

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

**4th PROGRESS REPORT
July 2010**

A. INTRODUCTION

1. This is the 4th Progress Report of Regional Technical Assistance (RETA 6467) for HIV Prevention and Infrastructure: Mitigating Risk in the Greater Mekong Subregion (GMS) approved in June 2008 and co-financed by the Government of Australia. The RETA supports HIV prevention programs in ADB-supported infrastructure projects during pre-construction, construction and post-construction phases.

2. The RETA currently consists of 5 distinct subprojects and 2 analytical studies. Four of five subprojects are now at mid-term of implementation, with various field interventions under implementation (e.g., advocacy, capacity building, information-education-communication, behavior change communication, partnership and service delivery strengthening). The other subproject commenced in late 2009 and has conducted start-up activities such as baseline study, initial mapping and sub-contracting. Of the two research-focused subprojects, one is completed while the other is currently being finalized.

3. The following sections provide a brief summary and implementation progress of the subprojects. This report also draws from the findings of the informal review mission for Subprojects 2, 5, 8 and 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. Consultants for the 5 field-based subprojects were mobilized in the 1st quarter (Subprojects 1, 2, and 5), 2nd quarter (Subproject 8) and 4th quarter (Subproject 9) of 2009. Subproject 10 (Lao-Vie: Second Northern GMS Transport Network) is still under development. The RETA also includes the provision of technical assistance for developing the Design and Monitoring Framework (DMF) of the HIV Awareness and Prevention Program of 2 other GMS road projects - Southern Coastal Corridor Project (SCCP) in Cambodia and Viet Nam, and the Northern GMS Transport Network Improvement Project in Lao PDR - which are being financed and implemented separately from the RETA. Coordination has been established with the project officers of the SCCP and the Northern GMS Transport Network Improvement Project.

a. Subproject 1: Northern Economic Corridor (LAO)

5. **Implementation progress.** The joint review, conducted by ADB and AusAID in November 2009, noted that the Subproject is progressing well. The mid-term assessment of the subproject, conducted in March 2010 by a team consisting of representatives from Center for HIV/AIDS/STI (CHAS), the Ministry of Public Works and Transport (MPWT), and Burnett Institute field team members, echoed a similar finding. Since the subproject commenced in March 2009, the scope has been renegotiated and refined over time. Requests for extending

the outreach of the subproject has been accommodated within the constraints of the budget and the terms of references. The mid-term assessment noted these refinements have enhanced the sub-projects internal coherence and overall viability (Appendix 1). The following are the major Subproject accomplishments from 1 January to 31 June 2010:

6. **Advocacy and Capacity Building:** (a) multi-sectoral Provincial Working Teams (PWTs) formed by the subproject in both provinces have benefited from the mentoring approach of Burnet to training activities (e.g., consultative planning, basics of HIV and STIs, basics of social research, developing information-education-communication/behavior change communication materials, introduction on working with Men who have Sex with Men (MSM) and are now self-propelling, assisting the Provincial Committee for the Control of AIDS (PCCAs) in implementing activities; and (b) cross-border collaboration between the health authorities in Lao PDR is now being developed.

7. **Information, Education, and Behavior Change Communications:** In *Bokeo Province*: (a) group discussions and one-on-one sessions¹ with minivan drivers and truck drivers were held, with PWT members in the lead; (b) group discussions with soldiers² at the newly-established military camp in Pangsalo village; (c) group discussions, led by PWT members, with the staff of a construction company at a number of camps along the road; (d) monthly meetings with the PWT core group; (e) monthly meetings, follow-up activities and refresher training conducted for peer educators; (f) expansion of village peer education activities to two other villages; and (g) formal coordination with Bokeo PCCA for IEC materials development and possible radio broadcasting.

8. In *Luang Namtha*: (a) village peer education activities expanded to Nam Ngeun village; (b) monthly meetings of peer educators held at the coal mine and in Nam Nguen village held; (c) refresher training for peer educators conducted in the casino; (d) monthly meetings of the PWT core group held in Boten; (e) one-on-one discussions held with coal mine truck drivers; and (f) World AIDS Day activities held which included speeches from community leaders, quizzes, games and sports events, all designed to highlight the issues of HIV in their community.

9. **Provision of Medical Packages:** Much discussion has taken place on how to ensure that condoms are available in all sub-project settings. While free distribution of condoms is not a sustainable strategy, the communities within target villages are extremely poor and cannot prioritize the purchase of non-subsidised condoms. A trial *condom revolving fund* piloted in Pangsalo village in Bokeo was found to be too challenging as the young people in the village could not afford the cost of the condoms. In an effort to increase the accessibility of condoms in the village settings, at least for the duration of the sub-project, condoms are currently distributed for free during outreach and peer education activities.

10. In other sub-project settings, most notably the Boten casino and the Vieng Phoukha coal mine, where workers are more likely to have some 'disposable' income, some form of cost recovery for condoms seem viable. In these settings, the PCCA and PWT have plans to subsidize, on a trial basis, condom revolving funds. This idea is supported by the peer educators at both sites, as well as by the casino and coal mine management. The sub-project will support an initial purchase of condoms for the PCCAs, and will assist them to develop longer term strategies in these particular sites.

¹ Based on experiences from initial implementation of activities, the PWT and sub-project the team in Bokeo were required to adopt the one-on-one approach in working with mini-van and truck drivers, considering the difficulty of getting them together for group discussions in view of the mobile nature of their work.

² The outreach activities for soldiers were conducted by the PWT members in response to the request of the PCCA based on observation of close association between the young soldiers and the village youth.

11. In terms of developing capacities to improve access to STI treatment it was agreed, following consultations with key sub-project stakeholders, that in order to promote STI treatment in the target area, additional training is required for relevant health personnel at the district and provincial levels, including staff of dispensaries, provincial hospitals, PCCA, and District Committee for the Control of AIDS (DCCA). The sub-project will facilitate the participation of central level technical experts from CHAS to conduct training in these areas.

12. **Monitoring and Evaluation:** Regular sub-project monitoring and evaluation activities were conducted. These included regular field visits by sub-project staff, lead by the sub-project Deputy Team leader. Additional finance and administration monitoring and support was provided by the Burnet Institute's Vientiane based team. Towards the end of the first half of the semester, monitoring and evaluation efforts focused on planning for the sub-project's mid-term assessment which took place in early March.

