

PART II: RESOURCE BOOK
INTEGRATING HIV/AIDS ISSUES
INTO THE ADB PROJECT CYCLE

Objectives

The resource book was developed to help ADB staff plan, design, implement, monitor, and evaluate HIV-prevention initiatives in transport projects.

The resource book provides a step-by-step methodology on how to address HIV and AIDS issues at each phase of the ADB project cycle.

Target Audience

- Mission leaders,
- Project team members,
- Consultants,
- Resident missions, and
- Others who will be responsible and/or involved in preparing, implementing, monitoring, and evaluating of HIV-prevention initiatives in ADB-funded roads and transport projects.

The resource book was specifically designed to address HIV vulnerabilities in the construction and rehabilitation of roads and highways. It can, however, be useful to other ADB sectors and subsectors as well.

How to Use the Resource Book

The resource book is organized into five interrelated modules that correspond to a particular phase of the ADB project cycle.

Module 1	Project Identification
Module 2	Predesign
Module 3	Design
Module 5	Implementation
Module 6	Monitoring and Evaluation

Each module contains step-by-step methodology for addressing HIV/AIDS issues in that particular phase. An index for related materials and resources is also provided, which includes:

- [Issue]** Brief overviews or explanations of key issues and themes relevant to that phase of the project cycle.
- [Link]** Publications and other source materials relevant to that phase.
- [Tool]** Checklists, sample terms of reference (TOR) for consultants, sample technical assistance (TA) papers, sample bidding documents, and other materials relevant to that phase/stage.

Module 1


Country Partnership Strategy: PROJECT IDENTIFICATION

ADB defines its medium-term development strategy and operational program in the country partnership strategy (CPS). Based on thematic and sector assessments, ADB identifies how it will support the DMCs' development priorities and poverty reduction programs.

With sound analytical basis, ADB can advocate for HIV prevention to be mainstreamed into the transport sectors of the DMCs and region.

Where you are in the project cycle: ↩

Project Identification Phase
Predesign Phase
Design Phase
Implementation Phase
Monitoring and Evaluation Phase

	Tool for : CPS team
	<ul style="list-style-type: none"> • Resident mission • Regional department

Objectives

- To understand if and how HIV vulnerability is created and/or exacerbated during and after the construction (and rehabilitation) of major roads and highways in the country's local context; and
- To develop strategies and programs that can leverage ADB transport projects as effective mechanisms for HIV prevention, rather than contributing factors to the AIDS epidemic.

Outputs

Issues of HIV vulnerability in the transport sector addressed and incorporated (when needed) in the:

- CPS,
- health sector road map, and
- transport sector road map.

Key Questions

- What is the HIV and AIDS situation in the country and surrounding region?
- What geographical areas are being proposed for transport infrastructure development? What is the HIV and AIDS

situation in the proposed project sites and surrounding areas, especially in the towns/cities that will be connected by the road or highway?

- Has the National AIDS Authority identified the transport and infrastructure sectors as focus areas for HIV prevention? What prevention strategy does it have for migrant and mobile populations? Does it have a multi-sectoral strategy that includes the transport sector?
- Has the Ministry of Transport (or equivalent) identified HIV prevention as part of its sectoral work? If so, are there policies, strategies, programs, or mechanisms in place to support this?
- How can ADB support in developing or strengthening sustainable strategies and programs to address HIV vulnerability in the transport sector through TA and/or ADB-funded transport projects?

Table 3: Addressing HIV/AIDS in the Formulation of the Country Partnership Strategy

When	How Prevention Could be Taken into Account
Pre-CPS Analyses and Assessments	<ul style="list-style-type: none"> • Ensure that HIV is discussed as a key issue in the thematic analytical work on health, particularly as it is associated with mobility, migration, and the transport sector • Ensure that HIV is discussed as a key issue in the transport sector analysis as possible negative effects of major transport projects • If potential investment in the transport sector is substantial, and data on HIV vulnerability in the transport sector are weak, then an in-depth assessment on the topic should be conducted, which should include related issues such as drug and human trafficking • Ensure that key stakeholders from both health and transport sectors are consulted, which include: <ul style="list-style-type: none"> ■ National AIDS Authority ■ Ministry of Transport, including its HIV/AIDS committee and/or department/division that is responsible for addressing the social and environmental impacts of transport projects ■ Donors who have experience and/or interest in HIV prevention in the transport and infrastructure sectors ■ Civil society organizations that work on HIV prevention with relevant groups, e.g., migrant workers (including transport and construction workers), other mobile and migrant populations, ethnic minority groups, women, and children, etc. ■ Labor unions and/or workers' associations ■ Private sector, e.g., HIV business coalitions (especially in the transport and construction industries), business forums for corporate social responsibility, etc.

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Table 3 continued...

When	How Prevention Could be Taken into Account
Preparation of CPS Initiating Paper	<ul style="list-style-type: none"> • Based on the pre-CPS analyses and key stakeholder consultations, explain why HIV prevention in the infrastructure sector (including transport) is one of ADB's priority areas as articulated in the strategic directions paper, <i>Development, Poverty, and HIV/AIDS: ADB's Strategic Response to a Growing Epidemic</i>, endorsed by the Board in April 2005^a <ul style="list-style-type: none"> ■ Recommend strategies and programs that can effectively mainstream HIV prevention in the transport sector by focusing on: <ul style="list-style-type: none"> ■ A multi-sectoral, programmatic approach rather than being limited to project-level interventions ■ Establishing a functional relationship between the Ministry of Health (and/or National AIDS Authority) and Ministry of Transport ■ Supporting the "Three Ones Principle": one national HIV/AIDS coordinating authority, framework, and monitoring and evaluation (M&E) system^b ■ Promoting institutional capacity building
Updating of Sector and Thematic Road Maps	<ul style="list-style-type: none"> • Ensure that HIV vulnerability is discussed as a key issue in preparing the transport sector road map • Coordinate with the health sector in streamlining strategies and programs for HIV prevention in the transport sector to avoid duplication of efforts between sectors and at country level
CPS Mission	<ul style="list-style-type: none"> • Advocate with Government to mainstream HIV prevention in the transport sector through a sustainable, programmatic approach • If the national HIV/AIDS framework promotes a broad-based multi-sectoral approach, discuss how to support the Ministry of Transport in strengthening its HIV response, e.g., developing an HIV/AIDS strategic plan, establishing an HIV/AIDS committee, etc.
Country Team Retreat/CPS Stock-Taking Meeting	<ul style="list-style-type: none"> • If HIV has been flagged as a priority issue during the country team retreat, ensure that the country team is comprised of a qualified member who can provide sound technical inputs on HIV during the preparation of the CPS
CPS Initiating Meeting/ Informal Board Seminar	<ul style="list-style-type: none"> • Discuss if HIV prevention in the transport sector should be part of the strategic direction or priority areas for the country • If so, clarify which ministry has the main mandate to ensure that HIV prevention in the transport sector is achieved
CPS Formulation Mission	<ul style="list-style-type: none"> • Identify possible co-financing options and/or collaborative opportunities with other funding agencies/donors based on each one's comparative advantage^c • Determine which ministry should take the lead responsibility for HIV prevention in the transport sector and what mechanism should be in place to facilitate effective coordination and collaboration with other ministries and key players

^a ADB. 2005. *Development, Poverty, and HIV/AIDS: ADB's Strategic Response to a Growing Epidemic*. Manila.

