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**TECHNICAL ASSISTANCE FOR PREVENTING HIV/AIDS  
AMONG MOBILE POPULATIONS IN THE GREATER MEKONG SUBREGION  
(COFINANCED FROM THE JAPAN SPECIAL FUND AND  
BY THE SWEDISH INTERNATIONAL DEVELOPMENT COOPERATION AGENCY)**

The attached Report on Technical Assistance for Preventing HIV/AIDS Among Mobile Populations in the Greater Mekong Subregion is circulated for the information of the Board. The technical assistance was approved by the President on 16 December 1999.

For Inquiries: Mr. I. Bhushan, Agriculture and Social Sectors Department (West)  
(Ext. 6874)  
Ms. C. Wee, Office of the General Counsel  
(Ext. 4508)

**ASIAN DEVELOPMENT BANK**

**TAR:OTH 33081**

**TECHNICAL ASSISTANCE  
(Financed from the Japan Special Fund  
and Cofinanced by  
Swedish International Development Cooperation Agency)**

**FOR**

**PREVENTING HIV/AIDS**

**AMONG MOBILE POPULATIONS**

**IN THE GREATER MEKONG SUBREGION**

**December 1999**

## ABBREVIATIONS

APICT	–	Asia Pacific Inter-Country Team
ESCAP	–	Economic and Social Commission for Asia and the Pacific
GMS	–	Greater Mekong Subregion
HIV/AIDS	–	human immunodeficiency virus/acquired immunodeficiency syndrome
IEC	–	information, education, and communication
Lao PDR	–	Lao People's Democratic Republic
NGO	–	nongovernment organization
PRC	–	People's Republic of China
SIDA	–	Swedish International Development Cooperation Agency
TA	–	technical assistance
UN	–	United Nations
UNAIDS	–	Joint United Nations Programme on AIDS
UNDP	–	United Nations Development Programme
UNICEF	–	United Nations Children's Fund

## NOTE

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

## I. INTRODUCTION

1. Since 1992, the Bank has been actively promoting economic cooperation in the Greater Mekong Subregion (GMS), which consists of Cambodia, Lao People's Democratic Republic (Lao PDR), Myanmar, Thailand, Viet Nam, and Yunnan Province of the People's Republic of China (PRC). The Third Ministerial Conference under the GMS initiative held in Hanoi in April 1994 identified HIV/AIDS as one of the seven priority issues of concern. Later, in the first two meetings of the subregional Working Group on Human Resources Development, the participants recommended technical assistance (TA) to help address the issue. Accordingly, this regional TA seeks to assist the six GMS governments in their efforts to prevent and control HIV/AIDS. The TA will build on the work done under *TA 5751-REG: Cooperation in the Prevention and Control of HIV/AIDS in the Greater Mekong Subregion*.<sup>1</sup> TA 5751 identified 18 regional HIV/AIDS projects including those with focus on workers employed in infrastructure projects, fisher folk, and truck drivers. This TA will partially or fully address four of the identified projects.<sup>2</sup> A logical framework for the TA is presented in Appendix 1.

## II. BACKGROUND AND RATIONALE

2. The GMS is home to more than 2 million HIV/AIDS-infected people, the majority of whom are in the 15-35 age group. The share of HIV/AIDS-related illnesses in the total burden of disease is expected to triple in the next 20 years in the subregion. The present epidemiological picture of HIV/AIDS prevalence in the subregion is quite diverse. There is near-epidemic prevalence in some countries, including Thailand (850,000 cases), Myanmar (320,000-480,000 cases), and Cambodia (about 180,000 cases). Trends in recent infections suggest increasing vulnerability of countries with large populations and relatively newer epidemics, including PRC and Viet Nam. Reported new cases of HIV/AIDS in 1997 increased by 52 percent in the Lao PDR, 26 percent in the PRC, and 60 percent in Viet Nam over those reported in 1996. The number of new cases in recent years is estimated at 30,000 in Yunnan Province and 180,000 in Viet Nam. Migration across the GMS is accelerating the epidemic and increasing the number of epicenters. For example, in Viet Nam the HIV/AIDS prevalence is the highest in Ho Chi Minh City and Quang Ninh Province, which also have the highest proportion of mobile populations. Similarly, all major port towns in the GMS have high prevalence of HIV/AIDS.