13. **Other issues.** Among the major issues identified during the mid-term assessment are: budget constraints in view of additional requests from local authorities to expand the scope of subproject implementation; (b) limited time of workers to engage in peer education activities particularly in heavily target-oriented industries which meant fewer visits and less time than would normally be designed for peer education; (c) two turnovers in the position of Luang Namtha Project Officer, to date, and the challenge of finding an appropriate replacement; and (d) request from the PCCAs of both provinces for capacity building in financial management with the endpoint of taking over the management of activity funds, with money to be transferred to the PCCAs and later acquitted after establishing budgeted plans. The last item is a sensitive decision point that ADB and Burnet Institute need to discuss.

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

14. **Implementation progress.** In the joint review mission conducted by ADB and AusAID in October 2009, it was observed that the Subproject had made progress since the Consultant mobilization in May 2009, even if some delays were noted. A short review mission in June 2010 in Savannakhet, and an informal review mission conducted in Quang Tri in 5-6 July 2010 noted substantive progress in implementing field interventions, as follow:

15. **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 village health workers and young Bru/Van Kieu volunteers. Also in January, a Training of Trainers (ToT) was conducted for provincial, district and commune health officers from Quang Tri which tackled training principles, training methodologies, training development and training implementation. Aside from the ToT, the other types of training under this component are: 1) training in enhanced STI syndromic management for district health workers and Commune Health Station workers in Quang Tri and for District Hospital and Health Centre staff in Savannakhet; and 2) training of village health workers (who are also members of the Bru/Van Kieu communities) in the target communes in conducting IEC/BCC for STI/HIV prevention.

16. To date, four training sessions for health service providers on syndromic management of STIs had been conducted – two in Savannakhet and two in Quang Tri. The training content is based on the WHO protocol and conducted by provincial resource persons. Six IEC/BCC training sessions had also been conducted for village health workers – four in Savannakhet and two in Quang Tri. STI training courses for mobile team in the Dakrong and Huong Hoa districts had also been conducted. The content of the remaining training sessions for village health workers will be adjusted based on the learning and experiences they gained in the field after the previous training. Most of the trainees in the Quang Tri side (organic district and commune

health workers and the volunteer village health workers) have received STI-related training before, and the current modules offered by the subproject serve as a necessary refresher.

17. **Promotion of IEC and BCC:** With the full support of local partners, especially at District level in the two Provinces, about 11 Bru participants in Savannakhet and 15 Van Kieu participants in Quang Tri (aged 18-32) have been selected and trained on basic research and on the use of hand recorders and mini speakers. In March 2010, UNESCO delivered the first of two training programs in radio script development. Three Pakoh volunteers (in Dakrong district of Quang Tri Province) who are in the theatre troupes trained and funded by the Rockefeller Foundation have been included in the UNESCO training. The Dakrong District Health Center Director observed that this radio programming initiative is fostering team work in developing STI/HIV prevention messages in the Van Kieu language. The audio CD to be produced can be used for radio programming, especially in Savannakhet where there is a minority radio station. There is none in Quang Tri where the CD can be put to use thru community loud speakers that can be played regularly and during community meetings. The details of the proposed partnership with UNESCO were presented in the Implementation Report submitted in November.

18. **Strengthening access to medical services:** After undergoing the initial IEC/BCC training, village health workers have started conducting IEC in the target communes where Bru/Van Kieu people live. The volunteers also serve to prepare the community for the quarterly visit of the Mobile STI Team in each of the target communes, starting the first Quarter of 2010 after the conduct of the first training in syndromic management of STIs. The Mobile STI Team operates for one to two days in each of the target communes every 3-4 months. The team consists of six members: 1 male and 1 female doctor, 2 district nurses, a pharmacist, and 1 nurse from the commune health station. The volume of medicines and related supplies are computed based on demand estimates resulting from the promotive efforts of village health workers. The sex workers in Huong Hoa District - a target segment of the subproject - are covered by the services of the Mobile STI Team as well as the peer education activities anchored by the District Health Center.

19. **Monitoring and Evaluation:** Monitoring implementation by way of progress reports has not been adequate because of delays in report submission due to staffing changes in World Vision-Australia (WVA). Two reports (Mid-Term Report combined with the 4th Quarterly Report, and the 5th Quarterly Progress Report) are already overdue.

20. As to field monitoring, the very limited district budget for STI/HIV prevention (i.e., equivalent to roughly \$1,800 a year in Dakrong) impinges on the capacity of the District to adequately monitor village level activities. The M&E component of the subproject needs to work closely with the District Health Centers in Dakrong and Huong Hoa, as well as those in Phine and Sephone, in conducting post-training evaluation (i.e., if the post-training plan of the trainees are actually adhered to and if the quality of communication activities are resulting to improved health seeking behavior), in determining the quality of referrals being made by the volunteer VHWS to the Mobile STI Teams, and in the case treatment rates, among others.

21. **Other issues.** The radio programming initiative is again facing delay as the second training activity in radio script development has not been conducted due to scheduling problems with UNESCO trainers. While the Team Leader is exhausting all possibilities to get UNESCO conduct the training, the Deputy Team Leader has started looking for an alternative (local) consultant to conduct this training. They are aiming to have the first CD produced by December 2010. The team feels that the delay in this component is a compelling reason for an extension of the project period, as they intend to produce more than one CD and that they need time to measure the impact of this communication program. The delay is also posing a challenge of keeping the Bru/Van Kieu volunteers at least until the CDs had been produced.

22. Continuity in the activities of the Mobile STI Teams is also a concern. With a very limited provincial and district budget for STIs, the activities of the mobile STI teams may be difficult to sustain after end of project. While the mobile health teams are likely to continue after the project, they will be focused mainly on Family Planning (FP) and Maternal and Child Health (MCH). Advocacy is needed for a deliberate and functional inclusion of STI/HIV under the Reproductive Health paradigm (of which FP and MCH is also a part). Village health workers, including those who were trained under the project, are obliged to conduct outreach health education for primary health care and, hopefully, this will include STI/HIV. Sustainability of preventive activities may also be promoted through continuity of community activities of the Bru/Van Kieu volunteers trained in radio performance and who also have experience in theater arts. In this light, fostering collaboration among the youth volunteers, the village chief and the Women's Union assumes a greater urgency.