^b The Three Ones Principle was launched in Washington on 25 April 2004 by UNAIDS in collaboration with national HIV/AIDS programs, bilateral donors, and the Global Fund to reinforce international stakeholders' commitment to harmonize the HIV/AIDS epidemic response.

^c Explore for example opportunities to collaborate with the Joint Initiative partners (see Part I, page 3).

AIDS = acquired immune deficiency syndrome, CPS = country partnership strategy, HIV = human immunodeficiency virus.
Source: ADB Consultants.

Suggested Tools and Resources

A number of tools and resources are available to assist governments in assessing national HIV/AIDS situations and in formulating strategic HIV and AIDS responses accordingly. Presented below are some examples.

[Link] Sample HIV/AIDS policy of a Ministry of Transport

Ministry of Public Works and Transport, Kingdom of Cambodia, 2006
In 2006, the HIV/AIDS Working Group of the Ministry of Public Works and Transport (MPWT) developed the *Policies on HIV/AIDS Prevention: In Response to Activities of Public Works and Transport Sectors in the Kingdom of Cambodia*. This was done in collaboration with the National AIDS Authority, with support from the Canada South East Asia Regional HIV/AIDS Program). Available from MPWT upon request.

[Link] Sample country action plans

United Nations Development Programme South East Asia HIV (UNDP-SEAHIV), 2004

These are samples of country action plans for mainstreaming HIV prevention in the transport sector from Cambodia, Lao PDR, Myanmar, Thailand, and Viet Nam. They were produced during a workshop, *Building Regional HIV Resilience along the ASEAN Highway Network*, held on 13–15 October 2003 in Bangkok, Thailand. UNDP-SEAHIV and Development Project, Association of Southeast Asian Nations (ASEAN), and World Vision organized the workshop.

Available: [www.undp.org/hiv/docs/alldocs/Asia%20-%20Building%20Regional%20HIV%20Resilience%20Along%20the%20ASEAN%20Highway%20Network%20\(2004\).pdf](http://www.undp.org/hiv/docs/alldocs/Asia%20-%20Building%20Regional%20HIV%20Resilience%20Along%20the%20ASEAN%20Highway%20Network%20(2004).pdf)

[Link] ILO Code of Practice on HIV/AIDS

International Labour Organization (ILO), 2002

The ILO Code of Practice on HIV/AIDS and the World of Work: An Education and Training Manual provides guidelines to apply the “ILO Code of Practice on HIV/AIDS” to national strategic plans and to develop effective workplace policies and programs. The document also contains core information on HIV and the workplace, case studies, practical learning activities, and examples of laws and policies. Available: www.ilo.org/public/english/protection/trav/aids/code/manualen/complete.pdf

[Link] Guidelines on HIV/AIDS for the transport sector

ILO, 2005

These guidelines for the transport sector respond to the different situations, needs, and interests of workers and employers related to HIV in this particular sector. Available: www.ilo.org/public/english/protection/trav/aids/publ/trgl.pdf

[Link] **Sample strategy for HIV prevention among migrant workers**
UN Regional Task Force on Mobility and HIV Vulnerability Reduction, 2006

The UN Regional Strategy for Mobility and HIV Vulnerability Reduction (2006–2008) covers all Southeast Asian countries and southern provinces of the PRC. It provides recommendations of institutional mechanisms that can be established at the national level to address HIV prevention among mobile and migrant populations, including those in the transport sector. Available: www.hivmobilitysea.org/RegionalStrategy/index.html

Module 2


Project Preparatory Phase: PREDESIGN PHASE

A TA fact-finding mission is usually conducted to validate expectations outlined in the CPS and to collect preliminary information for developing a project proposal.

The predesign phase is the most crucial for incorporating HIV issues into loan-related TA. This is the time when the ADB project team and the executing agency (in consultation with other key stakeholders) determine whether HIV is a significant enough issue to support or justify the inclusion of further HIV-related assessments and activities into project designs.

Where you are in the project cycle: ↩

Project Identification Phase
Predesign Phase
Design Phase
Implementation Phase
Monitoring and Evaluation Phase

	Tool for : CPS team
	<ul style="list-style-type: none"> • Project team leader • Designated project team member for HIV

One output from the TA fact-finding mission is the initial poverty and social assessment (IPSA), which flags key issues that need to be addressed in greater depth during the project preparatory technical assistance (PPTA).²⁷ As the correlation between major transport projects and the spread of HIV is well documented (Part I), it is highly recommended that HIV be systematically addressed as a key issue in IPSA and feasibility studies for roads and road transport projects.

Outputs

- Project team member designated for HIV/AIDS issues
- HIV/AIDS issues included in the IPSA
- Terms of reference (TOR) for an HIV/AIDS consultant for the project design phase

Entry Points for Considering HIV in the Pre-design Phase

There are two main stages in the predesign phase in which HIV can be addressed accordingly. These are:

²⁷ ADB. 2001. *Handbook on Poverty and Social Analysis: A Working Document*. Manila.

Stage 1: Initial Assessment

Stage 2: Recruitment of Consultants for Design Phase

The following table summarizes the main steps to address HIV/AIDS during these two stages of the pre-design phase. Detailed action points for each stage are provided in the following sections.

Table 4: Addressing HIV/AIDS in the Pre-design Phase

Activity	How HIV Could be Taken into Account
<i>Stage 1: Initial Assessment</i>	
Team formation	<ul style="list-style-type: none"> • Ensure that a qualified technical staff or consultant is a member of the project team, who can conduct policy dialogue and analysis of HIV issues with relevant government ministries and key stakeholders • Create a work plan that integrates HIV as a key issue in project preparation (e.g., HIV as a key issue in the IPSA report)
Identification of major sectoral and thematic issues, main stakeholders, lessons, and macroeconomic factors	<ul style="list-style-type: none"> • Include HIV-related questions in the social/poverty assessment questionnaire sent to the governments prior to the PPTA fact-finding mission • Consult key people in the National AIDS Authority, Ministry of Health, UNAIDS, and other relevant agencies who could give advice on key issues (and pitfalls) to consider when assessing the HIV situation in the proposed project area
Assessment of the existing information and the extent to which more information will be needed to be collected during PPTA fact finding	<ul style="list-style-type: none"> • Assess whether existing information on HIV is accurate, relevant, adequate, and if more information collection is needed • If HIV information for the proposed project area is inadequate, assess whether ADB needs to include resources in the PPTA to conduct a more in-depth HIV assessment
Agreement between ADB and Government on the scope of work, implementation, and financing arrangements, and time frame to prepare an investment project	<ul style="list-style-type: none"> • Discuss if the results of the HIV assessment constitute an HIV component for the proposed road project, or if further information and assessment are needed during the PPTA phase to determine this • If HIV needs to be addressed, seek assurance of assistance from the Government in all aspects of project preparation and implementation for the HIV-prevention component • Propose/negotiate TOR for an HIV/AIDS specialist (or qualified social/health professional) to prepare an HIV-prevention component and/or conduct an in-depth HIV assessment, if needed (use findings from the IPSA to design the TOR)

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Table 4 continued...

