of PrevVeng and Svay Rieng participated. The meeting clarified the implementation processes and responsibilities for the Subproject in Cambodia. The discussions at this meeting were helpful and follow-up actions were identified.
- In terms of capacity-building, the team has and continues to conduct training needs 42. assessment. Initial training activities were conducted in Tay Ninh which included: (a) Project Management training (4 days) for Tay Ninh Project partners, attended by 16 participants, and (b) Communication skills training (4 days) for 16 core team members at the Go Dau District in Tay Ninh.
- 43. With regards to M&E, preparations for the conduct of the Baseline Survey started in September. The mapping of 'hot spots' was conducted from August to October 2009. The baseline survey commenced only in late October 2009, as significant delay⁶ was encountered in engaging the M&E specialist for the subproject. The preliminary results of the baseline survey were presented during the cross-border meeting that was held as part of the review mission in January 2010. The survey results, field observations, and consultation with key stakeholders indicate that risky behaviors among key target populations (i.e., transport workers and factory workers) is a concern and interventions to reach out to these groups remain necessary. The

calamity that resulted to the COSO point person not being able to report to work for many days.

⁶ The reason for the delay are: a) the need to negotiate the remuneration rate acceptable to both the WVA and ADB and the significant elapsed time for communicating a revised request for contract variation to engage the specialist; b) the long processing time in ADB arising from the long queue of contract variation requests in COSO at that time; and c) natural

survey has confirmed the need for project interventions in the focal areas mentioned above, and the proposed activities need to be carefully targeted to a local risk context related to the road. Some additional data collection will be required to refine targeting and measuring of activities that relate to integration of HIV prevention within micro-credit and livelihood programs.

44. **Other issues.** Among the issues identified during the period include: a) the need for further clarification on whether information campaign for casino clients will be included in the subproject scope of work; b) the need to get the support of the Department of Labor and Vocational Training (DoLVT) in order to facilitate the buy-in of factory owners and managers which is important to gaining access to workplace sites; c) the need for the Project Steering Committee to take on a more strategic function, in view of the Cross Border Committee's function of guiding and monitoring project implementation; d) avoiding delays in activity implementation by submitting the requests for pre-approval of cost estimates for workshops, meetings, and training by the Project Team on a quarterly basis; and e) the need to make ADB more abreast with project progress, hence, more able to respond to implementation issues in a timely manner, by submitting monthly progress reports (in English) at the end of each month to ADB.

g. Subproject 9: Northwest Provincial Road Improvement Project (CAM)

- 45. **Introduction.** This subproject associated with the *Northwest Provincial Road Improvement Project* is a pre-construction HIV Prevention and Safe Migration initiative. It is designed to build upon the successes of the Cambodia Road Improvement Project (CRIP). The expected impact of the subproject is reduced prevalence of Sexually Transmitted Infections (STIs) and incidence of HIV transmission in populations and communities associated with ADB financed infrastructure projects in Cambodia. The expected outcome is reduced HIV risks and vulnerability among target populations and communities along National Route 56 and in the cross-border area in Oddar Meanchey and Banteay Meanchey.
- 46. **Scope of the project.** The Subproject has four focus areas: (i) addressing HIV, health and social risks and vulnerabilities among targeted communities; (ii) awareness raising and behavior change among migrant and mobile populations through workplace programs; (iii) capacity and partnership building among key stakeholders; and (iv) monitoring and evaluation.
- 47. HIV, health and social risks and vulnerabilities mitigation among targeted communities: The subproject will focus on communities along NR56 in areas where construction has yet to begin. It will develop strategies to foster resilience to increases in HIV risk and unsafe migration that might potentially occur during and after construction phases. Specific activities and target groups will be determined after further qualitative and quantitative risk assessment is done.
- 48. Awareness raising and promotion of behavior change among MMPs. The subproject will focus on entertainment workers and clients in towns adjoining NR56. A workplan should be prepared that allows for a degree of flexibility to address increased military presence in the border area due to the border tensions.
- 49. **Strengthening sexual and reproductive health (SRH) services at district level.** The subproject will focus on communities along NR56 where SRH services are limited. It will develop information, education, and communication (IEC) and outreach strategies to increase update of SRH services as well as strengthening service provision.

