ASIAN DEVELOPMENT BANK

TAR:CAM 33385

TECHNICAL ASSISTANCE

(Financed from the Japan Special Fund)

TO THE

KINGDOM OF CAMBODIA

FOR

CAPACITY BUILDING FOR HIV/AIDS PREVENTION AND CONTROL

October 2000

CURRENCY EQUIVALENTS
(as of 15 September 2000)

Currency Unit	–	Riel (KR)
KR1.00	=	$0.00026
$1.00	=	KR3840

ABBREVIATIONS

ADB	–	Asian Development Bank
HIV/AIDS	–	human immunodeficiency virus/acquired immunodeficiency syndrome
MOH	–	Ministry of Health
NAA	–	National AIDS Authority
NCHADS	–	National Center for HIV/AIDS, Dermatology and Sexually Transmitted Diseases
PAC	–	provincial AIDS committee
TA	–	technical assistance
UN	–	United Nations

NOTES

(i) The fiscal year (FY) of the Government ends on 31 December.
(ii) In this report, "$" refers to US dollars.

I. INTRODUCTION

1. The Asian Development Bank's (ADB) country operational strategy for Cambodia identifies the provision of primary health care services in rural areas as the key public health challenge for the country. The high incidence of HIV/AIDS[1] is one of the biggest public health problems in the country, and directly affects the poor, particularly poor women. During the Country Programming Mission in 1999, the Government requested ADB to provide advisory technical assistance (TA) for Capacity Building for HIV/AIDS Prevention and Control. A Fact-Finding Mission visited Cambodia from 27 June to 6 July 2000 and reached an understanding with the Government on the objectives, scope, cost estimates, terms of reference, and implementation arrangements for the TA.[2] The Mission held consultations with the concerned Government agencies, various multilateral and bilateral organizations, and nongovernment organizations. The TA is included in the country assistance plan for 2000. The TA framework is in Appendix 1.

II. BACKGROUND AND RATIONALE

2. Cambodia is emerging from more than 30 years of war and disintegration, the legacy of which is reflected in the country's ranking in the human development index[3] at 136 (out of 174), the lowest in Southeast Asia. Around 40 percent of families live below the poverty line and 90 percent of the poor live in rural areas. One in four households in rural areas is headed by a woman. Around 60 percent of children do not complete primary school and half as many women as men over 15 have attended school. Life expectancy is 54 years. For every 1000 live births, 115 children die before the age of five. Half of all children under five are malnourished.

3. HIV/AIDS infection, first detected in Cambodia in 1991, continues to spread and the country faces the worst epidemic in Asia. The HIV epidemic covers all provinces and population groups in the country. The joint UN program UNAIDS estimates that 170,000 people in Cambodia aged 15-49 years (3.7 percent of the country's population) are infected with HIV. It is expected that there will be about 30,000 new full-blown AIDS cases in the country in 2005. Data from the 1999 sentinel surveillance survey suggest that the prevalence of HIV was 42.6 percent among direct sex workers in 1999 and 19.1 percent among indirect sex workers.[4] The situation is more alarming in some provinces, including Phnom Penh, where seroprevalence rates were 61.3 percent in 1999, by 16.9 percentage points from the previous year. Data about the client groups of sex workers also reveal high levels of infection. The prevalence of infection among police personnel was 6.2 percent and that among military personnel 7.1 percent. The situation is more severe in certain parts of the country. For example, in the border province of Koh Kong more than 25 percent of police personnel were found to be infected.

4. Heterosexual intercourse is the predominant mode of HIV transmission in the country and commercial sex is believed to be a major locus for the spread of infection. Although illegal, the sex industry is large and spread throughout the country. According to a recent study,[5] the largest concentration of direct sex workers is in Phnom Penh, followed by Bantey Meanchey and Sihanoukville provinces. About 40 percent of sex workers have no education and many are under 18. The migration of workers from and to neighboring countries, mostly Thailand and Viet Nam,

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[1] HIV/AIDS = human immunodeficiency virus/acquired immunodeficiency syndrome.
[2] The TA first appeared in *ADB Business Opportunities* in July 2000.
[3] UNDP. 2000. *Human Development Report.*
[4] Direct sex workers are defined as those working in brothels, while indirect sex workers are bar girls, karaoke workers, dancing girls, and restaurant workers who are willing to provide sexual services.
[5] Oppenheimer, E. 1999. Draft *Report on Project Evaluation of Outreach and Peer Education for Direct Sex Workers.* National Center for HIV/AIDS, Dermatology and STDs. Government of Cambodia.

and a large mobile population (including the military, police, truck-drivers, and fisherfolk) have contributed to the epidemic.