3. Multiple and complex factors contribute to the spread of the disease in the subregion. These include cultural and socioeconomic factors related to use and availability of commercial sex, substance abuse in some parts of the subregion, and high prevalence of other sexually transmitted diseases. Migration of young and single workers, both male and female, across national boundaries and from rural to urban areas acts as a critical link in transmission across the subregion.<sup>3</sup> Major high-risk groups for HIV/AIDS infection are migrant workers, fisher folk, workers employed on cross-country infrastructure projects, truck drivers operating on regional routes, and sex workers. The disruption of family and community life resulting from migration, especially in situations of poverty and crisis, increases risky sexual behavior and exposure to HIV/AIDS. Many migrant workers are single and away from their families for a long time, and are likely to use commercial sex. Others work in commercial sex establishments. Women migrants working in unfamiliar situations are vulnerable to exploitation and usually powerless to negotiate condom use. Since they often speak different languages, and have different cultures and limited social networks compared to the host population, their access to health services, information, and HIV/AIDS prevention programs is limited. Migrants are less likely to know about and use of contraceptives—including condoms—than nonmigrants.<sup>4</sup>

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<sup>1</sup> For \$150,000, approved on 17 September 1997.

<sup>2</sup> The TA first appeared in the *ADB Business Opportunities* in February 1999.

<sup>3</sup> Decosas, J., F. Kane, J.K. Anarfi, K.D. Sodji, and H.U. Wagner. 1995. *Migration and AIDS*. *Lancet* 346 (8978): 826-828.

<sup>4</sup> Gardner, R. and Blackburn, R. 1996. *People Who Move: New Reproductive Health Focus*. Population Reports, Series J, No. 45. Baltimore.

4. All the GMS countries have national HIV/AIDS control programs, partly supported by various international agencies and nongovernment organizations (NGOs). However, with the exception of Thailand, these efforts are small and fragmented. Collectively, they are not adequate to contain the regional spread of the epidemic. In particular, the national programs do not specifically address the problems of the migrant population. Moreover, reduced national budgets in the wake of the ongoing economic crisis is further constraining the abilities of the GMS governments to address the HIV/AIDS epidemic.

5. The HIV/AIDS epidemic in the region is a serious health problem and 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. A recent study shows that 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 subregion. Therefore, breaking this vicious circle is essential for improving the quality of life, supporting human development, reducing poverty, and accelerating growth.

6. Due to the regional nature of the epidemic, national approaches to HIV/AIDS will not be adequate. Migration, especially across national boundaries, contributes to vulnerability and risks. Prevention efforts are required at points of origin, along the migration routes, and at points of destination. Since these focal points are spread over the subregion, national approaches cannot comprehensively tackle the issue. Moreover, a regional approach offers potential economies of scale and opportunities for comparative analysis and learning that would not necessarily be available through a series of discrete national approaches. Since the countries in the GMS vary considerably in their efforts to prevent and control HIV/AIDS, a regional approach affords an opportunity for GMS governments and other stakeholders to share these approaches and to learn from each others' experiences. This will also facilitate development of regional networks and surveillance systems, enabling them to continue learning into the future.

7. The subregion is experiencing unprecedented levels of population mobility in response to changing economic inequalities and opportunities. Several infrastructure projects, including some financed by the Bank, are being implemented in the subregion, and attract a large number of migrant workers. Moreover, after the completion of these projects, mobility will increase further. For prevention of HIV/AIDS in the GMS, it is important to focus on these construction sites and highways. Most of the HIV/AIDS prevention efforts have been aimed at women and youth and have not adequately targeted adult men. Few satisfactory models are available to ensure male participation in the HIV/AIDS prevention activities. Development of guidelines and tool kits for integrating HIV/AIDS activities in construction sites, and for instructing mobile men will be essential for checking the spread of the epidemic. These tool kits will also be useful for the Bank's infrastructure operations.

