



Technical Assistance Report

Project Number: 42027
Capacity Development Technical Assistance (CDTA)
November 2008

Mongolia: HIV/AIDS Prevention in ADB Infrastructure Projects and the Mining Sector (Financed by the Cooperation Fund for Fighting the Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome [HIV/AIDS] in Asia and the Pacific)

Asian Development Bank

CURRENCY EQUIVALENTS

(as of 24 October 2008)

Currency Unit	–	togrog (MNT)
MNT1.00	=	\$0.000874
\$1.00	=	MNT1,144

ABBREVIATIONS

ADB	–	Asian Development Bank
EA	–	executing agency
M&E	–	monitoring and evaluation
MONEF	–	Mongolia Employers' Federation
PIU	–	project implementation unit
STI	–	sexually transmitted infection
TA	–	technical assistance

GLOSSARY

aimag	–	administrative unit (provincial)
soum	–	administrative subunit of the aimag/province

TECHNICAL ASSISTANCE CLASSIFICATION

Targeting Classification	–	Targeted intervention (TI-M)
Sector	–	Health, nutrition, and social protection
Subsector	–	Health programs
Themes	–	Inclusive social development, gender and development, capacity development
Subthemes	–	Human development, institutional development

NOTE

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

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I. INTRODUCTION

1. A rapidly expanding mining sector and improvements in the transportation network in Mongolia create a potential high-risk environment for the spread of HIV. In 2006, the Asian Development Bank (ADB) signed a joint initiative¹ to commit to reducing HIV vulnerabilities associated with infrastructure projects. ADB has a strong commitment to expand its support on integrating HIV prevention interventions into infrastructure projects. In October 2007, consultation meetings with key stakeholders and partners were held to discuss the proposed advisory technical assistance (TA) for HIV/AIDS Prevention in ADB Infrastructure Projects and the Mining Sector. ADB undertook TA fact-finding from 22 April to 6 May 2008 and reached agreement with the Government of Mongolia (the Government) regarding the TA impact, outcome, outputs, terms of reference for consulting services, cost estimates, financing plan, and institutional and implementation arrangements.² The design and monitoring framework is in Appendix 1.

II. ISSUES

2. **HIV Epidemic in Mongolia.** The HIV epidemic is growing, risk factors are high, and mobility is becoming an important aspect of the epidemic. In 2005, more than half (51.3%) of mobile men had sex with casual partners.³ Mobile men were the least likely group to have ever been tested for HIV infection and to know the test results. The data suggests increased vulnerability to HIV infections among the mobile and migrant population. It also reveals that 36% of sex workers were diagnosed as having a sexually transmitted infection (STI), which was 16 times higher than that of low-risk women. The number of reported cases of STIs has increased, and accounts for more than 47% of all communicable disease infection in the country.⁴

3. **HIV and Mobility.** The spread of HIV through major transport and infrastructure projects is well documented.⁵ Increases in HIV prevalence tend to be clustered along major transport routes and cross-border areas. The interaction among the construction workforce, local communities, and sex workers can create a potentially high-risk environment for the spread of HIV infections through unprotected sex and/or injecting drug use. Mobile and migrant workers are at great risk of both contracting the HIV infection and bridging HIV transmission to the general population, as their increased disposable income attracts commercial sex establishments and allows them to offer money, food, and clothing to rural women and girls in exchange for sexual favors. Increased risk behavior and the growing number of mobile and migrant workers in the country provide an ideal environment for the rapid spread of HIV infection.

4. **Infrastructure Development in Mongolia.** In Mongolia, major investments in the road, transport, and mining sectors are planned in coming years. ADB-financed infrastructure projects include the Western Regional Road Corridor Development Project – Phase I and the Regional Road Development Project.⁶ According to the National Development Road Network Plan for

¹ ADB, African Development Bank, Department for International Development of the United Kingdom, Japan Bank for International Cooperation, KfW, and World Bank. 2006. *Joint Initiative by Development Agencies for the Infrastructure Sectors to Mitigate the Spread of HIV/AIDS*. Toronto (August).

