



Technical Assistance Report

Project Number: 41078
January 2008

**Lao People's Democratic Republic: Piloting
Community e-Centers for Better Health**
(Financed by the Republic of Korea e-Asia and Knowledge
Partnership Fund)

Asian Development Bank

CURRENCY EQUIVALENTS

(as of 18 January 2008)

Currency Unit	–	kip (KN)
KN1.00	=	\$0.0001079
\$1.00	=	KN9,269

ABBREVIATIONS

ADB	–	Asian Development Bank
ICT	–	information and communications technology
Lao PDR	–	Lao People's Democratic Republic
MOH	–	Ministry of Health
NSTA	–	National Science Technology Authority
TA	–	technical assistance
VHW	–	village health worker

TECHNICAL ASSISTANCE CLASSIFICATION

Targeting Classification	–	Targeted intervention (TI-M)
Sector	–	Health, nutrition, and social protection
Subsector	–	Health systems
Themes	–	Sustainable economic growth, inclusive social development, capacity development
Subthemes	–	Addressing information and communications technology issues, human development, organizational development

NOTE

In this report, "\$" refers to US dollars.

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I. INTRODUCTION

1. The National Science Technology Authority¹ (NSTA) of the Office of the Prime Minister of the Lao People's Democratic Republic (Lao PDR) asked the Asian Development Bank (ADB) to support the piloting of e-centers in rural areas to help reduce the urban-rural digital divide. Based on stakeholder consultations, the focus will be on the health sector, which is one of the four priority sectors of the Government and supported by ADB. The technical assistance² (TA) will demonstrate the use of e-centers³ in rural health facilities to improve the skills of health staff and to promote health in rural communities.⁴ The design and monitoring framework is in Appendix 1.

II. ISSUES

2. The Lao PDR has made significant progress in reducing poverty. However, rural areas are lagging with a poverty incidence of 41% compared with 29% in urban areas. In its Sixth National Socio-economic Development Plan (2006–2010), the Government gives high priority to reducing rural poverty and achieving the Millennium Development Goals by improving health services in rural areas.

3. The Government has built a rural network of health staff in district hospitals, health centers, village health workers, and increasingly peer educators, for delivering health services to small and scattered populations. While support systems are in place, communication problems, especially during the rainy season, result in health staff, village health workers, and peer educators working in relative isolation. The provincial capacity for providing quality in-service training and skills-training materials for rural health workers is limited. Consequently, the Ministry of Health (MOH) is seeking to strengthen health promotion and primary health care worker skills through information and communications technology (ICT)-based training. Many rural health staff, village health workers, and peer educators could benefit from e-centers in nearby hospitals and health centers.

4. The Government gives high priority to promoting ICT in rural areas to offer residents better access to information. Since 2003, the Government has been expanding access to information and the internet through public-private partnerships. High-speed internet services are available in most provincial headquarters, and district towns and health centers along the main roads have access to dial-up services. However, assistance with the initial provision of equipment and training is needed, and services need to be managed and sustained. Given the increasing provincial ICT infrastructure and support capacity, expansion into rural areas is increasingly possible.

5. Despite substantial interest from the Government and partners, little external assistance is available to promote rural ICT. ADB has supported a regional technical assistance—the Asian Development Community Broadcasting Initiative, which piloted satellite broadcasting to improve access to information on the risks of HIV/AIDS among ethnic groups in northern Lao PDR.⁵ The

¹ Formerly the Science, Technology and Environment Agency.

² Concept clearance was obtained on 15 June 2007.

³ E-centers are an outlet for providing the general public with affordable access using information and communication technology, such as the internet, e-mail, computer training, distance learning, online services, and other kinds of services and information beneficial to the community.

⁴ The TA first appeared in *ADB Business Opportunities* on 21 July 2007.

⁵ ADB. 2005. *Technical Assistance to the Greater Mekong Subregion for HIV/AIDS Vulnerability and Risk Reduction among Ethnic Minority Groups through Communication Strategies*. Manila.

assistance demonstrated the effectiveness of using local languages to improve the understanding of health issues. The United Nations Education, Scientific and Cultural Organization is establishing a community multimedia center⁶ in the Lao PDR. Experiences elsewhere suggest that e-centers such as those being developed under the regional rural e-development initiative in South Asia⁷ are in high demand in rural communities.

