

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

## **Fifth AusAID Progress Report**

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

**5th PROGRESS REPORT  
February 2011**

**A. INTRODUCTION**

1. This is the 5<sup>th</sup> semi-annual Progress Report on the Regional Technical Assistance (RETA) 6467 for HIV Prevention and Infrastructure: Mitigating Risk in the Greater Mekong Subregion (GMS). The RETA, approved in June 2008 and co-financed by AusAID, supports HIV prevention programs in ADB-supported infrastructure projects at pre-construction, construction and post-construction phases. The RETA consists of 2 key components. Component 1 implements subprojects which directly support the HIV component of each infrastructure project. There are 10 subprojects, including 2 which are being financed and implemented separately<sup>1</sup> from the RETA. Component 2 supports (a) monitoring and evaluation, (b) knowledge dissemination, and (c) regional coordination.

2. The main text of this Report discusses the progress in implementing the 6 field-based subprojects<sup>2</sup>, and two analytical studies<sup>3</sup> under Component 1, followed by a discussion of activities under Component 2. Attachments 1-3 summarize the key status, implementation milestones, and disbursement under each component. Appendices 1-7 contain the recent key documents from Subprojects 1, 2, 3, 5, 8 and 9.

**B. IMPLEMENTATION STATUS**

**I. COMPONENT 1: Subproject Implementation**

3. The 5 ongoing subprojects, which commenced in 2009, are in the post mid-term phase, and accelerating their implementation. Subproject 10, for which the procurement of consulting services is underway, is expected to start its implementation in the second quarter of 2011.

**a. Subproject 1: Northern Economic Corridor (LAO)**

4. **Implementation progress.** Subproject implementation is satisfactory and yielding: (a) strengthened stakeholder capacity and partnerships; (b) increased knowledge and awareness about HIV and STI prevention among target segments; (c) enhanced provincial strategies and capacities; and d) progress on monitoring and evaluation.

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<sup>1</sup> These are Subproject 6: Southern Coastal Corridor Project (SCCP) in Cambodia and Viet Nam, and Subproject 7: Northern GMS Transport Network Improvement Project in Lao PDR. RETA support for these road projects consists of provision of technical assistance for developing the Design and Monitoring Framework (DMF) of the HIV Awareness and Prevention Program. These components are directly managed by the Project Officers of ADB's Transport and Communications Division.

<sup>2</sup> These five subprojects are: (1) Subproject 1 - LAO: Northeastern Economic Corridor Route 3 (post-construction); (2) Subproject 2 - LAO/VIE: East-West Economic Corridor (post construction); (3) Subproject 5 - Cambodia Road Improvement Project (post construction); (4) Subproject 8 - Phnom Penh-Ho Chi Minh Highway (post-construction); (5) Subproject 9 - Northwest Provincial Road Improvement Project (pre-construction); and (6) Subproject 10: VIE/GMS Second Northern GMS Transport Network (pre and during construction).

<sup>3</sup> These analytical studies are: (1) Subproject 3 - A Comparative Analysis of Risk Settings in Infrastructure Project which focuses on the Viet Nam Central Region Transport Networks; and (2) Subproject 3 - A Study of the HIV Risk Implications of the Cross Border Transport Agreement (CBTA).

5. **Output 1: Strengthened capacity and partnerships with key stakeholders for HIV prevention (Advocacy and Capacity Building).** The recent review mission (27 September to 1 October 2010) noted continued positive progress, especially in the functioning of the multi-sectoral Provincial Working Teams (PWTs) in both Bokeo and Luang Namtha provinces. The strong ownership of the Provincial Committee for the Control of AIDS (PCCAs) and PWTs for the Subproject in both provinces is reflected in the stability of the PWT membership and participation. Provincial partners also appreciate the benefits of cross-sectoral cooperation mechanisms established via the Subproject, which had helped the PCCA to effectively access public and private sector partners and target populations.

6. Subproject accomplishments during the reporting period include: (a) monthly and quarterly meetings of the multi-sectoral PWTs wherein the Center for HIV/AIDS and STIs (CHAS)<sup>4</sup> provided inputs on planning the exit strategy and guidance for the conduct of the Voluntary Counseling and Training (VCT) training for provincial and district health staff, and select PWT members; (b) advocacy and coordination meetings with Lao and PRC Special Economic Zone Committees in Boten, Luang Namtha which generated the Committee's buy-in of the suggestion to have HIV prevention programming in the casino's vicinity; (c) individual meetings with provincial health authorities and with CHAS which discussed ways to improved outreach activities and served as venue for planning the cross-border visit to PRC; and (d) holding of the cross-border exchange meeting in PRC between a team from Laos<sup>5</sup> and representatives from the Meuang La (La District) and the Muang Xieng Houang (Houng District) Health Divisions in PRC.

7. This milestone meeting, held on 17-20 August 2010, served as a venue for sharing information and experiences about HIV prevention activities on both sides of the border, for introducing the Subproject to PRC health authorities in the Meuang La and the Muang Xieng Houang Health Divisions, particularly on how it works with Chinese workers in the Casino, in identifying potential areas for collaboration and cooperation, including the possibility of working with PRC nationals and Chinese-speaking outreach workers on the Lao side of the border. Aside from expressing interest in collaborating with the Luang Namtha Health Department, the representatives from PRC also offered assistance from officials of the Xienghoung District Health Department in exploring additional resource support for future activities. This offer will be considered in preparing the exit strategy of the sub-project.

8. **Output 2: Increased knowledge and awareness about HIV and STI prevention among vulnerable groups in target settings** (Information, Education, and Behavior Change Communications). This period saw heightened implementation of peer education, one-one-one discussion, and outreach activities for target segments in various setting. It also demonstrated the readiness of PWTs to innovate in response to challenging situations.

9. *Peer education.* Peer education activities in Pangsalo village, Bokeo and Nam Ngeun village, Luang Namtha continued and have undergone improvements as Peer Educators (PEs) gain more experience in their work. PWTs observed that PEs are now more confident and competent in facilitating group discussions. The activities are well supported by the village authorities who have encouraged increased villager involvement in these learning activities. Training and repeat (refresher) training for PEs had been conducted, consisting of modules on risk behaviours, bio-medical aspects of HIV, gender issues, myths relating to HIV, and the potential consequences of STI and HIV on health and family life. Challenges faced in the

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<sup>4</sup> Two senior representatives from CHAS, Dr. Chansy Phimpachanh and Dr. Panina Phoumsavanh, participated in the October PWT meeting in Luang Namtha.

<sup>5</sup> The Lao team included 1 representative from CHAS, a deputy director of Luang Namtha Health Department, deputy director of Health Education and Information Division of Luang Namtha, 1 PCCA person from Bokeo, and one representative from Burnet Institute.

conduct of PE work have been and are being addressed. In Luang Namtha, the PWTs developed an appropriate response to the PEs issue of limited time to conduct their activities in the casino and among sex workers in surrounding areas. The PWT reinforced HIV prevention responses at the Boten Casino with outreach activities that they themselves (PWT) conduct directly. These outreach activities had been successful in enlivening the interest of participants in receiving information about HIV and STI, in seeking clarification, and in joining follow-up activities.

10. Chinese language IEC materials (reprints) from the PRC Center for Disease Control were distributed to Chinese speaking casino staff and sex workers in the surrounding area. Unfortunately, language issues continue to be a barrier for PWT members who are not fluent in Chinese. A decision was made to trial the use of bi-lingual peer educators from the casino for future distribution activities, to help the PWTs interact better with Chinese speaking individuals. It has also been challenging for the PWT to organise monthly meetings with peer educators among the casino staff, due to the lack of cooperation from the casino personnel manager and also because of a concern that peer education activities has eaten from PE's paid employment. The subproject team continues to undertake informal means of peer group interaction that responds to these limitations.