² The TA first appeared in the business opportunities section of ADB's website on 4 June 2008.

³ Ministry of Health. 2005. *Second Generation HIV Surveillance*. Ulaanbaatar.

⁴ Ministry of Health. 2006. *The National Health Indicators*. Ulaanbaatar.

⁵ UN Regional Task Force on Mobility and HIV Vulnerability Reduction. 2006. *Regional Strategy on Mobility and HIV Vulnerability Reduction in South-East Asia and Southern China 2006–2008*. Bangkok; and The World Bank Global HIV/AIDS Program. 2005. *Lessons Learned to Date from HIV/AIDS Transport Corridor Projects*. Washington.

⁶ ADB. 2008. *Report and Recommendation of the President on a Proposed Grant to Mongolia for the Western Regional Road Corridor Development Project – Phase I*. Manila; and ADB. 2004. *Report and Recommendation of*

2006–2016, more than 2,000 kilometers of road are planned to be constructed during 2008–2012. Investment on road construction in Mongolia tripled in 2007,⁷ and the rapid development of regional roads is expected to continue in the coming decade. The mining sector in Mongolia continues to grow and is the major source of Government revenue, accounting for 58% of export earnings. At present, nearly 50% of foreign workers in Mongolia work in the mining sector.⁸ The formal mining sector employs over 12,000 people and the informal mining sector involves many times this number. The construction and mining industries accounted for 10% of the total labor force in 2006,⁹ and the figure is expected to be much higher in the coming years. As a result, a large number of mobile and migrant workers are expected in the country. There is almost no applicable prior experience of large-scale, project-related influx in Mongolia. Influx population is typically categorized into four socioeconomic groups: (i) returning family members (former residents), (ii) project workers from outside areas, (iii) speculative migrants (job seekers), and (iv) service providers in the formal and informal sector. Each group will come with its own social risks requiring differentiated interventions.¹⁰

5. Government Commitment to Fighting HIV/AIDS. The Government has shown increasing political commitment to HIV/AIDS prevention and control. The National Committee on AIDS Prevention was re-established under the supervision of a deputy prime minister. The National Strategy on HIV and AIDS Prevention (2006–2010) was developed in consultation with various sectors. Since 2005, the Mongolian Employers' Federation (MONEF)¹¹ has been actively engaged in HIV/AIDS prevention in workplaces and is also a recipient of the Round 5 of the Global Fund for HIV, Tuberculosis and Malaria. In 2007, \$3.4 million was made available for AIDS prevention and care activities by international donors and the Government, an increase of 28% compared with 2006.¹² The recent policy development confirms the strong government commitment and, together with increased private sector engagement, creates an enabling environment to support an effective and sustained national response to HIV/AIDS. Discussions are under way to amend the national HIV/AIDS strategy to include specific aspects on HIV and mobility, which are currently missing.

6. ADB and HIV/AIDS. In the Asia and Pacific region, ADB has been responding with support for HIV/AIDS projects since 1993. ADB's strategic direction identifies three priority areas for action: (i) leadership support, (ii) capacity building, and (iii) targeted programs for vulnerable and high-risk groups. Support has been largely through TA grants focusing on cross-border risk factors, particularly in road and transport projects, and also on regional cooperation and knowledge building. In 2006, ADB signed a joint initiative with Japan Bank for International Cooperation, African Development Bank, UK Department for International Development, Kreditanstalt fuer Wiederaufbau (KfW), and World Bank to commit to reducing HIV vulnerabilities associated with infrastructure projects. The recent review of ADB's assistance on HIV prevention in transport projects in the Greater Mekong Subregion highlights the importance of institutionalizing HIV prevention approaches through capacity building and policy development and of building capacity for monitoring and evaluation (M&E) systems.

the President on a Proposed Loan and Technical Assistance Grant to Mongolia for the Regional Road Development Project. Manila.