23. As a means to strengthening field interventions, ADB will also explore with WVA the possibility of reallocating some amounts in the budget in order to have more funds for field activities.

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

24. **Status.** An initial draft of the report was submitted in early October 2009, and a second draft in early December. The Consultant is now finalizing the report which is expected to be submitted within the 3rd quarter of 2010. A 2-page summary of the report will be prepared for dissemination through the ADB website.

d. Subproject 4: Cross-Border Transport Agreement

25. **Status.** The consultant's final report was submitted on 23 December 2008. A summary of the report (Appendix 2) has been prepared and will be posted on the ADB website and the IOM-ADB GMS HIV and Infrastructure website after it is cleared.

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

26. **Implementation progress.** The informal review mission, conducted from 12 to 14 July 2010, observed good progress in subproject implementation. Accomplishments made during January to June 2010 period under the technical focus areas include the following:

27. **HIV, health and social risks and vulnerabilities mitigation among targeted communities:** Behavior change focused risk mitigation package, which makes use of the branding strategy ("My Way"), have been developed and includes IEC resources like: a) service directory for health, legal aid, anti-trafficking and drug use services; b) risk assessment facilitator's tools; c) risk assessment give away cards; d) alcohol risk reduction quiz cards; e) radio show format for a local radio program linked to field activities; and f) hotline cards for national anti-trafficking contact numbers. Aside from differentiating the ADB-funded Cambodia Road Improvement Project (CRIP) and Northwest Provincial Road Roads Improvement Project (NRIP) that are focused on roads, the adoption of the "My Way" brand is also meant to empower communities and individuals ("My") to take responsibility for protecting their health.

28. Subgrants are now being implemented with three NGOs focused on (i) transportation workers and community members in Poipet³, (ii) community members in Kokmon, Kok Kpos in

³ With the Social Environment Agricultural Development Organization (SEADO), a local NGO.

Oddar Meanchey⁴, and (iii) children and female victims of trafficking/exploitation in Poipet⁵. Implementation of field interventions by SEADO and WOMEN are on schedule, while that of BIG-C has just started. SEADO have already reached 5,677 (73 %) of its annual target of 7,700 migrant and mobile populations (MMPs) during the last three quarters, and WOMEN 6,716 (112%) of its annual target of 6,000 MMPs during the same period. Corollary data show that 50 to 58 percent of referral slips that SEADO distributed in the second and third quarter, respectively, translated to utilization of services.

29. SEADO is facing challenges when it comes to reaching two target segments, namely, taxi drivers and the deportee migrants. Taxi drivers are difficult to reach because they move around most of the time. As to deportee migrants, there is very limited support from migration police officers in Poipet for SEADO to reach them. FHI is addressing this challenge by strengthening coordination and collaboration through the Technical Advisory Committee and by holding regular meetings with relevant authorities⁶. On the other hand, IEC activities of WOMEN in the target communities are observed to be strengthening health seeking behavior of women who, in the past, go first to traditional healers when they have symptoms of STIs and end up in health centers only when their situation worsens. In encouraging Voluntary Confidential Counselling and Testing (VCCT) among community members living in distant areas, the cost of transportation to the nearest health center (6-7 kilometers away) is a constraint.

30. **Awareness raising and promotion of behavior change among Migrants and Mobile Populations (MMP):** Accomplishments under this area include the subgrant implementation with BIG-C/BVST (Border Victims Support Team) for children and female victims of trafficking in Poipet City, participation in meetings and forums addressing HIV, health and social risks among MMPs, and participation in organizing the first **You're the Man!** National Challenge in Poipet, Banteay Meanchey and Battambang. Supported by USAID, *You're the Man* seeks to define and promote responsible manhood vis-à-vis social and health problems such as substance abuse, violence against women, STI, and HIV/AIDS. FHI is fostering synergy in the development and use of IEC-BCC materials and messages between the "My Way" and "You're the Man" initiatives. (Please see Appendix 3 for a compilation of IEC materials for CRIP and NRIP.)

31. After the conduct of ToT for its community facilitators, BIG-C/BVST have commenced with community forums on safe migration for young people (15-18 years old) as well as men and women from older age groups, in 10 target villages. An average of 60 persons attends the forums where community facilitators provide information on HIV prevention, primary health care, safe migration and anti-trafficking, drug use prevention and first aid. The safe migration module for the communities tackles, among others: a) knowing the place where they intend to go; b) the things they have to prepare before they leave; c) their rights and responsibilities as migrants; and d) where to go for help. BIG-C/BVST has 15 community facilitators (mostly from its NGO partners) and 15 volunteers involved in the project. Ten of the community facilitators are males and five are females. A monthly meeting is conducted for them in order to assess the quality of activities and identify areas for improvement. Safe migration is a core competency of NGOs under the BIG-C consortium. BIG-C also has four NGO partners in Thailand which provide assistance to victims of trafficking.

32. With respect to workplace-focused initiatives, activities to date include FHI's participation and support to the Mobility Technical Working Group (MTWG)-Technical Advisory Committee on Workplace, and the Provincial AIDS Secretariats.

⁴ With the Women Organization for Modern Economic and Nursing (WOMEN)

⁵ With Border Issues Group for Children (BIG-C), a consortium of 16 NGOs working on anti-trafficking and safe migration

⁶ Provincial AIDS Committee, Provincial AIDS Secretariat, Provincial Health Department and the Ministry of Interior

33. **Capacity and partnership-building among stakeholders:** Accomplishments include: a) capacity strengthening of project implementers in subgrant development, data use, quality improvement, and professional report writing; b) capacity-building on the use of the “My Way” resources, outreach approach, facilitation skills, data record forms and collection, data use, and M&E; c) initial and refresher training for project staff and peer educators on risk behavior assessment/condom use and on how to use communication tools; and d) quarterly training of implementers on STI, RH, and FP and of how to use Strategic Behavior Change and Communication (SBC) tools and data collection forms. One challenge that CRIP (as well as NRIP) faces is the low educational background of some peer educators which could impinge on their capacity to effectively conduct outreach education. FHI is trying to address this with the conduct of quarterly ToT training and refresher training for peer educators and regular technical support visit to peer educators in the field every month.