11. At the coal mine in Luang Namtha, peer education activities continue to be strongly appreciated by the management. While coal mine PEs have limited time to conduct the peer education activities, they continued to be active as shown by their submission of one-on-one discussion forms every month and in their attendance in the bi-monthly meetings. The limited time of the mine workers and staff to conduct awareness raising activities remains to be a challenge, as the PWTs work on several approaches of ensuring that the project respects the worker's time constraints. These approaches include one-on-one discussions, especially during lunch, reaching the workers at the truck checkpoint and staff dormitories. In Bokeo, new peer educators were recruited following the decision to expand village peer education activities to two more villages. One-on-one discussions with mini-van and truck drivers continue to be conducted by the PWT in Bokeo, with the mini-van association and truck company assisting in the coordination of activities, despite difficulties in capturing the attention of the drivers. Adopting the suggestion of the Bokeo PCCA to tap female outreach workers in response to challenges in accessing male drivers and minivan operators prove to be right. It was observed that the female PWT members are better able to draw the attention of their target audiences because of their higher levels of experience and skills in presenting to different groups on HIV and STI prevention, including condom use and treatment availability.

12. Outreach activities were conducted with staff and workers of the Prae Dumlongvith Construction Company in Bokeo Province, to raise awareness about HIV, STI and safe sex. The quality of the outreach was greatly enhanced by the participation of an HIV-positive volunteer from the Lao Network of HIV Positive People (LNPP+) who generously offered time and effort. The activities also provide company workers with referral information for STI and HIV treatment and counseling.

13. *Loudspeaker activities.* The initial sub-project plan included the promotion of HIV and STI information via a radio program. However, further investigation uncovered a lack of a consistent radio signal throughout the area. In response to this it was decided to use loudspeakers, placed in selected settings to broadcast messages through the villages. The sub-project purchased loudspeaker systems for Nam Ngeun and Pansalao villages. Training was then provided to a number of peer educators on awareness raising using these systems during outreach activities. Sub-project staff developed radio messages and worked with the peer educators to put the scripts into action. These scripts are now broadcast in villages on Saturdays and Sundays. To date, these activities have been well-received with some initial impact already identified as

villagers have approached peer educators asking for additional information or clarifications relating to information provided. The PWT ensures that a follow up mechanism is operating within the village through the PE network which continues the discussion and answers questions from the villagers.

**14. Output 3: Enhanced provincial strategies and capacities for expanding access to condoms and basic HIV- and STI-related services in target communities along Route 3.**

Training of Luang Namtha and Bokeo health professionals in syndromic management<sup>6</sup> of common STI's was conducted in July 2010. The objective of the training was to upgrade and refresh the knowledge and skills of health professionals in syndromic management of STI. Participants received tools to facilitate field work, such as (i) check lists for taking patient histories, (ii) referral forms and (iii) a list of basic recommended STI treatments. Participants appreciated this training; many noted that they had not received any training in this area since 2005. The training was facilitated by staff from CHAS and the Mahosoth Hospital in Vientiane. A total of 24 participants (18 females) from both Bokeo and Luang Namtha attended the 4-day training. Participants were primarily health staff from the Provincial and District PCCA, hospitals and dispensaries and included health professionals from the PWT. The Norwegian Church Aid also supported the participation of three of their staff in this training.

15. The PWT has taken the initiative to involve the services of a trained Luang Namtha district hospital/DCCA staff in the provision of counseling for Peer Educators who may have STI and make arrangements for treatment. Aside from empowering the PE's to take care of themselves, the PEs also referred their friends for STI treatment. During August to November, at least 44 people (majority of whom are females) were referred by peer educators for STI treatment at the Namtha district hospital.

16. *Condom distribution.* Condoms continue to be distributed to all sub-project target groups. The IEC and BCC activities are resulting to expressed demands for condoms, as observed among workplace clients and villagers.

17. **Output 4: Monitoring and Evaluation:** During the M&E sessions at the 3<sup>rd</sup> GMS Workshop on HIV Prevention and the Infrastructure Sector (September 2010), it was agreed to realign the Subproject 1 DMF with that for the overall RETA. In addition to minor refinements of certain indicators, Subproject 1 reclassified (i) the former outcome statement (as discussed during the November 2009 Subproject 1 review mission) to the output level; and (ii) the former output 2 statement (dealing with knowledge and awareness of HIV and STI prevention) to the outcome level. Progress toward DMF indicators and other measures will continue to be carefully tracked for the remainder of the Subproject implementation, and will be reported in subsequent quarterly and final reports and the endline study.

18. **Other Issues.** Delays in the approval of some IEC materials have increased their costs. The booklets have been approved by both ADB and CHAS, but have been awaiting mandatory approval from the Ministry of Information and Culture (MoIC). The approval process requires the printing to be undertaken by the company listed in the formal approval document. The foreign exchange rate fluctuations and an increase in pages following MoICs recommendations introduced an associated increase in cost. In the meantime, the sub-project has been distributing existing pamphlets and other IEC materials provided by the PCCA.

19. An exit strategy is currently being prepared by the subproject team. The Subproject is expected to end in March 2011. Following a RETA-wide review at the 3<sup>rd</sup> GMS Workshop on HIV Prevention and the Infrastructure Sector, the joint ADB-AusAID midterm review (MTR) for

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<sup>6</sup> Diagnosis identification through consistent group of symptoms, often using flow chart methods.

Subproject 1 was fielded on 27 September to 1 October 2010. The MTR provided an opportunity for ADB/AusAID and the consultant to discuss the future of HIV response activities beyond this Subproject. The provincial stakeholders expressed concerns about not having resources after the completion of the subproject in March 2011. The ADB/AusAID MTR emphasized that the solid investment made in building capacity within local communities clearly increased knowledge and awareness among the PEs, and that this is a resource that remains in the community. Their commitment to the activities was impressive as was the support they were receiving from village, district and provincial authorities. The sub-project has been making conscious efforts to develop strategies related to the sustainability of the processes, and this is very challenging given the two year timeline for working in a comparatively low prevalence context where greater local resource allocation for HIV prevention is not a priority. The exit strategy will attempt to outline possibilities for sustainability. (Please refer to the Aide Memoire of the Midterm Review Mission in Appendix 1.)

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

**20. Implementation progress.** The Subproject implementation is now accelerating and is delivering all activities/outputs on schedule, including the production of drama CDs and DVDs which experienced delays in the earlier period.

**21. Output 1: Advocacy and Capacity Building:** Six training courses were conducted during the period.

**22. Viet Nam (Quang Tri).** The following training courses were conducted: (a) STI/HIV training courses for the STI check-up mobile team and nurses in Huong Hoa and Dakrong districts in Quang Tri Province, held in July 2010, attended by 37 (26 females and 11 males) district and commune health workers; (b) Refresher courses on STI/HIV for STI check-up mobile team and nurses in Quang Tri Province held in November and December 2010, attended by a total of 31 mobile team members (10 males and 21 females); (c) Second in a series of STI/HIV training courses for village health workers (VHW) in Quang Tri Province held in July 2010, attended by 42 VHWs (19 females and 23 males) from the two target communes in Dakrong district and three target communes in Huong Hoa district; and (d) Third in a series of STI/HIV training courses for VHWs in Quang Tri Province, held in November 2010, attended by 27 VHWs from the two communes in Dakrong district and 34 village chiefs and Women's Union members from three communes in Huong Hoa district.

**23. Lao PDR (Savannakhet).** The following courses were conducted: (a) Third in a series of STI/HIV training course for provincial and district health workers in Savannakhet Province, held on 15-17 November 2010 at the Savannakhet Health Department, and attended by selected staff from the health centers of Sepone (11 participants) and Phine (7 participants), including 4 Bru health staff; and (b) STI/HIV training course for village health volunteers and Bru volunteers in Phine and Sepone districts of Savannakhet Province, held on 23-24 November 2010, attended by 46 participants (21 females and 25 males). This training for VHWs and Bru volunteers, which also included village chiefs and the Women's Union members, was specifically meant to build a strong outreach team in each target village that would dispatch key HIV/STI messages and information to their respective communities. For example, trainers played some drama tracks from the first drama CD that the Subproject produced, then asked participants what they had heard and/or remembered. Bru volunteers helped to explain in the local dialect and facilitated the group discussions. Compared to previous similar trainings, participants to this training were more active in group activities, and Bru volunteers were more confident in co-facilitating group discussions. The district trainers felt that it would be useful to adapt this participatory training methodology in their future training activities meant for reaching Bru villagers.