⁷ Information provided by Ministry of Road, Transport, and Tourism, 2007.

⁸ Mongolia Human Development Report. 2007. *Employment and Poverty in Mongolia.* Ulaanbaatar.

⁹ National Statistical Office of Mongolia. 2007. *Mongolian Statistical Yearbook 2006.* Ulaanbaatar.

¹⁰ Ivanhoe Mines Mongolia. Rio Tinto. 2007. *Oyu Tolgoi: Influx Risk Assessment.*

¹¹ The Mongolian Employers' Federation (MONEF) was established in 1990 as a self-financed nongovernment organization of voluntarily affiliated employers. It is a national employers' organization with branches in 21 *aimags* (provinces) with membership of more than 7,800 businesses throughout the nation.

¹² National AIDS Spending Assessment, 2006 and 2007.

7. **ADB's Experience in HIV/AIDS in Mongolia.** Since 2005, ADB has been providing technical assistance to the Government for awareness and prevention of HIV/AIDS and human trafficking that may be associated with road construction and increased cross-border movement of the population through the TA of the Regional Road Development Project.¹³ Lessons learned from the TA of the Regional Road Development Project will be applied to and refined by the proposed TA. There is little activity among other donors for HIV prevention in conjunction with road construction in Mongolia.

8. With ADB's growing support for infrastructure projects in Mongolia, there is an increasing need and demand for HIV/AIDS-related prevention initiatives to be incorporated into operations of infrastructure projects at all stages (pre-construction, construction, and post-construction). This will require increasing national and local capacities to develop an effective response to HIV/AIDS.

III. THE TECHNICAL ASSISTANCE

9. The proposed TA is in line with ADB's strategic directions, and the recommendations of the United Nations joint initiative in Mongolia, and also builds on the experience and lessons learned from the ongoing ADB support on HIV prevention in the Regional Road Development Project. The proposed TA will assist the Government in strengthening national and local capacities to respond to the risk of the spread of HIV through major infrastructure and mining projects.

A. Impact and Outcome

10. The impact of the TA is prevention of the spread of HIV associated with major infrastructure development, particularly in the road, transport, and mining sectors in Mongolia. The outcome of the TA is reduced risk of HIV/AIDS and/or STI transmission associated with infrastructure development among construction workers, contractors, sex workers, and local communities.

B. Methodology and Key Activities

11. The TA will have three components.

12. **Component 1: Provision of HIV Prevention Services.** The TA supports the provision of HIV prevention services in three infrastructure sectors—the road, mining, and urban sectors—on a pilot basis to develop a model intervention package for the infrastructure sector. The component includes the development of information, education, and communication materials for awareness-raising and behavior change for the different categories of targeted men and women in various settings such as construction sites, entertainment settings, transport corridors and border areas, health facilities, and affected local communities. It also includes provision of HIV prevention services for construction workers, sex workers, and local communities. This component covers provision of HIV prevention services for the selected mines and ADB-financed infrastructure projects, including the proposed loan for the Western Regional Road Corridor Development Project – Phase I, the post-construction phase of the Regional Road Development Project, and the proposed South Gobi Infrastructure Development Project. Through the support of MONEF, the TA will develop or strengthen HIV prevention activities in selected mines and surrounding communities.

¹³ The Regional Road Development Project has been implemented since 2005 to construct a connecting road between Choyr and the border with the People's Republic of China at Zamyn-Uud, linking Mongolia to the People's Republic of China and the Russian Federation.

13. **Component 2: Institutional Capacity Building.** The TA will develop the institutional mechanisms and capacity for systematic integration of HIV/AIDS prevention programs into infrastructure projects. This component supports (i) development of HIV/AIDS policies and guidelines in the construction workplace; (ii) training and workshops for government agencies, health service providers, and private sector entities, both nationally and locally; and (iii) cross-border cooperation for HIV prevention between Mongolia and the People's Republic of China.