34. **Monitoring and Evaluation:** From 24-27 February 2010, CRIP team members conducted a quarterly assessment of subgrant activities under SEADO and WOMEN in Banteay Meanchey and Oddar Meanchey. CRIP team members also conducted comprehensive monitoring of SEADO and WOMEN in Poipet, Banteay Meanchey and Oddar Meanchey from 22nd –26th of March, 2010. The findings and recommendations have been reported back to implementing agencies for improving project management and implementation. The CRIP team had a meeting with SEADO on 20 April 2010 where they provided feedback and followed up on some key recommendations from the comprehensive monitoring visit previously conducted. Moreover, CRIP team members collected quarterly progress reports from implementing agencies and incorporated into Family Health International Cambodia Information System (FHICAMIS) database.

35. **Other issues.** There is a need for FHI to closely monitor sub-grantee activities aimed at deported migrants and taxi drivers. It should also look into the adequacy and appropriateness of IEC materials support. Performance monitoring and continuing training of peer educators, considering their varying educational background and communication skills, are also important. FHI also needs to strengthen the results orientation and data utilization skills of its subgrantees (i.e., whether their accomplishments as subgrantees are actually addressing the risks that comes with various contexts of sexual relationships in an area characterized by high mobility/migration; whether the interventions are reaching those most-at-risk and whether they are effectively reducing risks; and whether the quality of the services of facilities in the referral chain is at par with standards). Close collaboration with the health centers and Provincial Health Department in monitoring results and ensuring adherence to quality standards should be strengthened.

36. ADB was also asked to consider a possible extension of five months for the Subproject.

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

37. **Implementation progress.** The informal review held on 8-9 July 2010 noted that implementation of field activities continued to suffer from delays. This may be attributed to the weak administrative capacity of the field team and inadequate administrative support by World Vision Australia (WVA), which was exacerbated by the resignation of WVA’s project support specialist and the insufficient transition to an interim person handling multiple tasks. This, in turn, has resulted to significant delays in complying with timelines for submitting reports (including the Implementation Report – Appendix 4), and in bottlenecks in activity cost approvals that were not supported by adequate information. Addressing ADB’s need for clarifications also consumed much time. There also seemed to be an issue of team dynamics which caused reluctance on the part of the field team (especially the Deputy Team Leader) to take the initiative for various preparatory tasks, such as IEC planning and preparation and condom social marketing planning.

There are now indications that WVA and the field team are moving to recover lost time. The highlights of findings from the informal review are summarized below.

38. **Community-Based Risk Mitigation:** A micro-credit initiative proposal from the Tay Ninh Women's Union (WU) was not approved by ADB.⁷ The project partners in Tay Ninh resolved to move forward and agreed to submit a new proposal for a sub-grant arrangement between WVA and the Tay Ninh WU that does not include micro-credit.

39. There was likewise slow progress under this component on the Cambodia side where a sub-contracting arrangement with the Partnership for Development in Kampuchea (PADEK) has been on the drawing board for months. To move things forward, the Cambodia Project Officer was advised to take the lead in setting a meeting with PADEK to finalize the list of activities under the subcontract and plan the implementation. A Scope of Work and proposed budget is being prepared by WVA.

40. **HIV Prevention Package in Entertainment Settings and Mobile Populations:** Activities under this component have yet to commence in both Cambodia and Viet Nam. During the informal review, activities in the workplan that lack operational clarity (e.g., how casino rolling staff⁸ should be reached; how the development and/or adoption of IEC materials should be done; how entertainment workers and managers of entertainment establishments could be reached in the Cambodia side where brothels are banned; how condom social marketing should be initiated) were discussed with the team and suggestions were made.

41. There is strong goodwill from the Tay Ninh PHD which is proposing to field Vietnamese physicians in the clinic of the Reproductive Health Association of Cambodia (RHAC) at the cross-border area in Bavet, if RHAC will allow it. This facility is not currently accessed by Vietnamese workers - whether coming from entertainment establishments, the casinos or from factories - as health workers in the facility do not speak Vietnamese. To ensure that this proposed scheme will have the needed promotional support right at the outset to encourage utilization, the project team was advised to fast track the inventory of relevant IEC materials that could be adapted, and present them to the partners for their review. Should there be a need to develop new materials, this will be done without causing delays in outreach work.

42. **Workplace HIV Prevention Program:** Activities in this component are focused on the workers in Trang Bang and Bavet who come from other provinces. Preparatory work for reaching them with information and education outside of the workplace (e.g., holding consultations with government partners, owners of guesthouses or workers dormitories) has been undertaken. Supporting access of migrant factory workers in Trang Bang and Bavet to VCT and STI services outside the workplace will be done thru the enhancement of the STI service delivery scheme in the border facility discussed earlier. The Svey Rieng Department of

⁷ With a cost of more than \$10,000, the proposal for an integrative initiative combining micro-credit with human trafficking and HIV prevention is something for which the approval of Management was explored. However, as this scheme is not covered by the contract between ADB and WVA, the proposal was dis-approved.

⁸ Casino rolling staff are mostly young women working for freelance companies that provide customers for the casinos and in turn look after those customers. Casino rolling staff in Bavet were not originally identified as a target group, as the Subproject team and partners like the Cambodia Red Cross do not consider them as highly vulnerable. During the informal mission, the risks inherent in the work environment of the rolling staff were discussed. In anticipation of imminent risks, it was agreed that this segment should somehow be covered by preventive interventions. An understanding was reached with the Subproject Team that the rolling staff will be considered as a target of the subproject, but within the context of enhanced and language-sensitive STI service delivery in the border area and also in the context of FHI's initiatives to strengthen STI service delivery in Tay Ninh. Close coordination with concerned partners is necessary.

Labor has confirmed that activities can be done with factory workers but at this point no specific workplace-based intervention is scheduled. The field team considers that conducting activities in the factories will not provide the subproject the needed focus on migrant workers.

43. **Capacity and Partnership Building:** Two training activities (project management and ToT on communication skills for health providers) had been conducted in Tay Ninh. Similar activities were planned for Prey Veng and Svey Rieng starting April but these had to be re-scheduled due to the need to clarify items for cost approval. Condom social marketing (CSM) is not deemed a priority for the Viet Nam side, as condoms can be easily acquired for free from public health facilities. During the informal review, the Cambodia Project Officer was encouraged to take the lead in the preparatory work needed to enter into a partnership with PSI for CSM.