6. ADB is well suited as a partner for the Lao PDR to explore the potential of e-centers in rural health facilities as this TA builds upon and complements other ADB supported initiatives in Lao PDR. ADB's Primary Health Care Expansion Project⁸ has helped expand health services in the eight northern provinces by constructing hospitals and health centers and training health staff, village health workers, and peer educators many with an ethnic minority background. Different types of staff could greatly benefit from ICT-based training to upgrade their skills. The recently approved Health System Development Project⁹ will help improve service delivery in the sector and can support ICT initiatives for several years.

7. A substantial amount of health education content is already available. In particular, under ADB's Greater Mekong Subregion Regional Communicable Diseases Control Project that addresses regional risks and challenges in communicable diseases control,¹⁰ an interactive CD-ROM¹¹ on immunization was produced for training health staff. The CD provides a highly skill-oriented but user-friendly set of audiovisual tools to upgrade the capability of health staff through self instruction and could be used as a template for similar CDs on topics such as (i) maternal and child health and nutrition; (ii) control of communicable diseases; and (iii) village health worker skills in basic curative, preventive, and promotive care. These and other experiences will be used in developing content for e-centers.

III. THE TECHNICAL ASSISTANCE

A. Impact and Outcome

8. The impact of the TA is improved health in rural communities. The outcome is improved quality and utilization of health staff and village health workers, and increased use of ICT services.

B. Outputs

9. The TA will (i) develop e-center networks with ICT access and facilities in two rural provinces, (ii) develop practical health information and skills training for rural health staff and communities through e-health services, (iii) build local capacity in ICT use and sustainable operation of e-centers in rural communities, and (iv) monitor and evaluate activities and outcome. The TA will be implemented in 16 district hospitals and health centers in the pilot provinces of Savannakhet and Xieng Khouang. The 16 sites will be determined in collaboration

⁶ The community multimedia center combines community radio with community telecenter facilities.

⁷ ADB. 2005. *Grant Assistance for Empowering the Rural Community e-Centers under the South Asia Subregional Economic Program* (Financed by the Japan Fund for Information and Communication Technology). Manila.

⁸ ADB. 2000. *Report and Recommendation of the President to the Board of Directors on a Proposed Loan to the Lao People's Democratic Republic for the Primary Health Care Expansion Project*. Manila.

⁹ ADB. 2007. *Report and Recommendation of the President to the Board of Directors on a Proposed Grant Assistance to the Lao People's Democratic Republic for the Health System Development Project*. Manila.

¹⁰ ADB. 2005. *Report and Recommendation of the President to the Board of Directors on a Proposed Grant Assistance to Cambodia, Lao People's Democratic Republic, and Viet Nam for the Greater Mekong Subregion Regional Communicable Disease Control Project*. Manila.

¹¹ A compact disc containing information that cannot be altered.

with NSTA and MOH using criteria of internet connectivity, physical access, and amount of maintenance support required from NSTA.

10. **Output 1: Development of e-Center Networks.** In each targeted province, the TA will support the establishment of a small network with an e-center in four district hospitals and four health centers with internet dial-up connections that can also connect to the provincial health office and hospital. The TA will also support the contracting of a private internet service provider (ISP) to operate and maintain the network in cooperation with NSTA. A website will be developed for the pilot to upload and update health-related content and services, as well as to disseminate other relevant information. The users of the e-centers will be charged small fee on a revolving fund basis similar to the drug revolving fund to cover the costs of the telephone charges and ISP.

11. **Output 2: Development of e-Health Content and Services.** Output 2 will support the development of e-health content and applications of e-health services to improve access to health information and quality of district and subdistrict services in rural areas. E-health content will be developed based on the needs of (i) health staff at district hospitals and health centers for skills training, and (ii) village health workers and peer educators in local communities for basic health information. Output 2 will primarily support the development of user-friendly CD-ROMs that contain videos, graphics, and interactive questions and answers accompanied by transcripts and manuals. Three separate CDs are expected to be produced on (i) maternal and child health and nutrition; (ii) control of communicable diseases; and (iii) village health worker skills in basic curative, preventive, and promotive care. In addition, other health information will be adapted for uploading onto the website. The content will be based on existing MOH policies, guidelines, and standards; adapted to a local context; and translated into local languages. The TA will enable health workers to communicate with and seek advice from the provincial health staff, and report disease outbreaks and services.