Activity	How HIV Could be Taken into Account
<i>Stage 2: Recruitment of Consultants for Design Phase</i>	
Invitation documents; shortlist; and CSC meeting	<ul style="list-style-type: none"> • If agreed upon, prepare the TOR for an HIV/AIDS specialist (or qualified social/health professional) to conduct a more in-depth HIV assessment


AIDS = acquired immune deficiency syndrome, CSC = consultant’s selection committee, HIV = human immunodeficiency virus, IPSA = initial poverty and social assessment, PPN = project preparatory note, PPTA = project/program preparatory technical assistance, TA = technical assistance, TOR = terms of reference, UNAIDS = Joint United Nations Programme on HIV/AIDS.

Source: ADB Consultants.

Pre-design Phase

Stage 1: Initial Assessment

This stage in the pre-design phase is crucial for incorporating HIV issues in the project design as it determines the following:

	<p>Tool for :</p> <ul style="list-style-type: none"> • Project team leader • Designated project team member for HIV
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- The scale and scope of further HIV-related assessments through the project cycle; and
- The estimate of the amount and mix of consultant expertise needed to examine HIV vulnerabilities and other social and poverty issues (e.g., human trafficking) during project preparation.

Objectives

To determine the scale and scope of further HIV-related preparatory activities and consultant expertise required, the project team needs to:

- Include a member (staff and/or consultant) with adequate skills and experience on HIV prevention;
- Conduct a rapid HIV assessment during the PPTA fact-finding mission;
- Discuss preliminary HIV-related findings with the executing agency (and other key stakeholders) and identify appropriate measures to design an effective HIV intervention, if needed; and
- Include results from the HIV assessment and stakeholder discussions into the IPSA report.

Terms of Reference for Designated Project Team Member

To achieve the objectives mentioned above, there should be project team members who can gather and analyze HIV-related information, discuss findings with key stakeholders, and participate and contribute technical expertise when discussing HIV responses throughout the project cycle.

To perform the preliminary HIV assessment during the PPTA fact-finding mission, the designated project team member needs to execute the following tasks:

- Gather updated information on policies, strategies, projects, and evaluations related to HIV and the transport sector from the HIV/AIDS Unit of the Gender, Social Development, and Civil Society Division of the Regional and Sustainable Development Department (RSDD) and other ADB departments/divisions;
- Consult with RSDD, UNAIDS, National AIDS Authority, and other relevant agencies that could give advice on key issues and pitfalls to consider when assessing the HIV situation in the proposed project area;
- Include questions on HIV vulnerability and other related social and poverty issues (e.g., drug and human trafficking) in the social/poverty assessment questionnaire sent to the government prior to the PPTA fact-finding mission;
- Identify which key informants to contact for additional information;
- During the PPTA fact-finding mission, conduct key informant interviews and critical observations at site visits;
- Assess if the HIV information collected are accurate, relevant, and adequate;
- Analyze the data collected and prepare preliminary recommendations;
- Discuss with the executing agency (and other key stakeholders) if the preliminary HIV-related findings are sufficient to consider (or not) an HIV component for the proposed transport project, or if further information and assessment are needed during the PPTA phase to determine this;
- If more information collection is needed, assess whether ADB needs to include resources in the PPTA to conduct a more in-depth HIV assessment;
- If the executing agency determines that HIV needs to be addressed, seek assurance of assistance from the government in all aspects of project preparation and implementation for the HIV-prevention component; and
- Propose/negotiate TOR for an HIV/AIDS specialist (or qualified social/health professional) to prepare an HIV-

prevention component and/or conduct an in-depth HIV assessment, if needed (use findings from the IPSA to design the TOR).

Collecting HIV Information

Given time and resource limitations at the initial assessment stage, information gathering cannot be comprehensive. It is helpful to determine the parameters of the HIV assessment early on to ensure the systematic collection of pertinent information.

[Tool] A Checklist of Key HIV Issues is provided in Attachment 1.1 as minimum standards for data collection.

[Tool] Gender issues must be systematically and comprehensively addressed in the HIV assessment. A Checklist on Gender-Responsive Design for HIV Components in Transport Sector Projects is provided in Attachment 1.2.

Accessing Existing Information

Existing information can be accessed through the Internet and by requesting key documents from government ministries and other relevant organizations or agencies. The resources provided below are for different types of information that might be sought or used in the initial assessment.

[Link] **Structural factors affecting HIV vulnerability**
The YouandAIDS.org is an HIV and AIDS portal for Asia and the Pacific that provides HIV information and analyses in the overall development context. This is an initiative of the UNDP Regional HIV and Development Programme for South and North East Asia (REACH Beyond Borders). Available: www.youandaids.org/index.asp

[Link] **Epidemiological data**
The UNAIDS/WHO Epidemiological Fact Sheets on HIV/AIDS and Sexually Transmitted Infections provide basic information to understand the patterns and major routes of HIV transmission for member countries. Available: www.who.int/GlobalAtlas/predefinedReports/EFS2006/index.asp

[Link] **Research studies on HIV vulnerability and the transport sector**
There have been studies looking at the association of HIV vulnerability and development-related projects, particularly in the transport sector. The UNDP South East Asia HIV and Development Project, which ended in 2004, produced

numerous research and policy studies on this issue. Available: <http://hivdevelopment.org/First.htm>

[Link] Existing program review

Look for government and donor-funded projects that may have program write-ups and evaluations. These can often be found in web sites of multilateral and bilateral donors, international nongovernment organizations (NGOs), academic and applied research institutions, and government agencies.

Key Informant Interviews

Information gathered from the published reports should be checked and supplemented with firsthand information from interviews with individuals who are knowledgeable about the needs, living conditions, or services required by target populations in the proposed project area(s).

Key informant interviews should be informal and loosely structured. Since the purpose of the initial HIV assessment is to explore what HIV issues are significant to the local context of the proposed project area(s), it is best to keep the interview questions open-ended and flexible. Aside from being a method for gathering information, the key informant interviews can also be used for advocacy and to encourage/strengthen multi-stakeholder involvement in the HIV response.