- 50. **Monitoring and Evaluation.** The subproject will develop a preliminary risk assessment along NR56 to determine geographic scope of action an appropriate target groups. This analysis should be integrated with the feasibility study and social impact assessment to conduct prior to construction. Once a risk assessment is carried out a comprehensive baseline survey will be conducted in selected target groups.
- 51. **Implementation arrangement.** NAA has been designated as national coordinating agency for TA implementation. NAA will coordinate TA activities at national level in close collaboration with National Centre for HIV/AIDS, Dermatology and STI (NCHADS) and other relevant ministries. Provincial AIDS Secretariats (PAS) will provide a primary secretariat role to coordinate subproject activities. Family Health International (FHI), the Consultant, was contracted by ADB to undertake Subproject implementation, under the guidance of NAA and ADB. The Project Team will work closely with PAS to coordinate the subproject activities at provincial level. The subproject activities will be implemented with subcontracted local NGOs (e.g., WOMEN), in collaboration with relevant agencies and community groups, over 22 months from 19 November 2009 to 19 September 2011.
- 52. **Implementation progress**. A project team consisting of a Team Leader, Deputy Team Leader, National HIV Prevention Specialist, Finance and Administration Officer have been constituted. A MMP Technical/Program Officer and an M&E Consultant will be engaged soon. FHI has submitted the Inception Report which includes its understanding of the scope of work, the proposed implementation arrangements and schedules, the DMF, and the Gender Action Plan. A half day inception workshop was held on 2 February 2010 with participants from NAA, national and provincial government agencies, NGOs, development partners and the Project Team. A key recommendation from the workshop is for the scope of the project and specific activities under each focus area to be refined once further assessment and baseline survey are completed.
- 53. Other issues. The original scope of work included National Road (NR) 56 and the possibility of extending the activities to NR 68 during the pre-construction stage. The construction began much earlier than planned in December 2009 and is expected to complete within 12 to 18 months. This change in schedule occurred after the Thai government withdrew funding and the Cambodian government undertook construction with the Ministry of National Defence and Ministry of Public Works and Transport. Given the construction is already underway, it is expected that the subproject will be focused on NR 56 at the pre-construction stage.

2. COMPONENT 2: M&E, Knowledge Dissemination, and Regional Coordination

a. Monitoring and Evaluation

54. **Review Mission.** As 4 of the 5 field intervention subprojects entered their second semester of implementation, review missions were conducted, as follows:

Subproject	Date of Review Mission					
Subproject 2 (EWEC)	12-16 October 2009					
Subproject 5 (CRIP)	19-23 October 2009					
Subproject 1 (NEC)	16-20 November 2009					

Subproject 8 (PP-HCMC)	25-28 January 2010
------------------------	--------------------

The findings from the review missions, contained in the attached Aide Memoires, had been conveyed to the Consultants, and addressing them will be monitored closely.

- 55. Revising the RETA DMF. The overall project DMF was written in 2007 and underwent some revisions in order to reflect that most of the subprojects are working on HIV mitigation in a post-construction context. The DMF was revised to remove some indicators that are inappropriate, reflect a more causal relationship between impact and outcomes, include other data sources for verifiable indicators, and ensure conformity of terminology with UNGASS indicators. At completion, all subprojects will also measure exposure to their activities reported by the target populations. The revised DMF also includes individual indicators collected by the subprojects where appropriate, so that the individual subproject DMFs are nested within the overall RETA DMF. The revised DMF will be discussed in the upcoming 3rd GMS Technical Workshop on HIV Prevention and the Infrastructure Sector, of which one-half day is devoted to M&E concerns.
- 56. **Technical Support for subproject M&E.** The "Guidelines for Monitoring and Evaluation: A Manual for Subprojects", which was drafted by the M&E consultant, was submitted in September 2009, along with the revised overarching RETA DMF and the individual DMFs of Subprojects 1, 2, 5 and 8. A draft DMF has been developed for Subproject 9 and will be finalized and submitted along with the implementation report. The previous M&E consultant has also provided assistance to the various subprojects in monitoring their activities and that of their partners. The Technical Advisor (consultant) and the current M&E consultant are continuing this assistance. The Technical Advisor-Consultant of the RETA is using Subproject 5's monitoring system as a model to develop a generic set of forms for the subprojects to monitor their own or their partners' activities. His proposal is expected to be sent to ADB this February for review.