8. Several international agencies, including the Joint United Nations Programme on AIDS (UNAIDS), United Nations Children's Fund (UNICEF), United Nations Drug Control Programme, and United Nations Development Programme (UNDP), are implementing some regional activities for prevention of HIV/AIDS. Most of these activities relate to capacity building of national HIV/AIDS programs and situation analyses. The Australian Agency for International Development, in collaboration with several international development agencies and NGOs, has prepared a subregional strategy for HIV/AIDS prevention and care. The strategy recognizes the need to assist mobile populations. The strategy calls for coordinated action from all stakeholders. The United Nations (UN) Task Force on Mobility and HIV/AIDS has been set up, and comprises representatives of the key international agencies, NGOs, and research organizations in the subregion. The Task

Force recognizes the need for greater support for HIV/AIDS prevention activities and preparing a comprehensive plan for mobile populations in the subregion.

### III. THE TECHNICAL ASSISTANCE

#### A. Objectives

9. The TA has three objectives:

- (i) to inform key policy makers and international agencies about the migration and mobility patterns, characteristics of mobile populations and their vulnerabilities, and risks related to HIV/AIDS;
- (ii) to enhance capacities of the governments and related agencies to organize HIV/AIDS prevention activities by developing tool kits and guidelines for the following mobile populations: (a) construction workers, (b) truck drivers, (c) migrant sex workers, and (d) seafarers; and
- (iii) to make national HIV/AIDS programs more responsive to the needs of mobile populations by supporting a regional approach.

#### B. Scope

10. The TA objectives will be achieved through conducting studies (including five case studies), a literature review, and a survey. The TA will be implemented in a participatory way, involving the key international agencies, NGOs, and the participating governments and communities.

11. **Literature Review and Background Analysis.** In the first phase, the TA team will compile and collate information about mobility and migration. Available data and research findings in each country will be used to identify the individual and community-level characteristics of the mobile populations; major migration routes; and location, approximate numbers, and density of mobile populations in the subregion. The TA will identify major mobile groups that are vulnerable to behavior that puts them at high risk of contracting HIV/AIDS and should be especially supported through national programs. A typology of migrants will be prepared. Special attention will be paid to gender-based differences in characteristics, behavior patterns, risks, and vulnerability. The TA will also identify the reach of various media. The TA team will closely coordinate with the Transport, Communication and Tourism Division of the Economic and Social Commission for Asia and the Pacific (ESCAP) for the information related to truck drivers, and with UNICEF for information related to seafarers.

12. The TA team will review the existing material and guidelines for organizing HIV/AIDS prevention activities. Based on the available good practice examples and the review, the TA team will develop draft tool kits for organizing HIV/AIDS prevention activities for (i) construction workers (and other unskilled migrant workers), (ii) truck drivers, (iii) migrant sex workers, and (iv) seafarers. The draft tool kits and guidelines will be developed in consultation with all stakeholders including the beneficiary groups, related NGOs and mass movement organizations, and international agencies. The TA team will seek feedback and comments from the participating governments, the Bank, and the members on the UN Task Force on Mobility and HIV/AIDS.

13. **Field Testing of Draft Tool Kits and Guidelines.** The draft tool kits will be field tested in areas of operational relevance for the Bank's work or that have large concentrations of mobile populations. The field test areas may include

- (i) for construction workers, the East-West Corridor, Lao PDR; and the Yuanjiang-Mohie section of Kunming-Chiang Rai Highway, PRC;
- (ii) for truck drivers, the East-West Corridor, Lao PDR (in collaboration with ESCAP and UNDP);
- (iii) for migrant sex workers, Sway Pak Village of Cambodia; and
- (iv) for seafarers, a fishing port in Viet Nam, to be decided in consultation with UNICEF.

14. In each field test, the impact of the intervention will be measured through surveys before and after the test. Field tests will also provide information about the cost and required administrative capacity for using the tool kits. Experience from each intervention will be documented as a case study and the draft tool kits will be finalized.

15. **Regional Strategy for Mobile Population.** Based on the background research, experience with the case studies, and other ongoing regional projects (particularly, the seafarers' study), the TA team will develop a regional strategy for mobile populations. The plan will focus on areas that receive or send migrants, or fall on major travel routes and their hinterlands in the region. It will specifically target migrant workers working on large infrastructure projects, fishing fleets, and private sectors; truck drivers operating on international routes; and migrant sex workers. The plan will include concrete and feasible activities that can be done by the governments, NGOs, and international development agencies.