14. **Component 3: Monitoring and Evaluation.** The TA will develop an M&E system for the pilot projects, which will be in line with the national M&E framework for HIV/AIDS including core indicators and measures. The design, development, and implementation of gender-sensitive surveys (baseline and follow-up) will be supported by the TA. The TA will also prepare a knowledge product which incorporates lessons learned and policy recommendations of the TA.

C. Cost and Financing

15. The total cost of the TA is estimated at \$1,200,000. The TA will be financed on a grant basis from the Cooperation Fund for Fighting the Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) in Asia and the Pacific¹⁴ in the amount of \$1,000,000 to be administered by ADB. The TA will finance consulting services; equipment and software; surveys; workshops and training; information, education, and communication activities; contingencies; and miscellaneous administration and support costs. The Government will finance the balance of the local currency cost, equivalent to \$200,000, through the provision of counterpart staff, office facilities including in project *aimags*,¹⁵ and other support services. The detailed cost estimates and financing plan is in Appendix 2.

D. Implementation Arrangements

16. The TA will be implemented over 36 months and is expected to begin in May 2009 at the latest and be completed in April 2012. The office of the deputy prime minister will be the Executing Agency (EA) with overall responsibility for implementation and coordination of activities with other partners.

17. A steering committee will be established to provide strategic orientation, overall guidance on project implementation and policy development, and facilitate the links among key ministries. The steering committee will comprise representatives of concerned ministries, National AIDS Committee, MONEF, selected nongovernment organizations and partners in Mongolia, and ADB as an observer. The National AIDS Committee program manager under the deputy prime minister will facilitate the link between the steering committee and the project.

18. A project implementation unit (PIU), composed of a project manager, an administrator, and a technical officer funded by the project, will be attached to the deputy prime minister's office. The TA will be implemented in close collaboration and coordination with the Ministry of Health; Ministry of Road, Transport, and Tourism; Ministry of Industry and Trade; MONEF; the Mongolian National Mining Association; and private mining companies.¹⁶ A PIU, under the PIU in the deputy prime minister's office, will be established in project *aimags*.¹⁷ The deputy prime minister will appoint a coordinator in each project *aimag* who is responsible for overseeing the

¹⁴ Contributor: the Government of Sweden. Administered by the Asian Development Bank.

¹⁵ *Aimags* are provincial administrative units.

¹⁶ One of the major mining companies in Mongolia, Ivanhoe Mines Mongolia, is keen to collaborate with ADB on HIV/AIDS service provision in the context of its mining activities in South Gobi. Discussion about a public-private partnership and collaboration mechanism with Ivanhoe Mines Mongolia is currently under way.

¹⁷ The proposed *aimags* for the three PIUs are Dornogovi, Omnogovi, and Hovd. Specific activities could also be extended to Selenge *aimag*.

implementation of the HIV prevention and service delivery component. The Ministry of Health will also mobilize its health services staff at the aimag and *soum*¹⁸ levels to support the implementation of HIV prevention and service delivery components.

19. ADB will establish an advance payment facility for the PIU to support agreed cash expenditures. ADB will ensure the PIU has sufficient financial management capability to handle the advance payment facility. Costed activity proposals, approved by the EA, will be submitted to ADB for approval. The amount of advance and eligible expenditures for advance payment will be arranged in line with ADB's *Guidelines for Disbursement of Technical Assistance Grants* (2008). All equipment and materials will be procured in accordance with ADB's *Procurement Guidelines* (2007, as amended from time to time) and ownership will be transferred to the Government after the TA. The equipment and materials procured include computers, software, printers, and other equipment deemed necessary for the implementation of TA activities.