b. Gender

- 57. **Summary of outputs and activities.** Gender was a key concern in the design and data collection for the baseline surveys, in fine-tuning the scope of work of each subproject, in choosing implementation partners on the ground, in recruiting project volunteers, including peer outreach workers, and in the conduct of training activities.
- 58. For Subproject 1, there is a strong gender balance among the members of the Provincial Working Team in the 2 provinces and among peer educators at various sites, with females comprising the majority. For Subproject 2, the media-focused skills development and capacity-building program considers the gender relations in Bru culture. The information that will be imparted through the IEC and BCC component, as well as the improved services that will result from the component on advocacy and capacity-building will address, among others, women's lack of access to preventive information and curative services. For Subproject 5, the Consultant has partnered with an NGO, aptly named *Women Organization for Modern Economy and Nursing* (WOMEN), as it prepares to enter into a similar subcontracting agreement with the Border Victim Support Team (BVST) which works to protect the rights and improve the quality of life of vulnerable children and women in need of special protection. For Subproject 8, the Team is working with the Women's Union in implementing community-based activities in Viet Nam, and with the *Partnership for Community Development in Kampuchea* (PADEK), an NGO in Cambodia with strong track record in gender and development. Overall, across subprojects.

gender issues have been mainstreamed in data collection and baseline analysis, as well as in training and other capacity building efforts.

c. Knowledge Dissemination and Regional Coordination

- 59. **GMS** regional workshop. The 3rd Workshop on HIV Prevention and the Infrastructure Sector in the GMS is planned in March 2010. Aside from strengthening the results orientation of the subproject teams, the workshop will provide an opportunity for sharing with various development partners the experiences and lessons in implementing RETA 6467 subprojects. Target participants are representatives of various development partners, especially but not limited to those who took part in developing the Practice Guidelines, national and provincial AIDS authorities in the GMS countries, subproject teams implementing RETA 6467 sub-projects, and a few experts to facilitate the discussions.
- 60. **Partnerships and Coordination.** With the various subprojects on their second semester of implementation, partnership building and stakeholder coordination had been central concerns. Stakeholder meetings have been conducted for all the subprojects to guide project activities, avoid unnecessary duplication of efforts, identify areas for possible collaboration, and clarify responsibilities. Based on the progress reports from the various subprojects, it is clear that different partnership modalities, including subcontracting, had been and are being explored with potential partners on the ground. A lesson learned in this area points to the need for clear and shared understanding, at project inception, among the Consultants, the national counterpart and the local coordinating agencies of the responsibilities in implementation, the coordinative nodes, and the modality for mobilizing project funds and other resources.
- 61. **Informing program development and execution.** There are at least two related ADB pipeline initiatives in HIV prevention and the infrastructure sector. These are the: (a) Sustainable Transport Initiative which will seek to institutionalize a range of safety and social development interventions in parallel to transport projects; and (b) TA on Capacity Building for HIV/AIDS Prevention in the GMS which will focus on migrant and mobile populations, commercial sex workers, and the local population along transport and economic corridors and border towns. Lessons from RETA 6467 implementation, as well as knowledge of the gaps in capacity building and cross-border collaboration, will be provided as inputs in the design and implementation of these initiatives.

C. CONTRACT AWARDS AND DISBURSEMENT PROGRESS

- 62. Total contract awards currently amount to US\$3,286,823 or 62 percent of total TA amount of US\$5,302,794 (before administrative and audit fees). Contract awards for Subproject Implementation amount to US\$3,113,952 and do not yet include Subproject 10. Contract awards for M&E, Knowledge Dissemination and Regional Coordination is at US\$172,871. Total commitments, including estimated administrative and audit fees, amount to US\$3,616,898 which is equivalent to 68 percent of total TA amount, leaving a total uncommitted amount of US\$1,685,896, to date. (Please see Appendix 3.)
- 63. As of 1 February 2010, total disbursement is now at US\$889,495 (27 percent of the total contract awards or 17 percent of total TA amount). Total disbursement for 2010 is projected at \$1,385,273. Cumulative disbursement is projected to reach US\$2,274,768 by the end of 2010, representing 43 percent of the total TA amount. (Please see Appendix 3.)

64. Disbursement projections that were given in the previous progress report in July 2009 had to be updated in view of the following: (1) optimistic assumption of the pace of project implementation; (2) delays in disbursement of projected expenses and scheduled milestone payments due to delays in contract variation and in the submission of outputs; (3) field expenses (workshops, meetings, travel and related expenses) were over projected for 2009; and (4) consultants for project coordination were not disbursed under this RETA and, instead, were funded under ADB resources in order to set aside the funds for subproject implementation. Subsequently, projected disbursements for 2010 have been tempered.