44. **Monitoring and Evaluation:** The outline for finalizing the revised DMF is now complete, using the findings from the Baseline Survey which will be supplemented by data from the qualitative study. The delay in finalizing the DMF is due to the need to re-contract the M&E consultant through his organization, rather than as an individual.

45. **Other issues.** Quality control within project management and activity implementation remains a challenge. With the Team Leader only present part-time, it is unclear who bears the responsibility for maintaining regular supervision and for ensuring the quality of project activities. A second issue affecting quality control is team dynamics. Without clear lines of authority, gaps have emerged that promote disaffection and lack of confidence in management both within the team and with project partners. There appears to be a slight issue of cross-cultural miscommunication wherein the Vietnamese and Cambodian team members do not always reach common understandings optimal to project progress. This also applies to interactions between project partners on either side of the border.⁹

46. Under the contract, the remaining activity timeline for the project is less than 9 months. This is a very short amount of time to deliver significant and measurable outputs. Project partners have requested that an extension be considered.

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

47. **Introduction.** This subproject is a pre-construction initiative associated with the *Northwest Provincial Road Improvement 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. NRIP is focused on select areas along NR 56 and targets entertainment workers (EWs), male clients (MCs), and community members in the 10 villages in Samraong City (District) in Oddar Meanchey, and uniformed service personnel in the military stationed along NR 56 from Serei Sophoan in Banteay Meanchey to Samraong City. In addition, NRIP will work with the PAS to build the capacity of Community AIDS Committee (CAC) and Commune Councils (CC) on mapping the changes and risks that come from the road construction project. NRIP will also work with NCHADS to introduce the *Linked Response* for

⁹ These issues, which can be resolved by the anticipated greater hands-on management from WVA in upcoming project stages, were discussed during the meeting between with the new WVA project officer and administrative coordinator held in ADB-Manila on 30 July 2010. The meeting resulted to agreements on how the cost approval and communications processes can be streamlined. The meeting also gave the WVA Administrative Coordinator and the ADB Project Analyst the opportunity to discuss the specifics of cost approvals and other administrative concerns.

most at risk populations – particularly with regards to strengthening linkages between HIV and reproductive health/family planning services and the quality of said services.

48. NAA has been designated as national coordinating agency for TA implementation. NAA coordinates TA activities at national level in close collaboration with the National Center for HIV/AIDS, Dermatology and STDs (NCHADS) and other relevant ministries. FHI, the Consultant, was contracted by ADB to undertake Subproject implementation, under the guidance of NAA and ADB. The Project Team is working closely with PAS to coordinate the subproject activities at provincial level. The subproject activities will be implemented with WOMEN and the Ministry of National Defense (MoND), in collaboration with relevant agencies and community groups.

49. **Implementation progress.** The project team has been constituted, and the baseline study had been conducted (Appendix 5). The baseline assessment report as well as the revised inception and implementation report (Appendix 6) have been submitted to ADB. Implementation of field activities in Samraong is scheduled to start in late July 2010 or early August, as the recruitment of educators and volunteers for WOMEN is underway. The subgrant agreement with MoND is now being implemented. Development/adaptation of “My Way” communication tools and materials has been undertaken and production is now underway.

50. **Monitoring and Evaluation.** The Project M&E plan has two key components: performance monitoring and effectiveness evaluation. FHI will work with partners to gather information and document project implementation, the quality of education and services delivered, and the results achieved based on established targets. M&E efforts will also be complemented by periodic mapping exercises which will show, among others, if interventions are actually addressing risk factors and settings.

51. **Other issues.** FHI has less experience in anti-trafficking and safe migration programming than in HIV prevention and treatment, therefore careful attention needs to be maintained with project partners that project objectives are being suitably addressed. There are some occasions when anti-trafficking and safe migration can deliver contradictory messages and care needs to be taken that both these modules are clear in their objectives especially in project areas where there is high levels of migration (and some incidence of trafficking). NRIP team also needs support to maintain its emphasis on risk mitigation during the pre-construction stages of road improvement. This entails targeting potential rather than actual risks, and as such requires careful analysis of risk situations that have emerged in other road construction areas. This type of forecasting activities is less familiar to most HIV prevention programs, and FHI will have to provide suitable advice and guidance.

h. Proposed Subproject 10: Second Northern GMS Transport Network

52. The proposed *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 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.

53. A subproject design (Appendix 7) for an HIV/AIDS and human trafficking awareness and prevention program, associated with the road project, has been drafted. The extent of possible funding support to be provided by the RETA will be determined with the ADB project officer concerned, after which the concurrence of AusAID will be sought.

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

a. Monitoring and Evaluation

54. **Review Missions.** The following review missions were conducted:

| Subproject | Date of Review Mission |
|------------------------|--------------------------------------------------------------------------------------------------------------------|
| Subproject 2 (EWEC) | 12-16 October 2009 4-5 May 2010 (piggybacked – Lao PDR side) 5-6 July 2010 (informal review – Viet Nam side) |
| Subproject 5 (CRIP) | 19-23 October 2009 12-14 July 2010 (informal review) |
| Subproject 1 (NEC) | 16-20 November 2009 13 January 2010 (informal field visit) March 2010 (mid-term Assessment) |
| Subproject 8 (PP-HCMC) | 25-28 January 2010 8-9 July 2010 |
| Subproject 9 (NRIP) | 12-14 July 2010 (informal review) |

55. To save on limited sub-project resources and avoid consuming field teams' time for formal reviews that otherwise should be spent on field implementation, an informal review mission instead of one where formal meetings with government partners are sought, was conducted recently to assess implementation, identify bottlenecks and recommend measures for improved project implementation. The findings from this informal review mission and from earlier missions have been conveyed to the Consultants, and addressing them will be monitored closely.

56. **Revising the RETA DMF.** The overall project DMF was prepared 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 is now undergoing review by an external evaluation specialist and suggestions have been made to remove or fine tune 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 the indicators of the United Nations General Assembly Special Session (UNGASS). The proposed revisions in the RETA 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.