24. Advocacy activities during the period included: a) Cross-border meeting, held in Quang Tri in 3 August 2010, which was attended by 26 Bru/Van Kieu volunteers; and b) National Steering Committee (NSC) meetings for Laos and Vietnam that were held both in October which provided the opportunity for all project stakeholders to jointly review project progress and discuss the challenges and lessons learned. After more than one year of implementation, Subproject 2 has gained a very good relationship with local partners of both provinces/countries, and therefore the meetings were held in an open and friendly atmosphere between project team implementation and Government local partners.

25. **Output 2: Promotion of IEC and BCC:** For the Viet Nam side (Quang Tri), which has no ethnic minority radio program, a decision was made to produce a DVD instead of radio drama. A 60-minute DVD with 3 episodes, entitled "*Love Stories of the Mountain*", was produced and approved by the Provincial Government Authority. It has been highly appreciated by local government agencies and local Van Kieu villagers, as this is the first IEC material on STI and HIV in the Van Kieu ethnic language and culture. As noted by the Director of PAC in Quang Tri province, this is an outstanding achievement for Subproject 2 given the short period. This DVD was shown in the National Scientific Conference on HIV/AIDS in December 2010 in Hanoi, and was broadcast on local TV on World AIDS Day. 100 copies of the DVD were distributed to relevant government agencies, to province, district and commune volunteers, and other development partners such as Handicap International-France and Rockefeller Foundation.

26. On the Lao PDR side (Savannakhet), where there is a minority radio program, the first radio prevention drama (titled *The Tingtong Melody*) was finalized and broadcasted. This drama has a total length of around 180 minutes, and was expected to be broadcast on the existing Bru program of the SVK Radio Station for a total duration of 36 days. The broadcast was scheduled on a daily basis from 25 October to 09 November 2010, 10 minutes each time, and followed by interactive calls for about 20 minutes. The SVK radio station agreed to rebroadcast in the same program and pattern from 10 November to 29 November 2010.

27. *IEC follow-up in the field.* The follow-up plan is a significant part of the IEC component. In Savannakhet, the radio dramas are broadcasted by the provincial radio station to the ethnic communities. The dramas are also copied to CDs and played among the Bru community, followed by focus group discussions (FGDs). These FGDs elicit reactions and responses to the dramas. Both volunteers and local health officials are primed for participation by giving them in advance the guide questions and key messages for the FGDs. The same process is undertaken on the Vietnam side, with the Van Kieu volunteers and local health staff playing the DVDs among the Van Kieu community, followed by FGDs on the messages or lessons the dramas convey. After being trained on facilitation skills, Bru and Van Kieu volunteers held community group discussions in their respective communities. In Savanankhet Province, 30 FGDs were organized in November 2010. These include 22 FGDs with both male and female participants, two FGDs with women, two with male elders and four with young men. A total of 168 Bru villagers, aged 17 to 47 (with 95 males and 73 females), joined the FGDs. In Quang Tri, Van Kieu volunteers organized 40 FGDs in coordination with commune health workers and with the coaching of district health workers. A total of 560 Van Kieu people, aged 14 to 42 (298 of whom are females) participated in the FGDs. The District Health Partners, especially in Huong Hoa and Dakrong districts, are committed to providing continuous coaching to Van Kieu volunteers who are regarded as valuable resource persons among the Van Kieu community.

28. **Output 3: Strengthening access to medical services:** Outreach STI syndrome-based checkups were organized in Savannakhet Province from from 5-9 July and 12-16 July 2010. In Quang Tri province, two outreach clinics were conducted from 26-31 July 2010 and 4-9 August 2010. A total of 1,242 clients underwent STI check-up, 196 are males (15%) and 1,046 are

females (85%). Of those who underwent check-up, 859 (69%) received treatment, 99 of whom are males (12%) and 760 are females (88%).

29. **Output 4: Monitoring and evaluation:** The Subproject M&E Consultant revised the Design and Monitoring Framework (DMF) in consultation with the ADB M&E Consultant. The final version of the DMF was submitted and accepted by the ADB in early October 2010. The Subproject M&E Consultant and Deputy Team Leader worked together on the design of the Endline survey, the conduct of which is now underway. A Dissemination Workshop will be convened in March 2010 to disseminate the findings of the survey to relevant stakeholders.

30. **Other issues.** World Vision-Australia has articulated the need for a no-cost extension of the subproject, from 2 March 2011 to 15 June 2011, to enable them to complete all the necessary activities. ADB will have a thorough discussion with the consultant about their exit strategy. In addition to the challenge of sustaining the activities of the Mobile STI Team, the concern for the sustainability of preventive activities in the community done by Bru and Van Kieu volunteers was also discussed during the 3<sup>rd</sup> GMS Workshop in Vientiane. It was recommended that mainstreaming of the Bru/Van Kieu volunteers into the province's preventive health program be explored so that incentives for the volunteers could be provided. Informing other donors of the presence of these volunteers so that they may be mobilized for involvement in other health sector projects was also suggested.

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

31. **Status.** The Consultant has submitted a revised report (Comparative Analysis of Risk Settings) in January 2011 and this will be reviewed before it is finalized into a publishable material. A 2-page summary of the report will be prepared for dissemination through the ADB website. (Please refer to Appendix 3 for the draft report.)

#### d. Subproject 4: Cross-Border Transport Agreement

32. **Status.** Completed: Consultant's final report was submitted on 23 December 2008.

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

33. **Implementation progress.** Subproject implementation during the period continued to show good progress, with critical targets having been surpassed.

34. **Output 1: Address HIV, health and social risks and vulnerabilities mitigation among targeted communities:** The behavior-change focused *risk mitigation package is continuing as planned*. FHI and its partners have developed the following tools that form the *My Way* risk mitigation package: (i) *My Way logo and peer/outreach worker collaterals*; (ii) *My Way service directory*; (iii) *My Way Risk Assessment facilitator's tool* ; (iv) *My Way Risk Assessment statement give away cards*; (v) *My Way alcohol risk reduction quiz cards*; (vi) *My Way radio show format* ; (vii) *My Way hotline cards*; (viii) *My Way What should I expect in an STI checkup? Flipchart*; (ix) *My Way What should I expect when I get my blood tested for HIV? Flipchart*; (x) *My Way What should I expect when I go to a RH/FP clinic? Flipchart*. These resources also come with take-home materials, such as mobile and migrant populations (MMP) safe travel kits (including condom/lubricant) and support tools for educational contacts or sessions. Health and social service (e.g. safe migration, anti-trafficking) messages are delivered via print and visual materials, outreach/peer education, and radio for maximum exposure and resonance.



35. Activities under the subgrants with SEADO, WOMEN and BIG C<sup>7</sup> are being implemented as planned and will continue until the end of the project period. CRIP has reached 8,272 community members, surpassing the programmatic target of 6,000 individuals. Both male and female community members are targeted in community discussions. FHI has procured condoms and lubricant and provided these commodities to SEADO and WOMEN. Condoms and lubricant are distributed freely to those who can not afford socially marketed options, are HIV-positive, or meet other established criteria (e.g., drug users, new EWs, travelling MMP). Condoms and lubricant is also promoted at every outreach contact for HIV and other sexually transmitted infection (STI) risk reduction and for family planning. Over the reporting period, SEADO distributed 38,130 condoms/lubricant to MMPs and WOMEN distributed 12,262 condoms/lubricant to vulnerable community members.

36. **Output 2: Awareness raising and promotion of behavior change among Migrants and Mobile Populations (MMP):** To date, CRIP has over-achieved on virtually all of its output indicators in this focus area, even as it has yet to reach the end-of-program implementation period. As of December 2010, it has reached 8,796 Mobile and Migrant Populations (MMPs), exceeding the target of 7,700 by 1,096 individuals<sup>8</sup>. Of the 8,796 MMPs reached, 459 persons have availed of STI services; 1024 persons underwent Voluntary Confidential Counseling and Testing (VCCT) and 91 persons used Reproductive Health/Family Planning services. In total, 1,574 persons have accessed critical HIV prevention services over the project period, even exceeding the target percentage for service utilization of 10 percent of total MMPs reached. Service uptake has increased dramatically from the first to second year of CRIP implementation – with only 7 persons using STI services and 160 persons availing VCCT to Year 2 with 452 persons accessing STI services and 864 persons availing VCCT (surpassing the 10% increase indicated as a result in the modified DMF).