5. Multiple and complex factors are responsible for the severity of the epidemic in Cambodia. These include cultural and socioeconomic factors related to gender inequality and the availability of commercial sex. A fragile civil society and extensive poverty create an environment where high risk behavior, such as providing sex services, remains one of the very few remaining options for livelihood. About 60 percent of the men in a recent survey in Sihanoukville reported a commercial sexual encounter in the previous year. A high prevalence of other sexually transmitted diseases and the limited availability of appropriate treatment contribute to the spread of HIV infection. Widespread illiteracy and poor communications infrastructure make it difficult to educate people about the disease and its prevention. An extreme shortage of reliable counseling and testing facilities and an absence of basic health and welfare services add to the difficulty in controlling the epidemic. Because of the few testing facilities available, many of those affected are not aware of their infection.

6. The HIV/AIDS epidemic is not only a serious health problem but also has important economic and social implications. Since young people and children are more likely to be infected by HIV/AIDS, the loss of human capital and earning potential will be immense. Poverty and HIV/AIDS are inextricably linked. The widespread poverty and unequal distribution of income stimulate the spread of HIV. At the same time, HIV/AIDS infection in households exacerbates poverty and social inequality, creating conditions for a larger epidemic in the country. Therefore, breaking this vicious circle is essential to improving quality of life, supporting human development, reducing poverty, and accelerating growth.

7. The National AIDS Authority (NAA) is the apex government body responsible for developing and coordinating a national response to the epidemic. The body was established by a royal decree in 1999. At the operational level, the National Center for HIV/AIDS, Dermatology and Sexually Transmitted Diseases (NCHADS)—located within the Ministry of Health (MOH)—is responsible for overseeing the response of MOH and providing technical support to other Government agencies, national partners, and provincial AIDS offices. Provincial AIDS committees (PACs) are responsible for mobilizing and coordinating responses to the epidemic at the provincial level.

8. The response to the HIV/AIDS epidemic in Cambodia has not been adequate. There is a massive financing gap for the HIV/AIDS program, including critical activities such as prevention, blood safety, and condom promotion. In view of the limited government capacity to control the epidemic, most international agencies have opted to provide funds for HIV/AIDS control through nongovernment organizations. The absence of an active Government role has resulted in a lack of strategic focus and coordination in AIDS prevention and control. Also, since the Government is not actively involved in implementing such programs, there is a lack of ownership for the ongoing interventions at the national and provincial levels. The long-term sustainability of these efforts is in doubt.

9. The existing government structure for HIV/AIDS prevention and control is weak in several aspects. The newly established NAA does not have a clear agenda and work plan. Although the Government has a national strategic plan for 1998-2000, it has no medium- or long-term plan. NAA has not in practice been able to establish itself as the apex body to provide direction and momentum to the HIV/AIDS response in the country. Personnel in NAA and NCHADS lack the skills to plan and monitor national programs. While there is a system for monitoring and surveillance of the epidemic, the available data are not adequately collated or analyzed to be useful in program planning. NAA's limited capacity discourages international agencies from

financing HIV/AIDS activities through the Government structure. It is expected that strengthening the NAA will engender substantial international financial support for the subsector. In particular, UN agencies and the Department for International Development (DFID) of the United Kingdom have indicated their willingness to provide more support for HIV/AIDS prevention and control if the Government's absorptive capacity improves.

10. A multisectoral approach is crucial to an effective HIV/AIDS prevention and control program, but requires considerable capacity building at the national and provincial levels. Strengthening the PACs is seen as a priority by both the Government and the UN. At the national level, there is a need to expand the response to HIV/AIDS beyond MOH. A number of other ministries are starting to respond to the epidemic, although with varying degrees of commitment and activity. These include the ministries of national defense; education, youth and sports; rural development; interior; women's and veterans' affairs; and planning. Much remains to be done in terms of defining and implementing a truly multisectoral response.

