

Project Administration Manual

Project Numbers: 42179-013 (REG)
October 2012

**REG: Greater Mekong Subregion Capacity Building
for HIV/AIDS Prevention Project**

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Project Administration Manual Purpose and Process

The project administration manual (PAM) describes the essential administrative and management requirements to implement the project on time, within budget, and in accordance with Government and Asian Development Bank (ADB) policies and procedures. The PAM should include references to all available templates and instructions either through linkages to relevant URLs or directly incorporated in the PAM.

The executing agencies are wholly responsible for the implementation of ADB financed projects, as agreed jointly between the borrower and ADB, and in accordance with Government and ADB's policies and procedures. ADB staff is responsible to support implementation including compliance by the executing and implementing agencies of their obligations and responsibilities for project implementation in accordance with ADB's policies and procedures.

At Loan/Grant Negotiations the borrower/recipient and ADB shall agree to the PAM and ensure consistency with the Loan/Grant agreement. Such agreement shall be reflected in the minutes of the Loan/Grant Negotiations. In the event of any discrepancy or contradiction between the PAM and the Loan/Grant Agreement, the provisions of the Loan/Grant Agreement shall prevail.

After ADB Board approval of the project's report and recommendations of the President (RRP) changes in implementation arrangements are subject to agreement and approval pursuant to relevant Government and ADB administrative procedures (including the Project Administration Instructions) and upon such approval they will be subsequently incorporated in the PAM.

Abbreviations

ADB	–	Asian Development Bank
AIDS	–	acquired Immunodeficiency syndrome
ADF	–	Asian Development Fund
BCC	–	behaviour change communication
CHAS	–	Center for HIV/AIDS/STI
CDC2	–	Second Greater Mekong Subregion Regional Communicable Diseases Control Project
EA	–	executing agency
FGIA	–	first generation imprest account
GMS	–	Greater Mekong Subregion
HSPH	–	Hanoi School of Public Health
HIV	–	human immunodeficiency virus
IA	–	implementing agency
Lao PDR	–	Lao People's Democratic Republic
MDG	–	millennium development goal
MOF	–	Ministry of Finance
MOH	–	Ministry of Health
MOU	–	memorandum of understanding
NGO	–	nongovernment organization
PAM	–	project administration manual
PCCA	–	provincial committee for the control of AIDS
PMU	–	project management unit
RSC	–	regional steering committee
SGIA	–	second generation imprest account
SOE	–	statement of expenditure
STI	–	sexually transmitted infection
UNOPS	–	United Nation's Office for Project Services
VAAC	–	Viet Nam Authority for HIV/AIDS Control
VCT	–	voluntary counseling and testing

I. PROJECT DESCRIPTION

1. The Project¹ will support the Governments of the Lao People's Democratic Republic (Lao PDR) and Viet Nam to strengthen HIV response in addressing current gaps in effectively reaching high-risk populations in border areas along the regional economic corridors in the GMS. The aim is to develop national and regional capacity to mitigate HIV risks and vulnerability due to increased mobility, migration and rapid economic development in the region. The project will further enhance regional HIV response capacity including strengthening regional cooperation and targeted interventions for migrant and mobile population in cross-border areas.

A. Impact, Outcome, and Outputs

2. **Impact and Outcome.** The project impact is to contribute to achieving and sustaining the millennium development goal to have halted and begun to reverse the spread of HIV/AIDS in the Lao PDR and Viet Nam. The expected outcome of the project will be increased coverage and quality of services for targeted populations in 23 border provinces.²

3. **Outputs.** The Project has four main outputs which are described below as:

1. Lao PDR

4. **Output 1: Strengthened planning and management capacity at national, provincial and district levels.** This output will focus on strengthening of health systems to more effectively plan and manage the HIV/AIDS response at national, provincial and district levels. Among the key activities are the review of the national HIV strategy and the development of an integrated work plan for its implementation, and an evaluation and subsequent updating of the national policies and legislation on HIV/AIDS. To ensure sustained progress in HIV prevention, the output will also support capacity building activities for relevant government agencies in developing and implementing integrated HIV prevention plans. Project management, monitoring and implementation support will also be under Output 1.

5. **Output 2: Enhanced capacity to provide quality and accessible services to people vulnerable to HIV transmission.** The project intends to ensure provision of high quality services and address barriers to people's access to these services through Output 2. Key activities under this output are (i) assisting the Center for HIV/AIDS/STI (CHAS) to develop and update national guidelines and standard operating procedures for comprehensive prevention services, including STI and voluntary counseling and testing (VCT), targeted at reaching high-risk groups; and (ii) provision of technical support to provincial and district health centers and village health workers to provide more user-friendly services for vulnerable and ethnic groups in underserved high-risk settings. Technical support for local health facilities will include the improvement of clinical capacity for and access of STI diagnosis and treatment. Quality assurance and mentoring systems to improve the quality of service delivery at the local level will

¹ ADB provided project preparatory technical assistance. ADB 2010. *Technical Assistance to Lao People's Democratic Republic and Socialist Republic of Viet Nam for Preparing the Greater Mekong Sub Region: Capacity Building for HIV/AIDS Prevention Project*. Manila.

² Includes 8 provinces in the Lao PDR (Attapeu, Bokeo, Champasak, Houaphan, Luang Namtha, Oudomxay, Phongsaly, and Salavan) and 15 provinces in Viet Nam (Lai Chau, Lao Cai, Ha Giang, Dien Bien, Son La, Thanh Hoa, Ha Tinh, Quang Binh, Quang Tri, Quang Nam, Kon Tum, Gia Lai, Dak Nong, Binh Phuoc, and Long An). The selection criteria are: (i) border provinces, (ii) provinces at risk of HIV transmission due to existence of economic corridors and trans-Asia routes, (iii) provinces with high concentration of poor and vulnerable populations, (iv) provinces with limited or absence of external assistance, and (v) provinces in remote areas.

also be established. The project under this output will design and implement pilot “mobile clinics” in locations identified to have high numbers of people engaging in high-risk behavior.

6. **Output 3: Improved access to HIV prevention outreach among target populations in communities and cross-border areas.** Under Output 3, contextually specific interventions will be developed to create an enabling environment and to build the capacity of people to reduce their own risk to HIV transmission. The project interventions include vulnerability mapping, assessment of knowledge, attitudes and practice and behavior change activities. Key activities will include capacity building in planning and implementing behavioural change communication (BCC) activities for ethnic groups at district levels, and developing appropriate BCC models for vulnerable groups at the border crossing points. The project also supports scaling-up of the 100% condom program in all priority districts within the project target provinces supported by the conduct of community-level BCC activities. Other technical support will include monitoring and implementation support, assistance to local health staff in providing outreach services and improving the referral system.

7. **Output 4: Effective and sustainable regional collaboration to strengthen HIV response established.** This output will develop a mechanism to increase regional cooperation and collaboration on strengthening HIV response, particularly between, but not limited to, the Lao PDR and Viet Nam. It will build on existing collaboration and coordination in line with the 2011 6-country MOU for the Joint Action to Reduce HIV Vulnerability in the GMS. Key activities include the establishment and maintenance of a coordination mechanism and steering committee tasked to oversee and monitor cross-border cooperation. Other activities would be documenting cross-border issues and findings as well as conduct of pilot activities for joint outreach and service provision for migrant and mobile populations in selected border areas.

2. Viet Nam

8. **Output 1: Strengthened planning and management capacity at national, provincial and district level.** This output will focus on strengthening of health systems to more effectively plan and manage the HIV response at national, provincial and district levels. Key activities under Output 1 include development of standard tools for planning and management at provincial and district levels; training of health staff for the use of planning and management tools; long term management and leadership training; and support for a monitoring and evaluation system. The inputs in this component also include information technology equipment hardware and software system to strengthen data management and data use for planning. Project management, monitoring and implementation support will also be under Output 1.

9. **Output 2: Enhanced capacity to provide quality and accessible services to people vulnerable to HIV transmission.** The project intends to ensure provision of high quality services and address barriers to people’s access to these services. Key activities under this output are (i) review of existing services and capacity development needs for delivery of HIV/AIDS prevention, care and treatment; (ii) training, coaching, and monitoring support to improve health workers’ knowledge and skills on HIV services; and (iii) provision of medical equipment and mobile labs for remote districts to improve service quality and coverage in project provinces and districts. Technical support for provincial and district health staff will include training on the improvement of clinical capacity for diagnosis and testing, STI and opportunistic infection - treatment, preventing mother-to-child transmission, VCT and supervision. Supervision and monitoring systems to improve the quality of service delivery at the local level will be strengthened. The project under this output will also support partnerships with

private providers and nongovernment organizations (NGOs) to improve service quality and coverage for the most at risk populations.

10. **Output 3: Improved access to HIV prevention outreach among target populations in communities and cross-border areas.** Under Output 3, contextually specific interventions will be developed to create an enabling environment and to build the capacity of people to reduce their own risk to HIV transmission. The project interventions include risk and vulnerability mapping, and behavior change activities. Key activities will include capacity building in planning and implementing BCC activities for high risk populations including migrant and mobile populations, and ethnic groups in remote and border districts, and developing appropriate BCC models for target populations. The project will implement community-level BCC activities in support of the national target program where prevention commodities (condoms, needles and syringes) are procured by the national target program. Other technical support will include monitoring and implementation support, assistance to strengthen network of village health workers in providing outreach services and improving the referral system.

11. **Output 4: Effective and sustainable regional collaboration to strengthen HIV response established.** This output will develop a mechanism to increase regional cooperation and collaboration on strengthening HIV response, particularly between, but not limited to, the Lao PDR and Viet Nam. It will build on existing collaboration and coordination in line with the 2011 6-country MOU for the Joint Action to Reduce HIV Vulnerability in the GMS. Key activities include the establishment and maintenance of a coordination mechanism tasked to oversee and monitor cross-border cooperation and support implementation of pilot activities for joint outreach and service provision for migrant and mobile population in selected border areas. Other activities would include knowledge management and sharing such as regional workshops and cross-border meetings, documenting lessons learned from the pilot activities, and joint studies on migrant and mobile populations in the border areas.

12. **Project Beneficiaries.** The project will have a significant number of direct and indirect beneficiaries through strengthening of health systems at the national, provincial and district levels in the Lao PDR and build the capacity for planning, infectious disease data management, STI diagnosis and treatment, risk mapping and BCC outreach for at least 5 health staff in 8 provinces and 35 target districts. At least 20 peer educators will be trained in each district. Direct beneficiaries of these trainings will number at least 915 staff and peer educators. The total population of the 35 districts in the 8 target provinces is 1.3 million. The provision of improved STI, VCT and HIV services at 35 district health centers is expected to reach at least 18,200 of the local population who attend these centers or are targets of mobile clinics. Indirect beneficiaries constitute a further 175,000 per year who are expected to be reached by peer educators and/or dissemination of information, education and communication materials in village and town communities and amongst migrant populations. In the case of Viet Nam, provincial laboratories, project investments will provide HIV diagnosis and ART monitoring services for the 15.4 million residents of the selected provinces. The population of the 80 selected districts in the 15 target provinces is 8.1 million. The provision of training for 6000 village health workers and improved diagnostic capacity at the district level is expected to improve the health these residents.

II. IMPLEMENTATION PLANS

A. Project Readiness Activities

Indicative Activities (LAO/VIE)	Months							Who responsible
	Jul	Aug	Sep	Oct	Nov	Dec	2013 Jan	
Advance contracting actions	√	√	√	√	√	√		PMU
Prepared first annual workplan					√			PMU
Updated PAM	√							PMU/ADB
Establish project implementation arrangements			√					PMU
Grant/ Loan negotiations	√	√						ADB, MOJ, MPI, SBV, MOF, MEF, MOH
ADB Board approval				√				ADB
Grant / Loan signing					√			MOJ, MPI, SBV, MOF, MEF, MOH
Government legal opinion provided					√			MOJ
Government budget inclusion					√			MOH, MOF
Grant/ Loan effectiveness							√	ADB

ADB = Asian Development Bank, Lao PDR = Lao People's Democratic Republic, MEF = Ministry of Economy and Finance, MOF = Ministry of Finance, MOH = Ministry of Health, MOJ = Ministry of Justice, MPI = Ministry of Planning and Investment, PMU = project management unit, SBV = State Bank of Viet Nam.
Source: Asian Development Bank.