16. **Dissemination and Mainstreaming of the Regional Strategy.** In the last phase, the proposed strategy will be shared with the key policy makers and HIV/AIDS managers with a view to mainstream it in the national programs. The tool kits will be shared with key government officials and NGOs working on HIV/AIDS issues in all six GMS countries, and private sector establishments including factories that employ migrant workers and contractors for infrastructure projects. The TA team will collaborate with NGOs working with business establishments. The objective of the dissemination workshops will be to bring the use of the tool kits into all HIV/AIDS activities and improve the government and NGO capacity to organize HIV/AIDS prevention activities for mobile populations. The workshops will also equip the participants with skills that will help them refine and adapt the tool kits to their specific needs. The TA will be implemented in collaboration with UNDP, which will support workshops, translation, and printing of tool kits into local languages in Cambodia, PRC, Lao PDR, and Viet Nam. Dissemination activities in the PRC will be done at the national level. The findings of the TA will also be disseminated through the Internet, by creating a special web site. The experience of the TA will be shared and the regional plan for prevention of HIV/AIDS among mobile populations will be presented for approval in a GMS Human Resource Development Working Group meeting.

### C. Cost Estimates and Financing Plan

17. The total cost of the TA is estimated at \$852,000. This will cover the cost of international and domestic consultants' services, international and domestic travel, surveys and studies, preparation and field testing of tool kits, dissemination workshops, and monitoring and consultations. The Bank will finance \$450,000 equivalent on a grant basis from the Japan Special Fund funded by the Government of Japan. Cofinancing of \$350,000 will be provided by the Swedish International

Development Cooperation Agency (SIDA) on a joint untied basis. UNDP will provide a parallel cofinancing of \$52,000 for translation and printing of the tool kits and dissemination workshops. Detailed cost estimates are presented in Appendix 2.

#### **D. Implementation Arrangements**

18. The TA activities will be implemented over a 21 month period. Each participating country will designate focal points for the implementation of the TA. The UN Task Force on Mobility and HIV/AIDS will provide technical guidance to the TA. A steering committee officials from the participating countries and representatives from SIDA, UNDP, UNICEF, the Asia Pacific Inter-Country Team (APICT) of UNAIDS and the Bank will guide the implementation of the TA.

19. At least two meetings of the steering committee will be organized. An inception meeting (to be organized in one of the participating countries) will introduce the consultants selected to the steering committee. The consultants will discuss their proposed study design, time-frame, and the expectations of the governments. Representatives from other funding agencies may be invited to the inception meeting. A midterm review meeting will be organized in one of the participating countries after the tool kits have been field tested and the draft regional strategy prepared. The steering committee will provide comments on the draft strategy and finalize the plans for the second and third phases of the TA. A third meeting may be organized after the field test of the toolkits have been completed and draft regional plan prepared.

20. The TA will commence in November 1999 and will be completed in August 2001. The team leader (of the consulting firm) will prepare a draft inception report within four weeks of the start of the study. The report will provide an action plan for implementation of the TA and the mechanism for coordination with focal points in the participating governments, APICT, ESCAP, SIDA, UNDP, and UNICEF. The resulting report will be presented to the steering committee during the inception meeting. The team leader will finalize the report within two weeks after the meeting.

21. The Bank will engage (i) two international consultants: a public health expert/team leader (for 12 person-months) and an HIV/AIDS expert (6 person-months); (ii) two regional consultants: a migration expert (4 person-months) and an information education and communication expert (6 person-months); and (iii) four domestic consultants (32 person-months) to serve as country coordinators. The outline terms of reference for the consultants are available in Appendix 3. The services of the consultants will be packaged and engaged by the Bank through a firm (preferably a regional NGO, with field offices in all participating countries) in accordance with the Bank's *Guidelines on the Use of Consultants* and other arrangements on the engagement of domestic consultants satisfactory to the Bank, using the Bank's simplified technical proposal procedures.

#### **IV. THE PRESIDENT'S DECISION**

22. The President, acting under the authority delegated by the Board, has approved (i) the Bank administering a portion of technical assistance to be financed by the Government of Sweden on a grant basis in an amount not exceeding the equivalent of \$350,000, and (ii) the provision of the balance of technical assistance to be financed by the Bank on a grant basis in an amount not exceeding the equivalent of \$450,000, both for the purpose of Preventing HIV/AIDS among Mobile Populations in the Greater Mekong Subregion, and hereby reports such action to the Board.