11. International agencies, such as the Joint United Nations Programme on HIV/AIDS, United Nations Children's Fund (UNICEF), United Nations Development Programme (UNDP), the World Bank, and several bilateral agencies, are financing activities for the prevention and control of HIV/AIDS. However, most of this assistance supports programs and only a small amount of funding is available for capacity building. The Government's limited capacity for policy and strategy development and program implementation weakens the effectiveness of the response to HIV/AIDS. Strengthening capacity will not only improve the effectiveness of the ongoing interventions, but will also raise the absorptive capacity of the Government. This will facilitate a more coordinated and efficient international and national response to HIV/AIDS in Cambodia.

12. ADB supports the Basic Health Services Project,[6] which seeks to strengthen the primary health care system in Cambodia. Although this project does not specifically deal with HIV/AIDS, strengthening the response to HIV/AIDS will complement the activities under the basic health project to make it more effective. The greater involvement of communities and other health related sectors under the HIV/AIDS project will generate demand for basic health services that can be met through the infrastructure created under the basic health project. Support to the national HIV/AIDS response will also be in line with ADB's emphasis on poverty reduction and its Country Operational Strategy for Cambodia, which stresses building the capacity of Government agencies that are involved in supporting the needs of women and vulnerable groups. Strengthening the national capacity for HIV/AIDS prevention and control will not only help to fight the epidemic in the country, but will also contribute to regional efforts to stem the epidemic.

III. THE TECHNICAL ASSISTANCE

A. Objective

13. The main objective of the TA is to improve the effectiveness of the Government response to the HIV/AIDS epidemic in Cambodia. The objective will be achieved by

(i) strengthening the multisectoral response to HIV/AIDS by building the capacity of NAA and key ministries,

(ii) supporting local responses to HIV/AIDS by building capacity at the provincial level, and

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[6] Loan 1447-CAM(SF): *Basic Health Services Project*, for $20 million, approved on 20 June 1996.

(iii) refining the existing HIV/AIDS response through more rigorous and critical analysis of available data from surveillance surveys and other sources.

B. Scope

14. The objectives of the TA will be achieved through three components

15. **Strengthening Multisectoral Response.** The TA will assist the newly established NAA to prepare its work plan and the HIV/AIDS control strategic plan for 2001-2005. Support for establishing appropriate budgeting and accounting procedures within NAA will also be provided. Recognizing the critical need to expand the response beyond MOH the TA will assist NAA in supporting the key related ministries in preparing their own strategic plans. The key staff of these ministries and NCHADS will be trained in program management, evaluation, and monitoring. The TA will also assist in setting up monitoring indicators for these ministries. Although 12 ministries are involved in HIV/AIDS-related work, the TA will support only 2 priority ministries. These ministries will be selected in partnership with the NAA Technical Board.[7]

16. **Strengthening Provincial Response.** The TA will support and strengthen the ongoing process of decentralization and devolution of ownership of local responses to HIV/AIDS to the provincial and district levels. The TA will assist in developing provincial capacity for planning and implementing HIV/AIDS-related activities. It will include the development of guidelines and essential tools for accelerating the provincial responses, including the establishment and revitalization of the PACs and provincial AIDS secretariats. The TA will produce prototype training material and curricula to be used in supporting the PACs and provincial AIDS secretariats. Under the TA, these guidelines, tools, and training curricula will be field tested in at least three provinces to assess their relevance, applicability, and effectiveness. The provinces will be selected based on the prevalence of HIV/AIDS and the commitment of the political leadership. The feedback received in field-testing will be used to modify the guidelines and materials.