B. Project Implementation Plan

1. Lao PDR

	2013				2014				2015				2016				2017			
Quarter	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Output 1: Strengthened planning and management capacity at national, provincial and district level																				
1.1 Review progress of National HIV strategy and develop integrated joint work plans																				
1.1.1 Review progress on joint work plan and national strategy with NCCA																				
1.1.2 Midterm review national strategy by UNAIDS or other																				
1.1.3 Annual meetings for NCCA, National AIDS Forum, DCCA																				
1.2 Evaluate and update National Law and policy on HIV/AIDS																				
1.3 Support the capacity of CHAS, PCCAs and other partners to develop and manage integrated HIV plans																				
1.3.1 Develop planning and management tools and systems (refine existing materials and integrate into current initiatives, such as CDC2 and JICA)																				
1.3.2 Strengthen management and planning capacity																				
1.3.2.1 Hire/deploy project manager/M&E Specialist and international CTA.																				
1.3.2.2 Provide training on management planning, procurement, finance & accounting, and M&E for province and districts																				
1.4 Project management, monitoring and implementation support																				
1.4.1 Annual monitoring and review meetings																				
1.4.2 Project implementation consultants																				
1.4.3 Administrative support at central (CHAS and EA) and at provincial and district level																				

[illegible]

	2013				2014				2015				2016				2017			
Quarter	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
2.9.3 Implement regular quality assessment and mentoring at district level and client satisfaction surveys																				
2.9.4 Conduct annual quality improvement workshop for provincial district staff																				
2.9.5 Update training materials and provide targeted refresher trainings based on needs identified in the workshop-training specialist/CHAS																				
2.9.6 Procure Vehicles for supervision																				
Output 3: Improved access to HIV prevention outreach among target populations in communities and cross-border areas																				
3.1 Capacity building in planning and implementing BCC activities for ethnic groups at district levels																				
3.1.1 Conduct training for district officials on participatory mapping																				
3.1.2 Conduct participatory mapping of risk behaviour amongst ethnic groups in selected districts by PCCA																				
3.1.3 Review and adapt existing peer education and life skill curricula and BCC and update in Y2 for ethnic groups identified as having risk behaviours and conduct trainings																				
3.1.4 Conduct training on design materials for provinces on BCC for PCCAs by CHAS and International BCC specialist																				
3.1.5 Training (including TOT for peer education) for provincial and district health staff on BCC for target ethnic populations in selected districts																				
3.1.5.1 Follow-up and monitoring peer educators																				
3.1.5.2 Peer educators outreach																				
3.1.6 Design and develop gender related approaches to HIV prevention through training																				
3.1.7 Support civil society groups to participate in planning processes																				

	2013				2014				2015				2016				2017			
Quarter	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
4.3 Regional knowledge management																				
4.3.1 Identify successful interventions and joint behavioural studies Viet Nam – Laos to be case studies for promoting good practice and lessons learnt in prevention and M&E																				
4.3.2 Learning from the region interventions with existing high prevalence on HIV/AIDS and develop prevention models for ethnic groups, service delivery models for non-residents, and develop BCC materials in GMS languages																				
4.3.3 Participate in regional AIDS conferences																				
4.3.4 Develop contents/data and maintain the regional website, linking to the current the GMS HIV prevention and CDC2 websites, and regional AIDS Data hub																				

ARV = antiretroviral, AusAID = Australian Agency for International Development, BCC = behavior change communication, CDC2 = Second Greater Mekong Subregion Regional Communicable Diseases Control Project, CHAS = Center for HIV/AIDS/STI, CTA = chief technical advisor, DCCA = district committee for the control of AIDS, EA = executing agency, IDU = injecting drug user, JICA = Japan International Cooperation Agency, M&E = monitoring and evaluation, NCCA = national committee for the control of AIDS, PCCA = provincial committee for the control of AIDS, PLHIV = people living with HIV, PMTCT = preventing mother-to-child transmission, STI = sexually transmitted infection, TOT = training of trainers, VCT = voluntary counseling and testing, Y2 = Year 2.

Source: Asian Development Bank.

2. Viet Nam

	2013				2014				2015				2016				2017			
Quarter	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Output 1: Strengthened planning and management capacity at national, provincial and district level																				
1.1 Capacity building for HIV/AIDS Program Management																				
1.1.1 Assessment of training needs																				
1.1.2 Standardization of Training Programs: (i) Public health Academy Program; and (ii) short programs on HIV/AIDS																				
1.1.3 Develop Training Plan																				
1.1.4 Deliver 3 months training certificate (HSPH) (intermittent)																				
1.1.5 Implement an international Master of Public Health Scholarship program																				
1.1.6 Implement short courses (5 days) on Management Training (HSPH)																				
1.1.7 Supportive supervision for Management Training participant's (intermittent as required).																				
1.2 Support to strengthen M&E system in provinces for better HIV response planning																				
1.2.2 Assessment of surveillance/M&E system																				
1.2.2 Training M&E staff at central, province and district level (intermittent)																				
1.2.3 Implement improvements to sentinel surveillance by integrating behaviour/BCC into system in target provinces																				
1.2.4 Support for improving VAAC monitoring capacity (monitoring visits to communes) (Intermittent)																				
1.2.5 Procure M&E equipment system for provinces and districts																				
1.2.6 Repair and maintenance of M&E equipment																				
1.3 Project Management																				
1.3.1 Annual workshops for planning, monitoring and evaluation at national, provincial and districts levels																				
1.3.2 Project evaluation: undertake surveys for (i) baseline; (ii) mid-term; (iii) post project impact		(i)								(ii)							(iii)			

	2013				2014				2015				2016				2017			
Quarter	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
evaluation																				
1.3.4 Project management(supervision/support for VAAC/provinces																				
1.3.5 Recruit/manage all PMU consultant support; PMU Staff; provide PMU staff training, Procure PMU equipment & manage Government operating cost contribution																				
1.3.6 Procure auditors and implement annual audits of all project accounts.																				
Output 2: Enhanced capacity to provide quality and accessible services to people vulnerable to HIV transmission																				
2.1 Conduct review of the existing HIV services and the competences of service by HSPH																				
2.2. Improve provincial and district staff's technical knowledge and skills through training, monitoring and coaching; Train trainers and province staff in 5-day courses across 7 topics																				
2.3. Provide equipment and mobile labs and procure, deliver, maintain equipment and vehicles for target provinces.																				
2.4. Improve service quality and coverage in collaboration with private providers and NGOs for the target population; training for private and community practitioners in HIV/AIDS/STI prevention/care																				
Output 3: Improved access to HIV prevention outreach among target populations in communities and cross-border areas																				
3.1. Improve access to services among high risk groups (include pilot of outreach BCC and integrated prevention-treatment continuum)																				
3.1.1 Identification, mapping and assessment of risk factors of various mobile groups and migrants																				
3.1.2 Mobilization of support of local authorities (Orientation workshops)																				
3.1.3 Small group discussions and education for women, pregnancies, people at risk: mobile people, sex workers, IDU																				
3.1.4 Design and production of BCC materials, tools, audio-visual; include ethnic, gender sensitivity and local languages																				

	2013				2014				2015				2016				2017			
Quarter	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
pair provinces: Dien Bien, Son La, Quang Binh, Quang Tri and Kon Tum (build through the MOU between each pair border provinces).																				
4.1.3 Annual meeting in the 5 pair provinces																				
4.2. Strengthen Existing collaboration in cross-border and near border areas																				
4.2.1 Identify learning sites (hot spots) in the border areas of Viet Nam – Laos to be case studies for promoting good practice and lessons learnt in prevention and M&E																				
4.2.2 Conduct pilot activity for joint-country outreach and service provision for migrant and mobile populations																				
4.2.3 Field visits and supervision by provincial staff share the results and lessons learned from the learning sites																				
4.3. Regional knowledge management																				
4.3.1 Annual workshops to review progress in Vietnam and the Lao PDR Pilot activities; includes regional, interprovincial and cross-border workshops.																				
4.3.2 Conduct joint study on mobile population in the border areas																				
4.3.3 Learning events (study trips) from the regional programs (China, Thailand, Cambodia...)																				
4.3.4 Update the regional coordination mechanism website, building on current CDC2 website.																				

BCC = behavioral change communication, CDC2 = Second Greater Mekong Subregional Regional Communicable Diseases Control Project, CHAS = Center for HIV/AIDS/STI, HSPH = Hanoi School of Public Health, IDU = injecting drug user, Lao PDR = Lao People's Democratic Republic, M&E = monitoring and evaluation, MOU = memorandum of understanding, NGO = nongovernment organization, NTP = national target program, PMU = project management unit, STI = sexually transmitted infection, VAAC = Viet Nam Authority for HIV/AIDS Control, VHW = village health worker.

Source: Asian Development Bank.

III. PROJECT MANAGEMENT ARRANGEMENTS

A. Project Implementation Organizations – Roles and Responsibilities

1. Executing Agencies

13. Project management arrangements are similar to the Second GMS Regional Communicable Diseases Control Project (CDC2). In each country, MOH is the Executing Agency (EA) responsible for project oversight, administration, and integration.

14. In the Lao PDR, the EA is represented by the Department of Planning and International Cooperation (DPC) in MOH, with the Director General of DPC as the Project Director. The Project Director reports to the MOH Steering Committee chaired by the Vice-Minister of Health or Director General of DPC. A Deputy Project Director (administration) in DPC will assist the Project Director in day-to-day project coordination and management, including administration. Another Deputy Director (technical) in CHAS is responsible for operations. Director of CHAS will be the project director of implementing agency (IA) and the IA deputy project director will assist in day-to-day project implementation.

15. In Viet Nam, the EA is represented by the Viet Nam Authority of HIV/AIDS Control (VAAC) in MOH, with the Project Director, appointed by MOH, who reports to the Minister of Health. Two deputy project directors in VAAC will assist the Project Director in day-to-day project administration and operations.

2. Project Management and Implementation

16. Central departments, national institutions and targeted provincial health departments or equivalent serve as IAs. Coordinating IAs provide day-to-day project management in each country: regional cooperation, cooperation with provinces and concerned departments and institutions, and liaison with ADB and other partners.

17. In the Lao PDR, the existing CDC2 project management unit (PMU) in the MOH will provide project administration and coordination including procurement. CHAS is the national IA under guidance from the DHP (to become Department of Communicable Diseases Control). Eight provincial health departments will be provincial IAs and will operate through the primary health care coordination units which house the provincial PMUs of CDC2.

18. In Viet Nam, VAAC will take on project administration, coordination and implementation of some activities. The Hanoi School of Public Health (HSPH) will serve as a national IA to support surveys and training at all levels. Fifteen provincial health departments will be provincial IAs and operate through the provincial AIDS centers.

19. There are nine IAs in the Lao PDR and 16 IAs in Viet Nam in total. There are up to three positions in each provincial unit to be financially supported by the Project in each province, depending on the workload. This includes a provincial project coordinator, a technical officer and an account assistant.

20. Two institutions will work as national IAs to provide technical guidance and support to the project, namely CHAS in the Lao PDR and HSPH in Viet Nam. Relevant training courses in project management, procurement, contract management, and financial management will be conducted to build capacity for the whole project management system, from central to provincial level.

21. In each country, all project activities will be fully incorporated into the government planning cycle at national and provincial levels. Based on the project design and actual needs, each PHD will prepare an annual project work plan and budget as part of the annual operation plan and budget for review and approval by appropriate authorities at provincial and central level.

22. Similarly, PMUs will prepare the national work plan and budget based on consultation with the provinces and incorporation of provincial work plans, obtain relevant approvals from the EA and incorporate these into the national annual operation plans. These annual work plans and budgets will be submitted to MOHs, core ministries, and ADB for approval and/or concurrence. In Viet Nam, the annual work plans and budgets should be approved before 15 December, if not sooner, while in the Lao PDR, these approvals should be done before 15 September,³ if not sooner. Accordingly, PMUs should complete their respective work plans and budgets in December 2012 before loan/grant effectiveness in January 2013.

23. Most of the project specific activities at both PMU and provincial levels should be planned through participatory methods. Consultation should be with relevant stakeholders, including MOH departments, core ministries, partners, NGOs, health staff, high-risk populations, and villagers. PMUs and provincial units will have funds for this participatory planning and budgeting process, which is essential to continuously adjust project activities based on lessons learned. As this is a regional project, PMUs and provincial units are encouraged to share project specific workplans. Annual planning workshops at provincial and national levels for these activities are provided in the project design. The PMU directors can adjust the budget for activities in situations where the planned amount does not exceed 10% of the planned budget for these activities.

24. **Regional.** Similar to CDC2, a regional steering committee (RSC) for strengthening the regional HIV/AIDS response will be established. The RSC will be chaired by the vice minister of health of the host country, and consist of representatives of participating countries, ADB, WHO, UNAIDS. Representatives from other GMS countries and partners are invited as "observers". The committee will meet once a year or more often as needed, with the hosting rotated among the two countries and also other GMS countries if so proposed. The RSC is advisory in nature and will give guidance in project implementation, policy dialogue, and the building of regional capacity and cooperation for CDC, and will facilitate country decisions on regional activities. The regional chief technical advisor will be the secretariat to the RSC. Project managers will also meet every 6 months or more often as needed, to follow up on agreements of the RSC.