## TECHNICAL ASSISTANCE FRAMEWORK

Design Summary	Performance Targets	Monitoring Mechanisms	Assumptions & Risks
<p><b>Goal</b></p> <p>Reduce the incidence of HIV/AIDS in the Greater Mekong Subregion (GMS) countries.</p>	<p>Number of new cases of HIV infection will decrease over time.</p>	<p>National surveillance systems.</p>	<ul style="list-style-type: none"> <li>• Mobile populations constitute one of the major HIV/AIDS infected group.</li> <li>• Effective HIV/AIDS prevention activities can be organized for mobile populations.</li> <li>• The issue of mobility can be more effectively dealt with through a regional approach.</li> </ul>
<p><b>Objectives</b></p> <ul style="list-style-type: none"> <li>• Inform key policy makers and international agencies about the migration patterns and characteristics of mobile populations and their vulnerabilities to HIV/AIDS.</li> <li>• Enhance capacity of the governments, related agencies, and the private sector for organizing HIV/AIDS prevention activities for (i) construction workers, (ii) truck drivers, (iii) migrant sex workers, and (iv) seafarers.</li> <li>• Make national HIV/AIDS programs more responsive to the needs of mobile populations.</li> </ul>	<ul style="list-style-type: none"> <li>• Key policy makers and international agencies will have a clearer picture of the mobility patterns and HIV/AIDS risks and vulnerabilities faced by mobile populations.</li> <li>• Tool kits and guidelines for organizing HIV/AIDS prevention activities will be used by all large infrastructure projects, and most nongovernment organizations (NGOs) and government projects working with truck drivers, sex workers, and seafarers.</li> <li>• All national programs will have strategy and effective interventions for mobile populations.</li> <li>• Proportion of government HIV/AIDS budget devoted to mobile populations will increase.</li> </ul>	<ul style="list-style-type: none"> <li>• Evaluation report of dissemination workshops.</li> <li>• Number of times the Internet page of the mobility report is accessed.</li> <li>• Demand for extra copies of the report from the policy makers and international agencies.</li> <li>• Feedback from the governments and international agencies.</li> <li>• Number of externally-funded projects using the tool kits.</li> <li>• Number of government and NGO projects using the tool kits.</li> <li>• Number of times the tool kits page is accessed.</li> <li>• Demand for extra copies of tool kits.</li> <li>• Feedback from NGOs, government officials, and international agencies.</li> <li>• Study of national strategies and programs.</li> <li>• Study of national budget and international support for HIV/AIDS.</li> </ul>	<ul style="list-style-type: none"> <li>• Key policy makers are able to attend the national or regional workshops</li> <li>• Concerned agencies and organizations have access to the Internet.</li> <li>• Governments are convinced that HIV/AIDS is one of their major development challenges.</li> <li>• Tool kits will be flexible and will be able to adapt to changing needs over time.</li> <li>• Tool kits will be easily accessible.</li> <li>• Case studies will clearly demonstrate that tool kits can be useful in organizing effective HIV/AIDS prevention activities.</li> <li>• Policy makers realize the importance of providing HIV/AIDS coverage to migrant people from other countries.</li> <li>• Sensitivities related to illegal migration and prostitution will not hamper the provision of HIV/AIDS prevention activities.</li> </ul>