D. PLANNED ACTIVITIES FOR 2010

- 65. For the rest of 2010, the main priorities include accelerating implementation for Subprojects 2, 8 and 9, finalizing the Subproject DMFs and strengthening the M&E capacity of the subproject teams.
- 66. The planned program of activities for each quarter in 2010 is summarized as follows:

Timeline	Activities
1 st Quarter	Submission of Baseline report and Implementation Report for Subproject 8;
	Submission of Subproject 9 Implementation Report;
	Commence TA for developing the DMFs of Subprojects 6 and 7;
	Contracting of replacement of the M&E Specialist for Subproject 8;
	Finalize DMFs of Subprojects;
	Conduct 3 rd GMS Workshop on HIV and the Infrastructure Sector;
	Submission of Subprojects 1, 2 and 5 Mid-term Reports;
	Close monitoring of Subprojects 2, 8 and 9 to encourage accelerated
	implementation.
	Finalizing the report on the CRTN Study (Subproject 3)
2 nd Quarter	Close monitoring of Subprojects 2, 8 and 9;
	Subproject 8 Mid-Term Report submitted;
	Submission of Quarterly Progress Reports from various subprojects;
	Commence research for case studies
3 rd Quarter	Close monitoring of Subprojects 2, 8 and 9;
	Review of Subproject 1, 2, 5 and 8;
	First Review of Subproject 9;
	Submission of Quarterly Progress Reports from various subprojects;
	Submission of the 3 rd Progress Report to AusAID
4 th Quarter	Close monitoring of Subprojects 2, 8 and 9 to;
	Submission of Quarterly Progress Reports from various subprojects.
	Submission of Bi-Annual Progress Report on Subproject 8

E. OTHER MATTERS

67. **Timeframe of RETA implementation.** The eight subprojects, each with approximately two-year implementation timeframe, will need to be completed by mid-2011 to enable sufficient time to wrap-up administrative procedures. However, some subprojects are in the early phase of implementation (Subproject 9) or have yet to be designed and, therefore, unlikely to commence before Quarter 2 of 2010 (Subproject 10). It is foreseeable that achievement of objectives will be significantly constrained by the limited implementation period. ADB and AusAID may need to discuss whether there is any potential for extension of individual subprojects and the RETA

beyond December 2011. While it is not yet clear if such an extension would entail cost, it is important to know what resources would be available in case subproject extensions become necessary. For this purpose, it is important that decision is made as soon as possible on Subproject 10, its timing and budget allocation.

68. **Review Missions.** The TA paper identifies a total of two annual review missions for each subproject, and a midterm review (MTR) for the overall RETA as milestones, to be conducted jointly between AusAID and ADB. Lack of sufficient budgets to conduct each of these reviews is problematic, resulting in AusAID planning to participate in a maximum of three of the five planned annual reviews in 2009. Allocation of sufficient funds for ADB's participation is also placing significant pressure on ADB's budget processes. AusAID also has mandatory requirements for an Independent Progress Review (IPR). Given the time and budget required for these review processes, it is recommended that the MTR and IPR be combined and jointly conducted by ADB and AusAID. ADB needs further clarifications from AusAID on the requirements of project review including MTR and IPR.

F. CONCLUSIONS

- 69. Significant progress has been made in implementing the RETA in the previous semester (1 July to 31 December 2009), and this could be attributed to the following factors: a) clarity in approach, work plans, activities, and institutional arrangement within the subproject team and between the team and the national and local partners; b) responsive and pro-active stakeholder management; and c) a strong understanding of the characteristics and contexts of target beneficiaries.
- 70. The subprojects which implement cross-border interventions (Subproject 2 & 8) have faced significant challenge in country coordination during the start-up phase, resulting in delay in implementation. To make up for the slack time resulting from delays in these 2 subprojects, there is a need to accelerate the pace of their implementation in the months to come, without sacrificing quality of process and outcomes. While implementation of all subprojects will be closely monitored, these 2 subprojects will be given extra attention. Moreover, a closer monitoring of related internal business processes in ADB (i.e., procuring consulting services, processing contract variations, activity budget approval) will also be done so as not to cause delays of activities in the field.