3. Lao PDR

Project Implementation organizations	Management Roles and Responsibilities
• Ministry of Finance	➤ Open and manage the first generation imprest account
• Ministry of Health (EA)	➤ Responsible for overall performance of the project ➤ Approves annual work plans and budgets ➤ Coordinates with other central ministries ➤ Liaison and reporting to ADB
• Ministry Steering Committee	➤ Project oversight and guidance ➤ Recommends adjustments and approvals ➤ Approves selected block grants prepared by CHAS and recommended by EA upon consultation with RSC for endorsement by MOH -SC

³ Lao PDR financial year covers a period from 1 October this year to 30 September next year, the first AOP covers from 1 January to 30 September 2013. Viet Nam financial year covers the calendar year.

Project Implementation organizations	Management Roles and Responsibilities
<ul style="list-style-type: none"> • PMU(Project Management Unit in EA) 	<ul style="list-style-type: none"> ➤ Responsible for (i) procurement, financial management, disbursements, including managing the second generation imprest account and submission of withdrawal applications, and (ii) recruitment and deployment of consultants ➤ Responsible for overall project progress monitoring and reporting ➤ Overall project coordination and commissioning of implementing agencies ➤ Coordinates with other ministries ➤ Supports liaising with and reporting to ADB ➤ Supervises the work of accounting firm and audit firm consultants
<ul style="list-style-type: none"> • Center for HIV/AIDS/STI (National Implementing Agency) 	<ul style="list-style-type: none"> ➤ Responsible for the design, planning and conduct of all training and capacity building activities ➤ Responsible for implementing BCC activities ➤ Provides technical and secretariat support to the Ministry's steering committee in regional collaboration activities with Viet Nam ➤ Supervises the work and performance of consultants ➤ Supervises the work and activities of 8 PCCAs ➤ Recommends approval of Block Grants; approves selected Innovation Grants; monitors the implementation of Block Grants and Innovation Grants at provincial and district levels ➤ Supports the regional steering committee
<ul style="list-style-type: none"> • Provincial Health Department (PPMUs) 	<ul style="list-style-type: none"> ➤ Responsible for provincial project planning, monitoring and reporting ➤ Responsible for minor procurement, financial management, and disbursements ➤ Supervises the work and activities of the operational units ➤ Conducts surveys with support from national level ➤ Manage the second generation imprest accounts
<ul style="list-style-type: none"> • Provincial Center for Control of HIV/AIDS/STI (PCCAs) 	<ul style="list-style-type: none"> ➤ Responsible for the implementation of training, BCC activities at provincial and district levels ➤ Responsible for the planning and implementation of regional collaboration activities at the borders ➤ Supervises the work and activities of districts
<ul style="list-style-type: none"> • District Center for Control of HIV/AIDS/STI 	<ul style="list-style-type: none"> ➤ Responsible for the implementation of training, capacity building and BCC activities at district levels
<ul style="list-style-type: none"> • ADB 	<ul style="list-style-type: none"> ➤ Approve procurement activities ➤ Review project implementation twice a year, including related policy actions and project activities ➤ Make payments to consultants/suppliers

ADB = Asian Development Bank, BCC = behavior change communication, PPMU = provincial project management unit.

Source: Asian Development Bank.

4. Viet Nam

Project Implementation organizations	Management Roles and Responsibilities
<ul style="list-style-type: none"> Ministry of Health (EA) 	<ul style="list-style-type: none"> ➤ Responsible for overall performance of the project ➤ Project oversight and guidance ➤ Recommends adjustments and approvals ➤ Approves selected block grants recommended by VAAC in consultation with RSC for endorsement
<ul style="list-style-type: none"> Viet Nam Authority for HIV/AIDS Control 	<ul style="list-style-type: none"> ➤ Approves annual work plans and budgets ➤ Supervises and monitors project financial management and procurement ➤ Submits to MOH annual counterpart plan for approval ➤ Supports liaising with and reporting to ADB
<ul style="list-style-type: none"> PMU(Project Management Unit in EA) 	<ul style="list-style-type: none"> ➤ Develops the project work plans, procurement plans, budgetary plans and other plans for review and approval by the relevant authorities; and implementation of the plans upon approval; ➤ Responsible for (i) procurement, financial management, disbursements, including opening and managing the first generation imprest account and submission of withdrawal applications, and (ii) recruitment and deployment of consultants ➤ Be in charge of implementing and directing the implementation of the project in accordance with the agreement and the Project Document endorsed in accordance with guidelines and regulations of ADB and the government of Vietnam while making sure that the set targets, schedule and performance are achieved; ➤ Provides guidelines and regular supervision, audit and monitoring of plan implementation by project implementers; any issues emerging outside the plans during implementation will be referred to the relevant authorities for decision making; ➤ Regularly, evaluates, compiles and reports the project results/outcomes to Minister of Health and relevant agencies as required; ➤ Works on behalf of MOH in procurement; being the Ministry of Health's focal point in coordinating with donors and working with other MOH related agencies and local entities on pertaining issues in the implementation; ➤ Manages and uses project resources for intended purposes and with efficiency; complying with prevailing accounting and auditing standards as specified by the government and in accordance with ADB's guidelines; ➤ Hands over documents, assets, finance and other resources when the project ends in line with the prevailing regulations of the government; ➤ Any other duties within the project jurisdiction as assigned by MOH.

Project Implementation organizations	Management Roles and Responsibilities
<ul style="list-style-type: none"> • Hanoi School of Public Health (National Implementing Agency) 	<ul style="list-style-type: none"> ➤ Responsible for the conduct of training needs assessment of public health staff at provincial hospitals, district health centers, and commune health stations including village health workers ➤ Responsible for the design, planning and administration of training and capacity building activities in the 15 project provinces ➤ Responsible for the placement of grantees of local and foreign scholarships, providing support, and in monitoring of their academic performance ➤ Responsible for the design and supervision of delivery of TOTs for the training of village health workers ➤ Manage the second generation imprest account
<ul style="list-style-type: none"> • Provincial Health Department 	<ul style="list-style-type: none"> ➤ Responsible for oversight provincial project management ➤ Responsible for approving project annual plan
<ul style="list-style-type: none"> • Provincial AIDS Center (PPMUs) 	<ul style="list-style-type: none"> ➤ Responsible for provincial project implementation including planning, procurement and financial management ➤ Manage the second generation imprest account ➤ Supervise the works and activities of the operational unites ➤ Conduct surveys with support from national level ➤ Responsible for the implementation of training, BCC activities at provincial and district levels ➤ Responsible for the planning and implementation of regional collaboration activities at the borders ➤ Supervises the work and activities of districts
<ul style="list-style-type: none"> • District Health Centers 	<ul style="list-style-type: none"> ➤ Responsible for the implementation of training, capacity building and BCC activities at district levels ➤ Responsible for delivery of HIV/AIDS prevention and health services at district and commune levels
<ul style="list-style-type: none"> • ADB 	<ul style="list-style-type: none"> ➤ Approve procurement activities ➤ Review project implementation twice a year, including related policy actions and project activities ➤ Make payments to consultants/suppliers

ADB = Asian Development Bank, BCC = behavior change communication, PPMU = provincial project management unit, TOT = training of trainers.

Source: Asian Development Bank.

B. Key Persons Involved in Implementation

Executing Agency

Ministry of Health in the Lao PDR	Officer's Name	Dr. Prasongsidh Boupha
	Position	Director General
	Telephone	(856 21) 252 753
	Email address	adb2laos@loxinfo.co.th
	Office Address	Department of Planning and International Cooperation Ministry of Health Vientiane, Lao PDR

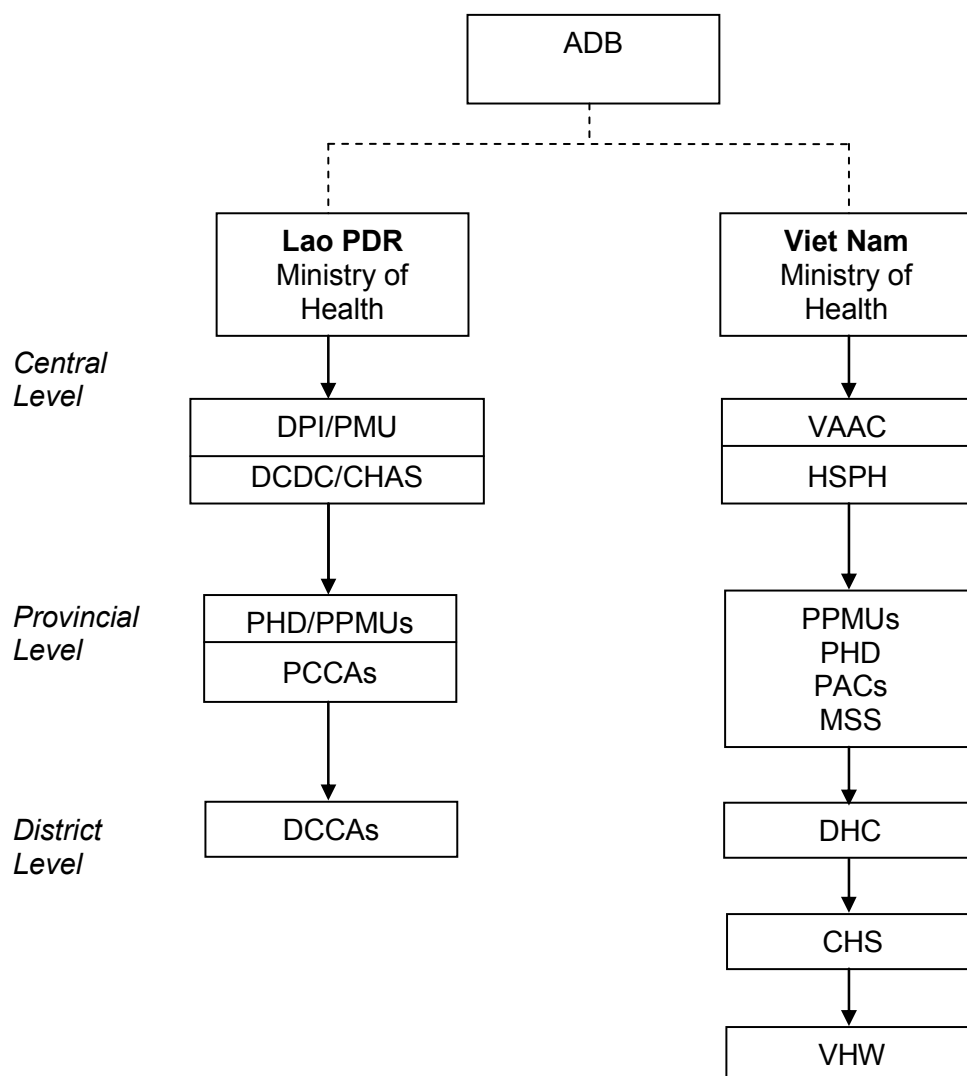
Ministry of Health in Viet Nam	Officer's Name	Dr. Bui Duc Duong
	Position	Deputy Director General
	Telephone	(84 4) 37367133
	Email address	bdduong06@gmail.com
	Office Address	Viet Nam Authority of HIV/AIDS Control Ministry of Health Hanoi, Viet Nam

ADB

Division Director	Staff Name	Leah C. Gutierrez
	Position	Director, Human and Social Development
	Telephone No.	(632) 632-4445
	Email address	lcgutierrez@adb.org

Mission Leader	Staff Name	Emiko Masaki
	Position	Social Sector Economist
	Telephone No.	(632) 632-5470
	Email address	emasaki@adb.org

C. Project Organization Structure



CHAS = Center for HIV/AIDS and STI, CHS = commune health stations, DCCA = District Committee for the Control of AIDS, DCDC = Department of Communicable Diseases Control, DHP = Department of Hygiene and Prevention, DHC = district health centers, DPI = Department of Planning and International Cooperation, HSPH = Hanoi School of Public Health, MSS = medical secondary schools, PAC = provincial AIDS center, PCCA = Provincial Committee for the Control of AIDS, PHD = provincial health department, PMU = project management unit, PPMU = provincial project management unit, VAAC = Viet Nam Administration for HIV/AIDS Control, VHW = village health workers.

Source: Asian Development Bank.