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

Design Summary	Performance Targets	Monitoring Mechanisms	Assumptions & Risks
<p><b>Outputs</b></p> <p><b>Database for Policy Making</b></p> <ul style="list-style-type: none"> <li>A web site disseminating the outputs of the technical assistance (TA) on a continuous basis.</li> <li>A report on the mobility patterns and characteristics of mobile populations and their vulnerabilities to HIV/AIDS.</li> </ul> <p><b>Tool kits</b></p> <ul style="list-style-type: none"> <li>Four tool kits for organizing HIV/AIDS activities.</li> <li>Five case studies documenting the experience of implementing the four tool kits.</li> <li>Country-level workshops to share the tool kits for organizing HIV/AIDS activities for mobile populations.</li> </ul> <p><b>Regional Strategy</b></p> <ul style="list-style-type: none"> <li>A proposal for regional strategy for preventing HIV/AIDS among mobile populations.</li> <li>A regional workshop for sharing the regional strategy for mobile populations with a view to mainstream the recommendations in the national HIV/AIDS programs.</li> </ul>	<ul style="list-style-type: none"> <li>An attractive and informative web site is created.</li> <li>The web site will have links to all major HIV/AIDS related sites</li> <li>The report on mobility and HIV/AIDS provides policy relevant information.</li> <li>Tool kits with easy-to-follow guidelines for organizing effective HIV/AIDS prevention activities for four groups of mobile populations are available on the Internet and in other easily accessible forms.</li> <li>Five case studies demonstrating the increase in knowledge, attitude, and practices related to HIV/AIDS and positive improvements in supporting environments and service delivery.</li> <li>Workshops attended by key personnel in each country.</li> <li>A regional strategy containing specific and actionable recommendations.</li> <li>Workshop of all key stakeholders in the HIV/AIDS area in the region.</li> </ul>	<ul style="list-style-type: none"> <li>Feedback from users.</li> <li>Number of times the site is accessed every month.</li> <li>Feedback from officials from governments, international agencies, and the UN (United Nations) Task Force on Mobility.</li> <li>Feedback from the user departments within the Bank; Transport, Communication and Tourism Division of the Economic and Social Commission for Asia and the Pacific (ESCAP); NGOs; and governments.</li> <li>Pre and post tests.</li> <li>Documentation of the implementation process.</li> <li>Periodic reports and technical assistance completion report.</li> <li>Workshop reports.</li> <li>Feedback from the members of the Asia Pacific Inter-country Team and the UN task force on Mobility and HIV/AIDS.</li> <li>Workshop report.</li> </ul>	<ul style="list-style-type: none"> <li>Trained personnel for the creation of the web site can be found in the region.</li> <li>Sufficient data and studies on mobility and HIV/AIDS exist.</li> <li>The ESCAP, Asia Pacific Inter-Country Team and the UN system will continue to support the development of the tool kits.</li> <li>Pre and post tests are rigorously conducted and the process of implementation is well documented.</li> <li>Key HIV/AIDS personnel to attend the workshop.</li> <li>It is possible to identify and locate different types of mobile populations, effective interventions, and a strategy for each group.</li> <li>The regional workshop can be organized in coordination with the meeting of the GMS working group on Human Resources Development.</li> </ul>

Design Summary	Performance Targets	Monitoring Mechanisms	Assumptions & Risks
<p><b>Inputs</b></p> <ul style="list-style-type: none"> <li>• Consultants <ul style="list-style-type: none"> <li>- International (18 person-months)</li> <li>- Regional (10 person-months)</li> <li>- Domestic ( 32 person-months)</li> </ul> </li>   <li>• Five field tests of tool kits <ul style="list-style-type: none"> <li>- East West Highway, Lao People's Democratic Republic (two case studies: construction workers and truck drivers).</li> <li>- Yuanjiang-Mohei highway, People's Republic of China (construction workers).</li> <li>- Sway Pak Village, Cambodia (migrant sex workers).</li> <li>- A coastal town to be selected in Viet Nam with United Nations Children's Fund (seafarers).</li> </ul> </li>   <li>• Dissemination Activities</li> </ul>	<ul style="list-style-type: none"> <li>• \$310,000</li> <li>• \$60,000</li> <li>• \$84,000</li>   <li>• \$45,000</li> <li>• \$30,000</li> <li>• \$30,000</li> <li>• \$30,000</li>   <li>• \$27, 000</li> </ul>	<ul style="list-style-type: none"> <li>• Frequent discussions and communication.</li> <li>• Periodic reports.</li> <li>• Supervision missions.</li>   <li>• Periodic reports.</li> <li>• Supervision missions.</li>   <li>• Workshop reports.</li> <li>• Supervision missions.</li> </ul>	<ul style="list-style-type: none"> <li>• High quality and committed consultants are recruited who perform well.</li>   <li>• Consulting agencies or regional NGOs with field offices in the GMS countries are interested in the TA.</li> <li>• Field offices have good rapport with the governments.</li> </ul>

