

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

6th AUSAID Progress Report

**Southeast Asia Regional Department
Human and Social Development Division
Asian Development Bank**

February 2012

TABLE OF CONTENTS

I.	INTRODUCTION	1
A.	IMPLEMENTATION STATUS	1
1.	COMPONENT 1: Subproject Implementation	1
a.	Subproject 1: Northern Economic Corridor (LAO)	2
b.	Subproject 2: East West Economic Corridor (LAO/VIE)	6
c.	Subproject 3: Central Region Transport Networks (VIE)	9
d.	Subproject 4: Cross-Border Transport Agreement	9
e.	Subproject 5: Cambodia Road Improvement Project (CAM)	9
f.	Subproject 8: Phnom Penh-Ho Chi Minh Highway (PP-HCMC)	12
g.	Subproject 9: Northwest Provincial Road Improvement Project (CAM)	17
h.	Subproject 10: Second Northern GMS Transport Network	21
2.	COMPONENT 2: M&E, Knowledge Dissemination, and Regional Coordination	24
a.	Monitoring and Evaluation	24
b.	Gender	26
c.	Knowledge Dissemination and Regional Coordination	27
B.	CONTRACT AWARDS AND DISBURSEMENT PROGRESS	28
C.	PLANNED ACTIVITIES FOR 2012	28
D.	CONCLUSIONS	29

Appendices:

Appendix 1: Summary of Subproject Status	30
Appendix 2: Summary of Subproject Implementation Schedule	31
Appendix 3: Statement of Disbursement and Projections	32

Supplementary Appendices (distributed under separate cover):

Appendix 1: Subproject Completion Report	(Subproject 1)
Appendix 2: Endline Survey Report	(Subproject 1)
Appendix 3: Final Report	(Subproject 2)
Appendix 4: Endline Survey Report	(Subproject 2)
Appendix 5: Final Report	(Subproject 8)
Appendix 6: Endline Survey Report	(Subproject 8)
Appendix 7: 3rd Bi-Annual Progress Report	(Subproject 9)
Appendix 8: Aide Memoire (Inception Mission)	(Subproject 10)
Appendix 9: Inception Report	(Subproject 10)
Appendix 10: Draft Baseline Survey Report	(Subproject 10)
Appendix 11: Semi Annual Progress Report with Implementation Plan	(Subproject 10)
Appendix 12: Summary Proceedings: 4 th GMS Workshop	
Appendix 13: Signed MOU for Joint Action	

ABBREVIATIONS

ADB	–	Asian Development Bank
AusAID	–	Australian AID for International Development
BCC	–	behavior change communication
BIG-C	–	Border Issues Group for Children
CBTA	–	Cross Border Transit Agreement
CBC	–	Cross Border Committee
CDC	–	Center for Disease Control
CHAS	–	Center for HIV/AIDS and STIs
CRIP	–	Cambodia Road Improvement Project
DCCA	–	District Committees for the Control of AIDS
DMF	–	Design and Monitoring Framework
EW	–	entertainment workers
FHI	–	Family Health International
GMS	–	Greater Mekong Subregion
HIV/AIDS	–	human immunodeficiency virus
IEC	–	Information, Education and Communication
LNP+	–	Lao Network of Positive People
M&E	–	monitoring and evaluation
MMP	–	migrant and mobile population
MPWT	–	Ministry of Public Works and Transport
MOU	–	Memorandum of Understanding
NAA	–	National AIDS Authority
NCHADS	–	National Center for HIV/AIDS and Dermatology
NGO	–	nongovernment organization
NR	–	national route
NRIP	–	Northern Road Improvement Project
PAS	–	Provincial AIDS Secretariat
PCCA	–	Provincial Committees for the Control of AIDS
PHD	–	Provincial Health Department
PWT	–	Provincial Working Team
RETA	–	Regional Technical Assistance
SCCP	–	Southern Coastal Corridor Project
SEADO	–	Social, Environment, Agricultural Development Organization
STI	–	sexually transmitted infection
TBCA	–	Thai Business Coalition on AIDS
ToT	–	Training of trainers
UNAIDS	–	Joint United Nations Programme on HIV/AIDS
VCCT	–	voluntary confidential counseling and testing
WOMEN	–	Women Organization for Modern Economic and Nursing
WVA	–	World Vision Australia

NOTE:

In this report, “\$” refers US dollars.

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

**6th PROGRESS REPORT
December 2011**

I. INTRODUCTION

1. This is the 6th semi-annual Progress Report¹ 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 Australian Aid for International Development (AusAID)—supports human immunodeficiency virus (HIV) prevention programs in ADB-supported infrastructure projects during 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 mother infrastructure project. There are 10 subprojects, including 2 which are being financed and implemented separately² 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 six field-based subprojects³, and two subprojects that are analytical studies⁴ 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 1–13 contain the recent key documents from subprojects 1, 2, 5, 8, 9 and 10.

A. IMPLEMENTATION STATUS

1. COMPONENT 1: Subproject Implementation

3. Three of the six subprojects have ended their field activities in the second quarter of 2011, while two are scheduled to finish in March 2012. The last subproject, which has an implementation period of 18 months, started on 21 June 2011 and will end on 21 December 2012.

¹ A progress report for the first semester of 2011 was not submitted in view of the report resulting from the conduct of the Joint AusAID-ADB Mid Term Review of RETA 6467 held from 25 July to 4 August 2011.

² 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.

³ These six field-based subprojects are: (i) Subproject 1–LAO: Northeastern Economic Corridor Route 3 (post-construction); (ii) Subproject 2–LAO/VIE: East-West Economic Corridor (post construction); (iii) Subproject 5–Cambodia Road Improvement Project (post construction); (iv) Subproject 8–Phnom Penh-Ho Chi Minh Highway (post-construction); (v) Subproject 9–Northwest Provincial Road Improvement Project (pre-construction); and (vi) Subproject 10–VIE/GMS: Second Northern GMS Transport Network (pre-construction).

⁴ These analytical studies are: (i) Subproject 3–A Comparative Analysis of Risk Settings in Infrastructure Project which focuses on the Viet Nam Central Region Transport Networks; and (ii) Subproject 4–A Study of the HIV Risk Implications of the Cross Border Transport Agreement (CBTA).

a. Subproject 1: Northern Economic Corridor (LAO)

1. **Implementation status - Completed.** This subproject, which commenced on 3 March 2009, ended on 13 May 2011 (total of 26 months, including a 2-month extension) with the closing workshop held on 6 May 2011. Implementation was satisfactory and contributed to: (a) strengthened stakeholder capacity and partnerships; (b) increased knowledge and awareness about HIV and sexually transmitted infections (STI) prevention among target segments; (c) enhanced provincial strategies and capacities; and d) stronger appreciation and capacity for monitoring and evaluation.
2. **Output 1: Effective mechanisms for strengthened community-level response formulated and demonstrated, with enhanced capacity of local AIDS authorities and stakeholder partnerships in place to support sustained multi-sectoral responses.** Over the life of the subproject, various interventions were introduced to strengthen the capacities of local AIDS authorities and community-level response.
3. **Provincial Working Teams.** Two Provincial Working Teams (PWTs) in Bokeo and Luang Namtha, which were responsible for the implementation and oversight of all project activities, functioned effectively over the life of the project. PWTs included representatives from the Provincial/District Committees for the Control of AIDS (PCCA/DCCA), the Ministry of Public Works and Transport, the Lao Youth Union, the Lao Women's Union, the Ministry of Education, the Ministry of Information and Culture, the Ministry of Tourism, the Lao Trade Union, and the Military Hospital. Coordination of these teams was done through the PCCA, which reported to Center for HIV/AIDS and STIs (CHAS) on subproject developments and achievements. During the completion workshop, PCCAs and PWTs presented plans for multiple interventions that they aim to sustain, such as continuation of radio broadcasts and bi-annual distribution of HIV and STI related information in villages, together with village peer educators.
4. **Private sector mobilization.** During the course of the sub-project, PCCAs also worked with the management of five private sector organizations (Boten casino, Viengphoukha coal mine, Houay Xai mini-van association, Houay Xai trucking company, Prae Deum Long construction company) to conduct HIV/STI prevention activities. The Burnet Institute also collaborated with the Thai Business Coalition on AIDS (TBCA) to conduct an advocacy strategy workshop and training for PCCA staff in both provinces on how to engage with private sector company managers in HIV responses.
5. **Cross-border cooperation.** Two cross-border meetings were held, one in Yunnan and one in Luang Namtha, bringing together relevant AIDS and health authorities. As one outcome of these meetings, the Bureau of Health in Mengla County, Yunnan, People's Republic of China (PRC) invited the Luang Namtha PCCA to submit a proposal for small-scale support from PRC counterparts for additional HIV awareness at the Boten casino, including support for additional training for Chinese language speaking casino staff and sex workers.
6. **Building partnerships.** A key thrust of Subproject 1 was to reinforce the cooperation across a range of key government agencies. This was reflected in the membership of the PWTs. Building the capacity of government actors to tap a range of non-government partners was a key strategy and is further outlined below.
7. Over the course of the Subproject, a collaborative relationship was developed in the two provinces between the PWT and representatives of the Lao Network of Positive People (LNP+), locally known as *Sengkeovanhmai*. Staff and members of LNP+ joined many of the Sub-

project's HIV prevention initiatives. In Luang Namtha, for example, during the peer education training, LNP+ representatives were invited to speak about the impact of HIV on their own lives. This was greatly appreciated by the peer educators, who felt that meeting with HIV+ individuals, provided them with an opportunity to better understand the impact of the virus and the necessity to empathize with those who live with it.

8. Recognizing that the development of a condom social marketing response was beyond the time frame and resources of the project, Burnet representatives met with PSI, who have developed a condom social marketing response in Lao PDR. Whilst it was clear that the main focus of the organization was no longer in the Northern provinces. The Subproject established practical strategies to capitalize on the marketing of "Number One" condoms as a trusted brand of quality at a relatively accessible cost. These condoms were purchased through PSI and provided to peer educators to use in their awareness raising sessions.

9. **Output 2: Enhanced provincial strategies and capacities for expanding access to condoms and basic HIV- and STI-related services in target communities along Route 3.**

In line with this key area, peer education, outreach, village loudspeaker and training activities were conducted. Revolving funds to enhance the availability of condoms and STI treatment commodities were also introduced.

10. ***Behaviour Change Communication (BCC).*** Over the life of the project in both provinces, multiple BCC strategies were developed in both provinces, such as peer education, radio programming, outreach activities, distribution of information, education and communication (IEC) materials, condom distribution. Key PWT members participated in the design and development of all strategies. Multiple IEC materials were developed and/or disseminated, including a Lao language booklet, Chinese language mini-booklet, scripts for radio program, and hats/bags/t-shirts/jackets with HIV prevention messages. Additional pre-existing audio-visual materials were shared across provinces. Key PWT members participated in the design and development of new materials (including specifically Lao language booklet and radio programs).