Possible key informants can be found within the following groups:

- Ministry of Health;
- National AIDS Authority and their local counterparts;
- UNAIDS—there is a national or international country coordinator in most countries;
- Ministry of Transport (or equivalent);
- Other government agencies (e.g., Ministry of Labor, border police, etc.);
- Local hospitals and clinics;
- Nongovernment and community-based organizations;
- International donors and partners involved in HIV and AIDS work (e.g., Global Fund to Fight AIDS, Tuberculosis, and Malaria);
- National and/or regional associations of people living with HIV/AIDS (PLWHA);
- Academic and other research institutions;
- Private companies (e.g., construction and trucking companies); and
- Media.

Analyzing HIV Information

It is important to emphasize that special factors can exacerbate HIV vulnerability in the project area and may require special attention during the HIV assessment. These include:

- Existence of vulnerable communities along the project roads (e.g., tribal caste/ethnic minority communities that do not have much exposure to other subcultures, communities that are prone to drought or flood calamities, conflict-afflicted communities, etc.);
- Prevalence of generally low status for women and girls and existence of gender discriminatory practices;
- Projects that provide transport links between existing and/or developing key commercial points or junctions;
- Project areas situated near trade/industrial economic zones that attract a high number of migrant and mobile populations;
- Project area with high prevalence for STIs, HIV and AIDS, IDU, drug and human trafficking, and child labor abuse;
- Projects that will link high HIV-prevalent areas to each other, or to low HIV-prevalent areas, upon completion; and
- Cross-border areas.

[Link] The Checklist of Key HIV Issues found in Attachment 1.1 can assist the project team in the HIV assessment during the PPTA fact-finding mission.

[Link] The Checklist on Gender-Responsive Design for HIV Components in Transport Sector Projects is provided in Attachment 1.2.

Writing the Initial Poverty and Social Assessment

Below are suggested ways to incorporate the results from the HIV assessment and stakeholder discussions into the IPSA report.

Table 5: Addressing HIV/AIDS in the Initial Poverty and Social Assessment Report

Section	HIV and AIDS Issues to be Considered
I. Introduction	<ul style="list-style-type: none"> • HIV and AIDS situation in the country or region and, if information exists, in the proposed project area • Relevance of HIV vulnerability to the road project (e.g., among construction workers and local communities residing near the project site)
II. Target Group for the Proposed Project	<ul style="list-style-type: none"> • Potential benefits of HIV-prevention activities for the construction workforce, local communities (especially the vulnerable poor and ethnic minority groups), and other vulnerable groups

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Table 5 continued...

Section	HIV and AIDS Issues to be Considered
III. Land Acquisition and Resettlement	<ul style="list-style-type: none"> • How resettlement and temporary loss of income can increase the HIV vulnerability of the local community (e.g., local women and girls engaging in commercial sex work)
IV. Minorities and Gender	<ul style="list-style-type: none"> • How women and girls are particularly vulnerable to HIV • If and how ethnic minority communities are HIV vulnerable
V. Government's Poverty Reduction Efforts	<ul style="list-style-type: none"> • Scale and scope of the government's response to HIV and AIDS
VI. Absorptive Capacity	<ul style="list-style-type: none"> • Need to establish a collaborative framework among interministerial agencies to address HIV vulnerabilities
VII. Conclusion	<ul style="list-style-type: none"> • Relevance (or irrelevance) of HIV and AIDS to the project • Identify need for more in-depth research and analysis, if relevant • Recommendations

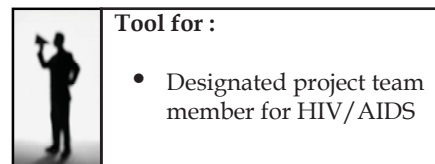
AIDS = acquired immune deficiency syndrome, CSC = consultant's selection committee, HIV = human immunodeficiency virus.

Source: ADB Consultants.

Pre-design Phase

Stage 2: Recruitment of HIV/AIDS Consultant for Design Phase

The project design for loan and TA projects is often developed by consultants. The type and mix of consulting expertise and the scope of work for each consultant are agreed upon by the project team and the executing agency during the PPTA fact-finding mission.



If HIV vulnerabilities are identified in association with the proposed project, it will be necessary to hire an HIV/AIDS specialist (or a qualified health/social sector professional) to conduct a more in-depth HIV assessment and design effective responses that are appropriate to the project setting.

The subsequent results of the HIV assessment will be incorporated into the poverty and social analysis report, which, in turn, will be used as basis for hiring an organization/agency to implement the HIV component of the transport project. Thus, it is important that qualified consultants are engaged to effectively examine key HIV issues during the pre-design phase.

Objectives

To task an HIV/AIDS specialist or qualified health/social sector professional to do the following:

- Conduct a rapid HIV/AIDS assessment in the proposed project areas;
- Recommend specific measures and strategies to mitigate the spread of HIV during and after road construction activities (based on discussions with the executing agency, key stakeholders, and beneficiaries); and
- Assist in preparing the invitation documents for the organization/agency to be hired for implementing the HIV activities.

Terms of Reference for an HIV/AIDS Specialist

The sample TOR for an HIV/AIDS specialist (or qualified health/social sector professional) to help in assessing and designing HIV interventions for ADB roads and road transport projects is provided in Attachment 2.1.

The TOR can be modified to fit different approaches in addressing HIV vulnerabilities in ADB roads and road transport projects, which can include: (i) HIV issues and interventions incorporated into the main project design (preferred option), or (ii) HIV addressed in a stand-alone TA.

[Issue] It is preferred to hire an international consultant who has extensive knowledge and work experience in the project area, including relevant language skills. If not, arrangements should

be made to recruit an interpreter/translator who is familiar with the language and sociocultural profile of the proposed target sites (to the extent possible).

[Link] HIV/AIDS Rapid Assessment Guide

David Wilson and Family Health International, 2001

This practical guide is meant to help program designers and managers to gather information and generate reports that explain the spatial, qualitative, and quantitative overview of a project area in relation to HIV and AIDS. It contains useful worksheets and exercises to direct users through the rapid assessment process. Available: www.fhi.org/en/HIVAIDS/pub/guide/HIV_Rapid_Assessment_Guide.htm


Module 3: DESIGN PHASE

Guided by key HIV and AIDS issues identified in the IPSA report, the consultant team conducts a more in-depth HIV assessment during the project design phase.

As they unfold, findings from the HIV assessment should be progressively incorporated into the project design. The expert/consultant will prepare detailed recommendations on how to best mitigate HIV vulnerabilities in the proposed project area(s).

Where you are in the project cycle: ↶ ↷

Project Identification Phase
Pre-design Phase
Design Phase
Implementation Phase
Monitoring and Evaluation Phase

	Tool for :
	<ul style="list-style-type: none"> • Designated project team member for HIV. • HIV/AIDS consultant for the design phase

The project team should have the capacity to evaluate the quality and appropriateness of the consultant's work during this project design phase.

The final output will be key HIV issues identified, and an HIV/AIDS project proposal that will be presented either as a TA attached to the project, or as a component of the project itself incorporated into the Report and Recommendation of the President (RRP).