57. **Technical Support for subproject M&E.** The subproject DMFs are now being reviewed, with the same criteria used in reviewing and revising the RETA DMF, and also to ensure consistency between the RETA DMF and the subproject DMFs. The external evaluation specialist reviewing the individual DMFs has proposed revisions which will also be taken up in the M&E session of the upcoming 3rd GMS Technical Workshop. ADB has also fielded a Technical Advisor (Chris Lyttleton) on two review missions to assess individual subproject performance and identify areas that need improvement. His recommendations have been shared with the subproject teams. Monitoring of activities of partners, with a focus not just on quantity but, more importantly, on quality is a distinct need that surfaced during the recent informal review mission and this will be discussed during the 3rd GMS Workshop.

b. Gender

58. **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.

59. For Subproject 1, there is a strong gender balance among members of the Provincial Working Teams 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 and Van Kieu culture. For Subproject 5, the Consultant has partnered with WOMEN and BVST who work 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 starting a partnership with the Women's Union in Tay Ninh to implement community-based risk mitigation, and with the *Partnership for Community Development in Kampuchea* (PADEK), an NGO in Cambodia with strong track record in gender and development for the target communes in Prey Veng and Svay Rieng. For Subproject 9, a subcontract agreement with WOMEN is also being finalized and recruitment of peer educators and village volunteers is guided by the distinct challenge of reaching female entertainment workers and their male clients, among others, in an environment where commercial sex establishments are banned.

60. The need to strengthen Gender in sub-project implementation will be discussed in the upcoming 3rd GMS Workshop on HIV Prevention and the Infrastructure Sector, and the necessity of engaging subproject Gender specialists will be determined. The SESS Gender and Social Development Specialist, Uzma Hoque, and the Gender Specialists in the ADB Resident Missions in Cambodia, Lao PDR and Vietnam will extend their support to the subprojects, as needed.

c. Knowledge Dissemination and Regional Coordination

61. **ADB Transport Forum.** This activity, which was held on 25-27 May 2010 at the ADB Headquarters, featured leading global transport experts and provided a unique forum for crucial issues facing transport sector in Asia. A parallel session on "*Infrastructure, Connectivity, and HIV/AIDS*" was held on 26 May with audiences consisting of ADB transport sector specialists, representatives of firms engaged in ADB civil works projects, and participants from developing member countries. The session provided information on: a) ADB engagement in HIV prevention associated with transportation projects; b) experiences and lessons learned from various initiatives in the PRC, South Asia, and the GMS; and c) the tools and resources available for HIV prevention initiatives in the infrastructure sector. Panel members and presentors included, the ADB practice leaders for transport and health, specialists from various ADB departments, and a representative from the Lao PDR Ministry of Public Works and Transport. (Please see Appendix 8 for the presentations made during the Transport Forum.)

62. **Partnerships and Coordination.** Partnership building and stakeholder coordination are central concerns in implementation. Different partnership modalities, including subcontracting, are being employed to leverage limited project resources and encourage mainstreaming of HIV prevention in the core activities of partner organizations. Cross-border partnership for HIV prevention, which Subprojects 2 and 8 seek to foster, poses distinct challenge to advocacy and coordination. Managing multi-stakeholder interests in a cross-border area is not an easy task, and close monitoring and timely provision of leadership and support are critical. In non-cross border projects, close monitoring and establishment of a feedback mechanism (between the implementation team and the subcontractors) to ensure quality of performance is also important. Partnership and stakeholder coordination will gain further significance as the various subprojects tackle sustainability issues.

63. **Publications.** Three publications on HIV and the infrastructure sector in the GMS were produced in 2010 under RETA 6321-Subproject 3 (HIV/AIDS and the Infrastructure Sector in the GMS). These publications are: a) For Life, With Love: Training Tool for HIV Prevention and Safe Migration in Road Construction Settings and Affected Communities; b) Lessons from the Northern Economic Corridor: Mitigating HIV and Other Diseases; and c) Practice Guidelines for Harmonizing HIV Prevention Initiatives in the Infrastructure Sector. Copies of these publications had been shared with partners and implementers of RETA 6467 subprojects. Upcoming publications, from RETA 6467, will include case study highlights from the analytical study on the Cross-Border Transport Agreement, and a research report on lessons learned in the implementation of HIV risk mitigation initiatives under the RETA.

64. **GMS regional workshop.** The 3rd Workshop on HIV Prevention and the Infrastructure Sector in the GMS, which was originally scheduled on 8-9 April 2010, was postponed due to the political unrest in Bangkok at that time. The workshop is now scheduled on 23-24 September 2010 in Vientiane, Lao PDR. The Lao PDR Center for HIV/AIDS and STI (CHAS) will host the activity. The workshop aims to: (a) share experiences and lessons from the implementation of various HIV prevention projects associated with major road projects in the GMS; (b) chart courses of action for better project/program implementation; and (c) strengthen understanding for monitoring and evaluation among field implementing agencies. The possibility of holding a separate session for participating countries to revisit the MOU for *Joint Action to Reduce HIV Vulnerability Related to Population Movement* is also being explored.

C. CONTRACT AWARDS AND DISBURSEMENT PROGRESS

65. Total contract awards currently amount to US\$3,308,678 or 65 percent of total TA amount of US\$5,059,798 (before administrative and audit fees). 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\$194,726. Current total commitments, including estimated administrative and audit fees, amount to US\$3,627,603 which is equivalent to 72 percent of total TA amount, leaving a total uncommitted amount of US\$1,432,195, to date. (Please see Attachment 3.)

66. As of 2 July 2010, total disbursement was at US\$1,272,381 (38 percent of the total contract awards or 25 percent of total TA amount). These figures do not include yet unliquidated costs of approved activities¹⁰ since subprojects' commencement until 30 June 2010, amounting to at least \$86,000. Disbursements for the rest of 2010 are projected to be close to \$700,000. Cumulative disbursement for Component 1 is projected to reach US\$1.7 million by the end of 2010, representing 56 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 2010, amounts to \$190,885.

D. PLANNED ACTIVITIES FOR 2010

67. For the rest of 2010, the main priorities include accelerating implementation of all the subprojects, especially Subproject 8, close monitoring, and the possibility of adjusting work and resource programming with the different subprojects for the remaining period, should an extension be deemed by AusAID and ADB as necessary.

¹⁰ Charged under "Other Payments" of the Payment Schedule in the contract of the consulting firms.