17. **Analysis of Surveillance Data.** Technical support will be provided to NAA and NCHADS in order to build incountry capacity to review and evaluate the strengths and weaknesses of existing surveillance data. An epidemiologist will analyze the existing data from surveillance surveys and other sources to identify risk factors for HIV infection, trends in transmission, and current and likely future patterns of the epidemic. Based on the analysis, the TA will assist NAA and NCHADS to revise the national HIV/AIDS control strategy to improve monitoring and surveillance. The analysis will lead to a better understanding of the nature of the epidemic in Cambodia and its likely socioeconomic impact. It is expected to bring about a better use of data in planning, targeting, and evaluating HIV/AIDS prevention and control programs.

18. This component will be implemented in close collaboration with the staff of NCHADS and the Surveillance Working Group. It is expected that after the TA ends, NCHADS staff will be able to update the analysis as new data become available. The TA will also help NCHADS and NAA to organize information dissemination workshops for key policymakers and program managers at the national and provincial levels. One national and three regional workshops will be organized. To support the dissemination effort, the TA will provide NAA with one notebook computer, an inkjet printer suitable for the preparation of color transparencies, and a projector for Power Point and other computer and video presentations. Keeping in view the need for extensive travel within

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[7] Some of the key ministries are Ministry of Education, Youth and Sports; Ministry of the Interior; Ministry of National Defense; and Ministry of Women's and Veterans' Affairs. The two key ministries will be selected based on their potential to contribute to HIV/AIDS prevention and treatment, financing needs, and the commitment of policymakers in the ministries.

and outside Phnom Penh, a vehicle will be procured under the TA. Upon TA completion, the vehicle will be transferred to NAA.

C. Cost Estimates and Financing Plan

19. The total cost of the TA is estimated at $710,000 equivalent, of which $436,000 is the foreign exchange cost and $274,000 equivalent the local currency cost. ADB will finance $600,000 equivalent, covering the entire foreign exchange cost and $164,000 equivalent of the local currency cost. The TA will be financed by ADB on a grant basis from the Japan Special Fund funded by the Government of Japan. The Cambodian Government's contribution to the TA, estimated at $110,000 equivalent, will be in kind and will include the provision of counterpart staff, office support, and support for organizing seminars, workshops, and meetings. Detailed cost estimates and financing arrangements are in Appendix 2.

D. Implementation Arrangements

20. NAA will be the Executing Agency for the TA. Since many components relate to NCHADS and some ministries, the TA will closely involve these agencies. The NAA Technical Board, which embodies the multisectoral approach, will provide overall guidance to the TA. UNAIDS will provide technical leadership and ensure the coordination of its activities with other ongoing international efforts.

21. A team of two international and three domestic consultants will be recruited through an agency to provide specialist services totaling 46 person-months as follows: (i) HIV/AIDS expert and team leader – international (13 person-months); (ii) epidemiologist – international (3 person-months) (iii) HIV/AIDS planning experts – 2, domestic (8 person-months each); (iv) management training specialist – domestic (14 person-months). The consultants will be engaged in accordance with ADB's *Guidelines on the Use of Consultants* and other arrangements satisfactory to ADB for the engagement of domestic consultants. NAA and NCHADS will identify appropriate counterpart staff to work closely with the consultants. Outline terms of reference for the consultants are in Appendix 3. All the equipment needed for the TA will be procured by the consultants in accordance with arrangements acceptable to ADB.

22. The consultants are expected to spend 14 months in the country. The TA will commence in March 2001 and be completed in July 2002. The team leader will prepare a draft inception report within four weeks of the start of the study. The report will provide an action plan for the implementation of the TA and the mechanism for coordination with focal points in the Government and UN agencies. A draft final report will be prepared and circulated for comments to related government counterparts, international agencies, and ADB about one month before the end of the TA. The final report will be submitted by the end of July 2002.

IV. THE PRESIDENT'S DECISION

23. The President, acting under the authority delegated by the Board, has approved the provision of technical assistance, on a grant basis, to the Royal Government of Cambodia in an amount not exceeding the equivalent of $600,000 for the purpose of Capacity Building for HIV/AIDS Prevention and Control, and hereby reports such action to the Board.