20. In consultation with the EA, ADB will engage three members for the PIU (national, 108 person-months), an international policy and evaluation specialist (3 person-months), and an entity for M&E, and contract MONEF for implementation of TA activities in the mining sector. ADB will recruit the consultants (on an individual basis since the assignments are small and straightforward and do not need a team of experts or extra support from the consultant's home office) and the entity in accordance with ADB's *Guidelines on the Use of Consultants* (2007, as amended from time to time). For the recruitment of the entity, the simplified technical proposal and the quality- and cost-based selection with a quality-cost ratio of 80:20 will be used. The PIU members will include a project manager with expertise in HIV/AIDS, a health education and training specialist, and an administrative and financial assistant. The consultants will carry out the TA activities as defined in the outline terms of reference (Appendix 3).

21. The results of the project will be disseminated through seminars and workshops, including the organization of two international conferences. A knowledge product (publication) will be produced which will include the main findings and recommendations for the public and private sectors for the prevention of HIV in infrastructure projects. A manual for bringing HIV prevention activities into the mainstream in companies will also be produced.

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 \$1,000,000 to the Government of Mongolia to be financed on a grant basis by the Cooperation Fund for Fighting the Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) in Asia and the Pacific for HIV/AIDS Prevention in ADB Infrastructure Projects and the Mining Sector, and hereby reports this action to the Board.

¹⁸ Soums are administrative subunits of the province.

DESIGN AND MONITORING FRAMEWORK

Design Summary	Performance Targets and/or Indicators	Data Sources and/or Reporting Mechanisms	Assumptions and Risks
Impact Prevention of the spread of HIV infections associated with infrastructure development in Mongolia	No increase of HIV infection associated with infrastructure projects from 2015	Second generation HIV surveillance National health indicators	Assumption <ul style="list-style-type: none"> Disaggregated data are available Risk <ul style="list-style-type: none"> Weak political commitment to sectors
Outcome Reduced risk of HIV/AIDS and STI transmission associated with infrastructure development among construction workers, contractors, sex workers, and local communities	50% increase in positive behavior change among construction workers and local communities affected by infrastructure development projects by 2012 Policy/guidelines for HIV prevention measures in the infrastructure sector adopted and implemented by 2012	Second generation HIV surveillance Baseline and follow-up surveys Ministerial order	Assumptions <ul style="list-style-type: none"> Data are available Support and commitment from national and local government for implementation of HIV prevention activities Risk <ul style="list-style-type: none"> No or weak political commitment and lack of interest from private companies in the sector
Outputs Component 1: (i) Increased awareness about HIV/AIDS and STIs among construction workers and contractors in infrastructure and mining sectors and affected local communities in the project area (ii) IEC materials for awareness raising and behavior change (iii) Improved access to HIV and STI related health services in project areas Component 2: (i) Development of HIV/AIDS policy and guidelines for planning, construction, and operation in infrastructure and mining sectors (ii) Strengthened capacity of national and local key partners for HIV/AIDS prevention in the	50% increase in awareness about HIV/AIDS and STI among construction workers and affected local communities in the TA pilot projects area by 2011 IEC materials developed for awareness raising and behavior change for the different categories of targeted men and women by 2010 Universal access to HIV/AIDS and STI services among target population in the project area by 2011 HIV/AIDS policies/guidelines developed for planning, construction, and operation in infrastructure and mining sectors by 2010 Workshops and training conducted for key government agencies, health service providers,	TA reports IEC materials TA reports Policy document Legal and administrative documents TA reports	Assumptions <ul style="list-style-type: none"> Support and commitment of local authorities Support and commitment of contractors and private companies Risk <ul style="list-style-type: none"> Limited time for construction work (only 6 months in a year) and accordingly not much time might be allocated for training and IEC activities for workers