68. The planned program of activities for the remaining 2 quarters of 2010 is summarized as follows:

| Timeline | Activities |
|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3 rd Quarter | <ul style="list-style-type: none"> • Close monitoring of Subprojects, especially Subproject 8 • Conduct of a RETA business meeting between ADB and WVA representatives in Manila to ensure accelerated implementation of Subprojects 8 (and also 2, in view of delays in training for the radio programming initiative) • Finalize DMFs of Subprojects with the Subproject M&E persons • Conduct 3rd GMS Workshop on HIV and the Infrastructure Sector • Updating the IOM-ADB GMS HIV and Infrastructure Website and the RETA 6467 section of the ADB website • Closing the consultant contract for Subproject 3 • Submission of Midterm Report from Subprojects 1, 2, and 5 • Submission of Quarterly Progress Reports from various subprojects; |
| 4 th Quarter | <ul style="list-style-type: none"> • Close monitoring of Subprojects • Submission of Quarterly Progress Reports from various subprojects. • Submission of Midterm Report from Subprojects 8 and 9 • Submission of Bi-Annual Progress Report from Subproject 8 • Commence research for case studies • Updating the IOM-ADB GMS HIV and Infrastructure Website and the RETA 6467 section of the ADB website |

E. OTHER MATTERS

69. **Timeframe of RETA implementation.** The eight subprojects, each with approximately two-year implementation timeframe as per contract, are scheduled for completion around mid-2011. This contractual timeline may have to be reconsidered by ADB and AusAID in view of the following: a) Subproject 8 only recently commenced field operations, while Subproject 9 is in the early phase of implementation; b) the possibility of having another subproject (Subproject 10, which is now in the design stage); and c) the need for sufficient time to wrap-up administrative processes at project completion. In the informal review conducted recently, extension of implementation period was requested by implementers and stakeholders of Subprojects 2 (EWEC), 5 (CRIP) and 8 (PP-HCMC). Timely decision in this regard will help the field teams and partners to realistically program their activities and resources. Concomitantly, it is also important that decision is made as soon as possible on whether Subproject 10 will be funded under the RETA and, if so, the amount and the timing of implementation.

70. **Review Missions.** Given the varying implementation stages which the 5 subprojects are into and the provision in the RETA paper for the conduct of a mid-term review, as well as the mandatory requirement for AusAID to conduct an Independent Progress Report (IPR), it was agreed that the MTR and IPR be combined and joined-in by the independent reviewer/consultant of AusAID. The proposed timeline for the MTR/IPR is mid-2011, subject to the approval of RETA extension.

F. CONCLUSIONS

71. Good progress has been made in implementing the RETA in the previous semester (January 2009 to 31 June 2010), while there continue to be substantive delays in implementing

field interventions for Subproject 8. The reasons for delays are now being addressed by both WVA and ADB. ADB recognizes the importance of helping Subproject 8 gain momentum as soon as possible as this is a distinct project that can contribute to the development of a template for cross-border collaboration for HIV prevention. Close monitoring of related internal business processes in ADB (i.e., procuring consulting services, processing contract variations, and activity budget approval) will continue in order to ensure that unnecessary delays of activities in the field are avoided.

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: Mid-Term Assessment Report | (Subproject 1) |
| Appendix 2: Summary of CBTA Study | (Subproject 4) |
| Appendix 3: IEC materials for CRIP (and also NRIP) | (Subproject 5) |
| Appendix 4: Implementation Report and 2 nd Bi-Annual Progress Report | (Subproject 8) |
| Appendix 5: Baseline Report | (Subproject 9) |
| Appendix 6: Inception and Implementation Report | (Subproject 9) |
| Appendix 7: Design Paper for the Proposed Second Northern GMS Transport Network | (Subproject 10) |
| Appendix 8: Presentation materials in the ADB Transport Forum | |

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; implementation of advocacy, capacity-building and IEC-BCC activities on schedule; scheme for improving access to condoms had been piloted and an alternative scheme will be explored; cross-border collaboration between Lao PDR and PRC health authorities is continuously being explored. |
| 2. | LAO/VIE: East West Economic Corridor (post construction) | 693,500 | Consulting firm (World Vision Australia) contracted and consultants fielded in late March 2009; training activities for district and commune health workers, and for village volunteers are on schedule; initial stages of radio programming initiative (IEC component) have started; Mobile STI Teams have started quarterly provision of STI services to target communes starting March 2010. |
| 3. | VIE: Central Region Transport Networks | 27,000 | International HIV/AIDS and Infrastructure Consultant engaged from 23 March; draft final report being prepared. |
| 4. | GMS: Cross Border Transport Agreement | 55,131 | International Consultant engaged, starting 15 September until 31 December 2008; Final report submitted 23 December 2008; Summary of study for posting on ADB website awaiting clearance. |
| 5. | CAM: Road Improvement Project (post construction) | 700,000 | Consulting firm (FHI) contracted and consultants fielded 19 March 2009; BCC tools developed thru a branding strategy; 3 subgrantee NGOs implementing field interventions; capacity strengthening of project implementers on track; M&E indicators and tools developed; monthly monitoring and provision of TA to subgrantees observed. |

| No. | Sub-Project Title | Estimated cost | Notes |
|-----|------------------------------------------------------------------------------|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6 | CAM/VIE: Southern Coastal Corridor (construction phase) | 0.0 | <p>As per June updates from the SETU Project Officer: a) the HIV/AIDS and trafficking awareness and prevention program (HATAPP) will be implemented through the civil works contracts; b) HATAPP would be split into 3 parts or geographic areas; c) preparation of background documents to include the situation analysis on HIV and human trafficking; and d) program direction, role of stakeholders including the Consultant, and the M&E strategy have yet to be agreed on or developed.</p> <p>The SETU project officer is in touch with SESS possible technical assistance.</p> |
| 7. | LAO: Northern GMS Transport Network Improvement Project | 0.0 | Initial coordination explored in the last quarter of 2009. No feedback yet from the concerned Project Officer. |
| 8. | PP-HCMC Highway (post construction) | 700,000 | Consulting firm (World Vision Australia) contracted 25 May 2009; conducted initial training activities in the Cambodia side. |
| 9. | CAM: NW Provincial Roads (pre construction) | 350,000 | Design Mission completed in March 2009; Consulting firm (FHI) contracted and consultant mobilized in November 2009; Inception Workshop held on 2 February 2010; revised inception and implementation report submitted in early April 2010; Baseline report submitted in early June; subcontract arrangement with two partners underway. |
| 10. | VIE/GMS: Second Northern GMS Transport Network (pre and during construction) | TBD (400,000) | <p>Reconnaissance mission for the road project held in June and SESS was informed of mission findings, foremost of them is that in both the Viet Nam and Laos sides, there is a strong interest to implement HIV prevention associated with the road project, but funds for this have to be sourced out from outside of road project funds.</p> <p>A design paper has been drafted.</p> |