Objectives

To assist the ADB project team, the executing agency, and TA consultants in incorporating HIV concerns and component design into a TA paper or an RRP. There are three steps for addressing HIV in the project design phase:

- Identify and select appropriate HIV-related interventions and determine their costs;
- Determine the implementation and funding arrangements: implementing agency, funding mechanism, implementation schedule, and monitoring and evaluation; and
- Help recruit a qualified HIV/AIDS service provider.


Outputs

- HIV/AIDS component design, and
- TOR for HIV/AIDS service provider

Design Phase

Stage 1: Selecting HIV-Prevention Activities – Costing Interventions

The type of activities included in the HIV component will vary according to the context of each project. For project areas with high HIV prevalence, or for other reasons likely to increase HIV vulnerability,²⁸ a more comprehensive component will be needed compared to areas with relatively low HIV vulnerability.

	Tool for : <ul style="list-style-type: none"> • Designated project team member for HIV/AIDS • HIV/AIDS consultant for the design phase
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Presented below are HIV-prevention strategies that can be considered in designing HIV interventions for ADB transport projects.²⁹ These strategies—either taken individually or all together—do not fit every situation. Each should always be analyzed for relevance, sensitivity, and applicability based on the unique local context of each proposed project area. Applied correctly, these actions can strengthen the HIV resilience of groups/communities made vulnerable by road development activities. These strategies are also aimed to support and strengthen national and local governments in systematically responding to HIV issues in transport projects.

Advocacy and Capacity Building

To ensure commitment and cooperation across a wide range of stakeholders, awareness can be raised to prevent HIV and other health and social impacts (e.g., malaria, drug and human trafficking, etc.) in a sustainable way through:

- Workshops targeting the construction workforce (management, consultants, contractors, subcontractors, and workers), provincial and district government authorities, border police (if in border area), local communities, health providers (private and public clinics, and pharmacies), commercial and entertainment establishment owners and staff, and other groups located in the project area;
- Development of HIV/AIDS policies in the construction workplace including preemployment screening, confidentiality of medical status, and workers' rights to ongoing employment if found positive for HIV and other STIs;
- If project is near a border area, strengthening cross-border cooperation for HIV and other health and social issues (e.g., malaria, drug and human trafficking prevention, etc.); and
- Mid- and end-of-project workshops among key stakeholders to discuss lessons observed and recommendations for midterm remedial measures and improving strategies for future prevention programs in the infrastructure sector.

²⁸ Factors increasing HIV vulnerability can include an influx of migrant workers, human trafficking of women and children, illegal drug trade, activities associated with cross-border areas, etc.

²⁹ Adapted from the proposed GMS: Kunming-Hai Phong Transport Corridor–Noi Bai-Lao Cai Highway Project (footnote 27).

Information, Education, and Behavior Change Campaign

Awareness on HIV and other identified health and social issues can be raised and positive behavior changes can be created through:

- Integrating HIV prevention and other relevant issues (e.g., malaria) into the occupational health and safety program of the consultants, contractors, and subcontractors;
- Developing and using customized information, education, and communication (IEC) materials and behavior change communication (BCC) methods for construction sites and camps, commercial and entertainment settings, transport corridors and hubs including border areas (if applicable), local communities affected by the road project including by the construction of access roads, and health service delivery;
- Ensuring that education and training sessions in the construction sites/camps are conducted, and at an appropriate time for people to attend;
- Considering the specificity of women's issues, and difference in women's duties and work schedules;
- Using IEC and BCC materials and methods for ethnic minority groups that are culturally and linguistically appropriate, participative, and taking into account possible low literacy and education levels;
- Providing condoms throughout the project duration and ensuring the availability of condoms after project completion (e.g., through condom social marketing);
- Supporting, strengthening, and/or partnering with agencies/organizations working in specialized fields, e.g., drug and human trafficking;
- Supporting, coordinating, and collaborating with the resettlement and social development team of the project supervision consultant in implementing HIV prevention and other activities; and
- Ensuring that a confidential referral system is in place for construction workers who want to be tested and treated for HIV.

Provision of Medical Packages

In collaboration with the provincial health authorities, it should be ensured that the construction workforce, transport workers, local communities, and entertainment workers have access to quality HIV, STI, and other health services through:

- Preparing and/or updating protocols on HIV and STI voluntary counseling and testing, treatment, and care and support, especially for migrant and mobile clients;

- Designing and implementing training sessions for health workers at the construction work sites and in the health centers and pharmacies serving the local communities in the project area;
- Ensuring the availability of STI diagnostic tools and drugs in project-affected districts; and
- Establishing a system to ensure that those diagnosed with HIV are provided with or referred to counseling and support services, information about clinical support services and treatment options, and information about rights to employment and protection from discrimination.

Costing Guidelines for HIV Activities

In 2004, ADB collaborated with UNAIDS to produce costing guidelines for HIV/AIDS intervention strategies. This tool aims to assist planners and program managers estimate overall financial resources needed to operationalize local responses to stop the spread of HIV/AIDS. According to these guidelines, to effectively estimate the budget needed to implement and monitor an HIV/AIDS intervention strategy, the following key factors should be considered:

- Prioritize the target population;
- Set coverage targets for reaching a specific subpopulation;
- Choose and design effective intervention packages and activities for the target population(s);
- Compute the costs of interventions as unit costs;
- Estimate the total resource needs based on the size of the population; and
- Examine (reallocating and reexamining as well) the impact of the planned intervention on the prevalence and incidence of HIV.³⁰

The costing guideline can be accessed through the link provided below. Sample cost estimate and financing plans for an HIV component in a road project is also provided in Attachment 4.4.


[Link] **Costing Guidelines for HIV/AIDS Intervention Strategies**
ADB and UNAIDS, 2004
 Available: www.unaids.org/en/in+focus/topic+areas/economics+and+development.asp

³⁰ ADB/UNAIDS. 2004. Costing Guidelines for HIV/AIDS Intervention Strategies. *ADB-UNAIDS Study Series: Tool 1*. Manila.

Design Phase

Stage 2: Determining Implementation and Funding Arrangements

No one model can fit all project settings. Every HIV component needs to be designed to fit the unique needs and context of each transport project. The scale and scope of the HIV intervention will vary according to the nature of the national and local HIV epidemic; national and provincial policies and strategies on how to respond to HIV risks in association with mobility and infrastructure development; and the existence of other donor resources, among others. The project team should give careful attention in determining which HIV activities and component design (e.g., implementation and funding mechanisms) best meet the requirements of each specific transport project.

	<p>Tool for :</p> <ul style="list-style-type: none"> • Designated project team member for HIV • HIV/AIDS consultant for the design phase
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ADB Experience

Over the years, ADB has increasingly developed both basic and comprehensive HIV-prevention-focused packages for its infrastructure sector projects, particularly in the construction of roads and highways. In a review of ADB infrastructure projects from 1999 to 2004, it was found that 44% (out of 111) had incorporated some measure for HIV prevention. The models used varied widely—ranging from loan covenants that require construction companies to provide HIV education to its workforce, as a minimum, to stand-alone, comprehensive TA packages that reach out to a broader range of vulnerable groups (e.g., local communities affected by the road construction processes). The implementation and funding arrangements also vary across projects, mainly determined by two factors: (i) which line ministry is ultimately responsible for addressing HIV issues in the transport sector, and (ii) what type of funding is available. (For a comparative analysis of the different design models used in selected ADB transport projects, refer to Attachment 4.1.)