**COST ESTIMATES AND FINANCING PLAN**  
**(\$ '000)**

<b>Item</b>	<b>Total Cost</b>
<b>A. Financed by the Bank (JSF) and SIDA</b>	
1. Consultants	
a. Remuneration and Per Diem	
i. International Consultants	310,000
ii. Regional Consultants	60,000
iii. Domestic Consultants	84,000
b. Travel	
i. International	16,000
ii. Regional	15,000
iii. Domestic	5,000
2. Focus Groups	5,000
3. Creation and Maintenance of Web Site	15,000
4. Field Testing of Tool kits (five field tests)	135,000
5. Reports and Communications	10,000
6. Workshops, Meetings, and Seminars	
a. Steering Committee Meetings (2)	10,000
b. Country-Level Dissemination Workshops (5)	15,000
c. Regional Meeting	5,000
7. Miscellaneous Administration and Support Costs	10,000
8. Contingencies	105,000
<b>Subtotal (A)</b>	<b>800,000</b>
<b>B. UNDP Cofinancing</b>	
1. Translation of Toolkits	20,000
2. Printing of Toolkits	20,000
3. Dissemination Workshops	12,000
<b>Subtotal (B)</b>	<b>52,000</b>
<b>Total</b>	<b>852,000</b>

(Reference in text: page 5, para. 17)

## OUTLINE TERMS OF REFERENCE OF THE CONSULTANTS

### A. International Consultants (18 person-months)

#### 1. Public Health Specialist/Team Leader (12 person-months)

1. The consultant will be a public health specialist with extensive experience in organizing and evaluating HIV/AIDS prevention activities, preferably in the Greater Mekong Subregion (GMS). The consultant will also have experience in leading groups of professionals and in providing training.

2. **Overall Leadership.** The team leader will be responsible for

- (i) the collective work of the consulting team;
- (ii) preparing detailed plans for the implementation of the technical assistance (TA);
- (iii) ensuring that the TA is implemented according to the terms of reference and the provisions of the consultancy contract between the Bank and the consulting agency as well as for any subsequent instructions/guidance to be provided by the Bank;
- (iv) preparing in a timely manner all the formal written reports including the inception report, periodic progress reports, draft final report, and final report;
- (v) organizing meetings with the UN (United Nations) Task Force on Mobility and HIV/AIDS and the steering committee;
- (vi) liaising with key international agencies, government counterparts, nongovernment organizations (NGOs), and mass-movement organizations to ensure participatory implementation of the TA; and
- (vii) organizing and supervising all surveys, studies, and dissemination workshops conducted under the TA.

3. **Study of Mobility and HIV/AIDS.** The consultant will

- (i) supervise and support the migration specialist in preparing report on mobility and HIV/AIDS, and
- (ii) contribute and take major responsibility for writing the section of HIV/AIDS risks and vulnerabilities of each type of mobile populations.

4. **Web Site.** The consultant will

- (i) conceptualize and prepare the outline for an Internet web site that will be linked to various related web sites,
- (ii) obtain the Bank's approval for the outline of the web site, and
- (iii) employ suitable resources for the development of the site and supervise the development.

5. **Draft Tool Kits.** The consultant will

- (i) summarize, with the assistance of other team members, the applicable lessons learned about “what works” in prevention of HIV/AIDS;
- (ii) be responsible for preparing the draft tool kits for (a) migrant sex workers, and (b) seafarers;
- (iii) supervise and support the HIV/AIDS specialist and in preparing the tool kits for construction workers and truck-drivers;
- (iv) with the assistance of the HIV/AIDS specialist and the information, education, and communication (IEC) specialist, obtain inputs and feedback on the drafts from the UN Task Force, the Bank, the cofinancier, and key NGOs;
- (v) with the assistance of the HIV/AIDS and IEC specialists, prepare detailed plans for the field testing (including the cost estimates) of tool kits for the Bank’s approval; and
- (vi) with the assistance of the IEC specialist, decide on the layout and design of all tool kits.

6. **Field Testing of Tool Kits.** The consultant will

- (i) supervise and support all field testing at preparation, implementation, and evaluation stages; and
- (ii) with the help of the HIV/AIDS specialist, document the experience of the field test as case-studies.

7. **Regional Action Plan.** The consultant will

- (i) prepare a regional action plan identifying roles and responsibilities of participating governments and areas of collaboration;
- (ii) present the draft action plan in a regional meeting, and obtain comments and feedback from the participating governments and other stakeholders including the concerned international agencies; and
- (iii) finalize the action plan based on the comments received.