IV. COSTS AND FINANCING

25. The total project cost is \$21.9 million. ADB will contribute an Asian Development Fund (ADF) grant of \$5.0 million for the Lao PDR, and an ADF loan of \$15.0 million for Viet Nam. The Government of Lao PDR and the Government of Viet Nam will contribute counterpart funds of the equivalent of \$0.57 million in kind and \$1.33 million, respectively.

**Table 1: Tentative Project Investment Plan for the Lao PDR
(\$ Million)**

Item	Amount ^a
A. Investment costs^b	
1. Strengthened planning and management capacity	1.06
2. Enhanced capacity to provide quality and accessible services	1.51
3. Improved access to HIV prevention outreach services	1.71
4. Effective and sustainable regional collaboration	0.80
Sub-total (A)	5.08
B. Contingencies^c	
1. Physical	0.09
2. Price	0.40
Sub-total (B)	0.49
Total Project Cost (A+B)	5.57

^a Includes taxes and duties to be financed by ADB and the Government.

^b In April 2012 prices.

^c Physical contingencies computed at 5% of base costs for medical and office equipment, and vehicles. Price contingencies computed at 0.5% on foreign exchange costs and 5% on local currency costs.

Note: Figures may not add up due to rounding.

Source: Asian Development Bank estimates.

**Table 2: Tentative Project Investment Plan for Viet Nam
(\$ Million)**

Item	Amount ^a
A. Investment costs^b	
1. Strengthened planning and management capacity	3.58
2. Enhanced capacity to provide quality and accessible services	8.09
3. Improved access to HIV prevention outreach services	1.78
4. Effective and sustainable regional collaboration	0.95
Sub-total (A)	14.40
B. Contingencies^c	
1. Physical	0.35
2. Price	1.07
Sub-total (B)	1.42
Financing Charges during Implementation^d	0.51
Sub-total (C)	0.51
Total Project Cost (A+B+C)	16.33

^a Includes taxes and duties to be financed by ADB.

^b In April 2012 prices.

^c Physical contingencies computed at 2.4% of base costs for medical and office equipment, and vehicles. Price contingencies computed at 0.5% on foreign exchange costs and 5% on local currency costs.

^d Interest during construction for ADB loan has been computed at 1% per annum.

Source: Asian Development Bank estimates.

A. Financing Plan for the Lao PDR

26. ADB will provide a grant of \$5.0 million from ADB's Special Fund resource to help finance the Project (Table 1). The Government of Lao PDR will contribute \$0.57 million equivalent including \$0.15 million for recurrent expenses and \$0.42 million for local taxes. The total project investment cost and recurrent cost is estimated at \$5.57 million, including physical and price contingencies, and taxes and duties.

**Table 3: Indicative Financing Plan
(\$ Million)**

Source of Funds	Total	%
Asian Development Bank	5.00	89.77
Government of Lao PDR	0.57	10.23
Total	5.57	100.00

Lao PDR = Lao People's Democratic Republic.
Source: Asian Development Bank estimates.

B. Financing Plan for Viet Nam

27. ADB will provide a loan in SDR equivalent to \$15 million with a 32-year term, including a grace period of 8 years, and an interest rate of 1.0% per annum during the grace period. The Government of Viet Nam will contribute \$1.33 million equivalent for recurrent costs. The total project investment cost and recurrent cost is estimated at \$16.33 million, including physical and price contingencies, taxes and duties and other charges during implementation

**Table 4: Indicative Financing Plan
(\$ Million)**

Sources of Funds	Total	%
Asian Development Bank	15.00	91.86
Government of Viet Nam	1.33	8.14
Total	16.33	100.00

Source: Asian Development Bank estimates.

C. Detailed Cost Estimates by Expenditure Category

1. Lao PDR

Item	\$ Million	
	Total	% of Total Cost
A. Investment Cost		
1. Equipment	0.90	16%
i. Medical equipment and supplies	0.76	14%
ii. Office equipment and furniture	0.15	3%
2. Vehicles	0.76	14%
3. Training	0.74	13%
4. Survey, Studies and Workshops	0.83	15%
5. Community development	0.63	11%
i. Block grant	0.42	8%
ii. Other	0.21	4%
6. International Consultants	0.31	6%
7. National Consultants	0.34	6%
8. Project Management	0.40	7%
Subtotal (A)	4.91	88%
B. Recurrent Costs		
9. Recurrent Cost	0.17	3%
Subtotal (B)	0.17	3%
Total Base Cost	5.08	91%
C. Contingencies		
1. Physical	0.09	2%
2. Price	0.41	7%
Sub-total (C)	0.49	9%
Total Project Cost (B+C)	5.57	100%

Note: Figures may not add up due to rounding.

Source: Asian Development Bank estimates.

2. Viet Nam

No.	Item	\$ Million	
		Total	% of Cost Category
A.	Investment Cost		
1.	Equipment	7.85	48%
	i. Medical equipment and supplies	7.11	44%
	ii. Office equipment and furniture	0.73	4%
2.	Vehicles	0.57	3%
3.	Training	1.96	12%
4.	Survey, Studies and Workshops	0.95	6%
5.	Community development	0.73	4%
	i. Community-based activities	0.60	4%
	ii. Other	0.13	1%
6.	International Consultants	0.05	0%
7.	National Consultants	0.61	4%
8.	Project Management	0.36	2%
	Subtotal (A)	13.07	80%
B.	Recurrent Costs		
9.	Recurrent Cost	1.33	8%
	Subtotal (B)	1.33	8%
	Total Base Cost	14.39	88%
C.	Contingencies		
1.	Physical	0.35	2%
2.	Price	1.07	7%
	Subtotal (C)	1.42	9%
D.	Financing Charges		
	Sub-total (D)	0.51	3%
	Total Project Cost (A+B+C+D)	16.33	100%

Note: Figures may not add up due to rounding.

Source: Asian Development Bank estimates.

D. Allocation and Withdrawal of Loan and Grant Proceeds

1. Lao PDR

ALLOCATION AND WITHDRAWAL OF GRANT PROCEEDS				
Category				ADB Financing
No.	Item	Total Amount Allocated for ADB Financing (\$)		Percentage and Basis for Withdrawal from the Grant Account
		Category	Subcategory	
1	Equipment	903,622		
	i. Medical equipment and supplies		758,622	100 percent of total expenditure claimed ^a
	ii. Office equipment & furniture		145,000	100 percent of total expenditure claimed ^a
2	Vehicles	358,987		100 percent of total expenditure claimed ^a
3	Training	738,188		100 percent of total expenditure claimed
4	Survey, Studies & Workshops	826,578		100 percent of total expenditure claimed
5	Community development	625,376		
	i. Block grant ^b		420,000	100 percent of total expenditure claimed
	ii. Other ^c		205,376	100 percent of total expenditure claimed
6	International Consultants	314,000		100 percent of total expenditure claimed
7	National Consultants	338,000		100 percent of total expenditure claimed
8	Project management	401,440		100 percent of total expenditure claimed
9	Unallocated	493,809		
Total		5,000,000		

^a Exclusive of import taxes and duties imposed within the territory of the Recipient.

^b Activities eligible to be financed from the Block Grant are contained in the Proposed Guidelines for Block Grant Fund in the PAM.

^c Includes the financing of peer education outreach and community behavior change communication activities.

Source: Asian Development Bank estimates.

2. Viet Nam

ALLOCATION AND WITHDRAWAL OF LOAN PROCEEDS					
Category				ADB Financing	
No.	Item	Total Amount Allocated for ADB Financing (\$)		Percentage and Basis for Withdrawal from the Loan Account	
		Category	Subcategory		
1	Equipment	7,846,325			
	i. Medical equipment and supplies		7,114,125	100%	percent of total expenditure claimed
	ii. Office equipment & furniture		732,200	100%	percent of total expenditure claimed
2	Vehicles	569,000		100%	percent of total expenditure claimed
3	Training	1,964,155		100%	percent of total expenditure claimed
4	Survey, Studies & Workshops	952,100		100%	percent of total expenditure claimed
5	Community development	732,000		100%	percent of total expenditure claimed
	i. Community-based activities ^a		600,000	100%	percent of total expenditure claimed
	ii. Other ^b		132,000	100%	percent of total expenditure claimed
6	International Consultants	45,000		100%	percent of total expenditure claimed
7	National Consultants	605,470		100%	percent of total expenditure claimed
8	Project management ^c	355,000		100%	percent of total expenditure claimed
9	Interest	507,966		100%	of amounts due
10	Unallocated	1,422,984			
Total		15,000,000			

^a Activities eligible to be financed are contained in the Proposed Guidelines for Block Grants in the PAM.

^b Includes the financing of behavior change communication activities.

^c Includes costs for supervision and support for monitoring activities.

Source: Asian Development Bank estimates.

E. Detailed Cost Estimates by Financier

1. Lao PDR

	ADB		Government		Total Cost
	Amount (Total)	% of Cost Category	Amount (Total)	% of Cost Category	
A. Investment Cost					
1. Equipment	0.90	100%	0.00	0%	0.90
i. Medical equipment and supplies	0.76	100%	0.00	0%	0.76
ii. Office equipment and furniture	0.15	100%	0.00	0%	0.15
2. Vehicles ^a	0.36	47%	0.40	53%	0.76
3. Training	0.74	100%	0.00	0%	0.74
4. Survey, Studies and Workshops	0.83	100%	0.00	0%	0.83
5. Community development	0.63	100%	0.00	0%	0.63
i. Block grant	0.42	100%	0.00	0%	0.42
ii. Other	0.21	100%	0.00	0%	0.21
6. International Consultants	0.31	100%	0.00	0%	0.31
7. National Consultants	0.34	100%	0.00	0%	0.34
8. Project Management	0.40	100%	0.00	0%	0.40
Subtotal (A)	4.51	92%	0.40	8%	4.91
B. Recurrent Costs					
1. Recurrent Cost	0.00	0%	0.17	100%	0.17
Subtotal (B)	0.00	0%	0.17	0%	0.17
Total Base Cost	4.51	92%	0.57	8%	5.08
C. Contingencies					
1. Physical	0.09	100%	0.00	0%	0.09
2. Price	0.41	100%	0.00	0%	0.41
Sub-total (C)	0.49	100%	0.00	0%	0.49
Total Project Cost (A+B+C)	5.00	90%	0.57	10%	5.57
% of Total Project Cost	90%		10%		

^a Includes import taxes and duties to be financed by the Government.

Note: Figures may not add up due to rounding.

Source: Asian Development Bank estimates.

2. Viet Nam

No.	Item	US\$ Million				Total Cost
		ADB		Government		
		Amount (Total)	% of Cost Category	Amount (Total)	% of Cost Category	
A.	Investment Cost					
	1. Equipment	7.85	100%	0.00	0%	7.85
	i. Medical equipment and supplies	7.11	100%	0.00	0%	7.11
	ii. Office equipment and furniture	0.73	100%	0.00	0%	0.73
	2. Vehicles	0.57	100%	0.00	0%	0.57
	3. Training	1.96	100%	0.00	0%	1.96
	4. Survey, Studies and Workshops	0.95	100%	0.00	0%	0.95
	5. Community development	0.73	100%	0.00	0%	0.73
	i. Community-based activities	0.60	100%	0.00	0%	0.60
	ii. Other	0.13	100%	0.00	0%	0.13
	6. International Consultants	0.05	100%	0.00	0%	0.05
	7. National Consultants	0.61	100%	0.00	0%	0.61
	8. Project Management	0.36	100%	0.00	0%	0.36
	Subtotal (A)	13.07	100%	0.00	0%	13.07
B.	Recurrent Costs					
	1. Recurrent Cost	0.00	0%	1.33	100%	1.33
	Subtotal (B)	0.00	0%	1.33	100%	1.33
	Total Base Cost	13.07	91%	1.33	9%	14.39
C.	Contingencies ^c					
	1. Physical	0.35	100%	0.00	0%	0.35
	2. Price	1.07	100%	0.00	0%	1.07
	Financing Charges during					
D.	Implementation					
	Sub-total (D)	0.51	0%	0.00	0%	0.51
	Total Project Cost (A+B+C+D)	15.00	100%	1.33	8%	16.33
	% of Total Project Cost	92%		8%		

Note: Figures may not add up due to rounding.

Source: Asian Development Bank estimates.