Attachment 2: Summary of Subproject Implementation Schedule

| Subproject | Design Mission | Consultant Recruited | Consultants Fielding | Inception Mission | Supervisory Review Mission | Informal Review | Joint 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 | 13 January 2010 | 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 | 5-6 July 2010 | xx | xx |
| Subproject 5 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 | 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 | 8-9 July 2010 | xx | xx |
| Subproject 9 NW Provincial Roads (CAM) | 23-31 Mar 09 | October 2009 | 19 November 2009 | 29 January to 2 Feb 2010 | | 12-14 July 2010 | xx | xx |
| Subproject 3 Central Region Transport Networks (VIE) | | | 23 Mar 09 (calendared 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 | xx | xx | xx | | xx | xx |

| No. | Component/Activities | Original Budget (as per approved TA Paper) | Proposed Amount (adjusted) | Actual Committed Amount (as of 2 July 2010) | Disbursed (as of 2 July 2010) | Unliquidate d Cost Approvals (estimate) | Projected Disbursement, 3rd Qtr, 2010 - 2nd Qtr, 2011 | | | | | Projected balance for remaining period | Total |
|----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------------|---------------------------------------|---------------------------------------------|-------------------------------|-----------------------------------------|-------------------------------------------------------|---------|---------|---------|-----------|----------------------------------------|------------|
| | | | | | | | Q3 2010 (July-Sep) | Q4 2010 | Q1 2011 | Q2 2011 | Total | | |
| Component 1: Subproject Implementation | | | | | | | | | | | | | |
| Subproject Number and Title | | | | | | | | | | | | | |
| 1 | LAO: Northern Economic Corridor (post construction) | 600,000 | 600,000 | 600,000 | 244,794 | 60,799 | 117,996 | 22,500 | 22,500 | 41,467 | 204,463 | 150,743 | 660,799 |
| 2 | LAO/VIE: East-West Corridor (post construction) | 700,000 | 700,000 | 693,500 | 271,962 | 21,363 | 39,000 | 136,000 | 30,000 | 30,000 | 235,000 | 186,538 | 693,500 |
| 3 | VIE: Central Region Transport Network (construction) | 700,000 | 30,000 | 27,000 | 24,356 | | 2,644 | | | | 2,644 | 0 | 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 | 299,968 | | 53,000 | 152,700 | 53,000 | 117,591 | 376,291 | 373,741 | 1,050,000 |
| 6 | CAM/VIE: Southern Coastal Corridor | 0 | 0 | 0 | | | | | | | 0 | | 0 |
| 7 | LAO: Road 4 | | 0 | | | | | | | | 0 | | 0 |
| 8 | PP-HCMC Highway (post construction) | 600,000 | 700,000 | 694,000 | 199,030 | 4,000 | 35,000 | 84,000 | 103,000 | 30,000 | 252,000 | 242,970 | 694,000 |
| 10 | VIE/GMS: Second Northern GMS Transport Network (pre- and during construction) | 600,000 | 400,000 | | 0 | | | | 40,000 | 100,000 | 140,000 | 260,000 | 400,000 |
| | Total for Component 1 | 5,000,000 | 3,540,000 | 3,113,952 | 1,089,559 | 86,162 | 247,640 | 395,200 | 248,500 | 319,058 | 1,210,398 | 1,213,992 | 3,574,748 |
| Component 2: M&E, Knowledge Dissemination, and Regional Coordination | | | | | | | | | | | | | |
| 1 | Project Coordination (consultant) | 380,000 | 40,997 | 40,997 | 40,997 | | | | | | | | 40,997 |
| | Project Coordination (consultant) | | 94,000 | | | | | | 25,600 | 21,600 | 47,200 | 46,800 | 94,000 |
| | Program Officer (national consultant) | | 95,000 | 32,300 | 7,808 | | 13,072 | 11,418 | 11,418 | 11,418 | 47,326 | 47,674 | 55,134 |
| | Project Analyst (national consultant) | | 21,000 | | | | | 3,750 | 3,750 | 3,750 | 11,250 | 9,750 | |
| 2 | Technical Advisor (consultant) | | 80,000 | 43,000 | 11,114 | | 14,800 | 9,500 | 19,364 | 16,500 | 60,164 | 8,722 | 80,000 |
| 3 | Monitoring and Evaluation (consultants) | 120,000 | 106,351 | 66,354 | 66,351 | | | | | 16,500 | 16,500 | 23,500 | 106,351 |
| 4 | Gender and development (consultants) | 120,000 | 31,475 | 12,075 | 12,075 | | | | 19,400 | | 19,400 | 0 | 31,475 |
| 5 | Surveys and other field studies (Projected amount) | 70,000 | 70,000 | 0 | 0 | | | | 18,000 | 18,000 | 36,000 | 34,000 | 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 | | | | | | | 40,000 | 40,000 | 45,000 | 85,000 |
| 8 | Contingency (15% of sub-total for Component 2) | 100,000 | 104,073 | | | | | | | | | 100,000 | 100,000 |
| | Total for Component 2 | 1,000,000 | 797,896 | 194,726 | 138,345 | | 27,872 | 24,668 | 97,532 | 147,768 | 297,840 | 365,446 | 801,630.72 |
| | Project Administration | | 318,925 | 318,925 | 44,478 | | | | 40,000 | | 40,000 | 234,447 | 318,924.90 |
| | TOTAL (USD) | 6,000,000 | 4,656,821 | 3,627,603 | 1,272,381 | 86,162 | 275,512 | 419,868 | 386,032 | 466,826 | 1,548,238 | 1,813,885 | 4,634,505 |

Total Contract Awards (committed amount less Proj Admin Cost) USD 3,308,678

Total TA Amount (as of 2 July 2010, before Proj Admin & Audit Cost) US\$5,059,798 (equivalent of A\$6,000,000, as of 2 July 2010)