8. **Dissemination Activities.** The consultant will

- (i) with the assistance of country teams and other consultants, plan and organize country-level dissemination workshops for policy makers and program managers linked with HIV/AIDS in five countries, and
- (ii) prepare a report on the dissemination activities undertaken.

## **2. HIV/AIDS Specialist (6 person-months)**

9. The consultant will be a public health specialist with extensive experience in planning HIV/AIDS prevention activities and field research on HIV/AIDS, preferably in the GMS context. The consultant will be responsible for

- (i) summarizing, with assistance from the IEC specialist, the lessons learned from relevant projects in the region (in collaboration with people from those projects) and other parts of the world;
- (ii) developing tool kits for construction workers (and migrant workers in other settings), and truck drivers; and supporting the team leader in developing the other two tool kits;
- (iii) developing (a) methods to promote the provision of services and related prototype tools, and (b) tools for evaluation and monitoring of HIV/AIDS interventions;
- (iv) developing detailed implementation plan for field testing the tool kits;
- (v) assisting country teams, as required, in field-testing, including the pre and post tests;
- (vi) summarizing the results of the pretest and documenting the field-test of two tool kits as case studies; and
- (vii) assisting the team leader, as required, in dissemination activities.

## **B. Regional Consultants (10 person-months)**

### **1. Migration Specialist (4 person-months)**

10. The specialist will have expertise and experience in the study of international and rural-urban migration and mobility, especially in the context of the GMS countries. Preferably the specialist will have worked on HIV/AIDS related issues. The specialist will be responsible for

- (i) (through a comprehensive literature review, discussion with known experts in the field, and available data from various government and international agencies) identifying the mobility and migration patterns within the GMS, specifically identifying the type and approximate numbers of migrants as well as their sending and receiving areas (in collaboration with the transport division of ESCAP for information related to truck drivers);
- (ii) developing a typology of migrants and mobile persons in terms of some logical common characteristics such as occupation or purpose of movement;
- (iii) (based on the available research and studies) describing characteristics (including age-group; language; education level; and knowledge, attitude, and behavior related to HIV/AIDS) and profiling each type of migrant and mobile population. If data about the characteristics is not available, estimate through

models that use available information about the migrants and demographic characteristics of sending areas;

- (iv) where required, organizing focus group interviews to confirm the estimations; and
- (v) assessing the HIV/AIDS risks and vulnerabilities of the each type of migrant and mobile populations.

**2. Information, Education, and Communication (IEC) Specialist (6 person-months)**

11. The consultant will be a communication specialist with background in public health. The consultant will have experience in developing (i) educational methods and manuals; (ii) messages and information materials on HIV/AIDS, sexual and reproductive health, and related issues in context of GMS region; and (iii) tool kits and guidelines for intervention and participatory approaches. The consultant should also have experience in addressing a male target group and will be responsible for

- (i) summarizing lessons learned on IEC/behavior change communication from relevant projects in the region and other parts of the country;
- (ii) supporting the team leader and the HIV/AIDS specialist in developing tool kits, particularly the sections related to IEC and training;
- (iii) developing methods, tools, and prototype materials related to IEC activities and training for all tool kits;
- (iv) assisting the team leader and the HIV/AIDS specialist in developing implementation plans for the field-testing;
- (v) assisting the country teams, as required, during the field testing; and
- (vi) assisting, as required, in documentation of case studies and dissemination activities.

**C. Domestic Consultants – Country Coordinators (4 people for a total of 32 person-months)**

12. Each country coordinator will be a domestic consultant based in the country field office (Cambodia, People's Republic of China, Lao People's Democratic Republic, and Viet Nam) of the consulting agency. Each country coordinator will be expected to work part time on the TA, and will

- (i) support the migration specialist in collecting information about migration patterns and other related studies from the country;
- (ii) have overall responsibility for field testing draft tool kits in the country, including
  - (a) preparation of detailed implementation plan,
  - (b) preparatory work for field testing,
  - (c) liaison with relevant agencies,
  - (d) pre-survey,

- (e) actual implementation and supervision.
  - (f) ensuring participation of all stakeholders in the field test,
  - (g) submission of periodic progress reports (periodicity and format of the report will be decided in the inception workshop), and
  - (h) post survey; and
- (iii) support the team leader in organizing country level dissemination workshops.