11. ***Peer education and outreach activities.*** Following a series of training activities conducted for village peer educators, regular peer education activities were initiated in the target villages, and these continued throughout the duration of the subproject. These activities included one-on-one discussions between peer educators and their friends and acquaintances and group discussions facilitated with the support of the PWTs. A total of 98 peer educators (46 females; 52 males) were trained during the course of the subproject: *Nam Nguen*: 31; *Pangsalao*: 28; *Coal mine*: 19; *Casino*: 20. Significant numbers of contacts were made through peer education and outreach activities conducted in the villages. For *one-on-one peer discussions*, a total of 2,161 contacts (896 female; 1,265 male) were made with approximately 841 individuals in the villages of Nam Nguen in Luang Namtha and Pangsalao, Namhor Tai and Huaydinjy in Bokeo. For group outreach activities, a total of 1,690 contacts (683 female; 1,007 male) were made with approximately 1,107 individuals in eight villages⁵. As to workplace outreach, a total of 1,189 contacts were made (428 female; 716 male) with approximately 582 individuals at the Viengphoukha coalmine in Luang Namtha⁶, at the Boten Casino in Luang Namtha (including 100 Chinese female sex workers) and in Houay Xai, Bokeo (for truck and

⁵ They include Nam Nguen, Lao Lord, Phonthong, Sakon and Namfa in Luang Namtha, and Pangsalao, Namhor Tai, and Huaydinjy in Bokeo

⁶ Number of 'contacts' refers to the sum of the number of people who attended all relevant outreach activities (see Annex 2 for details). Estimated numbers of 'individuals' aims to take into account multiple attendance of individuals in subsequent outreach activities.

minivan drivers and male road construction workers). In Bokeo, some 200 soldiers are included among those covered by outreach activities.

12. ***Development of audio information materials for broadcasting over village loudspeakers.*** The village loudspeaker, introduced by the subproject in Nam Ngeun and Pangsalao villages, was embraced as an effective mode of communication with villagers. The PWT and subproject staff developed radio messages and worked with the village peer educators to broadcast scripts in villages over the weekends. The broadcast information also reached individuals outside of the designated village. Following the commencement of the broadcast program, it was reported that people in their villages began demonstrating a desire to protect themselves from STIs and HIV. More villagers were seeking out peer educators for condoms and additional information. Peer educators reported that it made them feel like they were providing a valuable service within their village.

13. ***Modification and development of culturally- and linguistically-appropriate information materials for dissemination in different target settings.*** Facilitated by ADB, the Center for Disease Control (CDC) in the PRC provided the softcopy and permission to reprint a Chinese-language leaflet, which was reprinted and subsequently distributed by the Subproject among Chinese-speaking casino employees and sex workers. Language barriers created initial challenges for PWT members who could not communicate adequately in Chinese. This problem was resolved in large part by mobilizing, where possible, Chinese speaking peer educators and by hiring a translator on some occasions when required.

14. ***Development of capacities among local authorities to implement practical strategies for voluntary counselling and testing, and for improving access to treatment of STI.*** Training for health professionals on the management of common STIs was conducted in July 2010. The objective of the training was to upgrade and refresh the knowledge and skills of local health professionals in syndromic management of STIs. Tools were provided to participants to facilitate field work and these included check lists for taking patient histories, referral forms and a list of basic recommended STI treatments. Participants were extremely appreciative of this training, with many noting that they had not received any training in this area since 2005. After the training, basic STI diagnostic equipment were provided. Medicines were also purchased for use as a seed stock for trained health staff to provide STI treatment in the casino area and around the coal mine. The PWT also agreed on basic measures (e.g., regular rotation) for the conduct of the mobile health team, such that they allow for trust and confidentiality between clients and providers.

15. ***Support for the development of local revolving funds for condoms and/or STI treatment kits.*** Condom revolving funds in both Pangsalao and Nam Ngeun villages were initiated to support increased access to low cost condoms at village levels, with peer educators tasked to manage and monitor them. Income earned from the sale of condoms was returned to the fund to replenish supply. Discussions were also held between the Subproject staff and representatives of the Luang Namtha Health Departments and PCCA about an STI treatment revolving fund, to be piloted at the Boten casino and the Vieng Phoukha coal mine settings in Luang Namtha. After attending the STI syndromic treatment training, an initial stock of STI treatment drugs were purchased for use by mobile health teams during monthly outreach activities. These medicines were made available at cost price, and revenue gained from sale was used to replenish stocks. If appropriately managed into the future, this will lead to a sustainable revolving fund.

16. **Output 3: Monitoring and evaluation tracks interventions in target settings and contributes qualitative and quantitative evidence of the efficacy of piloted interventions within local parameters.** Regular Subproject monitoring and evaluation activities were conducted at different levels. These included regular field visits by Subproject staff, led by the Subproject Deputy Team Leader, as well as day-to-day monitoring by the PWTs. Representatives of both CHAS and Ministry of Public Works and Transport (MPWT) were included in all of the key monitoring processes outlined below.

17. **Baseline Assessment.** A qualitative situation assessment was conducted in June 2009 to inform Subproject design and guide work planning. To supplement qualitative data, a quantitative survey was also undertaken in early September 2009 in key sites along Route 3 in Luang Namtha and Bokeo. The survey was designed to collect basic information on the knowledge and practices of communities along Route 3 deemed to be at high risk for HIV and STIs. Both qualitative and quantitative data collected were used as a baseline against which to measure the progress and achievements of key interventions at the endline.

18. **ADB/AusAID Joint Review Mission.** In November 2009, ADB and AusAID fielded a joint Subproject review mission to assess implementation progress with CHAS and the Burnet Institute team. Led by the Subproject Team Leader and Monitoring and Evaluation (M&E) specialist, the mission activities included a “kick off” and consultation meeting with CHAS in Vientiane before travelling to both the provinces for consultation with stakeholders including PWT members, PCCAs, peer educators and local authorities and field investigations. The MPWT representation also assisted with the review.

19. **Mid-term Assessment.** In March, the subproject’s mid-term assessment was conducted to provide an overview of Subproject progress and background for the subsequent ADB-AusAID mid-term review (MTR [see below]). The assessment team was led by CHAS and supported by the Team Leader, Deputy Team Leader and M&E specialist of the subproject, with the MPWT also joining the review. The assessment included a two-day workshop where the PCCAs and PWTs from provinces discussed the activities undertaken, challenges, plans and possible solutions. Directly following the mid-term assessment, the Team leader and Deputy Team Leader organized a debriefing with the UNAIDS representative in Vientiane. At this meeting, plans were developed for a monitoring visit by UNAIDS to the project site.

20. **ADB/AusAID Subproject Mid-term Review Mission.** ADB and AusAID representatives conducted a joint MTR of subproject 1 in late September to October 2010. The mission successfully consulted with a variety of stakeholders including provincial authorities, coal mine managers, village authorities, PWT members and PEs themselves. The review team observed the quality of the outreach and peer education activities. The review provided an opportunity for ADB/AusAID, CHAS, the PWTs, and the Burnet team to discuss the future of HIV response activities beyond the Subproject. The overwhelming concern articulated by provincial stakeholders was that there would be no more resources available to them from the subproject beyond February/March of 2011. The ADB-AusAID MTR team recognized the inherent challenges of any finite project, but noted that the Subproject piloted and demonstrated new or improved modalities. The overall aim was to build capacity within the provinces and local communities and to sustain multi-sectoral responses to HIV/AIDS prevention beyond the subproject’s timeframe. The MTR discussed priorities for the “exit strategy”, to cement gains and local capacities and maximize the potential for key interventions post-subproject.

21. **Endline Assessment.** With the Subproject originally due for completion in March 2011, endline data for comparison with that collected during the baseline (both qualitative and

quantitative) were collected in January 2011. The final document from this endline assessment has been submitted to ADB. It reports on specific Subproject elements such as the development of PWTs and the outcomes of the peer education training. It compares quantitative and qualitative changes in knowledge and behaviours of identified vulnerable populations. Throughout the document, findings are linked to core indicators outlined in the subproject's final DMF. (See Appendices 1 and 2 for the Completion Report and Endline Survey Report)

22. Comparing final to baseline surveys in target sites and groups:

- 44.1% increase in the share of female respondents demonstrating comprehensive correct HIV knowledge. (Baseline value of 20.6%; endline value of 64.7%)
- 18.6% increase in share observed for male villagers (Baseline value of 49.4%; endline value of 68%).
- 18.5% increase in corresponding share for mobile men with money. (Baseline value of 54.1%; endline value of 72.6%).

23. **Implementation of the Gender Action Plan.** A draft Gender Action Plan was initially submitted to ADB and CHAS in mid 2009, with refinements made over the course of the subproject. Trainings conducted for all project teams included a focus on gender specific issues, and where appropriate, separate discussions were held with male and female participants. The final list of target settings and populations includes both vulnerable male and female groups, and priority activities.

24. **Issues and challenges.** Subproject 1 experienced a series of challenges, and documented a number of important lessons. They include the following: (i) very limited project duration to ensure the sustainability of initiatives; (ii) lack of programming linkage with the pre-construction and during construction phases due to inadequate information on previous work; (iii) staff turnover in ADB and the consulting firm; and (iv) lengthy review process for IEC materials by government.

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

25. **Implementation status - Completed.** The subproject, which was implemented for a period of 27 months (including a 3-month extension), started on 2 March 2009 and ended on 15 June 2011. Despite the delays experienced during the inception phase, subproject implementation was satisfactory, resulting to greater knowledge and stronger capacities among target segments for reducing HIV risk and vulnerabilities in ethnic minority populations affected by the road corridor development. The Dissemination Workshop was held on 14 March 2011, attended by implementation partners from both the Viet Nam and Lao PDR sides.

26. **Output 1: Advocacy and Capacity Building.** All training activities were completed as planned. This included a total of 26 training events, attended by 500 people, 56.8% (285) of them are women. All training courses related to STI and HIV and communication skills for local health workers in the two target provinces were carried out by local facilitators with close support and supervision provided by the project team. For many village health volunteers and workers who are from the Bru and Van Kieu tribes, this was their first opportunity to receive training on HIV and STI and other related issues.

27. Gender-differentiated vulnerabilities and needs related to HIV and STIs were addressed in the training courses, which repeatedly led to discussion around the following issues:

- Why are women more vulnerable to HIV and STI infection than men? What should women do to reduce their vulnerability?
- STI is a disease for both men and women, not only for women as was understood in the past.
- Men should have STI check-ups to ensure early diagnosis and treatment.

Province/Target Group	Savannakhet	Quang Tri	Total
Province/District level	Three training courses (46 time-person, 67% female)	Seven training courses (104 time-person, 72% are female)	10 training courses (150 time-person, 69.5% female)
Sub-District/Commune/Hamlet level	Six training courses (120 person time, 30% female)	10 training courses (230 time-person, 58% female)	16 training courses (350 time-person, 44% female)

28. Over the two-year period of the project, three (3) cross-border steering committee meetings were held in October 2010, May 2011 and March 2011. There were also six (6) national steering committee meetings held on both the Lao and Viet Nam sides. These meetings helped to achieve a high level of stakeholder engagement and support from every level of both governments, and could be used to support related activities in the future.