12. **Output 3: Capacity Building.** Output 3 will support three types of capacity building programs: (i) ICT-based health education and skill training for health staff in district hospitals and health centers, village health workers, and peer educators; (ii) training of e-center facilitators with regard to sustainable operation and maintenance of the e-center; and (iii) basic computer literacy training for health staff in district hospitals and health centers, village health workers, and peer educators. About 250 people will participate in various training programs.

13. **Output 4: Monitoring and Evaluation.** All three outputs of the TA will be carefully monitored and evaluated to assess the outcome of the e-center network and ICT applications in improved quality and utilization of health workers and village health workers, and increased use of ICT services.

14. **Expected Results and Deliverables.** The TA will result in (i) a piloted network of eight e-centers in each of the two pilot provinces; (ii) interactive CD-ROMs for health promotion and skills training for e-health services with local content; (iii) operationalized and well-managed e-centers; (iv) documented key lessons from evaluation of e-centers and e-health service implementation; (v) a website for e-health content and dissemination; (vi) improved ICT literacy for health staff in district hospitals and health centers, village health workers, and peer educators; and (vii) better understanding of targeted health services and practices.

C. Cost and Financing

15. The total cost of the TA is estimated at \$600,000 including government contributions. The TA will be financed on a grant basis by the Republic of Korea e-Asia and Knowledge Partnership Fund. ADB will administer the \$500,000 grant. The Government of the Lao PDR will provide \$100,000 as in-kind contribution. The cost and financing plan are in Appendix 2.

D. Implementation Arrangements

16. ADB will take the role of Executing Agency, while NSTA and MOH will be implementing agencies. NSTA will be the lead agency responsible for developing and implementing outputs 1, 3, and 4 and for the overall project outcomes. MOH will be responsible for developing and implementing output 2, and facilitating smooth implementation of the project in health facilities. NSTA will work in close partnership with MOH and provincial health offices, and set up a small steering committee including MOH representatives to oversee TA implementation.

17. A project management unit will be set up in NSTA with the deputy director general, Department of Science and Technology, as the project director. NSTA will appoint a focal point from both the Savannakhet and Xieng Khouang provincial NSTA offices to coordinate provincial activities under the guidance of the project director. The NSTA provincial offices will provide support to the pilot e-centers and be responsible for ongoing support. The deputy director of the Cabinet of MOH will be the project director for MOH, and MOH's Centre for Information and Education for Health will be a key partner for the development of health information for the CD-ROMs and the website. MOH will mobilize its provincial, district, and subdistrict health services staff to support implementation in the pilot communities.

18. **Training.** NSTA will be responsible for coordinating and delivering training activities. Basic computer literacy training will be provided through face-to-face and CD-ROM delivery to health staff in district hospitals and health centers, village health workers, and peer educators to enable them to effectively access the e-health education material.

19. During a 1 month inception period, the TA team comprising assigned Government staff and consultants will review relevant government policies and plans and lessons from various projects; and conduct consultations with NSTA, ministries, the Primary Health Care Expansion Project team, development partners in Vientiane, provincial officials and staff, and potential beneficiaries. These inputs will be used to identify key issues and prepare an implementation plan. The team leader will submit an inception report describing progress in establishing the teams and implementation plan. Quarterly progress reports and a midterm report will also be submitted. The draft final report will be submitted after 16 months, and a final report and implementation memorandum on completion of the TA. The TA is expected to begin March 2008 and be completed by August 2009, a total of 18 months.

20. **Consulting Services.** An ICT services firm will be contracted to provide the international information technology specialist and team leader, national ICT training specialist, national information technology specialist, and national health education specialist. The firm will design, set up, and maintain the networks as well as provide ICT training. A national health education specialist will be a member of the information technology firm to assist in developing health education material for the website, and to liaise with the health promotion content production team. ADB will engage the ICT firm using the consultant qualifications selection method. The TA will support the contracting of a firm for health promotion content production. Due to the specialized nature of the production and to build on the experience gained from producing the

immunization CD-ROM in the Lao PDR¹², single-source selection is proposed. The TA will also support a total of 1.5 person months of an international evaluation specialist. ADB will engage the individual consultant using competitive selection. The recruitment of the two firms and the individual international consultant will be in accordance with ADB's *Guidelines on the Use of Consultants* (2007, as amended from time to time). The international consultant and the two firms will work with counterpart staff to perform the services. The outline terms of reference are provided in Appendix 3.