In early 2007, ADB conducted a more in-depth review of its experiences in implementing HIV-prevention measures in association with infrastructure projects. Since different HIV-prevention models have been developed and adapted over the years, it was important to take lessons from these interventions to improve project designs and enhance institutional mechanisms for future ADB projects. Four transport projects in the Greater Mekong Subregion (GMS) were selected for the case study review.³¹ The findings and recommendations from this review were used to develop this module (refer to Attachment 5 for the full publication).

³¹ ADB transport projects selected are: (i) Northern Economic Corridor Project in the Lao People's Republic (Lao PDR) (Loan 1989), (ii) East-West Corridor Project in Viet Nam and the Lao PDR (Loan 1944), (iii) Cambodia Roads Improvement Project (Loan 1945), and (iv) Western Yunnan Roads Development Project in the People's Republic of China (PRC) (Loan 2014).

Two Main Design Options

From the past reviews, two models have been identified as key options for responding to varying structural and contextual settings, described in Table 6.

Table 6: Options for Implementation and Funding Arrangements

Model	Type of Project	Executing Agency	Type of Funding
A	Ministry of Transport – Lead Agency		
	A.1. Main component of transport project	Ministry of Transport	Project loan or government subsidy
	A.2. TA component added on to the transport project	Ministry of Transport	TA grant
B	Ministry of Health (or National AIDS Authority) – Lead Agency		
	Stand-alone TA project	Ministry of Health (or National AIDS Authority)	TA grant

AIDS = acquired immune deficiency syndrome, TA = technical assistance.

Source: ADB Consultants.

[Issue] The consideration of what model to use should always be based on the HIV/AIDS strategies and priorities of the government at the national and local levels. However, at some appropriate stage during government discussions, the project team should be able to advocate and/or discuss with government counterparts the possibility of adopting a multi-sectoral, programmatic approach to HIV prevention in the transport sector as explained in Module 1. A model that supports the Ministry of Transport (MOT) in taking ownership and addressing HIV issues in its sectoral work, through close collaboration with the National AIDS Authority, is preferred.³²

Descriptions for these models are provided in the next sections, including key issues to consider for each design type.

Model A: Ministry of Transport – Lead Agency

Model A is possible if the government strongly supports and implements a multi-sectoral, programmatic approach to HIV prevention. This means that non-health line ministries are made responsible to address HIV

³² This is in line with UNAIDS' Three Ones Principle, particularly for having one national HIV/AIDS framework with a multi-sectoral, broad-based mandate.

issues in their respective sectoral work, with support and TA from the National AIDS Authority. The MOT, for example, will take the lead in ensuring that its projects are not spreading HIV by adequate prevention and mitigation measures in place.

Several ministries of transport in the Asia and Pacific region have shown strong leadership on HIV advocacy, prevention, and mitigation in their own sectors over the years. The National Highways Authority of India, Ministry of Public Works and Transport (MPWT) of Cambodia, MOT of Viet Nam, and the MPWT of the Lao PDR, are only some of the region's champions on mainstreaming HIV prevention in the transport sector. These ministries have established their own HIV/AIDS committees and developed, or are in the process of developing, HIV/AIDS strategic and action plans. They have also designated specific departments/units to be responsible for HIV issues, often the same entities dealing with other social issues associated with transport projects, such as resettlement.

Types of Funding Arrangement: Loan vs. Grant

There is ongoing debate on whether HIV interventions in transport projects should be financed using project loans or funded through TA grants. This was discussed at length during the High-Level Meeting on Mobility, AIDS, and Infrastructure, organized by ADB and UNDP at the 8th International Congress on AIDS in Asia and the Pacific (ICAAP) in August 2007.³³ While some donors would like to see governments subsidizing the HIV initiatives as a show of political commitment, some ministries of transport felt that donors should instead fund these through TA grants as part of a comprehensive development assistance package. The discussion on this issue is ongoing, especially between the signatories of the Joint Initiative by Development Agencies for the Infrastructure Sectors to Mitigate the Spread of HIV/AIDS and government counterparts.³⁴

Sample Projects

Some good examples of ADB transport projects that have the model A type of design are: (i) Northern Economic Corridor Project³⁵ (loan-funded) and (ii) the proposed GMS: Kunming-Hai Phong Transport Corridor—Noi Bai-Lao Cai Highway Project³⁶ (grant-funded).

³³ 8th International Congress on AIDS in Asia and the Pacific. 19–23 August 2007, Colombo.

³⁴ ADB has proposed to take the lead role in coordinating discussions on this issue (and other relevant topics) among the cosignatories to the Joint Initiative by Development Agencies for the Infrastructure Sectors to Mitigate the Spread of HIV/AIDS. This work is being coordinated by the Gender, Social Development, and Civil Society Division of the Regional and Sustainable Development Department (RSGS/RSDD), through its HIV/AIDS Unit.

³⁵ ADB. 2002. Report and Recommendation of the President to the Board of Directors on a Proposed Loan to the Lao PDR for the Northern Economic Corridor Project. Manila.

³⁶ Project number: 33307 (as of 1 December 2007).

- **Loan-funded.** The Northern Economic Corridor Project upgraded a 22-kilometer (km) road in the north-western area of the Lao PDR, linking Thailand and the PRC. The project incorporated an awareness and prevention education program on HIV, and drug and human trafficking as a stand-alone project component. The total cost of the road project was \$95.8 million through tripartite funding (ADB provided \$30 million), while the total budget of the HIV, drug, and human trafficking component was \$340,459 (0.36%). The HIV, drug, and human trafficking component was executed by MPWT and implemented by a local NGO, Lao Red Cross. The TA paper can be downloaded from the ADB website and the case study review on the project is found in Attachment 5.
- **Grant-funded.** The proposed GMS: Kunming-Hai Phong Transport Corridor–Noi Bai-Lao Cai Highway Project aims to build a 244-km highway that will be part of the GMS North–South Economic Corridor, connecting Kunming in Yunnan, and the PRC with Hai Phong, Viet Nam. An HIV, illicit drugs, and human trafficking prevention program has been proposed as a stand-alone TA project component. The total estimated cost of the proposed road project is \$1.2 billion, while a \$1 million grant (0.08% of project cost) for the HIV intervention is being negotiated under the ADB Cooperation Fund for Fighting HIV/AIDS in Asia and the Pacific, funded by the Swedish Government. The proposed executing agency is the Vietnam Expressway Corporation (VEC), the state enterprise of the MOT, while the implementing agency is proposed to be a consultant team in partnership with the provincial people’s committees (PPCs) or provincial government units. This sample HIV/AIDS component design can be found in Attachments 4.2–4.4.