37. Under CRIP, all health services are mapped in the targeted areas and have been included in the service directory tool. CRIP partners promote STI, voluntary HIV counseling and testing (VCCT) and other reproductive health services to MMP and community members in ADB target areas. FHI works with all subgrantees to identify services in their coverage area that are MMP-friendly/targeted and helps them to establish agreements with these service organizations to formalize mechanisms for referral slip collection, storage, and reporting. FHI has developed My Way referral slips, following the templates of the National Center for HIV/AIDS and Dermatology and STDs (NCHADS) for most-at-risk populations. MMPs are offered a referral slip for these services at every outreach contact. Should they require further assistance, MMP service users may also be provided with transportation assistance or support. Sub-grantees collect referral slips from health service partners on a monthly basis to determine how many referrals were successful, to which places MMP visited, and by whom they were referred.

38. **Output 3: Capacity and partnership-building among stakeholders:** CRIP has established partnerships with a number of key stakeholders at the local, provincial and national levels. They include government partnerships (e.g. PAS, PAC, PAO, NAA), non-governmental organizations (including three local NGO implementers), and community representatives (including members of the Technical Advisory Committee). CRIP has trained 95 men and 34 women to carry out programmatic interventions – up from the 80 persons targeted in the DMF.

39. Over the reporting period, CRIP team members participated in one Technical Advisory Committee (TAC) meeting in Poipet City (September 20, 2010). The meeting, aimed at

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<sup>7</sup> SEADO – Social, Environment, Agricultural Development Organization; WOMEN – Women Organization for Modern Economic and Nursing; BIG-C – Border Issues Group for Children.

<sup>8</sup> Approximately 70% of these persons are male, reflecting the male-oriented nature of the occupations targeted (e.g. transportation-focused).

providing updates in the work of implementing agencies (IAs) in Poipet and discussing workplan implementation, was conducted by the Provincial AIDS Secretariat (PAS) and supported by FHI through PRASIT/USAID and CRIP/ADB. There were 46 participants from relevant stakeholders who participated in that meeting.

40. A quarterly stakeholder meeting was also organized by the CRIP/NRIP team from 24-26 November 2010 at Siem Reap province in which 28 (9 female) participants from the Provincial Health Department, staff and peers from IAs, including SEADO and WOMEN, participated. The training covered a project review, a refresher training on the use of Strategic Behavior Communication (SBC) Tools (Risk Assessment Cards, Alcohol game, VCCT Photo Album, STI Photo Album) and M&E Tools. Gender and Reproductive Health topics were also included.

41. CRIP team members also participated in and/or supported a number of external meetings or consultations focused on MMP issues, and they included the following: (i) *Stakeholder Meeting on Human Trafficking* held on 1 July 2010 organized by the United Nations Inter-Agency Project on Human Trafficking (UNIAP) in order to bring all relevant stakeholders to share information, learn from each other, and identify key actions for improving MMP responses; and (2) *Mobility and HIV Technical Working Group (MTWG) meeting, held on 30 July 2010 and spearheaded by the National AIDS Authority (NAA)* to share updates on the situation and interventions for MMPs and officially launch the *"National HIV/AIDS Strategic Framework 2010-2014 and Operational Plan for Mobile and Migrant populations"*;

42. **Monitoring and Evaluation:** An informal review mission, comprised by Mr. Chris Lyttleton, ADB Technical Advisor (External consultant) and Mr. Pedrito dela Cruz, RETA Program Officer (consultant), was conducted on 12 to 14 July 2010. The mission's recommendations were provided to FHI on 2 August 2010 and have been incorporated into amended subgrants. Following the 3<sup>rd</sup> Workshop on HIV Prevention and Infrastructure Sector held in September 2010 in Vientiane, the Subproject Design and Monitoring Framework (DMF) to further refine and disaggregate programmatic indicators

43. **Other issues.** The subproject is bound to end in July 2011 and FHI has conveyed its plan to have a no-cost extension until 30 September 2011. A contract variation for the extension will be submitted by FHI to ADB.

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

44. **Implementation progress.** There has been satisfactory progress in implementing various activities during this reporting period, even as there remained a few hurdles to planning and building consensus with cross-border partners, and in having appropriate IEC materials on time.

45. **Output 1: Community-Based Risk Mitigation:** Community-based risk mitigation programs in both countries have been designed to work within the existing structures of community organizations or NGOs operating in the areas. The design focuses on two key areas, namely: (a) implementing HIV/AIDS awareness in existing structures; and (b) awareness of safe migration in order to avoid exploitation and trafficking victim. The community-based mitigation programs targeted local villagers, particularly young people.

46. Activities under Output 1 in Tay Ninh province started since August 2010. Among the major activities undertaken include: (a) Inception workshop to commence the Community-Based Risk Mitigation initiative in Tay Ninh province on 18 August 2010, attended by key government representatives from provincial, district and commune levels; (b) Training-of-Trainers (TOT) on HIV/AIDS, human trafficking prevention & safe migration for 22

representatives from the Women's Union<sup>9</sup> held on 2-5 November 2010 in Go Dau District of Tay Ninh Province; (c) Five large scale workshops in November 2010 to raise awareness on STI, HIV & AIDS, human trafficking prevention and safe migration, with a total of 200 participants from various agencies and organizations in the five target communes<sup>10</sup> along Highway No. 1; (d) Small scale community workshops conducted by the Tay Ninh Provincial Health Department in rural communes and urban areas in Go Dau and Ben Cau districts between July and December 2010, with a total of 1,295 young people reached; and (e) World AIDS Day Workshop, held on 14 December 2010 with the theme "*Universal Access and Human Rights*", which focused on the role of the Women's Union in HIV/AIDS prevention, human trafficking prevention and safe migration. Participants to the workshop included representatives from the Health Department, AIDS Prevention Centre, the WUs of Tay Ninh province, target districts and communes, and representatives of police and judiciary bodies from the communes.

47. On the Cambodia side, the Partnership for Development in Kampuchea (PADEK) a local NGO is the main implementing partner. PADEK has been subcontracted by WVA to integrate HIV/AIDS & Human Trafficking Prevention in its income-generation and livelihood programs. The objectives of this partnership are: (1) To integrate HIV prevention and safe migration into livelihoods and development processes for poor and vulnerable communities; (2) To closely cooperate with the Provincial AIDS Secretariats, District AIDS Centres and the Commune AIDS Committees; and (3) To build a sustainable structure of development and HIV/AIDS and trafficking prevention through NGO mainstreaming of HIV/AIDS; NGO & GO cooperation; and grass-roots approaches. PADEK reports to WVA and the Provincial AIDS Secretariat (PAS) of Svay Rieng. Collaborating with PADEK at this point is timely as they had just began the process of mainstreaming HIV/AIDS through training programs for their staff. The Subproject's support allows them to continue this process by supporting integration of HIV/AIDS in their existing structures in Prey Veng and Svay Rieng provinces. The target audiences for these activities are the residents of three communes in Svay Rieng province and two communes in Prey Veng province, with a special focus on young people<sup>11</sup> who are likely to migrate. Approximately 4,375 commune residents are targeted to be directly involved in PADEK's activities of awareness raising on HIV/AIDS and safe migration.

48. Activities for this Component in Cambodia commenced in August 2010 and are generally on track and on schedule. Highlights of the work undertaken include: (a) Inception Workshop held on 26 August 2010 in Svay Rieng town attended by 32 participants, including PADEK staff,

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<sup>9</sup> The Provincial Tay Ninh Women's Union, in coordination with Tay Ninh Provincial Health Department, undertakes awareness raising for HIV/AIDS & human trafficking prevention, under a Subcontract Agreement with WVA. This work, targeted at women living in five communes along Highway No. 1 (An Thanh and Ben Cau in Ben Cau District, Go Dau and Thanh Phuoc in Go Dau District, and An Tinh in Trang Bang District) seeks to: (a) provide information on HIV/AIDS and human trafficking prevention, including the services available and the referral system in the country of destination for women, especially young women, who are likely to cross the border for work; (b) improve young women's ability to protect themselves from STI and HIV infection as a result of migration; and (c) build capacity for local Women's Unions to integrate HIV/AIDS and human trafficking prevention into their existing reproductive health programme.