F. Detailed Cost Estimates by Outputs/Components

1. Lao PDR

\$ Million									
	Total Cost	Output1: Strengthened planning and management		Output 2: Enhanced capacity to provide quality and accessible services		Output 3: Improved access to HIV prevention outreach		Output 4: Effective and sustainable regional collaboration	
		Amount	% of Cost Category	Amount	% of Cost Category	Amount	% of Cost Category	Amount	% of Cost Category
A. Investment Costs									
1. Equipment	0.90	0.24	0%	0.46	0%	0.20	0%	0.00	0%
i. Medical equipment and supplies	0.76	0.18	0%	0.39	51%	0.19	25%	0.00	0%
ii. Office equipment and furniture	0.15	0.06	41%	0.07	50%	0.01	10%	0.00	0%
2. Vehicles	0.76	0.12	0%	0.12	0%	0.53	0%	0.00	0%
3. Training	0.74	0.02	2%	0.46	62%	0.26	36%	0.00	0%
4. Survey, Studies and Workshops	0.83	0.16	19%	0.19	23%	0.15	18%	0.33	40%
5. Community development	0.63	0.00	0%	0.04	6%	0.17	26%	0.42	67%
i. Block grant	0.42	0.00	0%	0.00	0%	0.00	0%	0.42	100%
ii. Other	0.21	0.00	0%	0.04	19%	0.17	81%	0.00	0%
6. International Consultants	0.31	0.09	0%	0.16	0%	0.04	0%	0.02	0%
7. National Consultants	0.34	0.18	54%	0.03	9%	0.11	33%	0.01	3%
8. Project Management	0.40	0.21	54%	0.00	0%	0.19	46%	0.00	0%
Subtotal (A)	4.91	1.02	21%	1.46	30%	1.65	34%	0.78	16%
B. Recurrent Costs									
1. Recurrent Cost	0.17	0.04	21%	0.05	30%	0.06	34%	0.03	16%
Subtotal (B)	0.17	0.04	21%	0.05	30%	0.06	34%	0.03	16%
Total Base Cost	5.08	1.06	21%	1.51	30%	1.71	34%	0.80	16%
C. Contingencies									
1. Physical	0.09	0.02	21%	0.02	28%	0.03	34%	0.01	16%
2. Price	0.41	0.12	30%	0.13	32%	0.13	33%	0.02	6%
Sub-total (C)	0.49	0.14	28%	0.15	31%	0.17	33%	0.04	7%
Total Project Cost (A+B+C)	5.57	1.20	21%	1.66	30%	1.87	34%	0.84	15%
% of Total Project Cost		21%		30%		34%		15%	

Note: Figures may not add up due to rounding.
Source: Asian Development Bank estimates.

2. Viet Nam

		\$ Million								
Item	Total Cost	Output 1: Strengthened planning and management		Output 2: Enhanced capacity to provide quality and accessible services		Output 3: Improved access to HIV prevention outreach		Output 4: Effective and sustainable regional collaboration		
		Amount	% of Cost Category	Amount	% of Cost Category	Amount	% of Cost Category	Amount	% of Cost Category	
A.	Investment Cost									
	1. Equipment	7.85	0.33	4%	7.05	90%	0.46	6%	0.00	0%
	i. Medical equipment and supplies	7.11	0.00	0%	7.05	99%	0.06	1%	0.00	0%
	ii. Office equipment and furniture	0.73	0.33	45%	0.00	0%	0.40	55%	0.00	0%
	2. Vehicles	0.57	0.00	0%	0.44	78%	0.13	22%	0.00	0%
	3. Training	1.96	1.06	54%	0.27	14%	0.63	32%	0.00	0%
	4. Survey, Studies and Workshops	0.95	0.40	42%	0.05	5%	0.16	17%	0.34	36%
	5. Community development	0.73	0.00	0%	0.00	0%	0.13	18%	0.60	82%
	i. Community-based activities	0.60	0.00	0%	0.00	0%	0.00	0%	0.60	100%
	ii. Other	0.13	0.00	0%	0.00	0%	0.13	100%	0.00	0%
	6. International Consultants	0.05	0.05	100%	0.00	0%	0.00	0%	0.00	0%
	7. National Consultants	0.61	0.51	85%	0.00	0%	0.08	14%	0.01	2%
	8. Project Management	0.36	0.21	58%	0.00	0%	0.15	42%	0.00	0%
	Subtotal (A)	13.07	2.55	20%	7.82	60%	1.74	13%	0.95	7%
B.	Recurrent Cost	1.33	1.03	78%	0.27	20%	0.03	2%	0.00	0%
	Total Base Cost	14.39	3.58	25%	8.09	56%	1.78	12%	0.95	7%
C.	Contingencies									
	1. Physical	0.35	0.09	25%	0.20	56%	0.04	12%	0.02	7%
	2. Price	1.07	0.47	43%	0.18	17%	0.27	25%	0.16	15%
	Sub-total (C)	1.42	0.55	68%	0.38	73%	0.31	37%	0.18	21%
D.	Financing Charges	0.51	0.10	20%	0.32	64%	0.05	10%	0.03	6%
	Sub-total (D)	0.51	0.10	20%	0.32	64%	0.05	10%	0.03	6%
	Total Project Cost (A+B+C+D)	16.33	4.24	26%	8.79	54%	2.14	13%	1.16	7%
	% of Total Project Cost		26%		54%		13%		7%	

Note: Figures may not add up due to rounding.

Source: Asian Development Bank estimates.

G. Detailed Cost Estimates by Year

1. Lao PDR

Item	\$ Million					
	Total Cost	2013	2014	2015	2016	2017
A. Investment Costs						
1. Equipment	0.90	0.19	0.21	0.20	0.14	0.17
i. Medical equipment and supplies	0.76	0.15	0.14	0.17	0.14	0.17
ii. Office equipment and furniture	0.15	0.04	0.07	0.04	0.00	0.00
2. Vehicles	0.76	0.76	0.00	0.00	0.00	0.00
3. Training	0.74	0.20	0.18	0.22	0.13	0.02
4. Survey, Studies and Workshops	0.83	0.22	0.19	0.19	0.11	0.11
5. Community development	0.63	0.01	0.15	0.15	0.15	0.15
i. Block grant	0.42	0.00	0.11	0.11	0.11	0.11
ii. Other	0.21	0.01	0.05	0.05	0.05	0.05
6. International Consultants	0.31	0.13	0.04	0.06	0.04	0.06
7. National Consultants	0.34	0.07	0.08	0.06	0.06	0.07
8. Project Management	0.40	0.06	0.09	0.08	0.09	0.08
Subtotal (A)	4.91	1.63	0.94	0.96	0.72	0.66
B. Recurrent Costs						
1. Recurrent Cost	0.17	0.06	0.03	0.03	0.02	0.02
Subtotal (B)	0.17	0.06	0.03	0.03	0.02	0.02
Total Base Cost	5.08	1.68	0.98	1.00	0.74	0.68
C. Contingencies						
1. Physical	0.09	0.03	0.02	0.02	0.01	0.01
2. Price	0.41	0.14	0.07	0.08	0.06	0.05
Sub-total (C)	0.49	0.17	0.09	0.09	0.07	0.07
Total Project Cost (A+B+C)	5.57	1.85	1.07	1.09	0.81	0.75
% of Total Project Cost		33%	19%	20%	15%	13%

Note: Figures may not add up due to rounding.
Source: Asian Development Bank estimates.

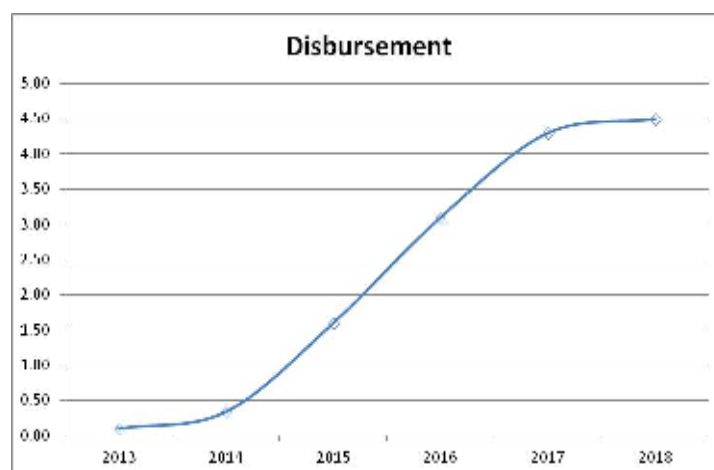
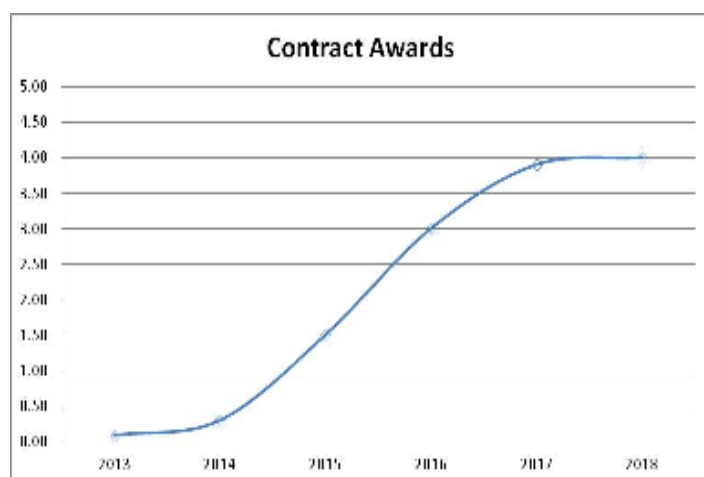
2. Viet Nam

Item	US\$ Million					
	Total Cost	2013	2014	2015	2016	2017
Investment Cost						
1. Equipment	7.85	0.73	6.77	0.30	0.02	0.02
i. Medical equipment and supplies	7.11	0.00	6.77	0.30	0.02	0.02
ii. Office equipment and furniture	0.73	0.73	0.00	0.00	0.00	0.00
2. Vehicles	0.57	0.13	0.44	0.00	0.00	0.00
3. Training	1.96	0.19	0.57	0.56	0.48	0.15
4. Survey, Studies and Workshops	0.95	0.33	0.19	0.20	0.08	0.15
5. Community development	0.73	0.00	0.18	0.18	0.18	0.18
i. Community-based activities	0.60	0.00	0.15	0.15	0.15	0.15
ii. Other	0.13	0.00	0.03	0.03	0.03	0.03
6. International Consultants	0.05	0.05	0.00	0.00	0.00	0.00
7. National Consultants	0.61	0.14	0.18	0.10	0.09	0.09
8. Project Management	0.36	0.07	0.07	0.07	0.07	0.07
Taxes and duties	0.00	0.00	0.00	0.00	0.00	0.00
Subtotal (A)	13.07	1.63	8.41	1.43	0.94	0.66
Recurrent Cost	1.33	0.18	0.23	0.30	0.30	0.30
Total Base Cost	14.39	1.82	8.64	1.73	1.24	0.97
Contingencies						
1. Physical	0.35	0.03	0.21	0.05	0.03	0.03
2. Price	1.07	0.05	0.24	0.23	0.27	0.28
Sub-total (C)	1.42	0.08	0.45	0.28	0.30	0.31
Financing Charges during Implementation	0.51	0.01	0.10	0.12	0.14	0.15
Sub-total (D)	0.51	0.01	0.10	0.12	0.14	0.15
Total Project Cost (A+B+C+D)	16.33	1.90	9.19	2.13	1.68	1.42
% of Total Project Cost		12%	56%	13%	10%	9%

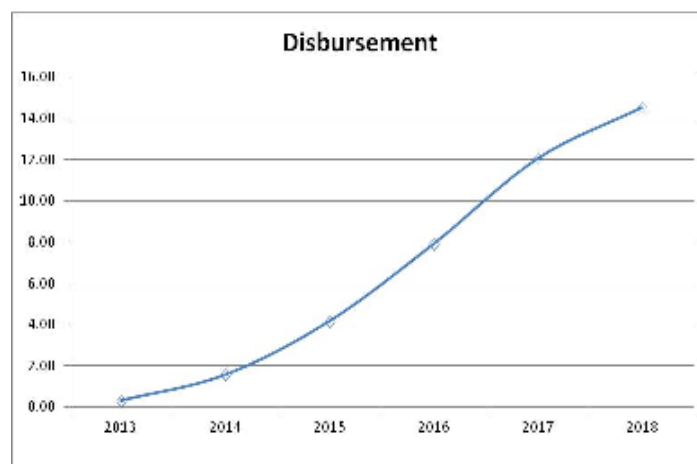
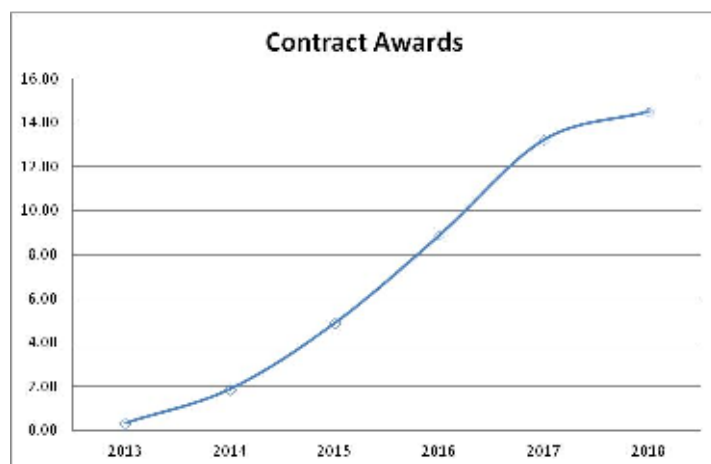
Note: Figures may not add up due to rounding.
Source: Asian Development Bank estimates.