Model B: Ministry of Health (or National AIDS Authority) – Lead Agency

Model B is appropriate if the government—after thoroughly discussing alternate options with the project team—decides that the Ministry of Health (or National AIDS Authority) should be the executing agency of the HIV intervention in the proposed transport project. This means that the Ministry of Health (or National AIDS Authority) will have the lead responsibility for designing, implementing, and monitoring all HIV activities associated with the road project. Although the Government may provide counterpart funding, ADB will most likely have to provide TA grant funding for the HIV component.

Sample Project

A good example of model B is the Baolong Healthy and Safe Action (BHSA).³⁷ This project was designed as a stand-alone TA project to help prevent the spread of HIV during the construction of the Baolong Highway, under ADB's Western Yunnan Roads Development Project. The total cost of the road project is estimated at \$582 million, while the total budget for the HIV- prevention program is \$1 million (0.17% of the road project cost). The BHSA project has been executed by the provincial AIDS authority (Office of Yunnan Provincial Working Committee for HIV/AIDS Control) and implemented by an international NGO (Marie Stopes International Australia/the PRC) under a contract awarded by ADB. The TA paper can be downloaded from the ADB website and the midterm evaluation report can be accessed through the link below. As the Western Yunnan Roads Development Project was one of the transport projects reviewed for its HIV component in 2007, the case study review findings are also provided in Attachment 5.

[Link] Baolong Healthy and Safe Action (BHSA) Case Study

This is a report prepared by the BHSA project team on their experiences and lessons learned. Available: www.mariestopes.org.au/Preventing_HIV_on_Highways_in_China.pdf

Key Issues to Consider

Based on the case study reviews conducted for the ADB publication *HIV and Infrastructure: ADB Experience*³⁸ (refer to Attachment 5), the following key issues and recommendations should be considered when selecting an appropriate design model.

For Model A:

- **Develop program support through capacity building of the transport and infrastructure sector institutions.** With increased experience and capacity, there is a growing potential for sustained, programmatic approaches to be used in support of, or as an alternative to, stand-alone HIV interventions that exist only in conjunction with a specific infrastructure project. Technical support and capacity building for specific skills—such as monitoring and evaluation (M&E) for the staff of the ministries of transport (or their equivalent)—will increase the potential for such long-term mechanisms. In addition, developing HIV-prevention strategies and action plans with

³⁷ ADB. 2003. *Report and Recommendation of the President to the Board of Directors on a Proposed Loan to the People's Republic of China for the Western Yunnan Roads Development Project* (Loan 2014). Manila.

³⁸ These are excerpts taken from the Synthesis Paper. Source: ADB. 2007. *HIV and Infrastructure: ADB Experience*. Manila.

appropriate coordinating mechanisms linked to the national authority for HIV and AIDS will ensure that the design, implementation, monitoring, and evaluation of the HIV interventions remain technically sound and consistent with international standards.

- **Consolidate HIV implementing arrangements.** Where possible and appropriate, implementation arrangements should avoid having more than one organization and/or agency implementing HIV-related activities in association with a single infrastructure development activity. The HIV-prevention program should be part of a specific project component or in a parallel intervention that is explicitly linked to ensure that adequate funding is earmarked and that the MOT (or its equivalent) has some direct responsibility or role for the actions of the implementing organization and/or agency. At the same time, implementation arrangements that rely solely on construction contractors to directly hire and monitor HIV implementing subcontractors make it difficult to ensure quality and compliance.
- **Collaborate with local AIDS authorities.** Future HIV-prevention initiatives should ensure that local health providers and a multi-sectoral HIV/AIDS committee, where they exist (particularly at the local provincial or district level), are closely involved in planning and implementation stages. Capacity building and ongoing technical and financial support will increase the effectiveness and sustainability of the government's HIV initiatives.

For Model B:

- **Ensure the involvement of the MOT.** Since the Ministry of Health executes the TA project, there is a real risk that non-health line ministries will regard HIV as only a health issue—unrelated to their sectoral work. Thus, the Ministry of Health will need the commitment and collaboration of the MOT to ensure that (i) the HIV project design fits the unique demands and context of the construction setting, and (ii) road project consultants, contractors, and subcontracts fully support and cooperate with the HIV program (e.g., allowing the workforce to attend HIV-awareness sessions and peer education training).

For Both Models:

- **Integrate HIV prevention into the contractor's occupational health and safety program.** In countries such as the PRC, which require an occupational health and safety (OH&S) program in association with all infrastructure projects, HIV-prevention

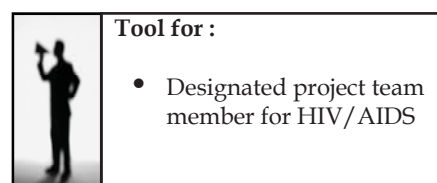
messages could also be integrated into the OH&S program as a means of reinforcing and mainstreaming HIV-related messages. This is especially relevant if the OH&S program is subsidized through a medical insurance program for workers.

- **Partner with other specialized agencies.** If social issues apart from HIV (such as drug and human trafficking) are identified as important vulnerabilities associated with the infrastructure project, implementation arrangements should allow for specialized inputs in these areas. This may require an additional agency, perhaps as a joint partner, with the agency engaged for HIV-related measures. Experience has shown that it is difficult to find one agency or organization with the capacity to address all these issues competently and comprehensively, especially where locally based NGOs are the implementing partner(s). Working with a team with varying specializations can ensure that all issues are given equal and competent attention.
- **Implementation schedules.** Since HIV risks will remain high as long as the confluence of “men, mobility, and money” exists, HIV-prevention activities should be conducted throughout the construction period. Moreover, programs need to be scaled up during peak construction periods and scaled down when construction activities might subside (such as in the rainy season). The number and nature of construction workers will vary over the life of a project and the HIV program should adjust accordingly.

Design Phase

Stage 3: Finalizing the Component Design

1. Monitoring and Evaluation
2. A Comprehensive Approach



Establishing a Monitoring and Evaluation System

In close collaboration with the National AIDS Authority, an independent monitoring program should be developed during the design phase and incorporated in the HIV/AIDS component of the project. The objective is to:

- Develop a program performance and management system (PPMS) to be applied throughout the project duration (baseline, midterm, and end-term) that is streamlined with the national monitoring and evaluation (M&E) framework; and

- Undertake program monitoring at regular intervals and report to the executing agency, ADB, steering committees (mechanism through which the National AIDS Authority can provide TA to the project), and local AIDS authorities.

For details on how to establish an M&E system for an HIV component in a transport project and terms of reference for an M&E consultant, refer to Module 5.

A Comprehensive Approach

To assist in incorporating HIV/AIDS issues and component designs into a TA paper or an RRP for a project loan, a sample document is provided as a reference tool.

[Tool] Sample TA Paper in a Loan Project

This has been taken from Supplementary Appendix A of the proposed GMS: Kunming-Hai Phong Transport Corridor- Noi Bai-Lao Cai Highway Project (footnote 27). Refer to Attachments 4.2-4.4.