21. **Procurement of Goods.** The specific equipment to be procured under the TA will be identified during the design of the e-center network and procured by NSTA in accordance with ADB's *Procurement Guidelines* (2007, as amended from time to time) with contract awards approved and payments made to suppliers directly by ADB. After the TA is closed, the equipment will be transferred to the Government of the Lao PDR.

IV. THE PRESIDENT'S DECISION

22. The President, acting under the authority delegated by the Board, has approved ADB administering technical assistance not exceeding the equivalent of \$500,000 to the Government of the Lao People's Democratic Republic to be financed on a grant basis by the Republic of Korea e-Asia and Knowledge Partnership Fund for Piloting Community e-Centers for Better Health, and hereby reports this action to the Board.

¹² ADB. 2005. *Report and Recommendation of the President to the Board of Directors on a Proposed Grant Assistance to Cambodia, Lao People's Democratic Republic, and Viet Nam for the Greater Mekong Subregion Regional Communicable Disease Control Project*. Manila.

DESIGN AND MONITORING FRAMEWORK

Design Summary	Performance Targets/Indicators	Data Sources/Reporting Mechanisms	Assumptions and Risks
<p>Impact Improved health in rural communities</p>	<p>Child mortality numbers reduced by 10% in surrounding communities (<5 kilometers) in 1 year (maternal mortality will also be counted but as a rare event will not be used as indicator)</p>	<p>Lao PDR multi-indicator cluster survey of the National Statistics Center</p> <p>Project reports</p>	<p>Assumption</p> <ul style="list-style-type: none"> Government officials are aware of the project's benefits and supportive throughout project implementation <p>Risks</p> <ul style="list-style-type: none"> Political and economic instability in rural areas Difficulty measuring impact; village census will be used
<p>Outcome Improved quality and utilization of health staff and village health workers (VHWs) and increased use of information and communications technology (ICT) services</p>	<p>Utilization of health facilities and VHWs improved by 25% by June 2009</p> <p>Number of computer-literate health staff increased by 50% in targeted health facilities by June 2009</p>	<p>Project reports Baseline and end-of-project household surveys to determine use and satisfaction of health and ICT services</p>	<p>Risk</p> <ul style="list-style-type: none"> Time constraint for implementation to demonstrate change in the use of services
<p>Outputs</p> <ol style="list-style-type: none"> Sixteen health facilities provided with ICT services Appropriate e-health content and services are produced and used including three CD-ROMs Staff skills enhanced in health care, ICT use, and basic e-center maintenance Outcome of e-centers assessed and shared including lessons and cost implications 	<p>Increased percentage of health facilities providing ICT services for at least 50% of time by June 2009</p> <p>E-health content, including three CD-ROMs, has been demonstrated as an effective tool for skills training by June 2009</p> <p>50% of health staff in pilot district hospitals and health centers and 50% of VHWs within 5 kilometers from pilot site complete the ICT training by June 2009</p> <p>Evaluation completed and disseminated by July 2009</p>	<p>Report on each e-center's operations, including the operation cost, utilization rate, user feedback on ICT applications</p> <p>Tested e-health content, including three CD-ROMs in Lao and 1–2 local languages</p> <p>Training report including skills testing of staff</p> <p>Baseline and evaluation reports available on website</p>	<p>Assumption</p> <ul style="list-style-type: none"> VHWs are interested and able to attend training <p>Risks</p> <ul style="list-style-type: none"> Time constraint of staff to attend training Supply constraints to use skills
<p>Activities with Milestones</p> <p>Output 1: Development of e-center network</p> <ol style="list-style-type: none"> Community consultation meetings held by end of month 1 A model concept of center network developed by end of month 3 Hardware and software installed in pilot e-centers by end of month 4 Website developed by end of month 4 E-center network piloted in at least 3 targeted communities by end of month 5 Operation manual developed for e-centers by end of month 5 			<p>Inputs (\$)</p> <p>ADB: \$500,000 financed by the e-Asia and Knowledge Partnership Fund funded by the Government of the Republic of Korea.</p>