29. **Output 2: Information, Education, Communication.** Under Output 2, a number of key achievements should be noted. These are:

- Establishment of a network of 26 Bru and Van Kieu volunteers (14 males and 12 females) who continue to function in the target communities. These volunteers developed skills through formal and on-the-job training related to IEC. This included training on collection of culturally relevant stories, the use of mini-recorders and digital cameras, facilitation of community group discussion and using the drama DVDs and CDs produced by the Subproject to increase awareness and understanding of HIV, STIs and trafficking and their impact on the community.
- The Subproject contracted local consultants (Savannakhet Radio Station, local writers and film technicians) to produce two (2) Bru radio drama CDs and three (3) Van Kieu drama DVDs. These CDs and DVDs were approved and highly valued by Government partners in both countries and have been distributed to a wide range of stakeholders to support further dissemination. 400 copies of the two CDs and 500 copies of the three DVDs were replicated and circulated among the relevant partners.
- In Savannakhet, through the daily Bru radio program (30 minutes long), these radio drama CDs were aired for 72 days (other districts along the Route 9 can access this program as well) and “talkback” sessions were used to support further understanding and awareness of these issues in the target communities.
- A total of 380 focus group discussions in the villages were facilitated by Bru and Van Kieu volunteers and district health workers who also elicited responses to the dramas:
 - In Savannakhet from Nov 2010 to Feb 2011: 120 groups for about 503 Bru villagers, (male 291, female 212)
 - In Quang Tri from Nov 2010 to Mar 2011: 260 groups for about 3,820 Van Kieu villagers (2,292 females and 1,528 males)

30. **Output 3: Strengthening Access to STI Services.** All STI mobile check-ups were conducted on schedule. In Savannakhet side, three (3) STI mobile checkups were organized for remote Bru communities (in January, July and December 27 2010). In Quang Tri side, 4 STI mobile check-ups took place in April, July, December 2010 and March 2011. Relevant statistics are shown in the tables below.

Province	Number of time-clients			Number of time-patients		
	Female	Male	Total	Female	Male	Total
Quang Tri	3,271	939	4,189	1,969	372	2,341
Savannakhet	1,139	141	1,270	1,059	113	1,172
Total	4,410	1,080	5,459	3,028	485	3,513

STI syndrome cases	Quang Tri	Savannakhet	Total
Urethral discharge	350	103	53
Urethral discharge and genital ulcer	1	21	22
Genital ulcer	41	21	62
Vaginal Discharge	1,505	782	2,287
Pelvic pain	433	0	433
Vaginal Discharge and Pelvic pain		245	245
Scrotal swelling	11		11

31. **Output 4: Monitoring and Evaluation.** The Baseline Survey conducted in July 2009 established indicators for knowledge, practice and behavior in relation to HIV & AIDS among the target communities and the mobile and migrant populations along Route 9. During the Baseline Survey, it was noted that the knowledge, practice and behavior among mobile and migrant populations were much better than those among the ethnic communities. Therefore, it was decided to focus project interventions on these ethnic communities. An ethnographic study was conducted in January 2010 among the Bru and Van Kieu ethnic communities. The qualitative study used the Participatory Learning and Action mode of focus group discussion combined with in-depth interviews and Photovoice. Two Photovoice training workshops were conducted among the Bru and Van Kieu volunteers in Savannakhet and Quang Tri provinces.

32. The final survey was conducted in January 2011 which was 18 months after the baseline survey. The final survey results were compared with baseline survey results to analyse the outcomes and outputs against the performance targets set in the DMF. The result of the final survey was presented to the stakeholders and ADB at the dissemination workshop in March 2010. Comparing the baseline data and final survey data, the percentage of Bru and Van Kieu men and women with comprehensive and correct HIV knowledge has increased from 18.5% (95% CI of 14.9 to 22.0) to 36.9% (95% CI of 32.7 to 41.0) which is more than 10% target in the DMF. Condom use by men in last sex with a commercial sex worker increased from 65.4% at baseline to 73.1% or nearly 10% increase as targeted. (See Appendices 3 and 4 for the Final Report and Endline Survey Report)

33. **Other issues.** During the dissemination workshop on 14 March 2011 in Viet Nam, Dr. Chansy Phimpachanh of CHAS articulated the value of maximizing the baseline and endline survey data for advocacy for the health of ethnic communities. She suggested that select staff from CHAS and the PCCA be trained on further processing/cross-tabulation and analysis of the data to inform advocacy plans. A -two day training was proposed by CHAS to be supported by the RETA.

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

34. **Status - Completed.** 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

35. **Status – Completed.** Consultant's final report was submitted on 23 December 2008.

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

36. **Implementation status – Ongoing.** Subproject 5 is being implemented by Family Health International (FHI) in partnership with three local nongovernment organization (NGO) partners along targeted transportation routes in two Northwest Cambodian provinces: Banteay Meanchey (Poipet City) and Oddar Meanchey. The current timeframe of the Subproject is from 19 March 2009 to 31 March 2012. It targets vulnerable migrant and mobile populations (MMP) in targeted areas along NR 56 in Banteay Meanchey and Oddar Meanchey that have not been reached by earlier interventions. They include approximately 27,000 transportation workers (e.g. motor taxi, tuk tuk and taxi drivers, cart pullers), day laborers and deported migrants. In Oddar Meanchey, two border communes, with 12,000 commune members, have also been identified as critical target areas – Kork Mon and Kork Kpors, located along NR 56.

37. **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 MMP safe travel kits (including condom/lubricant) and support tools for educational contacts or sessions. Health and safety (e.g. safe migration, anti-trafficking) messages are delivered via print and visual materials, outreach/peer education, and radio.

38. Activities under the subgrants with Social, Environment, Agricultural Development Organization (SEADO), Women Organisation for Modern Economic and Nursing (WOMEN) and Border Issues Group for Children (BIG-C) had been implemented as planned. The subagreement with SEADO has been amended so that program activities will continue between the months of September 2011 and January 2012. The subagreement with WOMEN ended in August 2011. Accomplishments under these subgrant agreements are reported in the paragraphs below.

39. To date, Subproject 5 has over-achieved on virtually all of its output indicators for this focus area:

- *# of community residents reached through program interventions.* Subproject 5 has reached 16,530 (WOMEN: 7,268, SEADO: 1,808, BIG-C: 7454) community members, surpassing the programmatic revised target of 12,000 by 4,530

individuals. Both male and female community members are targeted in community I (approximately 50% of each gender reached). The radio program in Banteay Meanchey and Oddar Meanchey implemented by government partners (Provincial AIDS and STI Program) and implementing agencies target populations in rural areas and discussed issues on STI/HIV prevention and care; alcohol and drug use prevention and impacts; and safe migration and anti-human trafficking. During the reporting period, 785 calls were received.

- *% of those reached who access STI and voluntary confidential counselling and testing (VCCT) services (10% of MMP reached).* Of the 12,334 MMP (25,515 deportees are excluded) reached in CRIP, 383 persons have availed STI services; 1,314 persons used VCCT; and 120 persons went to RH/FP services. In total, 1,817 persons (assuming each service had a discrete user) have accessed critical HIV prevention services over the project period – exceeding by 5% the target of 10% (15% in total). Service uptake has increased dramatically from the first to second year of CRIP implementation – with only seven persons using STI services and 160 persons availing VCCT at the start of the project to 452 persons accessing STI services and 864 persons availing VCCT in Year 2 (again surpassing the target of 10% increase indicated in the modified DMF). BIG-C also provided first aid services to 243 vulnerable children, and referred 31 individuals to health services.
- *# of men and women trained to implement Subproject interventions:* Subproject 5 has trained 95 men and 34 women to carry out programmatic interventions – compared with the 80 persons targeted in the DMF. Moreover, BIG-C has trained 30 community facilitators to carry out their project activities.

40. *Mapping of health services and creation of referral system.* Under the Subproject, all health services in the targeted areas are mapped and included in the service directory tool. Subproject partners promote STI, VCCT and other reproductive health services to MMP and community members. FHI works with all sub-grantees to identify services in their coverage area that are MMP-friendly/targeted and helps them to establish agreements with service providers to formalize mechanisms for referral slip collection and reporting. FHI has developed My Way referral slips, following National Center for HIV/AIDS, Dermatology and STD (NCHADS)' templates for most-at-risk-populations. MMP are offered a referral slip for these services at outreach contacts. 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, which places MMP visited, and by whom they were referred.

41. *Procurement of condoms and lubricant.* FHI procured condoms and lubricant and provided these commodities to SEADO (and also to Subproject 9 implementing agencies such as WOMEN and the Ministry of National Defense (MoND)). Condoms and lubricant are distributed freely to those who cannot afford socially marketed options, are HIV-positive, or meet other established criteria (e.g. drug users, new entertainment workers, travelling MMP). Condoms and lubricant are also promoted at outreach contacts. Over the reporting period, SEADO distributed 61,726 condoms/lubricant to MMP, while WOMEN distributed 23,183 condoms/lubricant to vulnerable community members.

42. **Output 2: Raise awareness and promote behavior change among Migrants and Mobile Populations (MMP).** The thrust to expand focus and strengthen the Technical Advisory Committee or PAS was pursued as planned. Over the reporting period, FHI/CRIP and NRIP team members and/or implementing agencies participated in regular monthly information

sharing and project coordination meetings of the Provincial Technical Working Group on Health (Pro-TWG) in Banteay Meanchey and Oddar Meanchey provinces. Specific accomplishments under this output area include the following:

- *# of MMP reached through program interventions.* Subproject 5 has reached 32,849 MMP (male: 24,079, female: 8,770) over the program period (March 2009 to September 2011), exceeding the revised target of 27,000 by 5,849 individuals. Approximately 73% of these persons are male, reflecting the male-oriented nature of the occupations targeted (e.g. transportation-focused MMP)
- *# of workplace settings with program interventions.* SEADO targets 30 high risk sites in Poipet, while WOMEN reached community members in 26 targeted villages. BIG-C further targeted 12 villages along the Cambodian-Thai border.

43. **Output 3: Build capacity and partnerships among stakeholders.** Training of Subproject implementers on risk mitigation package and M&E tools were conducted as planned. During the reporting period, FHI/CRIP and NRIP team conducted regular visits to provide technical support and to work closely with implementing agencies to deliver effective interventions. Support for existing structures/bodies focusing on MMP issues also continues. FHI coordinates stakeholder meetings and/or participates in existing structures/bodies focusing on MMP issues.

44. Over the reporting period, the Subproject has established partnerships with a number of key stakeholders at the local, provincial and national levels, such as Provincial AIDS Secretariat (PAS), Provincial AIDS Committee (PAC) National AIDS Authority (NAA), NGOs (including three local NGO implementers), and community representatives. For effective project implementation, FHI/Subproject 5 team conducted 12 meeting/training for implementing agencies and stakeholders. Subproject team members also participated in and/or supported a number of meetings or consultations, including: (1) ICAAP 10 and ADB-organized *Satellite Meeting on Infrastructure, Connectivity and HIV Interventions* on 24–31 August 2011 in Busan, South Korea where the Deputy Team Leader participated; (2) *4th GMS Workshop on HIV Prevention and Infrastructure Sector* in Hanoi, Viet Nam on 25 to 28 October 2011 where the Team Leader and Deputy Team Leader for CRIP/NRIP actively took part.

45. **Output 4: Conduct M&E for project quality assurance and improvement.** Under this focus area, the following activities were conducted: (i) Comprehensive Monitoring and Data Quality Audit (DQAs) of SEADO and WOMEN in Poipet, Banteay Meanchey and in Samraong, Oddar Meanchey to validate project results, assess the quality of services, and conduct financial audits; (ii) Hosting the ADB-AusAID Joint Midterm Review for CRIP from 25–27 July 2011; and (iii) CRIP and NRIP Endline Assessment, held on 24 July to 5 August 2011 which documented and measured the changes in variables that the subproject aimed to influence. A total of 1,162 study participants were successfully recruited to take part in the study. Data were checked and analyzed and the assessment report is now in the final stages of completion.