PROJECT FRAMEWORK

Design Summary	Performance Targets	Monitoring Mechanisms	Assumptions & Risks
Goals			
• Increase the capacity of the Government to respond to the HIV/AIDS epidemic.	• Efficient use of available resources • More resources for HIV/AIDS programs	• UNAIDS country assessments	• The Government will remain committed to the prevention and control of HIV/AIDS. • Personnel trained under the technical assistance (TA) will continue to work on HIV/AIDS programs within the Government. • Coordinated international support will build on the capacity created under the TA and provide resources to assist the Government in implementing an effective response to the HIV/AIDS epidemic.
Objectives			
• Strengthen the multisectoral response to HIV/AIDS through building the capacity of the National AIDS Authority (NAA) and related key line ministries, including the ministries of women and veterans' affairs, education, and national defense.	• More effective leadership of the response to the epidemic • More effective and coordinated response to HIV/AIDS by the key ministries • More active participation of local staff from key ministries in provincial AIDS committees (PACs)	• Increased funding for HIV/AIDS control by key ministries as reflected in budgets • HIV/AIDS control plans of key ministries	• International agencies will fund the strategic plans developed by key ministries. • NAA will continue to receive top level political and policy support • Policy-makers in key ministries are committed to HIV/AIDS prevention and control as a major development challenge.
• Support provincial responses to HIV/AIDS by building provincial capacity.	• Better capacity of Provinces to plan and implement HIV/AIDS control programs to meet local needs • Greater ownership of the responses to HIV/AIDS by provinces	• Independent evaluation of provincial responses	• Governors will support PACs. • Competent and committed officials can be found at provincial level.
• Refine the existing response to HIV/AIDS through more rigorous and critical analysis of the available data from surveillance surveys and other sources.	• Enhanced understanding among policy makers and program managers of the epidemic, its causes, and high risk groups • A more focused and efficient HIV/AIDS control strategy	• Feedback from international agencies and government agencies	• Analysis of the data will be used as an integral part of planning and lead to specific recommendations. • Recommendations of the study will be incorporated in the HIV/AIDS control strategy.

(Reference in text: page 1, para. 1)

Design Summary	Performance Targets	Monitoring Mechanisms	Assumptions & Risks
	• Strengthened capacity of NCHADS to analyze the epidemiological surveillance data for strategic planning		
Outputs Component 1 • Work Plan for NAA	• Work plans for 2001 and 2002 • NAA staff trained in planning	• Quarterly reports	• NAA is able to recruit and retain qualified personnel.
• Accounting and Budgeting Procedures	• Appropriate accounting and budgeting procedures in NAA	• Audit reports	
• National HIV/AIDS Control Strategy	• A multisectoral national HIV/AIDS control strategy with clear objectives and priorities, realistic action plan, resource requirements, and evaluation plan	• Feedback from officials from governments, international agencies and the United Nations (UN) Theme Group on HIV/AIDS	• The strategy is not vague or unwieldy
• Action plans for the two key ministries	• The key ministries to have realistic HIV/AIDS control action plans with clear objectives and implementation details	• Quarterly reports	• The ministries are closely involved in the preparation and have a sense of ownership of the plans.
• Training and orientation for the staff of the two ministries	• Policy makers of the key ministries to have a clear perception of the roles and responsibilities of their respective ministries • Planning staff to have necessary skills for HIV/AIDS strategic planning	• Workshop reports	• Policy-makers are available for attending the workshop. • The trained staff remain with the ministry and are not reassigned for other duties.
Component 2 • Provincial guidelines	• Detailed, user-friendly guidelines ready for provinces to institutionalize effective responses	• Feedback from the Government and UN agencies	• All the involved international agencies will cooperate.
• Essential tools	• A set of presentations, training curricula; advocacy and information, education and communication materials for the provincial level	• Workshop reports	
• Use of guidelines, tools, and training material in 3 provinces	• Provincial responses in three provinces strengthened using the guidelines and tools created under the TA	• Periodic reports • Field visits from the Asian Development Bank	• The Department for International Development of the United Kingdom will provide resources for local currency expenses

Design Summary	Performance Targets	Monitoring Mechanisms	Assumptions & Risks
Component 3 • Report on HIV/AIDS epidemic and future trends	• An analytical report combining information from existing work and new analysis of the available data	• Periodic reports	• Data from the 2000 Demographic and Health Survey will be easily available.
• Dissemination	• Workshops of policy makers and HIV/AIDS focal points in all key ministries and provinces	• Workshop reports	• Key personnel working on HIV/AIDS control will be available for attending the workshops.
• Training of NCHADS staff in data analysis	• NCHADS staff involved in HIV/AIDS surveillance to be trained in epidemiological methods	• Periodic reports	• Key personnel will be available for attending the workshops.