<p>Activities with Milestones</p> <p>1.7 Fine-tuning and maintenance of the system and e-centers by end of month 6 1.8. E-center network implemented in targeted communities by end of month 7 1.9. Reports on e-centers operations prepared at months 8, 11, 14, and 17</p> <p>Output 2: Development of e-health content and services 2.1. Needs assessment conducted by end of month 2 2.2. ICT applications and e-health content, including for the CD-ROMs, developed by month 3 2.3. ICT education materials and training tools developed by end of month 5 2.4. E-health services developed by end of month 5 2.5. E-health content, including the CD-ROMs, and services piloted in centers by end of month 6</p> <p>Output 3: Capacity building 3.1. Training needs assessment conducted by end of month 2 3.2. Training modules developed by end of month 3 3.3. Training modules piloted and revised by end of month 4 3.4. On-site training sessions started at e-centers by end of month 5</p> <p>Output 4: Monitoring and evaluation 4.1. Baseline and monitoring survey conducted by end of month 5 4.2. Progress reports submitted quarterly 4.3. Follow-up survey conducted by end of month 17 4.4. Evaluation report completed by end of month 18 4.5. Report on good practices and lessons completed by end of month 18</p>	<p>Inputs (\$)</p> <p>1. Consultants: \$179,000 2. Equipment: \$80,000 3. Health promotion content production: \$100,000 4. Training, workshops, and conferences: \$30,000 5. Surveys, monitoring, and evaluation: \$16,000 6. Operations, administration, and support costs: \$55,000 7. Contingencies: \$40,000</p> <p>Government: \$100,000 equivalent as in-kind contribution</p> <p>1. Office accommodation: \$15,000 2. Counterpart staff: \$60,000 3. Training, workshops, and conferences: \$25,000.</p>
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ADB = Asian Development Bank, Lao PDR = Lao People's Democratic Republic.

COST ESTIMATES AND FINANCING PLAN
(\$'000)

Financing	Total Cost
A. Republic of Korea e-Asia and Knowledge Partnership Fund^a	
1. Consultants	
a. Remuneration and Per Diem	
i. International Consultants	110.0
ii. National Consultants	35.0
b. International and Local Travel	30.0
c. Reports and Communications	4.0
2. Equipment ^b	80.0
3. Health Promotion Content Production ^c	100.0
4. Training, Workshops, and Conferences	
a. Workshops	14.0
b. Training Program	16.0
5. Surveys, Monitoring, and Evaluation	16.0
6. Operations, Administration, and Support Costs	55.0
7. Contingencies	40.0
Subtotal (A)	500.0
B. Government	
1. Office Accommodation	15.0
2. Counterpart Staff	60.0
3. Training, Workshops, and Conferences	25.0
Subtotal (B)	100.0
Total	600.0

^a Administered by the Asian Development Bank.

^b Includes computers, peripherals, and software.

^c Includes the total costs of engaging a visual training production firm by single-source selection.

Source: Asian Development Bank estimates.

OUTLINE TERMS OF REFERENCE FOR CONSULTANTS

A. Firms

1. Information and Communications Technology Services Firm

The Information and Communications Technology Services Firm will provide ICT knowledge and expertise to develop and maintain an e-center network and will also assist to develop ICT health related information and skills training to support the delivery of health information and skills training to health staff, village health workers and peer educators in the pilot rural communities (para. 10). NSTA and the MOH will work closely with the ICT Services firm to respectively provide ICT strategy and training support, and health related information and knowledge (para. 17).

a. Information Technology Specialist and Team Leader (international, 4 person-months, intermittent)

1. The consultant will have extensive experience in formulating and implementing community e-centers and will be the team leader. The consultant will undertake the following:

- (i) Provide overall leadership for the technical assistance (TA) and be responsible for the collective work of all consultants and inputs.
- (ii) Develop the e-center model to sustain its operation under different socioeconomic, demographic, and geographic needs.
- (iii) Prepare detailed implementation plans for accomplishing the tasks set forth in the TA.
- (iv) Ensure the timely and smooth implementation of pilots in selected sites and develop the performance measure, survey form for evaluation, and evaluation and monitoring framework.
- (v) Identify the organization structure within the community to promote the use of e-centers including potential e-center focal points.
- (vi) Plan, set up, and test the revolving fund for information and communication technology (ICT) service sustainability.
- (vii) Review the e-center pilot and provide an assignment report including feedback for inclusion in the monitoring and evaluation report.

b. ICT Training Specialist (national, 4 person-months, intermittent)

2. The ICT training specialist, under the guidance of the international e-center specialist and team leader will have the following responsibilities:

- (i) Confirm the type and identify ICT knowledge and skills required by the targeted users in the pilot communities to effectively use the e-center technology.
- (ii) Conduct the training needs assessment and assess the ICT competency of the target users to effectively use the e-center technology.
- (iii) Develop simple local language ICT training programs for face-to-face, CD-ROM, and/or on-line delivery. These programs will include introduction to computers, e-mail, word processing, and internet use.
- (iv) Assist the team in developing and/or modifying relevant health related content appropriate for training via the ICT medium.
- (v) Develop training plans and modules to improve the competencies of e-center facilitators to manage the e-center, and the competencies of the e-center facilitators and focal points to promote the use of the e-center, and support the CD-ROM and on-line training programs.

- (vi) Deliver the training programs on ICT and ICT health information and skills products.
- (vii) Modify training programs as necessary.

c. Information Technology Specialist (national, 18 person-months)

3. The consultant, working under the supervision of the team leader, will have the following responsibilities:

- (i) Assess hardware and software requirements at pilot sites.
- (ii) Provide technical support in installing hardware and software.
- (iii) Develop the website using the most appropriate and practical platform.
- (iv) Provide technical support for the operation and maintenance of the e-centers.
- (v) Provide periodic assessment of the functioning of equipment and facilities.
- (vi) Conduct a user survey for the website.
- (vii) Improve the website and its content based on feedback from a user survey.
- (viii) Provide training to e-center operators or focal points for operation and maintenance of the e-centers.

d. Health Education Specialist (national, 4 person-months, intermittent)

4. The health education specialist will preferably have experience in using ICT to promote health education, and will have the following responsibilities:

- (i) Review existing health promotion programs to assess their suitability for use as ICT products.
- (ii) Work with the Health Promotion Content Production Firm and the Ministry of Health to develop local content and applications in health.
- (iii) Pilot test e-centers with local content and health applications with target groups.
- (iv) Conduct evaluation and assessment of the local content and health applications.
- (v) Revise the local content based on the assessment and community feedback.

2. Health Promotion Content Production Firm

5. The consulting firm will have at least 5 years experience, including in developing member countries in the region, in making visual skills training materials for the health sector using interactive approaches. The firm will produce visual skills training material on specific health topics for health care workers, and visual training materials to increase awareness and understanding in communities of specific health topics.

6. **Visual Skills Training Material on Specific Health Topics for Health Care Workers** Activities include the following:

- (i) Review policies, guidelines, and standards regarding the specified health topics.
- (ii) Assess current knowledge and practices of staff.
- (iii) Assess current training activities for preservice and in-service training on the specified health topic.
- (iv) Identify activities, procedures, and standards for the specified health topics.
- (v) Prepare an interactive skills training video using CD-ROM with Lao, Mon Khmer, and Hmong (as appropriate) staff and clients and languages.
- (vi) Test effectiveness of the material for passing on information and skills through pre- and in-service training, self-learning, and supervision.
- (vii) Prepare a study guide and CD-ROM with 30 copies of each for distribution.

7. Visual Training Materials to Increase Awareness and Understanding of Village Health Workers and Peer Educators on Specific Health Topics. Activities include the following:

- (i) Review policies, guidelines, and standards regarding the specified health topics.
- (ii) Identify activities, procedures, and standards in the specified health topics.
- (iii) Prepare an interactive skills training video using CD-ROM with Lao, Mon Khmer, and Hmong (as appropriate) staff, clients, and languages.
- (iv) Test the effectiveness of the material for passing on information and skills through self-learning.
- (v) Prepare a study guide and CD-ROM with 30 copies of each for distribution.

B. Individual International Consultant

1. Evaluation Specialist (1.5 person-months, intermittent)

8. The consultant will have experience in research, pilot projects, and evaluation in the country, preferably of ICT-related projects. The consultant will work and will have the following responsibilities:

- (i) Design an evaluation and monitoring framework.
- (ii) Develop indicators for monitoring and evaluation, including baselines.
- (iii) Monitor implementation of pilot programs.
- (iv) Collect quantitative and qualitative data for monitoring and evaluation.
- (v) Conduct midterm and final evaluations of the pilot programs.
- (vi) Make recommendations and suggestions for improving the draft strategies and implementation guidelines, based on the evaluation results.
- (vii) Prepare an evaluation report presenting key findings and recommendations.