Design Summary	Performance Targets and/or Indicators	Data Sources and/or Reporting Mechanisms	Assumptions and Risks
<p>infrastructure sectors through training and workshops</p> <p>Component 3: Improved monitoring and evaluation system for HIV/AIDS</p>	<p>and private sector (continuous)</p> <p>A routine monitoring and evaluation system is put in place within the first 6 months of implementation (2009) and becomes part of the routine M&E system by 2012</p>	<p>Data (gender-sensitive baseline and follow-up surveys) and reports from the monitoring and evaluation system</p>	
<p>Activities with Milestones</p> <p>Component 1: Provision of HIV Prevention Services (continuous)</p> <ol style="list-style-type: none"> 1.1. Develop a package of HIV prevention services for road, mining, and urban sectors 1.2. Develop IEC materials and BCC strategies for targeted men and women in various settings 1.3. Train peer educators 1.4. Develop implementation plans, guidelines, and intervention models 1.5. Implement IEC campaign and behavioral change activities 1.6. Pilot HIV prevention service package in selected road, mining, and urban projects <p>Component 2: Institutional Capacity Building (by 2010)</p> <ol style="list-style-type: none"> 2.1. Develop HIV/AIDS policies and guidelines in the construction workplace 2.2. Conduct assessments of institutional capacity and training needs 2.3. Develop training modules and training plans 2.4. Conduct training and workshops for government agencies, health service providers, and private sector 2.5. Organize workshops and seminars for cross-border cooperation between Mongolia and the People's Republic of China <p>Component 3: Monitoring and Evaluation (by 2011)</p> <ol style="list-style-type: none"> 3.1. Develop and implement M&E system for the pilot projects 3.2. Conduct baseline and monitoring surveys 3.3. Conduct follow-up survey 3.4. Complete evaluation report 3.5. Submit report on good practices and lessons learned 3.6. Prepare a knowledge product which incorporates lessons learned and policy recommendations of the TA 			<p>Inputs</p> <p>ADB: \$1,000,000 financed by the Cooperation Fund for Fighting the Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) in Asia and the Pacific</p> <p>Government: \$200,000 equivalent as in-kind contribution</p>

ADB = Asian Development Bank; BCC = behavior change and communication; IEC = information, education, and communication; M&E = monitoring and evaluation; STI = sexually transmitted infection; TA = technical assistance.

COST ESTIMATES AND FINANCING PLAN
(\$'000)

Item	Total Cost
A. Cooperation Fund for Fighting the Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome (HIV/AIDS) in Asia and the Pacific Financing^a	
1. Consultants	
a. Remuneration and Per Diem	
i. International	54.00
ii. National	162.00
b. International and Local Travel	45.00
c. Reports and Communications ^b	28.80
2. Equipment and Software ^c	56.00
3. Survey ^d	120.00
4. Workshops and Training ^e	250.00
5. Miscellaneous Administration and Support Costs ^f	16.20
6. Information, Education, and Communication Materials	168.00
7. Contingencies	100.00
Subtotal (A)	1,000.00
B. Government Financing	
1. Office Accommodation and Transport	80.00
2. Remuneration and Per Diem of Counterpart Staff	90.00
3. Others	30.00
Subtotal (B)	200.00
Total	1,200.00

^a Contributor: the Government of Sweden. Administered by the Asian Development Bank.

^b Includes cost of translation, interpretation, and knowledge product creation or dissemination.

^c Includes (i) computer hardware and software, printers, and other office equipment for technical assistance use to be procured using shopping procedure in accordance with ADB's *Procurement Guidelines* (2007, as amended from time to time), the equipment to be handed over to the Executing Agency (EA) upon completion of the technical assistance; and (ii) basic equipment for health providers.

^d Includes cost of hiring an entity for monitoring and evaluation and of contracting a nongovernment organization to carry out analysis and assessment in developing HIV prevention activities in the mining sector.

^e Includes cost of two international conferences on HIV/AIDS and mobility.

^f Includes cost of translation and interpretation.