Inputs
• Consultants
  • International (16 person months, $340,000)
  • National (30 person months, $70,000)
• Dissemination Activities ($50,000)
• Equipment ($40,000)
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COST ESTIMATES AND FINANCING PLAN

($)

Item	Foreign Exchange	Local Currency	Total Cost
A. Asian Development Bank Financing (JSF)			
1. Consultants			
a. Remuneration and Per Diem			
i. International Consultants	320,000	0	320,000
ii. Domestic Consultants	0	60,000	60,000
b. Travel			
i. International	20,000	0	20,000
ii. Domestic	0	10,000	10,000
2. Equipment[b]	20,000	0	20,000
3. Workshops, Seminars, and Studies	0	40,000	40,000
4. Production of Reports, Training Materials, and Presentations	5,000	5,000	10,000
5. Administrative and Support Services			
a. Office and Administrative Expenses			
b. Facilitation/Use of Local Assistants	0	10,000	10,000
c. Communications and Transport[c]	0	10,000	10,000
	20,000	10,000	30,000
6. Representatives for Contract Negotiations[d]	3,000	0	3,000
7. Contingencies	48,000	19,000	67,000
Subtotal (A)	**436,000**	**164,000**	**600,000**
B. Government Financing			
1. Counterpart Staff and Allowances	0	60,000	60,000
2. Office Accommodation and Utilities	0	12,000	12,000
3. Secretarial and Office Support	0	12,000	12,000
4. Furniture and Office Equipment	0	4,000	4,000
5. Support for Organizing Meetings and Workshops	0	22,000	22,000
Subtotal (B)	**0**	**110,000**	**110,000**
Total	**436,000**	**274,000**	**710,000**

JSF = Japan Special Fund
[a] Desk top computer, laptop computer, software, printer, projector, office furniture, fax machine, and photocopy machine.
[b] A utility vehicle.
[c] Includes cost of travel and per diem for government observers invited for contract negotiations.
Source: Staff estimates.

(Reference in text: page 5, para. 19)

OUTLINE TERMS OF REFERENCE

A. International Consultants

1. HIV/AIDS Specialist/Team Leader (13 person-months)

1. The Consultant will have professional and academic background in formulating and implementing HIV/AIDS prevention and control programs and policies in Asian countries. The consultant will have experience in leading teams of international professionals. The consultant will be responsible for the following:

(i) Overall leadership, including:

(a) being responsible for the collective work of all consultants;
(b) helping the National AIDS Authority (NAA), which is the Project's Executing Agency and consultant team members to conceptualize the overall technical assistance (TA) framework; preparing detailed overall plans for implementing the TA; organizing the required surveys, participatory consultations, workshops, and seminars;
(c) ensuring that the TA is implemented according to the terms of reference and any subsequent instructions or guidance provided by NAA, UNAIDS, or ADB; and
(d) being responsible for the timely preparation of all formal written reports including the inception report, periodic progress reports, draft final report, and final report;

(ii) Development of NAA Work Plan, acceptable to ADB and NAA. Specifically, the consultant will

(a) analyze how financial and staff resources are currently allocated;
(b) working closely with NAA, identify the priority areas for coordination, and policy and strategy development for HIV/AIDS prevention and control;
(c) with the assistance of the domestic HIV/AIDS consultants, prepare a two year work plan for NAA, taking into consideration the available resources;
(d) organize training workshop for National Center for HIV/AIDS, Dermatology and Sexually Transmitted Diseases (NCHAD) staff for program planning, implementation, and monitoring; and
(e) with the assistance of the management training expert, establish prudent budgeting and accounting systems in NAA, and supervise the training of staff in operating the systems and in general office management principles.