However, these documents only serve as a general reference and a starting point. These should all be modified to the unique needs and context of each particular project.


Module 4: IMPLEMENTATION PHASE

This phase is characterized by the executing agency implementing the project according to the agreed schedule and procedures set out in the final project/loan/TA documentation. This will include:

- Preparation of a detailed engineering design and bidding documents,
- Procurement of machinery and equipment, and
- Construction and installation of civil works.³⁹

Where you are in the project cycle: ↩

Project Identification Phase
Predesign Phase
Design Phase
Implementation Phase
Monitoring and Evaluation Phase

	Tool for :
	<ul style="list-style-type: none"> • Executing agency • HIV/AIDS service provider • ADB project officer

Objectives

To assist in the preparation of contracts that incorporate the HIV/AIDS activities agreed on in the project design.⁴⁰

Available Tools

The following documents⁴¹ are available in the attachments to this section:

[Tool] Draft HIV clause for inclusion in construction contracts can be found in Attachment 3.1.

[Tool] Draft explanatory note (for inclusion in bidding documents) can be found in Attachment 3.2.

The content of the contract should be modified according to the scale and scope of the proposed HIV/AIDS component.

³⁹ ADB. 2004. *Operations Resource Book*. Manila.

⁴⁰ The timing for the preparation of the contractor's bidding documents can vary according to the executing agency's capacity and available resources. Some executing agencies prepare it before the loan receives ADB Board Approval; some afterwards. Nevertheless, the tools available in this section can be used at any stage in the project cycle, when applicable.


⁴¹ The sample documents were taken from: ADB/UNDP. 2002. *Resource Book for HIV Prevention among Mobile Populations in the Greater Mekong Subregion*. Manila.

Module 5: MONITORING AND EVALUATION

M&E start at the predesign phase of every project. The need for quality HIV assessments at the beginning of the project cycle cannot be emphasized enough. The impact of any HIV intervention will depend on how relevant and appropriate the activities are to the local context, which can only be determined by accurate, gender-disaggregated, and project-specific baseline data. Likewise, a midterm evaluation is as crucial as the baseline study to determine if the project is (i) doing the right thing and (ii) doing the interventions right. By doing so, strategies can be modified and resources appropriately reallocated. Lastly, end-term evaluations should not only measure the project's impact, but should also capture valuable lessons from implementing the project and provide recommendations for future projects.

Where you are in the project cycle: ↩

Project Identification Phase
Predesign Phase
Design Phase
Implementation Phase
Monitoring and Evaluation Phase

	Tool for :
	<ul style="list-style-type: none"> • HIV/ AIDS service provider • ADB project officer • Executing agency

The types of evaluation needed throughout the project cycle are shown in Table 7.

Table 7: Types of Evaluation According to the Project Cycle

Types of Evaluation	Questions Answered by the Different Types of Evaluation	Phase of the ADB Project Cycle
Formative Evaluation Research (Determines concept and design)	Is an intervention needed? Who needs the intervention? How should the intervention be carried out?	Predesign phase / Design phase
Process Evaluation (Monitors inputs and outputs; assesses service quality)	To what extent are planned activities actually realized? How well are the services provided?	Implementation phase
Cost-Effectiveness Analysis (Including sustainability issues)	Should programs/priorities be changed or expanded? To what extent should resources be reallocated?	Evaluation phase (mid- and end-term)

Continued on next page...

Table 7 continued...

Types of Evaluation	Questions Answered by the Different Types of Evaluation	Phase of the ADB Project Cycle
Effective Evaluation (Assesses outcome and Impact)	What outcomes are observed? What do the outcomes mean? Does the program make a difference?	Evaluation phase (end-term)

Source: (Adapted from) Family Health International. 2005. *Evaluating Programs for HIV/AIDS Prevention and Care in Developing Countries: A Handbook for Program Manager and Decision Makers*. Washington, DC.

Terms of Reference for the M&E Consultant

ADB uses the PPMS in its projects. The project team should ensure that adequate resources are allocated for engaging a PPMS consultant for the HIV component that is congruent with the scale and scope of the HIV intervention. The PPMS consultant should start at least 4 months before the start of civil works (construction work) to design the baseline survey. The baseline study should be conducted weeks before civil works commence, targeting local communities along the proposed project area (consider teaming up with the resettlement team). The baseline study should continue a few weeks after construction work has started so the survey can capture the newly arriving construction workforce.

A sample TOR for an M&E consultant can be found in Attachment 2.3.

Key Issues to Consider

In designing PPMS for an HIV component in a transport project, the following key issues should be considered:

- Align performance and outcome indicators with the national HIV/AIDS framework;
- Design and collect gender-disaggregated data;
- Design and collect ethnic-disaggregated data using culturally and linguistically appropriate methods;
- Ensure that all surveys used are ethically sound, culturally appropriate, and do not facilitate and/or create stigma and discrimination;
- Segment target groups and subgroups (e.g., in a construction worksite, segment the construction workforce into subgroups such as managers/consultants, midlevel officers, contractors, subcontractors, long/mid-/short-term workers, female workers, etc.);
- Design surveys that consider the high turnover of employees in the construction site according to the construction stage, as well as the mobility/migratory patterns of the local communities (e.g., seasonal migration);

- Ensure availability of condoms outside the government's reproductive health program;
- Conduct on-the-job training for government counterparts in PPMS to ensure sustainability;
- Capture and document valuable lessons from the implementation process of the project, not only collecting output-specific data; and
- Require the PPMS consultant to prepare a PPMS manual based on experiences and lessons from the project for use by relevant government agencies on similar projects in the future.

Monitoring and Evaluation Tools

Much sensitivity surrounds HIV/AIDS work, particularly in the risk of introducing or exacerbating stigma and discrimination against particular groups who are targeted by the HIV intervention. Every M&E undertaking in projects should be ethically sound and not promote and/or cause stigma and discrimination. The project team should engage HIV-related specialists to develop the PPMS. However, there are some M&E tools on HIV/AIDS to guide the project team in determining the appropriate nature of the PPMS developed by the consultants. These tools are provided in the links below.

[Link] IMPACT Handbook

Family Health International, 2005

The publication *Evaluating Programs for HIV/AIDS Prevention and Care in Developing Countries: A Handbook for Program Managers and Decision Makers* focuses on evaluation of HIV-prevention and care programs, including evaluation of intervention strategies. Available: www.unaidsrstes.org/Documents/knowledgedesk/thematic_areas/Monitoring%20and%20Evaluation/FHI_EvaluatingProgramsHIVAIDSPreventionCare_2005.pdf

[Link] HIV/AIDS Survey Indicators Database

MEASURE DHS Project

The HIV/AIDS Survey Indicators Database provides an easily accessible comprehensive source of information on HIV/AIDS indicators derived from sample surveys. Available: www.measuredhs.com/hivdata/start.cfm