46. **Other issues.** ADB approved a no-cost extension for CRIP and NRIP until 31 March 2012. This allowed the program to continue project implementation with the remaining resources, complete the final endline assessment report, and further advocate the program sustainability strategies.

47. Sustainability is a major concern as the Subproject winds up its activities. Both ADB and FHI are exploring possibilities so that the gains achieved will continue to produce results beyond the project's life. FHI supported SEADO and WOMEN to prepare an Expression of Interest to

carry out HIV prevention and anti-trafficking interventions in the during construction phase of NRIP. BIG C is currently preparing three (3) proposals to continue and strengthen interventions carried out through CRIP, particularly the provision of health education, safe migration and legal awareness training for vulnerable MMP.

48. **Planned activities for the remaining implementation period.** Below is a summary of activities lined up for the remaining period of the project.

No	Main Activities	2012		
		Jan	Feb	Mar
1	Provide technical support for project implementation	x		
2	Work with SEADO to close sub-agreement and continue exploring related project opportunities for them	x		
3	Finalize endline assessment report	x		
4	Organize CRIP and NRIP project closeout workshop to highlight responsibility taking for sustainability	x	x	
6	Prepare project completion reports and submit to ADB and NAA	x	x	X

f. Subproject 8: Phnom Penh-Ho Chi Minh Highway (PP-HCMC)

49. **Implementation status - Completed.** The Subproject commenced on 27 May 2009 and ended on 27 July 2011, as originally scheduled. The Dissemination Workshop was held on 22 June 2011. (See Appendix 5 for the Final Report.)

50. Subproject 8 aimed at mitigating HIV risks and vulnerabilities amongst target populations and communities along the PP-HCMC Highway, particularly in the cross-border area between Cambodia and Viet Nam. It consisted of five components, namely: (a) Community-Based Risk Mitigation to reduce the risks of HIV and human trafficking; (b) HIV prevention in entertainment settings targeting entertainment workers (EWs)⁷, owners or management of entertainment venues, motor-taxi drivers and other migrant/mobile populations; (c) HIV prevention in the workplace targeting migrant factory workers and factory managers; (d) Capacity and partnership building for cross-border HIV prevention; and (d) Monitoring and Evaluation.

51. **Output 1: Community-Based Risk Mitigation:** Community-based risk mitigation programs in both countries were designed to work with existing community organizations or NGOs operating in the focus regions and communities. Within the design, there are two key areas of focus: implementing HIV/AIDS awareness in existing community development structures, and awareness of safe migration to avoid exploitation and human trafficking.

52. **Activities and Achievements on the Viet Nam side.** Under a Subcontract Agreement with World Vision Australia (WVA), the Provincial Tay Ninh Women's Union (WU) in coordination with Tay Ninh Provincial Health Department (PHD), conducted awareness raising for HIV/AIDS & Human trafficking Prevention. The objectives of this work are: (a) to provide knowledge on HIV/AIDS and human trafficking prevention, the services available, including the referral system in destinations especially for young women who are likely to work far from home; (b) to improve young women's ability to protect themselves from infection to HIV and other STI

⁷ "Entertainment Workers" refers to men and women who work in entertainment services (e.g. karaoke lounges, bars, restaurants, massage parlours) and who are not necessarily involved in sexual entertainment. They however might be taken off the premises by customers for a fee, and therefore are at high risks of HIV/STI due to their low level of education and the temptation of extra income.

associated with migration; and (c) to build the capacity of local Women's Unions to integrate HIV/AIDS and human trafficking prevention into their existing reproductive health programming. The target groups for this work are women living in five communes along Highway No. 1, including An Thanh and Ben Cau communes (Ben Cau district); Go Dau and Thanh Phuoc communes (Go Dau district); and An Tinh commune (Trang Bang district).

53. A 4-day Training-of-Trainers (ToT) was conducted in November 2010 in Go Dau District of Tay Ninh Province for 22 representatives of the WU (including 2 from the provincial level, and 20 from the commune level). Participants were trained in HIV/AIDS and human trafficking prevention communication, community mobilization and group facilitation. These participants formed the core training team and were instrumental in integrating HIV/AIDS/STI and human trafficking prevention and safe migration into the existing activities of the local WUs. The participatory training approach was well received in the ToT and carried subsequently into the small workshops.

54. After the ToT, 5 large-scale workshops aimed at raising awareness for HIV/AIDS/STI, human trafficking prevention and safe migration among the locals and community leaders were conducted for a total of 200 participants in the five target communes from 25–27 November 2010. Ninety small-scale workshops were also undertaken for 600 women in 5 communes to provide the necessary skills to protect them from HIV/STI risk and vulnerability to exploitation associated with migration. Participants included, among others, community-based organizations (e.g. Youth Union and Women's Union) and heads of hamlets in the communes.

55. In addition to these WU-initiated activities the Tay Ninh PHD, using the participatory training approach taught in the ToT, undertook similar awareness-raising activities in both rural communes and urban areas for men and women in Go Dau and Ben Cau districts. From July 2010 – June 2011, a total of 156 workshops were conducted for 3,360 participants, mostly young people with some of them attending more than once.

56. ***Activities and Achievements in Cambodia.*** A local NGO, the Partnership for Development in Kampuchea (PADEK), was the main implementing partner in Cambodia. PADEK was subcontracted by WVA to include HIV/AIDS & Human trafficking Prevention in its income-generation and livelihood program. PADEK's community development model seeks to build self-reliance in the planning and management of development work in the communes. The envisioned result, after six years, is a Commune Community-Based Organization (CCBO) with various committees that include, among others, a Commune Gender and HIV/AIDS Mainstreaming Committee (CGHMC).

57. The objectives of the subcontract with PADEK are: (i) to integrate HIV prevention and safe migration into livelihoods and development processes for poor and vulnerable communities; and (ii) to build a sustainable structure of development and HIV/AIDS and trafficking prevention through NGO mainstreaming of HIV/AIDS, NGO & GO cooperation, and grassroots approaches. Target populations included commune residents, both men and women, living along the highway and in areas of PADEK's existing livelihood and development programs, young people or those people who are likely to migrate. PADEK reported to WVA and the Provincial AIDS Secretariat (PAS) of Svay Rieng on its work.

58. As part of the subcontract arrangement with WVA, a ToT was conducted for 27 participants (including 9 females), who constituted the core training team and the Community Gender and Health Mainstreaming Committee (CGHMC) on HIV/AIDs and human trafficking. The ToT was held in October 2010 at PHD of Svay Rieng Province. Subsequently, workshops

for commune residents were held. PADEK worked with the PAS, district and commune AIDS committees in forming the core training teams. In Prey Veng there were 15 people in the core training team under the CGHMC, seven of whom are women. In Svay Rieng, the core team comprised of six people from Commune AIDS Centre (CAC), one from District AIDS Centre (DAC) and two from the Health Centre.

59. From November 2010 to June 2011, various workshops were held in Svay Rieng and Prey Veng provinces: 57 workshops for 701 members of Self-Help Groups (501 of them are women) from 14 villages in two target communes, 26 workshops for 354 village leaders including members of Village/Commune Development Committees and village chiefs of 10 villages in two communes, 175 small-scale workshops for 4,409 people (including 2,747 women) from 39 villages in five communes, and 175 follow-up workshops for 4,281 commune residents (including 2,785 women). A three-day refresher ToT course was also hosted for 24 core training team members and the CGHMC, in collaboration with Svay Rieng PAS, from 8–10 June 2011.

Workshops for Community-Based Risk Mitigation: Svay Rieng and Prey Veng

Activities	Workshops	Male	Female	Total
Awareness-raising on HIV/AIDS/ human trafficking prevention and safe migration to numbers of Self Help Groups.	57	200	501	701
Awareness-raising on HIV/ AIDS/human trafficking prevention and safe migration to numbers of Expert group, VDC/CDC member and village Chiefs.	26	161	193	354
Small-scale workshops to raise awareness of HIV/AIDS for commune residents.	PV=70 SR=105	PV=588 SR=1,074	PV=1,176 SR=1,571	PV=1,764 SR=2,645
Follow up small-scale workshops for commune residents	PV = 70 SR = 105	PV = 497 SR = 999	PV = 1,159 SR = 1,626	PV = 1,656 SR = 2,625

60. **Output 2: HIV Prevention Package in Entertainment Settings and Mobile Populations.**

This output focused on increased access to HIV prevention services for those in entertainment settings, with a specific focus on female EWs, male clients of entertainment services and truck drivers to increase knowledge and awareness relating to HIV risk and promote safe health and sexual behaviours. Effective HIV and STI prevention activities were designed and made available at hotels, karaoke bars, and other entertainment establishments along the PP-HCMC Highway. HIV prevention activities and services in entertainment establishments were implemented in close collaboration with local health authorities, private sector and other relevant government agencies.

61. **Activities and Achievements on the Viet Nam side.** Tay Ninh PHD was the principal partner to implement project activities under Components 2 and 3 of the Subproject. The target groups for Output 2 were entertainment workers (EWs), owners/management of entertainment venues, motor-taxi drivers and other mobile populations⁸ in the 5 communes of 3 districts in Tay

⁸ They include migrant workers who come from other provinces of Viet Nam to live and work in Tay Ninh (excluding factory workers who are covered under Component 3).

Ninh province. A total of 190 entertainment workers (79 males, 111 females) have been reached through nine (9) workshops. For entertainment establishment owners, 22 workshops had been held with a total of 442 participants (226 males, 216 females).

Workshops for entertainment workers: Tay Ninh

Target group	Workshops/meetings	Male	Female	Total
Entertainment workers	9	79	111	190
Entertainment Owners	22	226	216	442

62. As to mobile populations, 70 workshops for 480 motor-taxi drivers were conducted at the Moc Bai border gate and the two districts of Go Dau and Ben Cau between July 2010 and May 2011. These workshops provided knowledge on HIV/STI prevention, referrals to STI/VCT/ARV services, condom use demonstration, and distributed condoms and leaflets. Tay Ninh PHD also held 15 workshops for 341 mobile workers in Go Dau and Ben Cau Districts between July 2010 and May 2011 for similar purposes.

63. **Activities and Achievements in Cambodia.** In Cambodia, the Provincial AIDS Secretariats (PAS) of Svay Rieng and Prey Veng were the major implementing partners for the project and helped to coordinate all activities under Components 2 and 3 of the Subproject. The target groups for Component 2 in Cambodia were motor-taxi drivers, EWs and owners of entertainment settings, and long distance truckers (only in Neak Loeung). A summary table of activities is provided below.

Workshops for Entertainment sector and mobile population: Svay Rieng and Prey Veng

Svay Rieng	Workshops	Male	Female	Total
Entertainment workers	66	24	1,257	1,281
Entertainment venue owners	8	64	174	238
Motor-taxi drivers	38	213	-	213

Prey Veng	Workshops	Male	Female	Total
Entertainment workers	21	-	440	440
Entertainment Owners	5	14	96	110
Motor-taxi drivers	41	220	-	220

64. **Output 3: Workplace HIV Prevention Program (renamed HIV Prevention for Migrant Workers):** This strategy focused on the most vulnerable populations, migrant workers. Many of the 27,000 factory workers in Tay Ninh come from other provinces. In Bavet, of the more than 7,000 workers, several hundred are from adjoining provinces and live in workers' dormitories. Majority of workers return to their villages each evening in numerous taxi trucks, carrying up to 60 or so people.