H. Contract and Disbursement S-curve (tentative)

1. Lao PDR

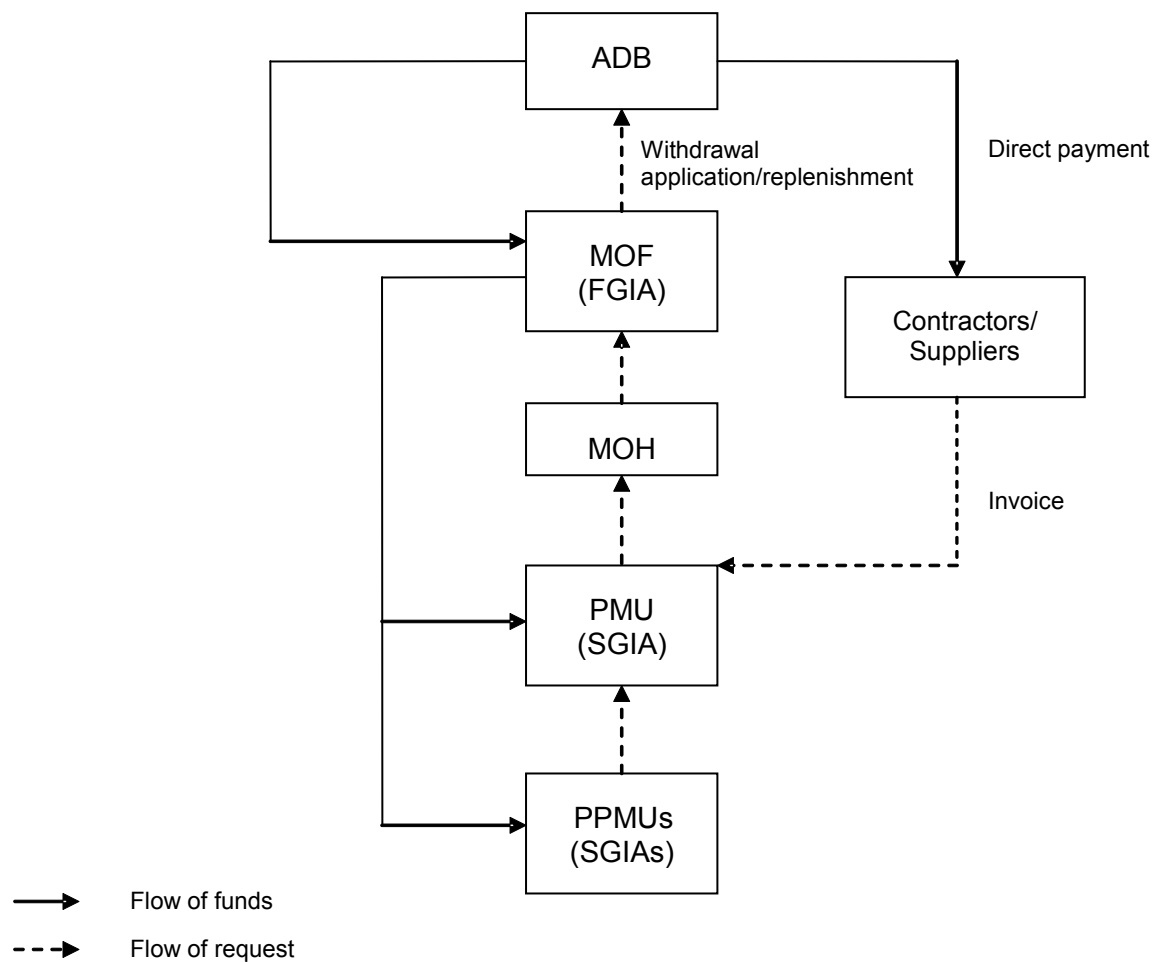


2. Viet Nam



I. Fund Flow Diagram

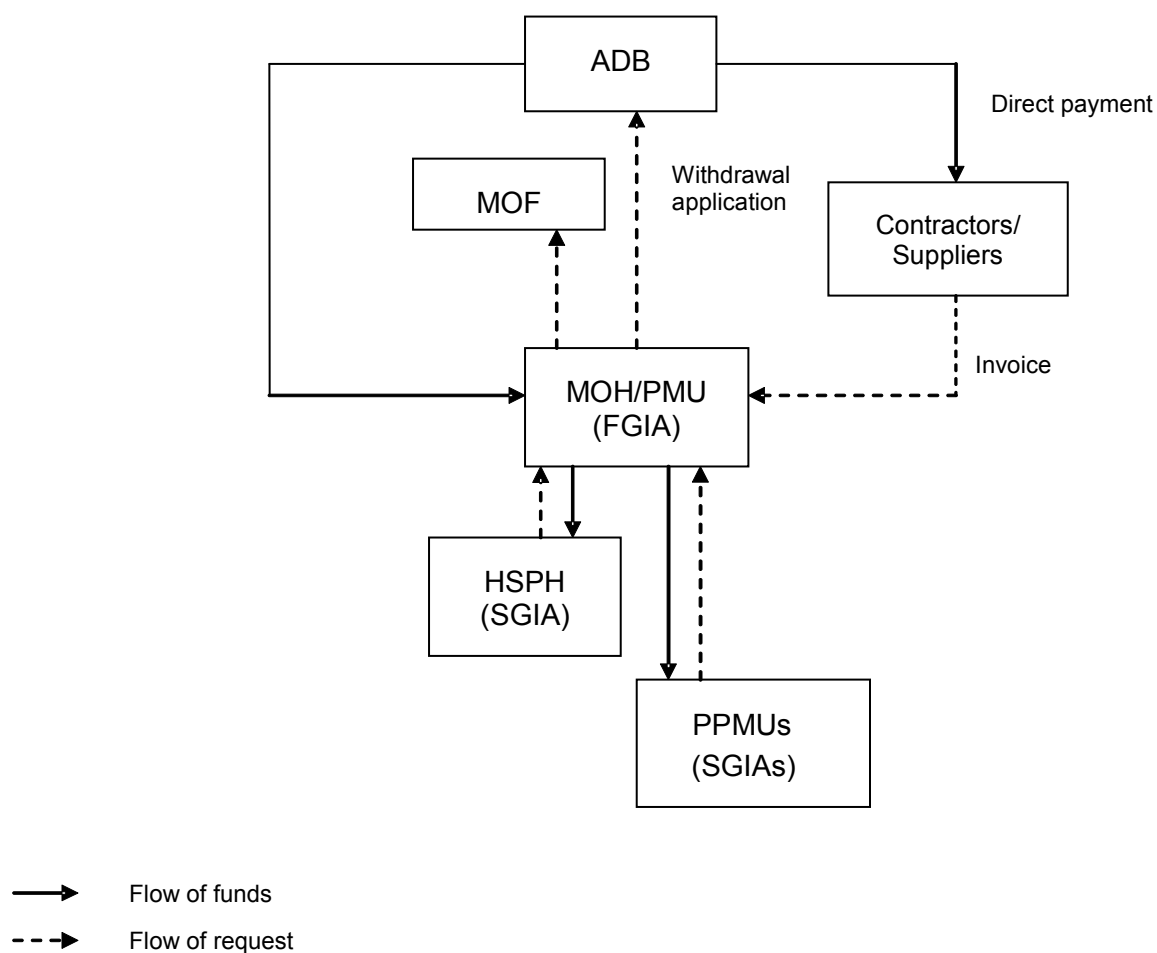
1. Lao PDR



ADB = Asian Development Bank, FGIA = first generation imprest account, MOF = Ministry of Finance, MOH = Ministry of Health, PMU = project management unit, PPMU = provincial project management unit, SGIA = second generation imprest account.

Source: Asian Development Bank.

2. Viet Nam



ADB = Asian Development Bank, FGIA = first generation imprest account, HSPH = Hanoi School of Public Health, MOF = Ministry of Finance, MOH = Ministry of Health, PMU = project management unit, SGIA = second generation imprest account.

Source: Asian Development Bank.

V. FINANCIAL MANAGEMENT

A. Financial Management Assessment

28. This Financial Management Assessment (FMA) has been prepared in accordance with ADB's *Guidelines for the Financial Management and Analysis of Projects*⁴ and the publication *Financial Due Diligence: A Methodology Note*.⁵ The FMA considers the ministries of health in the Lao PDR and Viet Nam as the executing agencies (EAs) for the proposed Greater Mekong Subregion (GMS) Capacity Building for HIV/AIDS Prevention Project. The FMA includes review of the accounting and reporting system, internal and external auditing arrangements, fund disbursement procedures, and information systems. The instrument used for the assessment was ADB's financial management assessment questionnaire.

29. Given that there are no previous issues regarding the use of imprest accounts, imprest *accounts will be established, and the reimbursement procedure for eligible expenditures will apply. Loan proceeds will be disbursed* in accordance with ADB procedures. Statement-of-expenditure (SOE) procedures will be used.

1. Lao PDR

30. Country public financial management (PFM) arrangements were assessed in June 2010 using the Public Expenditure Financial Accountability (PEFA) PFM Performance Measurement Framework. The Lao PDR has embarked to improve its public financial management system. With the support of the World Bank, ADB and other development partners are reforming budgeting, taxation (the introduction of value added tax), the function of the Treasury, financial reporting and accounting, public procurement and the functional allocation of resources at the provincial level. Every quarter, progress on all of the different actions that form part of the PFM is comprehensively reviewed by the PFM Implementing Committee to keep them on track. However, due to limited implementation capacities and capabilities, the complexities of reform measures, and difficulty in interagency and central-local coordination, the government agencies often appear to find it difficult to take the detailed follow-up actions to ensure that new legislation or Prime Ministerial decrees are implemented in the intended timetable. Some areas seem to lack a strong commitment to push for faster implementation of the reform. As a result, progress on some reform aspects has been slower than hoped. For example, it was only in the third quarter of 2009 that the operational manual, information recording system, and associated training originally foreseen for 2007 to underpin the improved legislation on public procurement started to be rolled out. In addition, value added tax, which was the subject of 2006 legislation, finally took effect in January 2010. Nevertheless, these various reform efforts—including the completion of the centralization of Treasury, tax, and customs and the progressive introduction of the improved government financial information system reporting system based on an improved chart of accounts from October 2009 represent very important progress.

31. The Project will adopt CDC2-PMU financial management system using appropriate accounting package that is capable of generating project reports for both external and internal use. In addition, new staff will be trained. The current Financial Management Manual of CDC2 will be updated to accommodate the accounting and financial reporting requirements of the Project.

⁴ ADB. 2005. *Financial Management and Analysis of Projects*. Refer page 14 of Knowledge Management Addendum for more information on the Financial Management Assessment.

⁵ ADB. 2009. *Financial Due Diligence: A Methodology Note*. Refer page 3 for more information on the Financial Management Assessment.

2. Viet Nam

32. The MOH through VAAC will be responsible for project budgeting and management. Annual work plans will be prepared. Project budgeting will follow Government of Viet Nam policies and procedures. Project plans and budget will be separately identified in the health budgets. A central PMU will be responsible for implementation of the proposed Project. VAAC and provincial AIDS center (PACs) will be required to adhere to sound financial management requirements during the implementation of the proposed Project. VAAC, supported by a financial management specialist and finance staff will be designated to maintain separate subproject records and accounts adequate to identify (i) goods and services financed from loan proceeds, (ii) financing resources received, (iii) expenditures incurred on the components of each subproject, and (iv) counterpart funds received and expended. VAAC will engage independent external auditors acceptable to ADB or a government auditor to audit the project accounts annually. VAAC will submit to ADB certified copies of audited annual project accounts as well as the auditor's report in English within 6 months of each financial year-end during implementation. VAAC has implemented 2 projects funded by ADB, hence, staffs who will be assigned to the project will be trained on ADB disbursement guidelines and procedures.