(iii) Preparation of National HIV/AIDS Strategy, acceptable to ADB, NAA, and UNAIDS. Based on the extensive work already done by UNAIDS and other international agencies, the consultant will update the National Strategic Plan. The strategy will take into account the changing pattern of the epidemic, lessons learned so far, the present capacity for implementing HIV/AIDS programs, and the available resources;
(iv) Preparation of perspective plans for two key ministries, acceptable to ADB, NAA, and the ministries. Specifically, the consultant will

(Reference in text: page 5, para. 21)

(a) working closely with NAA and UNAIDS, identify two ministries for support;
(b) develop a strategy and a plan of action for the ministries for HIV/AIDS prevention and control; and
(c) with the help of the domestic management training expert, organize training and orientation of the key policy makers and program managers at the national and subnational levels.

(v) Support to strengthen provincial responses to HIV/AIDS. The work will entail

(a) developing guidelines for provinces to organize a response to HIV/AIDS;
(b) with the assistance of the domestic HIV/AIDS consultants, preparing essential tools for organizing provincial responses;
(c) with the assistance of the domestic management training expert, developing curriculum and training material for training and orientation of provincial and district level officials;
(d) developing curriculum and educational material for training provincial and district level officials;
(e) with the assistance of other team members, testing the developed guidelines and materials in at least three provinces (to be selected by UNAIDS and NAA; and
(f) based on the feedback following the field tests, revise the guidelines and material.

(vi) Supervise the preparation and dissemination of the report on epidemiological analysis.
(vii) Any other work related to the TA that ADB, the Government, or UNAIDS may reasonably request.

2. Epidemiologist (3 person-months)

2. The consultant will be a reputed epidemiologist with extensive experience in analyzing epidemiological data related to HIV/AIDS. The consultant will work under the supervision of the team leader and will be responsible for the following:

(i) building on the analysis already done by NCHADS, analyze data from the seroprevalence and behavioral surveillance surveys and the 2000 Demographic and Health Survey to identify the pattern of the HIV/AIDS epidemic and risk factors for the spread of the epidemic;
(ii) analyze trends of HIV infection in the country to predict future levels of HIV infection and;
(iii) analyze the trends in high risk behavior;
(iv) train the relevant staff in NCHADS to do epidemiological analysis using the surveillance data;
(v) based on the analysis of the data, prepare a concise report presenting the key findings and their implications for HIV/AIDS control strategy in the country;
(vi) examine the existing sentinel surveillance system and recommend improvements;
(vii) prepare a power point presentation and transparencies to present the findings and recommendations to representatives of international agencies and policy makers; and

(viii) organize information dissemination meetings to present the findings and recommendations.

B. Domestic Consultants

1. HIV/AIDS Planning Experts (two, 8 person-months each)

3. The consultants will have strong public health background with at least five years' experience in planning and implementing HIV/AIDS programs. The consultants will work as a team under the supervision of the team leader and UNAIDS country program advisor. The two consultants will be jointly responsible for the following activities and outputs:

(i) supporting the team leader in developing the work plan for NAA;
(ii) assisting the team leader in preparing the national HIV/AIDS control strategy;
(iii) preparing HIV/AIDS control action plans for two key ministries;
(iv) developing essential tools to accelerate the provincial responses to HIV/AIDS;
(v) implementing the developed guidelines and essential tools in three provinces; and
(vi) assisting the team leader in disseminating information through workshops and other activities.

2. Management Training Expert (14 person-months)

4. The consultant will be a management specialist with a strong background in training. He/she will also have experience of working on HIV/AIDS programs. The consultant will support the team in developing all training materials and undertaking various training. Specifically, the consultant will

(i) assist in preparing the work plan for NAA;
(ii) establish prudent budgeting and accounting procedures in NAA;
(iii) train NAA staff in budgeting and accounting;
(iv) train NCHADS staff in program implementation, monitoring, and evaluation;
(v) support the training and orientation of staff from two key ministries on their action plan;
(vi) prepare training curriculum, and background and support material for provincial-level training and orientation;
(vii) assist in implementing the guidelines and essential tools in three provinces; and
(viii) assist the team leader in disseminating the findings and recommendations of the epidemiological study.