With the cooperation of the owners of dormitories or guest houses, workshops in the residential setting were held for factory workers at convenient times. This was used as an opportunity to raise factory workers' awareness on the risks of STIs/HIV/AIDS, provide them with information on available services (e.g. VCT and STI check up), and distribute leaflets and condoms. In Bavet, 101 workshops for 1,620 participants were held. In Tay Ninh, there were 110 workshops for 2,574 participants. Advocacy meetings were held with factory managers to inform them of the

Subproject's work and to request display and distribution of HIV/AIDS IEC materials. In Tay Ninh, 11 workshops have been held with management for a total of 564 participants.

Workshops for Factory Workers and Management

Svay Rieng	Workshops	Male	Female	Total
Factory workers	101	551	1,464	2,015
Tay Ninh Health Department				
Factory workers	110	1,200	1,374	2,574
Management	11	214	350	564

65. **Output 4: Strengthened Capacity and Partnerships:** A number of activities were conducted to strengthen partnerships and capacities. In Viet Nam, a Project Management Training for the staff of the Tay Ninh PHD and members of the Cross-Border Committee was held in March 2010. In Cambodia, a similar training was held for the Provincial AIDS Secretariat of Svay Rieng and Prey Veng, as well as for members of the CBC, in July 2010. Refresher training on communication skills for health providers in Viet Nam took place in January 2011 for 18 participants from the International Health Quarantine Unit, Ben Cau, Go Dau and Trang Bang districts. In Cambodia, one-day refresher training was organised for health providers of Prey Veng PHD who were implementing SP8 activities in Neak Loeung.

66. **Output 5: Monitoring and Evaluation:** The 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 developed the training curriculum for the M&E trainings for key partners in Viet Nam and Cambodia. The Endline Survey was conducted in May 2011 on both the Viet Nam and Cambodia side. The survey aimed to measure the final impact of SP8 activities on knowledge, attitudes and practices of key target groups against the baseline survey. Comparing the results of the baseline and endline surveys, the percentage of men and women on the Viet Nam side with comprehensive correct knowledge on HIV increased on average by **10.3%** (i.e. the difference between baseline and endline survey indicators of 27.8% and 38.1% respectively)⁹. On the Cambodia side, the results show a decreased on average by **20.3%** (i.e. the difference between baseline and endline survey indicators of 34.3% and 14% respectively). Endline survey administration has been reported to be wanting and the WVA team acknowledged that additional in-depth qualitative study may be required to better understand why the changes in Knowledge, Attitude and Practices among the target groups in Cambodia have not been improved (See Appendix 6 for the Endline Survey Report).

67. **Other issues.** The field team faced many unexpected challenges – in particular, unanticipated political, administrative and logistical challenges that caused considerable delays. Of particular note were the unexpected requirements for additional approval processes, such as those noted for developing new IEC materials. Often the approval process would involve other donors, national/provincial and/or local governments and took lengthy time.

68. There were also some difficulties in reaching agreement on cross-border initiatives and achieving sustainable activities for cross-border collaboration. The CBC was seen as a useful forum for participatory decision-making. However, some delegates felt limited in their ability to provide feedback freely and had limited decision-making power in their respective roles. The

⁹ Due to various delays to project commencement, the implementation period was very short for a project of this type (i.e. 11 months in Vietnam and 9 months in Cambodia). Limited time for implementing interventions and limited project coverage had contributed to the performance targets not being achieved as desired.

CBC forum was generally useful, but at times lengthy discussion led to the lack of consensus, making progress in SP8 activities difficult at times. In addition, language and political issues might have impeded achieving a mutual understanding and progressing toward solutions.

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

69. **Implementation status - Ongoing.** This subproject is a pre-construction initiative implemented by FHI in conjunction with Subproject 5 (CRIP) which has similar and proximate geographic areas. FHI has partnered with WOMEN and the MoND in implementing this subproject which commenced on 19 November 2009 and scheduled to end on 30 March 2012 with Subproject 5.

70. **Output 1: Address HIV, health and social risks and vulnerabilities among targeted communities.** This focus area covers the development/adaption of strategic behavioral communications messaging and tools, the conduct of mapping exercise in selected communities, and procurement of condoms and lubricants.

71. **Develop/Adapt strategic behavioral communications messaging and tools.** Subproject 9 the *My Way* risk mitigation package—developed under the CRIP initiative—for use in Subproject 9 target areas for greater message continuity and resonance. The *My Way* risk mitigation package was designed for different audiences, utilizing a myriad of communication channels. Developed in consultation with CRIP and USAID-funded project partners. NRIP field implementors also use other existing strategic behavioral communication tools developed by FHI for other donor-funded projects like the SMARTgirl program (which targets entertainment workers) and You're the Man! (male clients of entertainment workers).

72. **Mapping exercises in selected communities in the project areas.** Under Subproject 9, initial GIS mapping was conducted to generate maps of both NR56 and NR68 and outlying areas. In particular, health facilities, entertainment establishments, potential rest stops and market places/shops were mapped and changes are observed over the length of the program. From 29 August to 7 October 2011, FHI 360/Strategic Information Unit Officer conducted endline mapping in intervention areas and compared the information with that from the baseline mapping. The mapping results will be included in the final evaluation report.

73. **Procurement of condoms and lubricant.** In December 2011, FHI 360 has procured condoms and lubricant and provided these commodities to SEADO and other implementing agencies for Subproject 9 (WOMEN and MoND). Condoms and lubricant are distributed freely to those who cannot afford socially marketed options, are HIV-positive, or meet other established criteria (e.g., drug users, new EWs, travelling MMP). Condoms and lubricant are also promoted at every outreach contact for HIV and other sexually transmitted infection (STI) risk reduction and for family planning. Over the reporting period, WOMEN distributed 36,194 condoms/lubricant to MMPs, EWs and community members; MoND distributed 39,466 condoms/lubricant to their target uniformed services personnel.

74. **Output 2: Raise awareness and promote behavior change among high risk MMP.** This component was implemented through subgrant arrangements with WOMEN and MoND, who were also provided technical assistance that enabled them to conduct the planned activities.

75. **Subagreement with WOMEN and MoND.** MoND works with uniformed services personnel stationed along NR56 in Banteay Meanchey and Oddar Meanchey provinces. WOMEN works in Samraong City, Oddar Meanchey Province, targeting three distinctive vulnerable groups: female entertainment workers and their clients, and community residents living along or near NR56. All interventions are being implemented as planned. The subgrant agreement with WOMEN and MoND was extended for 5 months until January 2012. To date, NRIP has achieved as the following:

- Reached 6,296 MMP (MoND-NRIP: 4,094, WOMEN: 2,202) as of September 2011 or 90% of the revised target (7,000 MMP). More than 90% of these persons are males, reflecting the male-oriented nature of the occupations targeted (e.g. uniformed service personnel and male clients of EWs). NRIP also reached 6,333 community members (2/3 are female) out of revised target of 6,000 individuals.
- Trained 60 people (out of the initial target of 50) to ensure effective project implementation. Quarterly training sessions were also conducted to IA's staff, peers, and community facilitators. In addition, FHI/CRIP and NRIP team trained 41 peer educators among Cambodian military personnel and other high risk men in partnership with a UNAIDS project.
- Conducted 16 meetings/trainings for implementing agencies and relevant stakeholders.
- Through the SMART girl program funded by USAID, reached up to 19 entertainment establishments (EEs) with 280 entertainment workers (EWs) out of the original target of 130 individuals, and successfully referred 218 people to health services.
- Collaborated with the National Centre for HIV/AIDS, Dermatology and STD (NCHADS) in organizing 2 training courses on syndromic management of STIs for 26 health care providers (9 of whom are were females) from select referral hospitals and Health Centers in Banteay Meanchey and Oddar Meanchey provinces. Also, seven (7) health care officers (2 female) from Military Region 4 were trained in VCCT and HIV fast test through the HIV prevention and care project supported by UNAIDS and implemented by FHI/NRIP and MoND. Gender, sexual and reproductive health topics were included in the training for staff/field workers and community facilitators.

76. **Provision of technical assistance and conduct capacity-building sessions for partners.** Various training activities were conducted for the IAs, and they included:

- Quarterly training in Phnom Penh for select WOMEN staff (in Oddar Meanchey City) from *You're The Man* program, which covered topics on life skills, alcohol use prevention, communication skills and You're the Man TV Show Phase III.
- Refresher ToT for two WOMEN staff from Oddar Meanchey (22–24 November 2011) which included modules on presentation skills, training preparation and facilitation for effective training facilitation.
- Quarterly Refresher Training conducted in Military Region 4 hospital, Siem Reap (15–17 November 2011) attended by 32 Core Trainers and Peer Educator Trainers from Military Region 4 and 5. The training covered topics on HIV, STI, VCCT, alcohol abuse, Gender and Reproductive Health, domestic violence, and how to use the *My Way* Risk Mitigation Package Tools, and M&E Tools. A comparison of the results of pre- and post-tests shows that the knowledge of participants increased by 49% on the average.

77. **Project on HIV prevention and support among Cambodian military personnel and other High Risk Men.** In April, 2011, FHI/Subproject 9 team developed the subgrant with MoND to implement outreach activities among military personnel in 53 barracks along the borders in Oddar Meanchey and Preah Vihear province. The project targets 2,400 military personnel, 800 military personnel involved in the HIV Serologic Surveillance, and other 800 high risk men involved in *You're The Man* campaigns. The following are the accomplishments to date:

- Through 41 peer educator trainers, MoND has conducted 142 education sessions in 31 venues along the border areas and reached 8,518 military personnel (149 of them were females). In addition, MoND distributed 28,531 condom/lubricants to target population.
- From August to October, 2011, four *You're The Man* campaign activities were organized in four sites along the Cambodian-Thai border of Sra Em Village (Preah Vihear), Trapeang Prasat, Anlong Veng and Samraong City (Oddar Meanchey Province). The campaign (You're the Man Challenge) targeted military personnel and other high risk males (HRM). The key messages conveyed through the contest included: (a) the need to take responsibility; (b) the need to be one's "own man"; (c) that one can be a role model for others; (d) the need to respect women and to reject violence in relating to them; and (e) the need to protect their health and the health of those around them. From the 1,600 application forms that were distributed, 450 men (military and general public) applied for the competition. Three winners were selected from three sites for the "final challenge" held in Samraong City. Organizing the contests involved various stakeholders, such as the NAA, UNAIDS, MoND, local governments, Health and Women's Affairs departments, Commune Councils and local NGOs.
- Starting in mid-November 2011, FHI 360/NRIP team and MoND conducted the Bros Khmer in Military study through quantitative VCCT survey using Computer-Assisted Survey Instrument. The study sought to: (a) determine the HIV status and HIV testing history in a sample of military men who are based at the Northern Thai-Cambodian border; and (b) examine the range of sexual risk behaviors. The team has completed data gathering and the report is expected to be completed in early 2012.

78. **Output 3: Strengthen SRH services at district levels.** The baseline assessment elucidated priorities for SRH service strengthening. Among them is the training of health service providers in SRH, particularly in SRH diagnosis and treatment, and accurate record keeping and reporting. Availability of quality medical supplies also need to be enhanced, although it was not clear whether that this is a logistical issue that will improve as the road condition improves, or whether it is financing issue. Health centers could cope with a few extra patients, but a doubling of patients would not be feasible. The health center chief in Banteay Chmar said a new building would enable better patient care. Another health center chief said equipment would need to be replaced more regularly.