B. Disbursement

33. The loan and grant proceeds will be disbursed in accordance with ADB's Loan Disbursement Handbook (2007, as amended from time to time),⁶ and detailed arrangements agreed upon between the Government and ADB.

34. Pursuant to ADB's Safeguard Policy Statement (2009),⁷ ADB funds may not be applied to the activities described on the ADB Prohibited Investment Activities List set forth at Appendix 5 of the Safeguard Policy Statement. All financial institutions will ensure that their investments are in compliance with applicable national laws and regulations and will apply the prohibited investment activities list (Appendix 5) to subprojects financed by ADB.

35. The imprest account will be established, managed, replenished and liquidated in accordance with ADB's Loan Disbursement Handbook (2007, as amended from time to time) and the financial regulations of the Government. The account will be liquidated and replenished according to ADB's SOE procedures, based on withdrawal applications submitted to ADB from time to time.

36. The SOE procedures may be used to reimburse expenditures and liquidate the first generation imprest account (FGIA) for all individual payments not exceeding \$100,000 for each country. The FGIA will be flexibly replenished, on a monthly basis or more often if needed, to ensure liquidity of funds.

37. SOE records should be maintained and made readily available for review by ADB's disbursement and review mission or upon ADB's request for submission of supporting documents on a sampling basis, and for independent audit.

38. Before the submission of the first withdrawal application, MOH should submit to ADB sufficient evidence of the authority of the person(s) who will sign the withdrawal applications on behalf of the borrower, together with the authenticated specimen signatures of each authorized person which will be informed by SBV. The minimum value per withdrawal application is

⁶ Available at: http://www.adb.org/Documents/Handbooks/Loan_Disbursement/loan-disbursement-final.pdf

⁷ Available at: <http://www.adb.org/Documents/Policies/Safeguards/Safeguard-Policy-Statement-June2009.pdf>

US\$100,000, unless otherwise approved by ADB. MOH is to consolidate claims to meet this limit for reimbursement and imprest account claims. Withdrawal applications and supporting documents will demonstrate, among other things that the goods, and/or services were produced in or from ADB members, and are eligible for ADB financing.

39. In the Lao PDR, the Ministry of Finance (MOF) will open and manage the FGIA in US dollars in the Bank of Lao PDR, and PMU will manage a Second Generation Imprest Account (SGIA) in US dollars in a commercial bank acceptable to ADB. The eight provincial health departments (PPMUs) will also each maintain an SGIA in US dollars in commercial banks acceptable to ADB. The aggregated ceiling of imprest accounts will not exceed the estimated expenditures to be paid from the imprest accounts for the next 6 months of project implementation or 10% of the grant amount, whichever is lower. And the ceiling will be \$20,000 for the PMU's SGIA and each PPMU's SGIA. If the EA finds it necessary to increase the ceiling of the PMU's SGIA based on three months estimated expenditures, the ceiling shall be increased promptly upon request by the EA.

40. In Viet Nam, the MOH (VAAC) will open and manage the FGIA in US dollars, promptly after loan effectiveness, at a commercial bank selected and informed by the State Bank of Viet Nam and acceptable to ADB. The aggregated ceiling of the imprest accounts will not exceed the estimated expenditures to be paid from the imprest account for the next 6 months, or 10% of the loan amount, whichever is lower. The vast majority of the procurement and disbursement will be done by VAAC. The SGIA will have a ceiling not exceeding 6 months estimated expenditures, passed on from the FGIA. The HSPH and 15 provincial health departments (PPMUs) will each maintain an SGIA at commercial banks acceptable to ADB. The SGIA in dong will have a ceiling not exceeding 6 months estimated expenditures, passed on from the FGIA.

41. In both countries, the request for initial advance to the imprest account should be accompanied by an Estimate of Expenditure Sheet⁸ setting out the estimated expenditures for the first six (6) months of project implementation, and submission of evidence satisfactory to ADB that the imprest account has been duly opened. For every liquidation and replenishment request of the imprest account, the recipient will furnish to ADB (a) Statement of Account (Bank Statement) where the imprest account is maintained, and (b) the Imprest Account Reconciliation Statement reconciling the above mentioned bank statement against the EA's records.⁹

C. Accounting

42. The EAs and the IAs in each country will maintain separate project accounts and records by funding source for all expenditures incurred on the Project. Project accounts will follow international accounting principles and practices or those prescribed by the Government's accounting laws and regulations.

D. Auditing

43. Each MOH will cause the detailed consolidated project accounts to be audited in accordance with International Standards on Auditing and in accordance with the Government's audit regulations. The audited accounts will be submitted in the English language to ADB within 6 months after end of the fiscal year by the EA.¹⁰ The annual audit report will include a separate audit opinion on the use of the imprest accounts and the SOE procedures. Each Government

⁸ Available in Appendix 29 of the *Loan Disbursement Handbook*.

⁹ Follow the format provided in Appendix 30 of the *Loan Disbursement Handbook*.

¹⁰ The GOL request for extension to 9 months was endorsed by ADB.

and MOH have been made aware of ADB's policy on delayed submission, and the requirements for satisfactory and acceptable quality of the audited accounts. ADB reserves the right to verify the project's financial accounts to confirm that the share of ADB's financing is used in accordance with ADB's policies and procedures.

VI. PROCUREMENT AND CONSULTING SERVICES

A. Advance Actions

44. The EAs will take advance action to ensure project readiness and timely implementation (Appendix 1). The EAs will finalize the project implementation plan and the procurement plan. All advance actions will be undertaken in conformity with ADB Procurement Guidelines (2010, as amended from time to time)¹¹ and Guidelines on the Use of Consultants by ADB and its Borrowers (2010, as amended from time to time).¹² The issuance of invitations to bid under advance actions for procurement of goods will be subject to ADB approval. The EAs have been advised that approval of advance contracting does not commit ADB to finance the Project.

45. Advance procurement action will be undertaken to recruit key individual consultants needed to facilitate the startup of project implementation, including the establishment of PMUs. The consultants' recruitment process will begin after the fact-finding MOUs have been signed. Consultants' positions will be advertised in newspapers of national circulation, on ADB website, and on GMS CDC website. Consultant contracts will be signed after loan/grant effectiveness.

B. Procurement of Goods, Works and Consulting Services

46. All procurement of goods and works will be undertaken in accordance with ADB Procurement Guidelines (2010, as amended from time to time). The executing agencies will advertise all consulting opportunities through the Consultant Management System at www.adb.org. Respective EAs will obtain user login credentials from ADB.

47. National competitive bidding procedures will be used for supply contracts valued at less than \$500,000 for the Lao PDR, and at less than \$1,000,000 for Viet Nam. However, before the start of any procurement using such procedure, ADB and the Government will review the public procurement laws of the central and state governments to ensure consistency with ADB Procurement Guidelines (2010, as amended from time to time).

48. Vehicles will be procured from the United Nation's Office for Project Services (UNOPS) for the Lao PDR, and using ICB for Viet Nam.

49. An 18-month procurement plan indicating threshold and review procedures, goods, consulting service contract packages, and national competitive bidding guidelines is in Section C.

50. All consultants will be recruited according to Guidelines on the Use of Consultants by ADB and its Borrowers (2010, as amended from time to time).¹³ The terms of reference for all consulting services are detailed in Section D.

¹¹ Available at: <http://www.adb.org/Documents/Guidelines/Procurement/Guidelines-Procurement.pdf>

¹² Available at: <http://www.adb.org/Documents/Guidelines/Consulting/Guidelines-Consultants.pdf>

¹³ Checklists for actions required to contract consultants by method available in e-Handbook on Project implementation at: <http://www.adb.org/documents/handbooks/project-implementation/>

51. In the Lao PDR, the project will procure medical goods consisting of test kits, drugs, condoms and laboratory consumables. Procurement of these goods will be undertaken yearly over the five year implementation period given that such goods have expiration dates or limited shelf life. In Viet Nam, the project will procure medical laboratory equipment consisting of viral load analyzers, CD4 machines, basic health laboratory equipment, reagents, and mobile laboratory. The project will also procure support equipment such as computers and printers, audio-visual equipment, and office equipment. International competitive bidding procedures will be used for supply contracts valued more than \$500,000. Shopping method will be used for procurement of contracts of goods worth \$100,000 and below.

52. International individual consultants and national individual consultants will be engaged in both countries. Details of the type of consultant and their respective length of engagement are details in Sections C and D. Audit services firms in each country and an accounting firm in the Lao PDR will be engaged using the consultant's qualification selection method.

C. Procurement Plan

i. Lao PDR

Basic Data

Project Name: GMS Capacity Building for HIV/AIDS Prevention Project (Lao PDR, Viet Nam)	
Country: Lao People's Democratic Republic	Executing Agency: Ministry of Health
Grant Amount: \$5.0 million	Grant Number:
Grant Approval:	Date of this Procurement Plan:

A. Process Thresholds, Review and 18-Month Procurement Plan

1. Project Procurement Thresholds

53. Except as ADB may otherwise agree, the following process thresholds shall apply to procurement of goods and works.

Procurement of Goods and Works	
Method	Threshold
International Competitive Bidding for Goods	Above \$500,000
National Competitive Bidding for Goods	From \$100,001 to \$500,000
Shopping for Goods	\$100,000 and below

2. ADB Prior or Post Review

54. Except as ADB may otherwise agree, the following prior or post review requirements apply to the various procurement and consultant recruitment methods used for the project.

Procurement Method	Prior or Post	Comments
Procurement of Goods		
International Competitive Bidding	Prior	All contracts
National Competitive Bidding	Prior	All contracts
Shopping	Prior/Post	First contract subject to prior review; all other contracts subject to post review
Specialized Agency	Prior	
Recruitment of Consulting Firms		
Quality- and Cost-Based Selection (QCBS)	Prior	All contracts
Recruitment of Individual Consultants		
Individual Consultants	Prior	All contracts

3. Goods Contracts Estimated to Cost More Than \$1 Million

55. The following table lists goods contracts for which procurement activity is either ongoing or expected to commence within the next 18 months.

General Description	Contract Value	Procurement Method	Prequalification of Bidders (y/n)	Advertisement Date (quarter/year)	Comments
None					

4. Consulting Services Contracts Estimated to Cost More Than \$100,000

56. The following table lists consulting services contracts for which procurement activity is either ongoing or expected to commence within the next 18 months.

General Description	Contract Value	Recruitment Method	Advertisement Date (quarter/year)	Type of Assignment	Comments
Chief Technical Advisor	\$164,000	ICS	Q1/Year 1	International	To be recruited by PMU Advertised in ADB CSRN
Technical Advisory Services	\$120,000	QCBS	Q1/Year 1	International	Advance recruitment Advertised in ADB CSRN
Accounting Firm	\$114,000	QCBS (50:50)	Q1/Year 1	National	To be recruited by PMU Advertised in ADB CSRN

CQS = consultant qualification selection, ICS = individual consultant selection, PMU = project management unit, Q1 = quarter 1, QCBS = quality and cost-based selection.

5. Goods and Works Contracts Estimated to Cost Less than \$1 Million and Consulting Services Contracts Less than \$100,000

57. The following table groups smaller-value goods and consulting services contracts for which procurement activity is either ongoing or expected to commence within the next 18 months.

General Description	Value of Contracts (cumulative)	Number of Contracts	Procurement / Recruitment Method	Comments
A. Goods:				
1. HIV and syphilis test kits, laboratory consumables	\$96,020	1	Shopping	To be procured by Central PMU
2. STI drugs	\$30,000	1	Shopping	To be procured by Central PMU
3. Condoms	\$40,000	1	Procurement from Specialized Agencies	To be procured by Central PMU
4. Portable hard case	\$300	1	Shopping	Use the RFQG Form
5. Office equipment (desktop, laptop computers and audio-video, portable public address system)	\$73,000	1	Shopping	Use the RFQG Form
6. BCC materials	\$30,000	1	Shopping	Use the RFQG Form

General Description	Value of Contracts (cumulative)	Number of Contracts	Procurement / Recruitment Method	Comments
7. Office equipment (VCT rooms)	\$36,000	1	Shopping	Use the RFQG Form
8. Motorbikes, 100cc (35 units)	\$42,000	1	Shopping	Use the RFQG Form
9. Pick-ups and SUVs (10 units)	\$316,000	1	Procurement from Specialized Agencies	-
B. Consulting Services:				
B.1. Individual Consultants				
1. Gender Specialist	\$30,000	1	ICS/International	To be recruited by Central PMU Advertised in ADB CSRN
2. IT Specialist	\$28,000	1	ICS/National	To be recruited by Central PMU Advertised in ADB CSRN
3. Procurement Specialist	\$24,000	1	ICS/National	To be recruited by Central PMU Advertised in ADB CSRN
4. Project Manager/M&E Specialist	\$90,000	1	ICS/National	To be recruited by Central PMU Advertised in ADB CSRN
5. BCC Specialist	\$24,000	1	ICS/National	To be recruited by Central PMU Advertised in ADB CSRN
6. Gender/IP Specialist	\$18,000	1	ICS/National	To be recruited by Central PMU Advertised in ADB CSRN
C.2. Consulting Firm:				
1. Audit Firm	\$40,000	1	QCBS 50:50 /National	To be recruited by Central PMU Advertised in ADB CSRN

BCC = behavioral change communication, ICB = international competitive bidding, ICS = individual consultant selection, IT = information technology, M&E = monitoring and evaluation, QCBS = quality and cost-based selection, PMU = project management unit, RFQG = request for quotation for goods, STI = sexually transmitted infection, SUV = sports utility vehicle, UNOPS = United Nation's Office for Project Services.