<sup>10</sup> An Thanh and Ben Cau in Ben Cau District, Go Dau and Thanh Phuoc in Go Dau District, and An Tinh in Trang Bang District

<sup>11</sup> PADEK focuses on 24-50 year olds as the age range for their program, selecting families with members who are currently outside the province as migrant workers. This decision was taken as other NGOs are working on reproductive health for those under 24. However, this means their programming is missing the younger people who are more likely to migrate. While other NGOs may prepare them, for migrating, with information on HIV/AIDS they will not prepare them for safe migration, that is, for avoiding exploitation through agents, smugglers and unscrupulous employers. Some strategies to overcome this gap have been developed as part of SP8. In Svay Rieng this gap will be bridged, to some extent, by including 700 families (out of 2,600) who will have migrants under 24 years old. In Prey Veng efforts will be made to incorporate younger women. Other strategies to address this gap might include offering support to other NGOs in the area through workshops or sharing IEC materials on trafficking.

government representatives from Svay Rieng and Prey Veng Provincial AIDS Secretariat (PAS), and from the National AIDS Authority (NAA); (b) Coordination meeting with project stakeholders held in October 2010 in Svay Chrum commune, attended by 24 core training team members (including 8 females) and 4 PADEK staff members (with 1 female); (c) Five-day Training of Trainers (ToT) held in October 2010 at the Provincial Health Department of Svay Rieng which was attended by 27 participants from the core training team and the Commune Gender HIV & AIDs Mainstreaming Team on HIV/AIDs and human trafficking; and (d) Training of core teams to support HIV/AIDs and safe migration awareness raising among the vulnerable communities, which consisted of 32 workshops for 398 members of Self-Help Groups (SHGs) including 278 women) in 14 villages of 2 target communes, 10 workshops for 133 village leaders in 10 villages of two communes, and 45 workshops for 1108 people (including 635 women) in 39 villages of five communes.

**49. Output 2: HIV Prevention Package in Entertainment Settings and Mobile Populations:** On the Viet Nam side, the Tay Ninh Provincial Health Department is the main partner in implementing project activities under this Component, as well as for the Workplace Component. The target groups of this Component are entertainment workers (EWs), owners and managers of entertainment venues, motor-taxi drivers and other mobile populations<sup>12</sup> in the five communes of three districts in Tay Ninh province. The UK Department for International Development (DIFID) funded a project targeting EWs and Injecting Drug Users (IDUs) for three years, and this project is now continuing with funding from the World Bank (WB). The WB is working with EWs who are more directly involved in sex work. Subproject 8 will also target some EWs working in karaoke bars, but who are outside the WB project. Activities under this Component have commenced and among the accomplishments include the conduct of: (a) seven small workshops (4 in Go Dau and 3 in Ben Cau) between July and December which provided 145 EWs with HIV/STI prevention information, condom demonstration, condoms, IEC materials and referrals to STI/VCT services; (b) two bi-monthly meetings with 42 entertainment venue owners/managers in December 2010 which provided them with information on STI/HIV through participatory approaches, and to distribute condoms and IEC materials; (c) 46 workshops held between July and December 2010 which provided STI and HIV prevention information and referrals for STI, VCT and ARVs to 1,085 motor-taxi drivers at Moc Bai border gate and the two districts of Go Dau and Ben Cau; and (d) 12 workshops conducted by the Tay Ninh PHD in Go Dau and Ben Cau districts, between July and December 2010, for 266 other mobile populations.

50. On the Cambodia side, the Provincial AIDS Secretariats (PAS) of Svay Rieng and Prey Veng are the major implementing partners and they help coordinate all activities under this component and the Workplace Component. The target groups for this component in Cambodia are motor-taxi drivers, EWs, owners and managers of entertainment settings, and long distance truckers in Neak Loeung. Component activities started in September 2010, with the following accomplishments to date: (a) 27 workshops held between September and November covering 477<sup>13</sup> EWs and 24 male workers in entertainment establishments in the 2 target areas of Svay Rieng town and Bavet; (b) 17 workshops for 340<sup>14</sup> EWs in Prey Veng which provided information on HIV/STI prevention, referrals to STI/VCT/ARV services, condom use demonstration, condoms and IEC materials; (c) six workshops for 118 owners and representatives of entertainment venues in Svay Rieng between September and December 2010, which included 31 women and 87 men, and four workshops for 80 owners and

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<sup>12</sup> They include migrant workers who come from other provinces of Vietnam to live and work in Tay Ninh (excluding factory workers who are covered under Component 3).

<sup>13</sup> This number represents the overall attendance in the workshops and not the number of individual EWs who attended, as some EWs attended twice.

<sup>14</sup> *ibid*

representatives of entertainment venues from Prey Veng, which included 53 women; (d) two training sessions for 20 women outreach workers/EW Peer Educators (10 from Bavet and 10 from Svay Rieng town) in October 2010, which aimed to enable these outreach workers/peer educators to conduct one-one-one sessions or small group discussions on STIs, HIV&AIDS, proper condom use, and utilization of STI/VCT/ARV services; (e) two-day training for seven EW outreach workers/peer educators in Neak Loeung, joined in by two male motor-taxi drivers and one male taxi driver selected by Prey Veng PAS; and (f) 24 workshops for 469 motor-taxi drivers in Svey Rieng, and 21 similar workshops in Prey Veng with 420 participants.

**51. Output 3: Workplace HIV Prevention Program (renamed HIV Prevention for Migrant Workers):** This component, which was formerly referred to as *Workplace Interventions* have been renamed to “HIV Prevention for Migrant Workers” given the decision to focus on migrant workers (the most vulnerable populations) in their residential areas, considering the large numbers and the amount of work needed to build relations with factory workers. Many of the 27,000 factory workers in Tay Ninh come from other provinces. Of the more than 7,000 workers in Bavet, several hundreds are living in dormitories, as their homes are usually in adjoining provinces. The majority of workers return to their villages each evening in numerous taxi trucks. With the support of DoLVT, it was also decided that the Team can also meet with the owners or management of factories to encourage the revitalization of HIV/AIDS committees (which nominally exist in most factories but are dormant) and distribute HIV/AIDS IEC materials to workers. In Tay Ninh, where the PHD already has good connections with many factories (as they provide workers with health check-ups), the PHD will be able to conduct workshops in the factories for management to advocate for distribute IEC materials. In terms of service provision, the clinic of the Reproductive Health Association of Cambodia (RHAC) located at the border facility provides 50% discount for factory workers attending their clinic at the border area. The workshops encourage workers to attend the clinic which is just a few kilometers from the factory.

52. Activities under this Component have commenced, with the following achievements to date: (a) 45 workshops in Tay Ninh and 36 workshops in Bavet which provided information on STIs, HIV&AIDS, proper condom use, available VCT and STI diagnostic services, as well as IEC materials and condoms to 950 participants in Tay Ninh, with 452 male and 498 female workers, and 715 in Bavet, with 212 male and 498 female workers; and (b) five workshops for factory managers in Tay Ninh attended by 204 participants, and preparatory work for the holding of similar workshops in Bavet.

**53. Output 4: Capacity and Partnership Building:** A number of activities have been conducted aimed at strengthening partnerships and capacities. In Vietnam, a Project Management Training for staff of the Tay Ninh Provincial Health Department and members of the Cross-Border Committee (CBC) was held in March 2010. In Cambodia, a Project Management Training for the Provincial AIDS Secretariat of Svay Rieng and Prey Veng as well as for members of the CBC was held in July 2010. A TOT on Communication Skills was conducted in August 2010 for 18 Health providers.

**54. Output 5: Monitoring and Evaluation:** The Design and Monitoring Framework (DMF) was finalized in October 2010, with the assistance of the ADB M&E consultant. The new Project M&E Specialist was contracted in late November 2010 and has developed the training curriculum for the M&E trainings scheduled in January and February 2011 for key partners in Vietnam and Cambodia. The final draft of the Project Performance and Management System (PPMS) has been completed in December 2010 and is being reviewed by WVA. Discussions have proceeded on conducting the end-of-project survey combined with final evaluation, to be completed by the end of June 2011.