79. Cognizant of this situation, FHI through subproject 9 has been working closely with NCHADS, NAA and provincial health representatives to articulate SRH training priorities and develop a capacity building plan for SRH service providers in Subproject 9 target areas. FHI/Subproject 9 and NCHADS organized two training courses on STI/RTI syndromic case management for health care providers from selected referral hospitals and health care centers along NR68 in Banteay Meanchey and Oddar Meanchey province. The training was conducted in Battambang from 13–17 December 2010 and in Oddar Meanchey from 3–6 January 2011 with a total of 26 health care providers: 14 from Banteay Meanchey and 12 from Oddar

Meanchey province. The topics discussed included: (a) Introduction to STI Prevention and Control; (b) Introduction to STI Syndrome; (c) Case Management, History-Taking and Examination; (d) Diagnosis and Treatment; (e) Educating and Counseling; (f) Patient Partner Management STI/RTI Case Reporting; and (g) Linking services between STI/RTI, HIV/AIDS and Reproductive Health.

80. **Output 4: Conduct M&E for project quality assurance and improvement.** One notable accomplishment in this area is that all partners are now using monitoring tools with minimal mistakes. From 18 to 22 July 2011, FHI/Subproject 5 and 9 teams has been conducting comprehensive monitoring and Data Quality Audit (DQA) for IAs and the overall score shows that performance of WOMEN has improved remarkably (51%-65%- 86%).

81. From 25–27 July 2011, FHI subproject 5 & 9 hosted a Joint Midterm Review Mission Team from ADB and the Australian Agency for International Development (AusAID). Representatives from National AIDS Authority, Provincial AIDS Committee (PAC) and Provincial Health Department (PHD) representatives of Banteay Meanchey Province also participated in the mission.

82. From 24 July–5 August 2011, the project evaluation team of FHI subproject 5 & 9 conducted endline assessment in target areas of Poipet City, Banteay Meanchey and Odddar Meanchey provinces. The objectives of the endline assessment were: (a) To document any changes in the number or location of entertainment venues, risk areas, health facilities etc since start of the CRIP and NRIP initiatives; (b) To measure differences in HIV and trafficking risk reduction awareness and behaviors among commune residents & targeted MMPs; (c) To assess the extent to which study participants identified with, or were influenced by, the 'My Way' risk reduction messages; and (d) To assess, through qualitative measures, how SRH knowledge and skills have been further developed among targeted service providers in NRIP. The latest milestone report from NRIP is the 3rd Bi-Annual Progress Report which reports on progress made until June 2011 (Appendix 7).

83. **Other issues.** Sustainability is a major concern. While the youth volunteers, mostly women, have signified their enthusiasm to continue their outreach work even after project close out, continuing program support would be needed to build on the pre-construction gains, especially during the construction and post-construction phases when risks factors are expected to become pronounced. WOMEN have approached ADB for interim funding to continue programmatic activities until new donor support is secured and ADB responded positively by facilitating the approval of a US\$40,000 grant from the ADBs Gender and Development Cooperation Fund (GDCF).

84. **Planned activities for the remaining implementation period.** Below is a summary of activities planned for the remaining period of the project.

No	Main Activities	2012		
		Jan	Feb	Mar
1	Provide technical support for project implementation	x		
2	Sub-agreement close out for MoND and WOMEN	x		
3	Endline assessment report writing and send to ADB, NAA	x		
4	Organize for CRIP&NRIP projects closeout workshop	x	x	
5	Team leader visit to projects for closeout workshop preparation and projects completion report	x		

6	Prepare draft and finalize CRIP project completion report submitted to ADB, NAA	x	x	x
7	Anticipated inception meeting with WOMEN in case the grant application with the ADB Gender Fund is approved		x	

h. Subproject 10: Second Northern GMS Transport Network

85. 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 Viet Nam, 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 109 km 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.

86. The desired impact of Subproject 10 is reduced HIV/AIDS transmission and STI prevalence among migrant and mobile populations, and communities along the Project road and adjoining areas. The outcome is reduced HIV risks and vulnerabilities among target populations and identified communities. The desired outputs are: (i) strengthened capacity of and partnerships among key stakeholders for addressing HIV, addressing drug related harms, and human trafficking prevention; (ii) strengthened capacity of would-be affected communities to address existing and expected HIV/AIDS and human trafficking vulnerabilities associated with changing situations due to improved roads and connectivity, as well as increased and customary condom use among mobile populations and sex workers; (iii) enhanced capacity of health care providers in affected communities to deliver quality STI and HIV/AIDS services; and (iv) timely and good quality information on HIV/AIDS and human trafficking risks and vulnerabilities, as well as the progress and effectiveness of Subproject activities and lessons learned for future interventions.

87. The contract for Subproject 10 was signed on 30 May 2011. Following receipt of the signed letter of approval from the Lao and Vietnamese government (21 June and 24 June, respectively) to commence activities, an Inception Meeting was held with all relevant stakeholders, including the consultant team, ADB, and Lao and Vietnamese Government counterparts, in Vientiane on 8 July 2011. (Please see Appendix 8 for the Aide Memoire of the Inception Mission and Appendix 9 for the Inception Report.) Provincial level inception workshops were also held in Houa Phan (27 July 2011) and Thanh Hoa (October 2011) to formally signify the start of the project, constitute the project working teams (PWTs) and agree on a general workplan. As reported in their first Semi-Annual Progress Report (Appendix 11), the following are the accomplishments to date in each of the output areas:

88. **Output 1: Strengthened capacity of and partnerships among key stakeholders for addressing HIV, addressing drug related harms, and human trafficking prevention.** On the Lao PDR side, participatory planning with local stakeholders has been held in September 2011 following the findings from the baseline assessment. The PWTs together with the project staff set the general direction for the project in Houaphanh province, as follow: (i) The project will focus on young people in 26 villages.¹⁰ (ii) There will be specific activities for young women

¹⁰ These villages were identified as key target settings across the four districts because stand to be most affected by the Road 6 construction (Huamouang, Samneua, Sobao and Viengxay). These villages were selected also because they are known to be settings with relatively high levels of migration, drug use, and/or commercial sex. In

engaged in sex work and young people who are using drugs; and (iii) Mobile Men with Money in the three work settings (the two army camps and border police post where the baseline data were collected) will also be key target populations for this subproject. After the activity planning process, a basic training program on HIV, STIs, drug use and gender was conducted in October 2011 for PWT members in Houa Phan. This included provision of information relating to modes of transmission, symptoms, and modes of prevention for both HIV and other STI. Information about drug types and effects, as well as the link between drugs and HIV prevention, were also provided. By the end of November, monthly PWT meetings were already held in Sobao, Viengxay and Samneua districts. These meetings focused on reviewing activities conducted to date, discussing outstanding issues or suggestions, reviewing finance principles, and finalizing the monthly report.

89. On the Viet Nam side, the districts, Project Working Teams were formed. Members of the PWT include representatives from the District Health Center, Women Union, Youth Union and selected commune health stations. The first activity of the PWT was to participate in the planning meeting. A detailed work plan was initially developed by members of the PWT in October and finalized in November, based on the results of the baseline assessment in which they were involved in conducting as local researchers. In line with one of the key findings from the baseline about the limited knowledge of health workers in the three districts on sexual and reproductive health and STIs, a two-day training was conducted in November 2011. Topics included key factors contributing to improved quality of life for people particularly in rural areas, appropriate approaches to working with young people with a focus on youth at risk, syndromic management of STIs and HIV prevention. A quarterly meeting for the PWT with the Subproject consultant team and provincial authorities was also organised. It was a good opportunity for PWT to share their work plan and get feedback and support from provincial authorities.

90. **Output 2: Strengthened capacity of would-be affected communities to address HIV/AIDS and human trafficking vulnerabilities associated due to improved roads and connectivity.** On the Lao PDR side, In October 2011, the first of the planned village outreach activities was conducted in Sobhao village, Sobao district. This activity was conducted by three PWT members, with support from the consultant team, and was attended by 75 villagers, of which 24 were female. As of 8 December 2011, 11 outreach activities have been conducted in target villages along Road 6, participated in by 8 female sex workers, 296 young women, 501 young men and 19 young soldiers. Outreach activities include a range of interactive activities aimed at providing information about STIs, drug use, and human trafficking. Activities include educational games, quizzes, condom use demonstrations, and video presentations. Group discussions with key target populations (e.g. female sex workers) have also been conducted. These are small group discussions focused specifically on issues of concern to young female sex workers.

91. Overall the Subproject team has found community members in Houapanh to be interested in and engaged with outreach activities and group discussions. The atmosphere at these activities has tended to be very positive, and the local authorities have been very cooperative in informing villagers about the activities and encouraging attendance. However, areas of weakness are also evident, particularly in terms of specific information and knowledge gaps. These are being addressed with ongoing support from the Project Officer and DTL in Lao PDR. Moreover, during these initial activities the Subproject did not yet have IEC materials (leaflets, condoms, etc.) to distribute to target communities, nor did it have equipment such as

addition these target villages were also identified with a view to including communities from a range of ethnicities, including specifically Hmong and Thai Deng as well as ethnic Lao.

speakers and a projector (to date these have been borrowed from the provincial health department, but are not always available as and when required). IEC materials have now been procured for distribution at the outreach activities, and the project is waiting on ADB approval to purchase the other equipment (speakers and projector).

92. On the Viet Nam side, by the end of November 2011, no outreach activity had yet been conducted under this component. This will be reported on in the next progress report. However, the PWT has been working with 12 communes to prepare locations for the interventions and the intended audience (with much focus on most at risk populations and young people). The consultant team has been working with provincial PAC to gather good IEC materials from sources which may be used for these meetings, and have shared these with the PWT.

93. **Output 3: Enhanced capacity of health care providers in affected communities to deliver quality STI and HIV/AIDS services.** Activities on both the Lao PDR and Viet Nam sides, specific to this component, are scheduled to begin in 2012. From the baseline assessment, field visits by the consultant team and discussions with provincial and districts authorities, it was gathered that services on the ground, including VCT, STI screening and other HIV services are not yet client-friendly. Coverage is low and accessibility to them is still limited. The means to improve this situation were identified by the PWTs and incorporated in their workplans. For injecting drug users, a referral system will be introduced to enhance their access to clean needles and syringes, as well as condoms and other primary health care services, through other existing programs.

94. **Output 4: Timely and good quality information on HIV/AIDS and human trafficking risks and vulnerabilities, as well as Subproject performance, insights and hindsight.** Activities in this area during the reporting period were focused on the baseline assessment which was conducted on both the Lao PDR and Viet Nam sides in August 2011. (Please refer to Appendix 10 for the Draft Baseline Report.)

95. In Houa Phan, there are 84 villages located along Road 6. Of these, six villages and three work settings (two army camps and the border police) were selected as sample sites for data collection. These sites were identified by the PWT because they are known to have relatively high levels of migration, drug use, and/or commercial sex. Qualitative and quantitative data collection and analysis was conducted with a focus on young male and female villagers, soldiers, police, and sex workers in these settings. In Thanh Hoa, three districts were selected for the baseline (Quan Son, Ba Thuoc and Vinh Loc), with one commune per district as study area. Thanh Hoa PAC worked closely with the consultant team to identify and decide upon these locations for assessment. The results of the baseline formed a good foundation for the Project Working team and formed a good foundation for the Project Working team and consultant team to develop the project work plan for the whole life of the Project. The draft baseline assessment report has been submitted to ADB on 8 December 2011.