Attachments:

Attachment 1: Summary of Subproject Status

Attachment 2: Summary of Subproject Implementation Schedule

Attachment 3: Disbursement Status and Projections

Supplementary Appendices (distributed under separate cover):

Supplementary Appendix 1: Implementation Report (Subproject 1) Supplementary Appendix 2: Implementation Report (Subproject 2) Supplementary Appendix 3: Implementation Report (Subproject 5) Supplementary Appendix 4: Inception Report (Subproject 8) Supplementary Appendix 5: Inception Report (Subproject 9) Supplementary Appendix 6: Final Report on CBTA (Subproject 4)

Supplementary Appendix 7: M&E Guidelines

Attachment 1: Summary of Subproject Status

No.	Sub-Project Title	Estimated cost	Notes
1.	LAO: Northern Economic Corridor (Route 3) (post construction)	600,000	Consulting firm (Burnet Institute) contracted and consultants fielded in early March 2009; established the necessary administrative system, coordinative nodes, and technical assistance structures; completed participatory qualitative and quantitative baseline assessments; conducted advocacy and initial capacity-building as planned.
2.	LAO/VIE: East West Economic Corridor (post construction)	693,500	Consulting firm (World Vision Australia) contracted and consultants fielded in late March 2009; conducted baseline survey; undertook preparatory work for IEC component; held Project Steering Committee Workshop; conducted initial training workshops for village health volunteers, and training of trainors from the provincial, district and commune health facilities in Quang Tri.
3.	VIE: Central Region Transport Networks	27,000	International HIV/AIDS and Infrastructure Consultant engaged from 23 March; first draft report submitted in October; second draft in December; third revision underway.
4.	GMS: Cross Border Transport Agreement	55,131	International Consultant engaged, starting 15 September until 31 December 2008; Final report submitted 23 December 2008.
5.	CAM: Road Improvement Project (post construction)	700,000	Consulting firm (FHI) contracted and consultants fielded 19 March 2009; conducted baseline survey; developed BCC tools and a branding strategy; established subgrant mechanisms with 2 NGOs; conducted initial training for peer outreach workers.
6	CAM/VIE: Southern Coastal Corridor (construction phase)	0.0	Initial coordination made with the project officer of the SCCP in the last quarter of 2009 for the provision of TA in developing the DMF of the

No.	Sub-Project Title	Estimated cost	Notes
			HIV Awareness and Prevention Program and ensuring its consistency with the RETA DMF.
7.	LAO: Northern GMS Transport Network Improvement Project	0.0	Initial coordination explored in the last quarter of 2009.
8.	PP-HCMC Highway (post construction)	700,000	Consulting firm (World Vision Australia) contracted 25 May 2009; preparation of baseline report underway; held coordinative meetings; prepared risk mitigation package; conducted initial training activities.
9.	CAM: NW Provincial Roads (pre and during construction)	350,000	Design Mission completed in March 2009; Consulting firm (FHI) contracted and consultant mobilized in November 2009; Inception Report submitted in January 2010; Inception Workshop held on 2 February 2010.
10.	VIE/GMS: Second Northern GMS Transport Network (pre and during construction)	TBD	Scope of the subproject is to be finalized. Design mission is planned in 1Q 2010

Attachment 2: Summary of Subproject Implementation Schedule

Subproject	Design Mission	Consultant Recruited	Consultants Fielding	Inception Mission	Supervisory Review Mission	Mid-Term Review	Final Review
Subproject 1 Northern Economic Corridor (Lao)	Oct 2007	23 Feb 09	3 March 09	31 Mar-3 Apr 09	16-20 Nov 2009	xx	xx
Subproject 2 East-West Corridor (LAO/VIE)	Oct 2007	27 Feb 09	2 March 09	4-8 May 09	12-16 Oct 2009	xx	xx
Subproject 5 Road Improvement Project (CAM)	1-17 Oct 2008	16 March 09	19 Mar 09	27-30 Apr 09	19-21 Oct 2009	xx	xx
Subproject 8 PP-HCMC Highway (CAM/VIE)	Jan 2009	15 May 09	27 May 09	1-7 July 09	25-28 Jan 2010	xx	xx
Subproject 9 NW Provincial Roads (CAM)	23-31 Mar 09	October 2009	19 November 2009	29 January to 2 Feb 2010	July 2010	xx	xx
Subproject 3 Central Region Transport Networks (VIE)			23 Mar 09 (completion 1 st Qtr of 2010)	xx	XX	xx	XX
Subproject 4 Cross Border Transport Agreement (GMS)			15 Sep 08 (completed 31 Dec 08)	xx	XX	xx	xx
Subproject 6 Southern Coastal Corridor (CAM/VIE)	XX	xx	xx	xx	xx	xx	xx
Subproject 7 Northern GMS Transport Network Improvement (LAO)	xx	xx	xx	xx	xx	xx	XX
Subproject 10 Second Northern GMS Transport Network	XX	xx	хх	XX	xx	xx	XX