Note: Unless otherwise agreed by the EA, technical assistance funds for budget lines A2–A6 will be administered by the project implementation unit under the supervision of the EA.

Source: ADB estimates.

OUTLINE TERMS OF REFERENCE FOR CONSULTANTS

A. Project Manager and HIV/AIDS Specialist (1 national, 36 person-months)

1. The project manager of the project implementation unit (PIU) will be experienced in planning and implementing HIV prevention strategies in Mongolia (at least 8 years), and leading teams of professionals and field workers. He or she will be responsible for the overall management, technical implementation, and monitoring of the technical assistance (TA) consistent with Asian Development Bank (ADB) requirements. As such, the consultant will be the main link between ADB and the Executing Agency, and other ministries and project entities, including participating local governments.

2. The managerial responsibilities include:

- (i) assisting the Executing Agency and the project steering committee in monitoring the progress of the project through the preparation and submission of quarterly financial progress reports to the Government and ADB;
- (ii) developing a detailed project implementation plan including a detailed budget and activity plan for each year of project implementation through a participatory planning process, including interagency arrangements;
- (iii) maintaining project records and files, including summary accounts, budgets, and credit disbursement data;
- (iv) providing guidance and assistance to project participants, including the Mongolia Employers' Federation (MONEF), regarding ADB procurement and disbursement procedures;
- (v) ensuring that the contracting and fund flow arrangements are in accordance with ADB guidelines;
- (vi) supporting ADB in recruiting PIU staff and an entity for monitoring and evaluation (M&E);
- (vii) supervising and coordinating the activities of PIU staff and consultants pursuant to the successful implementation of the project;
- (viii) monitoring activities in project areas and supervising the *aimag* (province) coordinators;
- (ix) organizing and implementing workshops;
- (x) undertaking periodic field visits to pilot sites in order to ensure proper end uses of project funds;
- (xi) arranging for annual audits of project accounts;
- (xii) assisting ADB missions in undertaking reviews;
- (xiii) carrying out effective monitoring to ensure that all subprojects are in compliance with domestic laws and regulations;
- (xiv) ensuring the timely delivery of outputs by the organizations and individual consultants hired by the TA project;
- (xv) proposing to ADB for approval, and recruiting, short-term resources persons as needed;
- (xvi) liaising on a regular basis with development agencies, nongovernment organizations, community groups, and private sector entities involved in similar work;
- (xvii) exchanging information and experience with selected ADB supported projects involved in HIV and infrastructure, including through the organization of two international exchange visits;

- (xviii) at the end of the TA project, preparing a project completion report including the results of the major achievements and lessons learned; and
- (xix) organizing a seminar and workshop to disseminate the study findings and lessons learned from the TA.

3. The technical responsibilities of the project manager, implemented in close coordination with major project stakeholders, are the following:

- (i) coordinating the development and pilot testing of a package of HIV prevention measures appropriate for the project sites as detailed in the description of component 1 of the TA,
- (ii) coordinating the development of the institutional mechanisms and capacity for the systematic integration of HIV/AIDS prevention programs into infrastructure projects as described in component 2 of the TA, and
- (iii) preparing detailed terms of reference to be approved by ADB for hiring the entity in charge of M&E and MONEF (see details in section F below).

B. Health Education and Training Specialist (1 national, 36 person-months)

4. The health education and training specialist reports to the project manager. He or she will have relevant academic and professional experience, with at least 5 years of HIV prevention and training in Mongolia. The specialist will undertake the following tasks but will not be limited to them:

- (i) supporting the team leader in providing technical inputs and making all arrangements for the smooth implementation and administration of the team's work as requested, including at aimag level;
- (ii) establishing close working relationships with all stakeholders of the TA, including nongovernment and community groups, MONEF, and other development agencies;
- (iii) proposing implementation strategies and coordinating activities to support information, education, and communication; behavior change and communication; and health promotion aspects within the scope of the TA;
- (iv) developing and testing high-quality HIV/AIDS prevention manuals and implementation guidelines for infrastructure projects; and
- (v) organizing training workshops for construction companies, contractors, and other key agencies in the infrastructure sector.