96. **Other issues.** Some delay in implementation was experienced early on in Vietnam, due to difficulties transferring funds to the field. This issue has now been overcome. However, it has necessitated a change in arrangements within the management team. The consultant team is finalizing internal reporting arrangements, and will advise ADB formally of these changes in the near future. The consultant team has also adjusted work plans and will continue to monitor progress of implementation closely.

97. **Planned activities.** In summary, the following key activities have been identified under each component for the next six months:

Lao PDR	Viet Nam
1) Advocacy and capacity building of province, district and commune level governmental staff, as well as partner NGOs/CBOs, through workshops and training	
<ul style="list-style-type: none"> Gender and human trafficking training Behaviour Change Communication (BCC) and project management training VCT training (see also component 3) Monthly PWT review, planning and support meetings Quarterly meetings of PWT with key provincial authorities Cross-border activities with Vietnam stakeholders and project staff to share lessons learnt on addressing issues of trafficking, drug use and HIV. 	<ul style="list-style-type: none"> Gender and human trafficking training Refresher and on job training on STIs, ARH, HIV, harm reduction provided by SP 10 project team Monthly and quarterly meetings with PWT and relevant sectors Exchange visit between Lao PDR and Viet Nam
2) Information-Education-Communication (IEC) and BCC	
<ul style="list-style-type: none"> Outreach activities in the 26 villages and 3 workplace settings Group discussions with key target population groups Identification, adaptation, and distribution of IEC materials (leaflets, CDs, posters, radio programs) 	<ul style="list-style-type: none"> Outreach activities Focus group discussions Identification, adaptation and distribution of IEC materials
3) Strengthening access to quality Sexual and Reproductive Health (SRH) Services, including VCCT	
<ul style="list-style-type: none"> VCT training (see also component 1) 	<ul style="list-style-type: none"> VCT training (early in the second half of 2012)
4) Monitoring and evaluation	
<ul style="list-style-type: none"> Monitoring and support by Consultant team and central level counterparts Mid-term review 	<ul style="list-style-type: none"> Monitoring and support by Consultant team and central level counterparts Mid-term review

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

a. Monitoring and Evaluation

98. **Joint Mid-Term Review with AusAID.** A Joint ADB-AusAID Mid-term Review Mission¹¹ visited Cambodia, Vietnam and Lao PDR from 25 July to 4 August 2011, and met with national and local government officials, project implementation consultants, UNAIDS, local NGOs, private company managers, and project beneficiaries including community members, entertainment workers, youth peer educators, and health staff.

99. The mid-term review had two main objectives: (i) To assess the progress of the RETA activities in terms of relevance, effectiveness, consistency/efficiency, sustainability, gender equality, and monitoring & evaluation; and (ii) To use the experience of implementation and management of the Subprojects to generate recommendations about the design and objectives of future interventions designed to mitigate HIV related risk and vulnerability in the context of infrastructure development projects. Below is a summary of the key findings of the review.

¹¹ The Mission comprised of Virginia Loo, Independent Consultant-Team Leader; Emiko Masaki, Social Sector Economist, ADB; Shireen Lateef, Gender Advisor, ADB; Chris Lyttleton, Technical Advisor-ADB Consultant; Pedrito dela Cruz, Program Officer-ADB consultant; Fiona Mcalister, Policy Officer, Effectiveness and Program Performance, AusAID; Robyn Biti, HIV Advisor, AusAID; and Roger Nixon, Policy and Program Officer, HIV and Health, AusAID.

Yardsticks	Findings
Relevance	<p>The sub-projects appropriately address HIV risk in areas adjacent to large infrastructure projects co-financed by ADB. However, from the perspective of preventing HIV, there is little evidence to suggest that the at risk populations in these project areas would have been likely to generate large numbers of new HIV infections even in the absence of intervention. In a few geographic areas with a more severe HIV epidemic the areas were targeted by national AIDS programmes for prevention interventions prior to the start of the RETA.</p> <p>To the extent that one objective of the project is to advocate and help national and local government to address the negative health and social impact populations associated with infrastructure development, the project appears to have strengthened the capacity of local government and NGOs to manage and provide HIV prevention services in some sub-project areas. The work of the sub-projects has been appreciated by government partners, but this has not yet translated to integrating these activities into the national strategy or other relevant policy changes.</p>
Effectiveness	<p>Large numbers of people of target populations were reached through various forms of outreach. In about half of the sub-projects with completed end-line assessments, there appear to be gains in knowledge of HIV prevention and modes of transmission and some promising increases in condom use among male beneficiaries. However, because many of the sub-projects do not have clear denominators or numerical targets for coverage for all populations, it is difficult to assess whether sub-projects under-performed or exceeded the expectations of ADB or AusAID.</p> <p>Large investments were made in building the capacity of local implementing agencies and to engage national and local government partners in the intervention. Meetings with government partners during the field mission consistently recognised the value of this capacity building and lamented the short duration of the implementation period.</p>
Consistency/Efficiency	<p>Overall, the projects were expensive from the perspective of the size of the populations covered and the duration of field implementation. More than 75 per cent of sub-project budgets were allocated for non-service delivery related activities, including administration, assessments, technical support, and training. These types of investments would not be cost efficient, if the only measure of performance were beneficiaries reached. These investments are more justified on the basis of the project's objective of building the long-term capacity for governments or implementing agencies to provide services; or in the interest of systematically developing models of interventions for a broader program of risk mitigation in the infrastructure sector.</p>
Sustainability	<p>Sustainability is a challenge with these types of projects due to the changing social-economic conditions related to infrastructure development. The target populations are also mobile, meaning over time there is a continuous need to reach more people with prevention services. Given that a majority of the service delivery sub-projects explored models of intervention for the post-construction period of an infrastructure project, concerns about sustainability should have been</p>

Yardsticks	Findings
	<p>a more influential principle in designing the interventions and defining the indicators of success. Financial sustainability may not be a realistic objective for the RETA sub-projects. Strong government ownership over the planning and management of the activities is another aspect of sustainability that was the hallmark of one sub-project's approach to implementation. Integrating sub-project approaches or highlighting risk populations that are uncovered and should be incorporated into the national AIDS strategy is another dimension of sustainability. In particular, stimulating government interest and facilitating collaboration between governments in the GMS to, for example, address HIV risk among sex workers from one country working in another country. To improve the sustainability of the project, the RETA must step up this level of engagement of government partners over the last 18 months of implementation.</p>
Gender equality	<p>Considerable effort was made by ADB management to systematically integrate consideration of gender dimensions into sub-project activities. However, these efforts were not always value added, due to the inability to source consultants with sufficient practical experience, and the lack of specificity of the inputs provided. For example, outreach coverage data was disaggregated by gender, but there was little guidance or targets set about the expected proportion of women that should be reached to meet gender equality standards. The gender action plans did not recognize that most HIV prevention interventions are gender specific given the focus on specific risk populations, e.g. female sex workers, male clients, etc. Despite this missed opportunity, many sub-projects had incorporated gender sensitive approaches to providing prevention interventions pro-actively addressing women's lack of power in sexual decision making and taking decisions for their own health and well-being. This includes the adoption of structural interventions at entertainment establishments, campaigns to change perceptions of masculinity, and empowerment of women.</p>
Monitoring and evaluation (M&E)	<p>Despite a fair amount of technical support, in the form of international level consultants allocated to support M&E, this area of the project was fairly weak. Some particular areas of weakness were ability of the Design and Monitoring Framework (DMF) to explain the project logic, selecting indicators that measure all key objectives, the lack of targets and indicator definitions and standardisation, and the design of some key data collection activities. Efforts to correct weaknesses in the DMF were undertaken between the third and fourth quarters of 2010. However, this process of revising the DMFs did not sufficiently address important weaknesses in the M&E system.</p>

100. These findings were discussed during the 4th GMS Workshop on HIV Prevention and the Infrastructure Sector held on 26–27 October 2011 in Hanoi, Viet Nam.

b. Gender

101. **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. The progress against GAPs is monitored at subproject level and was also assessed during the mid-term review in July 2011.

c. Knowledge Dissemination and Regional Coordination

102. **10th International Congress on AIDS in Asia and the Pacific (ICAAP 10).** A Satellite Meeting on *Roads, Connectivity and HIV* was held on 28 August during the 10th ICAAP 10 held in Busan, Republic of Korea. Co-chaired by Ms. Ursula Schaefer-Preuss, former ADB Vice President for Knowledge Management and Sustainable Development, and Mr. Murray Proctor, Ambassador for HIV/AIDS of Australia, the session discussed the impacts of connectivity and infrastructure development on HIV risks and vulnerability and share lessons learned and impact stories from various initiatives on HIV prevention and mitigation in the infrastructure sector. Speakers during the satellite meeting included the deputy team leader and M&E specialist of Subprojects 5/9 and Subproject 2, respectively, and the Director of CHAS in Lao PDR.

103. **GMS regional workshop.** The 4thrd GMS Workshop on HIV Prevention and the Infrastructure Sector was held in Hanoi, Viet Nam from 26–27 October 2011. The objectives of the workshop were to: (i) draw from the learning or hindsight from the implementation of the three completed RETA 6467 sub-projects and two that are scheduled to end in early 2012; (ii) discuss the findings of the Joint ADB-AusAID Mid-Term Review of RETA 6467, especially on pursuing the institutionalization of HIV risk mitigation and prevention responses in pre-construction, during construction and post construction phases; and (iii) identify the next steps toward institutionalization at the local, national and regional levels and towards harmonization of efforts by various development partners to build on the gains from past and existing risk mitigation initiatives in the infrastructure sectors. A post-workshop session among participating countries to discuss ongoing efforts to revise and renew the MOU for *Joint Action to Reduce HIV Vulnerability Related to Population Movement* was also held. Participants to the workshop included government representatives from the Kingdom of Cambodia, the People's Republic of China, Lao People's Democratic Republic, Republic of the Union of Myanmar, the Kingdom of Thailand, and the Socialist Republic of Viet Nam. Also present were resource persons, project implementers, and representatives from development agencies such as the Australian Agency for International Development (AusAID), the Japanese International Cooperation Agency (JICA), the Swedish International Development Agency (SIDA), the Joint United Nations Program on HIV and AIDS (UNAIDS), the International Organization on Migration (IOM), and World Vision. Viet Nam Resident Mission staff also attended. (Please refer to Appendix 12 for the Summary Workshop Proceedings.)

104. **Partnerships and Coordination.** With the signing of the MOU for Joint Action during the GMS Summit held in Myanmar last December 2011, there is now an enabling instrument for sub-regional collaboration to reduce HIV vulnerability as it relates to mobility and migration in the GMS. The Joint Action Program (JAP) which will contribute to the operationalization of the MOU has identified key activities for which funding has been secured from the *ADB Cooperation Fund for Fighting HIV and AIDS in Asia and the Pacific* funded by the Swedish Government. (See Appendix 13 for the signed MOU.)