Attachment 3: Disbursement Status and Projections

RETA 6467: HIV Prevention and Infrastructure: Mitigating Risk in the Greater Mekong Subregion

Projected Disbursement, 2010-2011 As of 1 February 2010

		Original	Droposed	Actual	Dishurand (ag		Projected D	isbursement,	1st-4th Qtr, 20	10		Total
No.	Component/Activities	Budget (as per approved	Proposed Amount (adjusted)	Committed Amount (as of 1 Feb 2009)	Disbursed (as of 1 February 2009)	Q1 2010 (Feb-March)	Q2 2010	Q3 2010	Q4 2010	Total	2011-2012	
		TA Paper)		,								
Com	ponent 1: Subproject Implementation											
Subp	roject Number and Title											
	LAO: Northern Economic Corridor (post construction)	600,000	600,000	600,000	241,464	14,000	107,496	6,000	4,000	131,496	227,040	600,000
2	LAO/VIE: East-West Corridor (post construction)	700,000	700,000	693,500	158,640	125,000	111,000	8,000	8,000	252,000	282,860	693,500
	VIE: Central Region Transport Network (construction)	700,000	30,000	27,000	14,720	12,280				12,280		27,000
4	GMS: Cross Border Transport Agreement	500,000	60,000	49,452	49,449					0	0	49,449
5&9	CAM: Road Improvement Project (post- construction)/Northwest Provincial Road Improvement Project (pre-construction)	700,000 for CRIP and 600,000 for NRIP	700,000 for CRIP and 350,000 for NRIP	1,050,000	177,883	40,297	48,200	65,000	8,000	161,497	710,620	1,050,000
_	CAM/VIE: Southern Coastal Corridor	0	0	0						0		0
	LAO: Road 4		0							0		0
8	PP-HCMC Highway (post construction)	600,000	700,000	694,000	127,560	74,000	20,000	88,000	15,000	197,000	369,440	694,000
10	VIE/GMS: Second Northern GMS Transport Network (pre- and during construction)	600,000	600,000		0			89,000	80,000	169,000	431,000	600,000
	Total for Component 1	5,000,000	3,740,000	3,113,952	769,716	265,577	286,696	256,000	115,000	923,273	2,020,960	3,713,949
	ponent 2: M&E, Knowledge Dissemination, and											
Regio	onal Coordination											
1	Project Coordination (consultant)	380,000	200,000	45,249	40,995							40,995
	Project Coordination (consultant)		100,000				18,000	21,000	17,000	56,000	44,000	100,000
_	Program Officer (national consultant)		95,000			3,000	14,000	23,000	20,000	57,000	38,000	95,000
2	Technical Advisor (consultant)			43,000	0		14,000	11,000	7,000	32,000	11,000	43,000
	Monitoring and Evaluation (consultants)	120,000	120,000	72,508	66,288			18,000		18,000	20,000	104,288
	Gender and development (consultants)	120,000	120,000	12,114	12,075			18,000		18,000	25,000	55,075
5	Surveys and other field studies (Projected amount)	70,000	70,000	0	0			18,000		18,000	52,000	70,000
6	Publications and reports (inc production, dissemination, and web materials)	70,000	70,000		0				30,000	30,000	40,000	70,000
7	Workshops and consultations for knowledge dissemination	140,000	100,000			30,000				30,000	70,000	100,000
8	Contingency (Projected amount)	100,000	357,719								100,000	100,000
	Total for Component 2			172,871	119,358	33,000	46,000	109,000	74,000	259,000	400,000	778,358.00
	Project Administration		330,075	330,075	421	100,000		50,000	50,000	200,000	129,654	330,075.00
	TOTAL (USD)	6,000,000	5,302,794	3,616,898	889,495	398,577	332,696	415,000	239,000	1,385,273	2,550,614	4,825,382

Total Contract Awards (committed amount less Proj Admin Cost)

US\$3,286,823

Total TA Amount (as of 1 February 2010, before Proj Admin & Audit Cost)

US\$5,302,794 (equivalent of A\$6,000,000, as of 1 February 2010)