55. **Other issues.** The most significant challenges to project implementation include the following: (a) delays in establishing the Cross-Border Committee and, after its establishment, in building consensus for proposed initiatives; (b) lack of some forward planning and strategy around IEC materials; (c) language barrier in the provision of services for Vietnamese workers crossing the border; and (d) ambiguity on the part of the provincial government partners on whether condom social marketing should be pursued.

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

56. **Implementation progress.** This subproject is a pre-construction initiative being implemented by FHI in conjunction with Subproject 5 (CRIP) as they have similar geographic coverage. The subproject is progressing well since field activities started in Samroang in August 2010, following the completion of the baseline survey and the effectiveness of the subcontract agreement with WOMEN and the Ministry of National Defense (MoND).

57. **Output 1: Address HIV, health and social risks and vulnerabilities among targeted communities.** NRIP utilizes the My Way risk mitigation package – developed under the CRIP initiative – for use in NRIP target areas for greater message continuity and resonance. NRIP subgrantees also use existing FHI's Strategic Behavioral Communication tools such as those developed under the SMARTgirl program (which targets entertainment workers) and *You're the Man!* (male clients of entertainment workers).

58. FHI entered into two subgrant arrangements with WOMEN and the MoND to carry out NRIP interventions. MoND works with targeted uniformed services personnel stationed along NR56 in Banteay Meanchey and Oddar Meanchey provinces. From July to December 2010, MoND conducted 26 educational sessions and has reached 2,654 (with 99 females) uniformed service personnel out of a target of 2,314 individuals, or 114% of the projected target reach. In addition, MoND provided approximately 7,504 condoms during educational contacts. WOMEN works in Samraong City, Oddar Meanchey province, targeting three most-at-risk groups -- female entertainment workers, their male clients, and community residents living on or near NR56. To date, WOMEN has reached 1,541 community members (out of a project target of 4000 individuals), 150 entertainment workers (exceeding the target of 130 persons), and 725 male clients (close to reaching the overall target of 1000 individuals). NRIP partners have identified health referral partners in their target areas, as per guidance from FHI and the Cambodian government. Referral tools, particularly health referral slips to track uptake, are distributed at every educational contact. WOMEN distributed 421 referral slips and successfully referred 248 people to health services such as VCCT, STI and RH/FP. Approximately 4,036 condoms/lubricant have been distributed during outreach contacts. WOMEN have also organized two community forums wherein 422 people participated.

59. **Output 2: Raise awareness and promote behavior change among high risk MMP.** In addition to subgrantee activities, mentioned in the previous section, that also contribute to this component, programmatic accomplishments under this technical focus area included capacity building courses for implementing agencies, as follows:

- a) Five-day ToT training held on 26-30 July 2010 at Military Region 5 Hospital in Battambang province, in collaboration with MoND. The training helped improve the HIV, STI, sexual health knowledge and facilitation skills of twenty six core trainers (CT) and peer educator trainers (PET).
- b) Initial training, organized with WOMEN, for 22 NRIP project managers, outreach staff and community facilitators held on 7-10 September 2010. This initial training focused on building the capacity of implementing agency staff and community

facilitators to: (i) implement NRIP activities focuses on NRIP objectives and activities; (ii) appreciate the value of working with MMPsl (iii) support entertainment workers assess their risks of contracting HIV; (iv) know what services are available in their communities; (v) facilitate educational sessions using the My Way educational tools; and (vi) know how to use the monitoring tools.

- c) Training on Interventions for Male Clients held on 22-24 September 2010 where four WOMEN outreach staff and community facilitators participated The training focused on how to use the tools developed under the You're the Man! Initiative.
- d) Quarterly training at the Military Region 4 Hospital in Siem Reap province held on 12-15 October 2010, in collaboration with with MoND. Approximately 28 CTs and PETs from MoND attended the training. The training focused on how to effectively use the My Way risk mitigation package during outreach sessions.
- e) Participation of the WOMEN program manager in a 10-day Training of Trainers (ToT) organized by the FHI/PRASIT (USAID funded) initiative, from 25 October to 04 November 2010. The ToT aimed to build the capacity of program implementers to develop a training curriculum and package, and deliver it to their staff and volunteers.
- f) Quarterly stakeholder meeting and refresher training at Siem Reap province held on 24-26 November 2010, where 28 male and 9 female staff from the provincial health department and implementing agencies participated. The training focused on how to use the SBC Tools (Risk Assessment Cards, Alcohol game, VCCT Photo Album, STI Photo Album) and the M&E Tools. Gender and Reproductive Health topics were also included.
- g) Participation of two Technical Officers (NRIP), eight project officers and peers from WOMEN in the quarterly SMARTgirl (EW) training held on 7-10 December 2010. The objectives of the training were to: 1) review implementation progress of the programs; 2) learn more about the Continuum of Prevention to Care and Treatment; 3) apply program strategies; 4) learn how to use new tools and conduct a training needs assessment

**60. Output 3: Strengthen SRH services at the district level.** The baseline assessment underscored the priorities for SRH service strengthening. FHI, through NRIP, has been working closely with the National Centers for HIV/AIDS, Dermatology and STDs (NCHADS), National AIDS Authority (NAA) and provincial health representatives to articulate SRH training priorities and develop a capacity building plan for SRH service providers in NRIP target areas.

61. From 13-17 December 2010, FHI/NRIP collaborated with NCHADS to organize an initial training course on STI/RTI syndromic case management for health care providers. It was conducted in Battambang province and attended by 16 participants consisting of selected staff from health centers and referral hospitals along National Road 56 and NRIP project officers.

**62. Output 4: Conduct M&E for project quality assurance and improvement.** The NRIP team has developed and finalized monitoring indicators and data collection tools in consultation with implementing agencies, WOMEN and MoND. The indicators have been inserted in the FHI monitoring system (FHCAMIS) for data entry. During the reporting period, the NRIP Technical/Program Officers have undertaken monthly field visits to the project sites in an effort to support NRIP program implementation.

63. Following the 3<sup>rd</sup> Workshop on HIV Prevention and Infrastructure Sector in the GMS, held in Vientiane, Lao PDR from 23-24 September 2010, FHI revised the Subproject design and monitoring framework (DMF) to further refine and disaggregate programmatic indicators. The revised DMF was submitted to ADB in October 2010 and will be taken into account during the design of the final evaluation tools.

#### **h. Subproject 10: Second Northern GMS Transport Network**

64. The *Second Northern GMS Transport Network Improvement Project* is part of the GMS Northeastern Economic Corridor which seeks to improve road connectivity and increase trade in the region. In Vietnam, the Project will upgrade the Road QL217 in Thanh Hoa Province, with a distance of 196km from Highway No. 1 (HW1) in Ha Trung District to the Lao border in Na Meo township in Quan Son District. The ADB-financed road project will also improve 109km of adjoining rural roads in the Project areas. The Project scope in Lao PDR covers about 150 km of Routes 6, 6A and 6B in Houaphanh Province. The Project will also improve rural roads, the selection of which will be carried out during project implementation.

65. The desired impact of this Subproject is reduced HIV/AIDS transmission and prevalence of STIs among migrant and mobile populations, and communities along the Project road and in the adjoining areas. The outcome is reduced HIV risks and vulnerabilities among target populations and local communities along the Project road and in the adjoining areas.

66. The first stage of selecting consultants for this Subproject has been undertaken with the short-listing of qualified firms. The Request for Proposals has been issued to be followed by consultant selection. Consultant mobilization is targeted in the second quarter of 2011. Preliminary notice has been sent to the governments of Viet Nam and Lao PDR informing them about this pre-construction HIV risk mitigation initiative and the proposed institutional arrangement. Their concurrence will be sought in the final selection of the consultant.

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

### **a. Monitoring and Evaluation**

67. **Progress Review.** The 3<sup>rd</sup> GMS Workshop on HIV Prevention and the Infrastructure Sector (23-24 September 2010) reviewed the status of the entire RETA and discussed the progress of each subproject to date. (See more information in the section on Knowledge Dissemination.) This was immediately followed by the joint ADB-AusAID mid-term review for Subproject 1 (27 September to 1 October 2010) that initiated discussion on possible exit strategies for the subproject.