105. **Knowledge products.** In partnership with ADB's Department of External Relations and in coordination with the subproject teams, a video production focusing on the road mobility-HIV nexus was undertaken. The four video clips under this project focus on most-at-risk-population groups affected by the construction of road corridors and also feature the HIV prevention and risk mitigation measures being done for these population groups. A clip focuses on the dedicated efforts of local health workers to prevent the spread of sexually transmitted infections and HIV in rural communities connected to the corridor. The videos will be used for education

and advocacy to mobilize the support of various stakeholders for risk mitigation initiatives and to foster advance planning to address risks associated with major road projects.

106. Work is currently in progress for the production of two knowledge products: (i) Case studies on HIV risk mitigation in road corridor projects; and (ii) Lao translation of the training manual “For Life with Love”. The case studies will provide information on structural and operational factors that facilitated or impeded the success of HIV interventions introduced under RETA 6467. They will feature the innovative use of ethnic media in informing and empowering communities, especially young people, to protect themselves against STIs/HIV/AIDS, the facilitating and limiting factors to cross-border collaboration, and good practices in a pre-construction risk mitigation initiative. As to the training tool “For Life with Love”, which was designed for HIV prevention and safe migration in road construction settings and affected communities, translating it to Lao is part of pro-active programming cognizant of major infrastructure projects in Lao PDR that are in the pipeline.

B. CONTRACT AWARDS AND DISBURSEMENT PROGRESS

107. Current total commitments, including administrative and audit fees, amount to US\$4,964,256 (or US\$4,091,156 before administrative and audit fees). This is equivalent to 91 percent of the total TA amount of \$5,431.550¹² leaving a total uncommitted amount of US\$467,294 to date. Total uncommitted amount will be smaller (at \$US174,694) if projected additional amount, estimated at US\$292,600, will be factored in. Contract awards for Subproject Implementation (Component 1) amount to US\$3,613,952, while those for M&E, Knowledge Dissemination and Regional Coordination (Component 2) amount to US\$477,204. (Please see Attachment 3.)

108. As of 15 December 2011, total disbursement was at US\$2,782,164 (68 percent of the total contract awards before administrative and audit fees). These figures do not include yet unliquidated costs of approved activities¹³. Disbursements for 2012 are projected to reach \$2.3 million. Cumulative disbursement for Component 1 is projected to reach US\$3.48 million by the end of 2012, representing 96 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 2012, amounts to \$763,278.

C. PLANNED ACTIVITIES FOR 2012

109. For 2012, the main priorities include: (i) monitoring the implementation of remaining subprojects including those that are funded outside of the RETA, with particular emphasis on how they are learning from the experiences of earlier subprojects; (ii) providing further opportunities for field implementation teams and various relevant development partners to share information and experiences in implementing risk mitigation initiatives associated with greater connectivity and mobility; (iii) management of consultants who are tasked with providing implementation guidance and generating knowledge products; (iv) follow ups with subproject partners on how sustainability is being pursued, if at all; and (v) facilitating the preparation and production of knowledge products to highlight the lessons learned from the RETA.

110. The planned program of activities for the first half of 2012 is summarized as follows:

¹² Total amount released, in US\$ equivalent, after the 4th or last tranche on 23 May 2011.

¹³ Charged under “Other Payments” of the Payment Schedule in the contract of the consulting firms.

Timeline	Activities
1 st Quarter	<ul style="list-style-type: none"> • Quality monitoring of Subprojects • Conduct of ADB final review mission for Subproject 5 and 9 • Conduct of ADB review missions for Subproject 10 (dates) and Adoption of an online mechanism for information and experience-sharing among stakeholders in HIV risk mitigation in infrastructure projects. • Holding of knowledge-sharing sessions for the ADB Transport and Health Communities of Practice • Facilitating ADB review and pre-publication processes for the case studies and Lao translation of “For Life with Love” training manual.
2nd Quarter	<ul style="list-style-type: none"> • Quality monitoring of remaining Subprojects • Production of two knowledge products: Case Studies and Lao version of “For Life with Love” • Facilitating the preparation of additional knowledge products • Holding of knowledge-sharing sessions for the ADB Transport and Health Communities of Practice

D. CONCLUSIONS

111. The last 12 months (1 January–31 December 2011) saw the ending of 3 subprojects, the commencement of one, and the extension of 2 related subprojects. It was also a year filled with learning, helped by the findings of the Joint ADB-AusAID MTR of the RETA and capped by the brave discussions during the 4th GMS Workshop in Hanoi. There is no doubt that the lessons that were brought to fore stand to benefit the implementation of other subprojects, within or outside RETA 6467. To realize this, knowledge management, knowledge sharing and regional coordination will be heightened.

Appendix 1. Summary of Subproject Status

No.	Sub-Project Title	Estimated cost	Notes
1.	LAO: Northern Economic Corridor (Route 3) (post construction)	600,000	Completed
2.	LAO/VIE: East West Economic Corridor (post construction)	693,500	Completed
3.	VIE: Central Region Transport Networks	27,000	Completed
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; It is expected to close on March 2012.
6.	CAM/VIE: Southern Coastal Corridor (construction phase)	0.0	Being implanted as a part of the road construction project. It is directly managed by AusAID
7.	LAO: Northern GMS Transport Network Improvement Project	0.0	Being implanted as a part of the road construction project. It is directly managed by AusAID
8.	PP-HCMC Highway (post construction)	700,000	Completed.
9.	CAM: NW Provincial Roads (pre construction)	350,000	Extended until 30 March 2012. (coterminous with Subproject 5)
10.	VIE/GMS: Second Northern GMS Transport Network (pre and during construction)	500,000?	Burnet Institute is the implementing agency with a contract signed on 1 June 2011. Implementation period is for 18 months. The review mission is conducted in Feb 2012.

Appendix 2: Summary of Subproject Implementation Schedule

Subproject	Design Mission	Consultant Recruited	Consultants Fielding	Inception Mission	Review Mission	Informal Review Mission	Mid-Term Review Mission (Subproject level)	Overall RETA Mid-Term Review	Final Review
Subproject 1 Northern Economic Corridor (Lao)	Oct 07	23 Feb 09	3 Mar 09	31 Mar–3 Apr 09	16–20 Nov 09	13 Jan 2010	27 Sept–1 Oct 10	25 Jul–4 Aug 11	
Subproject 2 East-West Corridor (LAO/VIE)	Oct 07	27 Feb 09	2 Mar 09	4–8 May 09	12–16 Oct 09	5–6 Jul 10		-do-	
Subproject 3 Central Region Transport Networks (VIE)			23 Mar 09 (calendared completion: 1 st Qtr of 2010)						
Subproject 4 Cross Border Transport Agreement (GMS)			15 Sep 08 (completed 31 Dec 08)						
Subproject 5 Road Improvement Project (CAM)	1–17 Oct 08	16 Mar 09	19 Mar 09	27–30 Apr 09	19–23 Oct 09	12–14 Jul 10	28 Feb–3 Mar 11	-do-	1–6 Feb 12
Subproject 6 Southern Coastal Corridor (CAM/VIE)									
Subproject 7 Northern GMS Transport Network Improvement (LAO)									
Subproject 8 PP-HCMC Highway (CAM/VIE)	Jan 09	15 May 09	27 May 09	1–7 July 09	25–28 Jan 10	8–9 Jul 10	9–11 Feb 11	-do-	
Subproject 9 NW Provincial Roads (CAM)	23–31 Mar 09	Oct 09	19 Nov 2009	29 Jan–2 Feb 10		12–14 Jul 10	28 Feb–4 Mar 11	-do-	1–6 Feb 12
Subproject 10 Second Northern GMS Transport Network	Dec 10	1 Jun 11	21 Jun 2011	8 Jul 11	7–13 Feb 12				

Appendix 3: Statement of Disbursements and Projections

RETA 6467: HIV Prevention and Infrastructure: Mitigating Risk in the Greater Mekong Subregion
Statement of Disbursements as of 31 December 2011 and
Statement of Projected Disbursement, FY-2012

No.	Component/Activities	Original Budget in TA Paper	Actual Commitments	Actual Disbursements	Outstanding Commitments	Uncommitted TA Funds	Projected Additional Commitments	Projected Disbursement, 1st Qtr, 2012 - 4th Qtr, 2012					2013 Expected payables
								Q1 2012 (Jan-Mar)	Q2 2012	Q3 2012	Q4 2012	Total	
Component 1: Subproject Implementation													
Subproject Number and Title													
1	LAO: Northern Economic Corridor (post construction)	600,000	600,000	519,416	80,584	0	6,550	87,134				87,134	0
2	LAO/ME: East-West Corridor (post construction)	700,000	693,500	609,561	83,939	6,500		83,939				83,939	0
3	VIE: Central Region Transport Network (construction)	700,000	27,000	24,509	2,491	673,000						0	0
4	GMS: Cross Border Transport Agreement	500,000	49,452	49,449	3	450,548						0	0
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	658,949	391,051	250,000		25,000	366,051			391,051	0
6	CAM/VE: Southern Coastal Corridor											0	0
7	LAO: Road 4											0	0
8	PP-HCMC Highway (post construction)	600,000	694,000	518,267	175,733	(94,000)		175,733				175,733	0
10	VIE/GMS: Second Northern GMS Transport Network (pre- and during construction)	600,000	500,000	81,963	418,037	100,000		65,000	70,000	75,000	75,000	285,000	133,037
Total for Component 1		5,000,000	3,613,952	2,462,114	1,151,838	1,386,048		436,806	436,051	75,000	75,000	1,022,857	133,037
Component 2: M&E, Knowledge Dissemination, and Regional Coordination													
1	Project Coordination	380,000	268,250	181,525	86,725	111,750	119,000	36,886	48,623	51,747	49,515	186,771	15,248
	(a) International Consultants		130,295	83,805	46,490	0	58,000	17,000	20,000	28,827	28,190	94,017	10,000
	(b) National Consultants		137,955	97,720	40,235	0	61,000	19,886	28,623	22,920	21,325	92,754	5,248
2	Monitoring and Evaluation	120,000	122,854	73,883	48,971	(2,854)	37,000	15,000	20,000	20,000	15,000	70,000	11,000
	a. Consultants		110,354	66,352	44,002		37,000	15,000	20,000	20,000	15,000	70,000	
	b. ADB-AusAID mid-term review		12,500	7,531	4,969								
3	Gender and development (consultants)	120,000	12,100	12,075	25	107,900							
4	Surveys and other field studies (Projected amount)	70,000				70,000	45,000		30,000		15,000	45,000	
5	Publications and reports (inc production, dissemination, and web materials)	70,000				70,000	50,000		25,000		10,000	35,000	15,000
6	Workshops and consultations for knowledge dissemination	140,000	74,000	52,024	21,976	66,000	15,000		15,000		22,000	37,000	0
7	Contingency (10% of proposed amount under C2)	100,000				100,000	26,600						26,600
	Total for Component 2	1,000,000	477,204	319,507	157,697	522,796	292,600	66,886	158,623	91,747	126,515	443,771	67,848
	Project Administration		873,100	543	872,557	(873,100)					872,557	872,557	0
	TOTAL	6,000,000	4,964,256	2,782,164	2,182,092	1,035,744	292,600	503,692	594,674	166,747	1,074,072	2,339,185	200,885
	Total Contract Awards before Project Administration Costs		4,091,156					Total TA amount after 4th (last) tranche					5,431,550
	Total Contract Awards plus Projected Additional Commitments		5,256,856					Total uncommitted amount (as of Dec 2011)					467,294
								Total uncommitted (after projected additional commitments)					174,694