C. Administrative and Financial Assistant (1 national, 36 person-months)

5. The administrative and financial assistant will report to the project manager. He or she will be responsible for overall coordination and supervision of financial matters and will assist in the day-to-day management of the project consistent with ADB requirements. Responsibilities will include:

- (i) maintaining administrative and financial files,
- (ii) providing secretarial support to the project manager,
- (iii) liaising with other stakeholders as requested by the project manager,
- (iv) maintaining good working conditions in the project office,
- (v) establishing effective financial and accounting controls,

- (vi) maintaining comprehensive and clear accounts and monitoring PIU expenditures and fund flows,
- (vii) preparing withdrawal applications,
- (viii) supervising the maintenance of project accounts,
- (ix) drawing up financial statements and any other activity required to manage financial operations of the project, and
- (x) providing quarterly financial progress reports to the Government and ADB.

D. Policy and Evaluation Specialist (1 international, 3 person-months)

6. The policy and evaluation specialist reports to the project manager. He or she will have relevant academic and professional experience, with at least 10 years of policy and strategy development in the area of HIV prevention. Working closely with the M&E team under the guidance of the team leader, the specialist will undertake the following tasks but will not be limited to them:

- (i) assessing what difference the capacity-building process has made for government staff at national and local level;
- (ii) assessing the effectiveness of a multisector approach for collaboration and implementation of HIV prevention activities in infrastructure and mining sectors;
- (iii) assessing specifically the experience with the private mining sector and the work with and through MONEF;
- (iv) identifying clear roles and responsibilities among the key participants (i.e., ministries, construction and mining companies, contractors, and nongovernment organizations) for effective planning, designing, and implementation of HIV prevention in infrastructure and mining sectors;
- (v) preparing a report summarizing lessons learned and best practices from the TA implementation;
- (vi) developing an HIV/AIDS prevention strategy for the infrastructure and mining sectors based on the lessons learned from the pilot projects and evaluation assessment;
- (vii) suggesting the future directions and making policy recommendations to the Government to ensure the sustainability of HIV prevention efforts in the infrastructure and mining sectors; and
- (viii) preparing a knowledge product which incorporates lessons learned and policy recommendations of the TA.

E. National Entity for TA Monitoring and Evaluation

7. A national entity institute will be recruited to

- (i) design an HIV/AIDS prevention monitoring and evaluation system for the project in line with the national M&E framework for HIV/AIDS, including core indicators and measures;
- (ii) develop indicators for monitoring and evaluating HIV/AIDS prevention activities in the infrastructure sector;
- (iii) implement baseline and annual follow-up surveys in year 2 and 3, including behavior change and communication surveys focusing on the various target groups;
- (iv) collect quantitative and qualitative data on HIV/AIDS for monitoring and evaluation of the ADB-financed project;

- (v) disseminate results of the M&E to the Government and other stakeholders of the project at least on a yearly basis; and
- (vi) propose measures to institutionalize the M&E system.

F. MONEF for Implementation of TA Activities in the Mining Sector

8. The services of MONEF will be contracted to:

- (i) assist the TA in selecting appropriate mines to best fulfill the objectives of the project;
- (ii) facilitate the dialogue between the TA and selected mines in Mongolia;
- (iii) carry out a situation analysis and needs assessment for HIV/AIDS prevention in the mining sector;
- (iv) design, develop, and implement relevant HIV/AIDS activities in selected mines;
- (v) carry out the training and awareness-raising activities for workplace settings and affected communities in the mining sector;
- (vi) make recommendations on how to collect data on HIV/AIDS prevention activities from the private mining sector; and
- (vii) make recommendations on how to sustain and institutionalize HIV/AIDS prevention activities in the mining sector.