68. **Revising the RETA DMF.** The overall project DMF, which was agreed between ADB and AusAID in 2007, underwent some revisions in order to reflect that most of the subprojects are working on HIV mitigation in a post-construction context. During the 3<sup>rd</sup> GMS workshop, a session was devoted to the revision of individual subproject DMFs, with the revision continuing until after the workshop under the guidance of the ADB evaluation consultant and the subproject M&E specialists. The revised overarching DMF served as the basis for the subprojects to finalize their individual DMFs. The revised RETA DMF was submitted to AusAid for approval on 11 November 2010. The revised subproject DMFs are attached as annexes to the GMS workshop proceedings (Appendix 7).



## **b. Gender**

69. **Summary of outputs and activities.** Gender has been a guiding concern in the conduct of field activities, in choosing implementation partners, in recruiting project volunteers, peer educators and Provincial Working Team members, and in the targeting the audience of training and IEC activities.

70. The need to strengthen Gender in sub-project implementation was discussed in the 3<sup>rd</sup> GMS Workshop. A session was held on Gender, HIV/AIDS and Infrastructure which focused on gender issues in HIV prevention and how to mainstream gender in HIV prevention initiatives in infrastructure projects. The subprojects were asked to review their gender action plans (GAPs) and key monitoring indicators. The progress against GAPs is monitored at subproject level and will be assessed during the mid-term review in July 2011.

## **c. Knowledge Dissemination and Regional Coordination**

71. **Partnerships and Coordination.** During the parallel session with national government representatives in the 3<sup>rd</sup> GMS Workshop in Vientiane, ADB facilitated the process of revising the *MOU for Joint Action to Reduce HIV Vulnerability Related to Population Movement* signed in 2004-2005 by the six GMS countries and which expired in 2009. ADB supports this process of renewing the MOU and developing a Joint Action Program through ADB's R-PATA 7275 on Human Resources Development (HRD) in the GMS.

72. **Knowledge products.** In partnership with ADB's Department of External Relations and in coordination with the subproject teams, a documentary film project focusing on the road-mobility-HIV nexus has been conceptualized. This video documentation, which is funded from ADB's Staff Consulting Budget, will show the positive impact of road development, such as greater connectivity and enhanced economic activity. However, it will also cover the adverse impacts, such as increased risk of HIV transmission, by profiling the most-at-risk population groups, including entertainment workers and their clients, migrant and mobile populations. The videos will be used as an advocacy tool to mobilize the support of various stakeholders for risk mitigation initiatives and to foster advance planning to address risks associated with major road projects. Coordination has been made with concerned government agencies for the filming mission scheduled in March 2011.

73. In addition, two of the three publications on HIV and the infrastructure sector in the GMS that were produced in 2010 under RETA 6321-Subproject 3 (HIV/AIDS and the Infrastructure Sector in the GMS funded by the Government of Sweden) had been reprinted due to popular demand. These publications are: a) *For Life, With Love: Training Tool for HIV Prevention and Safe Migration in Road Construction Settings and Affected Communities*; and b) *Lessons from the Northern Economic Corridor: Mitigating HIV and Other Diseases*. As most of the projects approach the final stage of implementation, preparation of knowledge products will be a priority in the RETA agenda for 2011.

74. **GMS regional workshop.** The 3<sup>rd</sup> GMS Workshop on HIV Prevention and the Infrastructure Sector was held in Vientiane, Lao PDR from 23-24 September 2010<sup>15</sup>. The workshop was co-hosted by the Center for HIV/AIDS/STI (CHAS) of the Lao PDR Ministry of Health. This workshop was the third in a series of regional knowledge-sharing activities<sup>16</sup> in relation to HIV and infrastructure. The objectives of the workshop were to: (a) share experiences and lessons from the implementation of various HIV prevention projects in major transport

<sup>15</sup> With a post-workshop session on M&E that continued until 25 September.

<sup>16</sup> The first and second workshops were held in 12-13 May 2008, and 24-26 November 2008, respectively, in Bangkok, Thailand.

corridors; (b) identify courses of action for better project/program implementation; and (c) strengthen understanding for gender, monitoring and evaluation among field implementing agencies. A post-workshop session with national government representatives revisited the MOU for *Joint Action to Reduce HIV Vulnerability Related to Population Movement* which was signed in 2004, and identified the steps needed to renew its effectiveness which expired in 2009. Participants included government representatives from Cambodia, Lao PDR, Myanmar, People's Republic of China, Thailand and Vietnam, resource persons on migrant and mobile populations, consultants from RETA 6321 subprojects, and the field teams implementing RETA 6467 subprojects. Representatives from AusAID, IOM, UNAIDS, and ADB Lao Resident Mission staff also attended. (Please refer to Appendix 7 for the Summary Workshop Proceedings.)

### C. CONTRACT AWARDS AND DISBURSEMENT PROGRESS

75. Current total commitments, including estimated administrative and audit fees, amount to US\$3,778,383 (or US\$3,415,478 before administrative or audit fees). This is equivalent to 71.8 percent of total TA amount of \$5,261.226<sup>17</sup>, leaving a total uncommitted amount of US\$1,482,842 to date. Contract awards for Subproject Implementation (Component 1) amount to US\$3,113,952, while those for M&E, Knowledge Dissemination and Regional Coordination (Component 2) amount to US\$301,526. (Please see Attachment 3.)

76. As of 24 January 2011, total disbursement was at US\$1,931,423 (57 percent of the total contract awards before administrative and audit fees). These figures do not include yet unliquidated costs of approved activities<sup>18</sup>. Disbursements for the rest of 2011 are projected to be close to \$1.47 million. Cumulative disbursement for Component 1 is projected to reach US\$2.95 million by the end of 2011, representing 95 percent of the amount of total contracts awarded under the component. (Please see Attachment 3.) The projected cumulative disbursement for Component 2, by end of 2011, amounts to \$397,843, obliging additional allocation (especially for studies and surveys, publication, and workshops) increasing what is currently earmarked.<sup>19</sup>

### D. PLANNED ACTIVITIES FOR 2011

77. For the first half of 2011, the main priorities include continuing quality monitoring of subproject implementation, the mobilization of consultants for Subproject 10, the formulation and mounting of an exit strategy for each of the subproject, the design of end line surveys, and planning for the preparation of knowledge products to highlight the lessons learned from the RETA.

78. The planned program of activities for the first half of 2011 is summarized as follows:

Timeline	Activities
1 <sup>st</sup> Quarter	<ul style="list-style-type: none"> <li>• Quality monitoring of Subprojects</li> <li>• Contracting and Mobilization of consultant for Subproject 10</li> <li>• Conduct of ADB review missions for Subprojects 5, 8 and 9</li> <li>• Conduct of filming mission on roads-mobility-HIV in the GMS</li> <li>• Support for the preparation of exit strategies for Subprojects 1 and 2</li> <li>• Planning for the preparation of knowledge products</li> </ul>

<sup>17</sup> US\$ equivalent at time of commitment

<sup>18</sup> Charged under "Other Payments" of the Payment Schedule in the contract of the consulting firms.

<sup>19</sup> Projected cumulative disbursement by end of 2011 is also based on assumption that the total amount allocated for subprojects that will end this year will be spent.

	<ul style="list-style-type: none"> <li>• Planning for the Independent Progress Review and Mid Term Review with AusAID</li> </ul>
2nd Quarter	<ul style="list-style-type: none"> <li>• Quality monitoring of remaining Subprojects</li> <li>• Inception activities for Subproject 10</li> <li>• Support for the preparation of exit strategies for Subprojects 5, 8 and 9</li> <li>• Commence research for the generation of knowledge products</li> <li>• Prepare bi-annual report</li> </ul>

## F. CONCLUSIONS

79. This semester (1 July to 31 December 2010) witnessed an accelerated implementation across all subprojects, especially those which experienced initial delays (Subprojects 2 and 8). The difficulties faced by Subproject 8 underscore the challenges of establishing concrete forms of cross-border collaboration. The review mission for the subproject in February 2011 discussed this point with the Subproject team. As the implementation nears its completion, it becomes more important to closely monitor the gains achieved, and to ensure early identification of concrete exit strategies to enable continuity of the core activities even after the project completion.

**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):**

Appendix 1: Aide Memoire from Joint ADB/AusAID midterm review (Subproject 1)

Appendix 2: Mid-Term Report (Subproject 2)

Appendix 3: Draft Report: Comparative Analysis of Risk Settings (Subproject 3)

Appendix 4: Midterm Report combined with 3rd Bi-Annual Progress Report (Subproject 5)

Appendix 5: Midterm Report (Subproject 8)

Appendix 6: Midterm Report and 2<sup>nd</sup> Bi-Annual Progress Report (Subproject 9)

Appendix 7: Summary Proceedings of the 3<sup>rd</sup> GMS Workshop  
with revised RETA DMF and Subproject DMFs

## 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; End-of-project in March 2011. Exit strategy being prepared.
2.	LAO/VIE: East West Economic Corridor (post construction)	693,500	Consulting firm (World Vision Australia) contracted and consultants fielded in late March 2009; End-of-project in June 2011
3.	VIE: Central Region Transport Networks	27,000	International HIV/AIDS and Infrastructure Consultant engaged from 23 March; revised draft final report submitted 26 January 2011.
4.	GMS: Cross Border Transport Agreement	55,131	Completed
5.	CAM: Road Improvement Project (post construction)	700,000	Consulting firm (FHI) contracted and consultants fielded 19 March 2009; Consultant requested to extend end-of-project from July to September 2011.
6	CAM/VIE: Southern Coastal Corridor (construction phase)	0.0	<p>As per latest communication with the Project Officer, they might need M&amp;E related help especially for the Korea Eximbank (KEXIM) funded sections of the road project.</p> <p>The SETU project officer is in touch with SEHS for possible technical assistance.</p>
7.	LAO: Northern GMS Transport Network Improvement Project	0.0	Follow-ups will be made with the concerned Project Officer.
8.	PP-HCMC Highway (post construction)	700,000	Consulting firm (World Vision Australia) contracted 25 May 2009; Accelerated implementation underway.
9.	CAM: NW Provincial Roads (pre construction)	350,000	Design Mission completed in March 2009; Consulting firm (FHI) contracted and consultant mobilized in November

No.	Sub-Project Title	Estimated cost	Notes
10.	VIE/GMS: Second Northern GMS Transport Network (pre and during construction)	(500,000)	2009; Inception Workshop held on 2 February 2010; Baseline report submitted in early June 2010; activities in the various technical focus areas underway with the subcontractors on board.  Request for proposals issued to shortlisted firms; Mobilization of consultant targeted in April 2011.

## Attachment 2: Summary of Subproject Implementation Schedule

Subproject	Design Mission	Consultant Recruited	Consultants Fielding	Inception Mission	Review Mission	Informal Review Mission	Mid-Term Review Mission	Final Review
<b>Subproject 1</b> Northern Economic Corridor (Lao)	Oct 2007	23 Feb 09	3 March 09	31 Mar-3 Apr 09	16-20 Nov 2009	13 January 2010	27 Sept – 1 Oct 2010	xx
<b>Subproject 2</b> East-West Corridor (LAO/VIE)	Oct 2007	27 Feb 09	2 March 09	4-8 May 09	12-16 Oct 2009	5-6 July 2010	xx	xx
<b>Subproject 5</b> Road Improvement Project (CAM)	1-17 Oct 08	16 March 09	19 Mar 09	27-30 Apr 09	19-23 Oct 2009	12-14 July 2010	28 Feb-3 March 2011	xx
<b>Subproject 8</b> PP-HCMC Highway (CAM/VIE)	Jan 2009	15 May 09	27 May 09	1-7 July 09	25-28 Jan 2010	8-9 July 2010	9-11 February 2011	xx
<b>Subproject 9</b> NW Provincial Roads (CAM)	23-31 Mar 09	October 2009	19 November 2009	29 January to 2 Feb 2010		12-14 July 2010	28 Feb-4 March 2011	xx
<b>Subproject 3</b> Central Region Transport Networks (VIE)			23 Mar 09 (calendared completion: 1 <sup>st</sup> Qtr of 2010)	xx	xx		xx	xx
<b>Subproject 4</b> Cross Border Transport Agreement (GMS)			15 Sep 08 (completed 31 Dec 08)	xx	xx		xx	xx
<b>Subproject 6</b> Southern Coastal Corridor (CAM/VIE)								
<b>Subproject 7</b> Northern GMS Transport Network Improvement (LAO)								
<b>Subproject 10</b> Second Northern GMS Transport Network	December 2010	Expected in March 2011	Expected in March 2011	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, 2011

As of 24 January 2011

No.	Component/Activities	Original Budget (as per approved TA Paper)	Proposed Amount	Actual Committed Amount (as of 24 January 2011)	Disbursed (as of 24 January 2011)	Projected Disbursement, 3rd Qtr, 2010 - 2nd Qtr, 2011					Projected balance 2012	Total (Proposed/projected amount and actual committed)
						Q1 2011 (Feb-Mar)	Q2 2011	Q3 2011	Q4 2011	Total		
Component 1: Subproject Implementation												
Subproject Number and Title												
1	LAO: Northern Economic Corridor (post construction)	600,000		600,000	384,966	22,500	41,467	41,467	109,600	215,034	0	600,000
2	LAO/VIE: East-West Corridor (post construction)	700,000		693,500	458,453	59,550	49,000			108,550	126,497	693,500
3	VIE: Central Region Transport Network (construction)	700,000		27,000	24,356	2,644				2,644	0	27,000
4	GMS: Cross Border Transport Agreement	500,000		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		1,050,000	498,357	83,112	79,490	275,722	105,391	543,715	7,928	1,050,000
6	CAM/VIE: Southern Coastal Corridor	0		0						0		0
7	LAO: Road 4									0		0
8	PP-HCMC Highway (post construction)	600,000		694,000	319,586	53,300	101,456	52,000		206,756	167,658	694,000
10	VIE/GMS: Second Northern GMS Transport Network (pre- and during construction)	600,000	400,000		0		60,000	35,000	50,000	145,000	255,000	400,000
Total for Component 1		5,000,000	400,000	3,113,952	1,735,167	221,106	331,413	404,189	264,991	1,221,699	557,083	3,513,949
Component 2: M&E, Knowledge Dissemination, and Regional Coordination			Projected Additional Amount									
1	Project Coordination (consultant)	380,000		40,997	40,997							40,997
	Program Officer (national consultant)		60,484	56,300	35,736	9,612	15,418	12,618	11,418	49,066	11,418	116,784
	Project Analyst (national consultant)		21,000	17,500	1,984		3,750	3,750	3,750	11,250	9,750	38,500
2	Technical Advisor (consultant)		15,000	89,300	22,577	6,700	5,000	14,000	11,500	37,200	44,523	104,300
3	Monitoring and Evaluation (consultants)	120,000	45,000	66,354	66,351			17,000	7,500	24,500	20,503	111,354
4	Gender and development (consultants)	120,000		12,075	12,075							12,075
5	Surveys and other field studies (Projected amount)	70,000	70,000	0	0				15,000	15,000	55,000	70,000
6	Publications and reports (inc production, dissemination, and web materials)	70,000	70,000		0				20,000	20,000	50,000	70,000
7	Workshops and consultations for knowledge dissemination	140,000	85,000	19,000	16,107				45,000	45,000	42,893	104,000
8	Contingency (10 percent of Comp 2 total)	100,000	66,801									66,801
Total for Component 2		1,000,000	433,285	301,526	195,827	16,312	24,168	47,368	114,168	202,016	234,087	734,810.72
Project Administration				362,905	429			40,000		40,000	322,476	362,905.00
TOTAL (USD)		6,000,000	833,285	3,778,383	1,931,423	237,418	355,581	491,557	379,159	1,463,715	1,113,646	4,508,784
Total Contract Awards (committed amount before Proj Admin Cost)				USD 3,415,478		Total value of tranches released to date				USD 3,840,650		
Total Contract Awards plus Projected Add'l Amount (before Proj Admin Cost)				USD 4,248,763		Receivable amount (US\$ equivalent at commitment)				USD 1,420,575.62		