Source: Asian Development Bank cost estimates.

B. Indicative List of Packages Required Under the Project

58. The following table provides an indicative list of all procurement (goods and consulting services) over the life of the project. Contracts financed by the Borrower and others should also be indicated, with an appropriate notation in the comments section.

General Description	Estimated Value (cumulative)	Estimated Number of Contracts	Procurement Method	Domestic Preference Applicable	Comments
Goods:					
Packages 1: HIV/STI test kits, and laboratory consumables	\$240,050	5 (1/year)	Shopping	NA	To be procured by central PMU
Package 2: STI drugs	\$75,000	5 (1/year)	Shopping	NA	To be procured by central PMU
Package 3: Condoms	\$100,000	5 (1/year)	Shopping	NA	To be procured by central PMU
Package 4: Portable hard case (3 units)	\$300	1	Shopping	NA	To be procured by central PMU
Package 5: Office equipment (desktop, laptop computers, audio-video, portable public address system)	\$73,000	1	Shopping	NA	To be procured by central PMU
Package 6: BCC materials	\$90,000	1	Shopping	NA	To be procured by central PMU
Package 7: Office Supplies	\$72,000	3	Shopping	NA	To be procured by central PMU
Package 8: Motorbikes, 100cc, (35 units)	\$42,000	1	Shopping	NA	To be procured by central PMU
Package 9: Vehicles: 10 pick-ups and 2 SUVs	\$316,000	1	Procurement from Specialized Agencies	NA	UNOPS
General Description	Estimated Value (cumulative)	Estimated Number of Contracts	Recruitment Method	Type of Proposal	Comments
Consulting Services:					
A. Individual Consultants					
1. Chief Technical Advisor	\$164,000	1	ICS/International	NA	By Central PMU
2. Gender Specialist	\$30,000	1	ICS/International	NA	By Central PMU
3. IT Specialist	\$28,000	1	ICS/National	NA	By Central PMU
4. Procurement Specialist	\$24,000	1	ICS/National	NA	By Central PMU
5. Project Manager/M&E Specialist	\$90,000	1	ICS/National		
6. BCC Specialist	\$24,000	1	ICS/National	NA	By Central PMU
7. Gender/IP Specialist	\$18,000	1	ICS/National	NA	By Central PMU
B. Consulting Firms					
1. Technical Advisory Services	\$120,000	1	QCBS/International	STP	By Central PMU
2. Audit Firm	\$40,000	1	QCBS 50:50 /National	STP	By Central PMU
3. Accounting Firm	\$114,000	1	QCBS 50:50 /National	STP	By Central PMU

BCC = behavioral change communication, IP = indigenous people, ICS = individual consultant selection, IT = information technology, M&E = monitoring and evaluation, QCBS = quality and cost-based selection, PMU = project management unit, STI = sexually transmitted infection, STP = simplified technical proposal, UNOPS = United Nation's Office for Project Services.

Source: Asian Development Bank cost estimates.

C. National Competitive Bidding

1. General

59. The procedures to be followed for national competitive bidding shall be those set forth for both “Public Bidding” in Prime Minister’s Decree No. 03/PM of the Lao People’s Democratic Republic, or ADB Procurement Guideline, effective 09 January 2004, and Implementing Rules and Regulations effective 12 March 2004, with the clarifications and modifications described in the following paragraphs required for compliance with the provisions of the ADB Procurement Guidelines (2010, as amended from time to time). Whenever any procedure in the national procurement laws is inconsistent with the ADB Procurement Guidelines (April 2010, and as amended from time to time), the ADB Guidelines shall prevail, amongst others on the following.

2. Application

60. Contract packages subject to national competitive bidding procedures will be those identified as such in the project Procurement Plan. Any changes to the mode of procurement from those provided in the Procurement Plan shall be made through updating of the Procurement Plan, and only with prior approval of ADB.

3. Eligibility

61. Bidders shall not be declared ineligible or prohibited from bidding on the basis of barring procedures or sanction lists, except individuals and firms sanctioned by ADB, without prior approval of ADB.

4. Advertising

62. Bidding of national competitive bidding contracts estimated at \$500,000 or more for goods and related services or \$1,000,000 or more for civil works shall be advertised on ADB’s website via the posting of the Procurement Plan.

5. Procurement Documents

63. The standard procurement documents provided with MOF, procurement monitoring office shall be used to the extent possible. The first draft English language version of the procurement documents shall be submitted for ADB review and approval, regardless of the estimated contract amount, in accordance with agreed review procedures (post and prior review). The ADB-approved procurement documents will then be used as a model for all procurement financed by ADB for the project, and need not be subjected to further review unless specified in the procurement plan.

6. Preferences

- (i) No preference of any kind shall be given to domestic bidders or for domestically manufactured goods.
- (ii) Suppliers and contractors shall not be required to purchase local goods or supplies or materials.

7. Rejection of all Bids and Rebidding

64. Bids shall not be rejected and new bids solicited without ADB's prior concurrence.

8. National Sanctions List

65. National sanctions lists may be applied only with prior approval of ADB.

9. Corruption Policy

66. A bidder declared ineligible by ADB, based on a determination by ADB that the bidder has engaged in corrupt, fraudulent, collusive, or coercive practices in competing for or in executing an ADB-financed contract shall be ineligible to be awarded ADB-financed contract during the period of time determined by ADB

10. Disclosure of Decisions on Contract Awards

67. At the same time that notification on award of contract is given to the successful bidder, the results of the bid evaluation shall be published in a local newspaper or well-known freely accessible website identifying the bid and lot numbers and providing information on (i) name of each Bidder who submitted a Bid, (ii) bid prices as read out at bid opening, (iii) name of bidders whose bids were rejected and the reasons for their rejection, (iv) name of the winning Bidder, and the price it offered, as well as the duration and summary scope of the contract awarded. The EA/IA shall respond in writing to unsuccessful bidders who seek explanations on the grounds on which their bids are not selected.

11. Member Country Restrictions

68. 16. Bidders must be nationals of member countries of ADB, and offered goods, works and services must be produced in and supplied from member countries of ADB.

D. Consultant's Terms of Reference

69. International individual consultants

Position and Minimum Required Qualification	Outline of Terms of Reference
Chief Technical Advisor, 9 person-months	
10 years of experience in public health. Hold a Master Degree in Public Health or Management. Excellent written and spoken English. Experience in ADB/WB procurement and M&E.	i) Develop project plans, timetable, and annual budget for implementation. ii) Select and prepare work plans with national TA consultants. iii) Facilitate capacity development in financial management to assist in meeting ADB requirements. iv) Establish systems for results measurements, including the development of indicators, monitoring and evaluation systems. v) Work with national procurement consultant to establish processes, develop procurement plans and documentation in line with ADB requirements. vi) Assist with mid-term and final project evaluations.
Gender/Indigenous People Specialist: 2 person-months	
Degree in Social Science. 7 years of	i) Identify and collect data on gender and HIV and health data generally for training.

Position and Minimum Required Qualification	Outline of Terms of Reference
experience in gender analysis and indigenous people research	<ul style="list-style-type: none"> ii) Formulate evidence-based training, for mainstreaming gender into the project activities. iii) Supervise national gender consultant and design activity of work and performance indicators. iv) Participate in the design, implementation and analysis of the baseline survey. v) Advise on best practice in incorporating gender considerations in project implementation and subsequent monitoring and evaluation. vi) Ability to work closely with CDC2 project specialist.

ADB = Asian Development Bank, CDC2 = Second Greater Mekong Subregion Regional Communicable Diseases Control, M&E = monitoring and evaluation, TA = technical assistance, WB = World Bank.

70. National individual consultants

Position and Minimum Required Qualification	Outline of Terms of Reference
Project Manager/M&E Specialist, 60 person-months	
Master of Public Health. 7 years of experience in similar projects. Understanding of regional knowledge management and fluent in English. Experience in M&E on donor funded projects	<ul style="list-style-type: none"> i) Daily management of the project activities. ii) Prepare a detailed plan, timetable, and annual budget for project implementation. iii) Establish operating procedures for all project activities, procurement, disbursement, reporting and monitoring. iv) Supervise and monitor the activities of consultants. v) With the CTA, design and implement activities and result monitoring system including, the performance reporting system for the Project. vi) Ensure that the monitoring system of the project does not duplicate existing monitoring systems. vii) Review of existing data sources to gain details of activity levels in risk groups and assist with mapping exercise to identify locations of persons at-risk. viii) Compile the indicators of the design and monitoring framework and produce an analysis of the results in a single 3 monthly report. ix) Compile final report of project results.
Procurement Specialist: 24 person-months	
Bachelor Degree in Accounting, Logistics or relevant discipline. At least 5 years experiences in donor procurement practices. Spoken and written skills in English.	<ul style="list-style-type: none"> i) Prepare procurement plans for goods and consulting services. ii) Procure goods following ADB procedures. iii) Train staff on procedures required for purchasing of minor goods and services. iv) Assist in preparing CHAS, MOH and PPMU AOPs and project AOP.
Gender/IP specialist: 12 person-months	
Degree in Social Science. 3 years of experience in research including gender analysis, preferably with donor funded projects.	<ul style="list-style-type: none"> i) Work under the supervision of the international Gender / IP consultant ii) Formulate evidence-based training, in local language, for mainstreaming gender into the project activities. iii) Conduct workshops on mainstreaming gender for master trainers. iv) Provide oversight for implementation and analysis of the Baseline Survey v) Work closely with CDC2 project social specialist

Position and Minimum Required Qualification	Outline of Terms of Reference
IT specialist: 14 person-months	
Degree in IT. At least 5 years of experience, with knowledge of database and web application development. Proficient in spoken and written English.	<ul style="list-style-type: none"> i) Develop the database for the baseline data and the performance reporting system for the Project ii) Post HIV-related content on Regional CDC website iii) Ensure that results are shared with partners
BCC specialist: 15 person-months	
Masters in health education or equivalent with at least 5 years of experience in BCC for the health sector	<ul style="list-style-type: none"> i) Prepare an action plan for conducting a situation analysis and for developing the BCC strategy, ii) Undertake situational analysis to map target populations, risk behaviors and identify key gaps in current response iii) Based on the results of the situation analysis, design an appropriate BCC strategy for migrant, ethnic groups and mobile populations iv) Develop or adapt BCC materials (audio and print) for migrant, mobile and ethnic groups in implementation area) v) Train CHAS and provincial staff and support them in the implementation of the BCC vi) Assist in message dissemination strategies vii) Quality assurance for print media, website and mass media

AOP = annual operation plan, BCC = behavioral change communication, CHAS = Center for HIV/AIDS/STI, CTA = chief technical advisor, IP = indigenous people, IT = information technology, M&E = monitoring and evaluation, MOH = Ministry of Health, PPMU = provincial project management unit.

Source: Asian Development Bank.

71. National Consulting Firms

International Technical Services (\$144,000)	
Provide personnel with Masters in health education, BCC, education or equivalent with at least 10 years of experience in region. Local language maybe an asset and experience working with HIV communities' essential.	Provide technical services in fields such as: <ul style="list-style-type: none"> i) Capacity development for quality and accessible services to people vulnerable to HIV transmission ii) Developing quality assurance materials and tools including client satisfaction surveys for service delivery iii) Reviewing and adapt existing peer education and life skill curricula iv) Operating procedures for comprehensive prevention services
National Audit Firm (\$40,000)	
Experience in Laos with donor funded projects. Sound knowledge of financial management software and international accounting management practices	<ul style="list-style-type: none"> i) Conduct project inspections at CPMU, provincial, and district levels ii) Review financial management documentation iii) Assess adequacy of the financial reporting iv) Evaluate whether disbursements made are in accordance with purpose v) Note financial related issues and indicate causes and remedies vi) Prepare audit report

Accounting Firm (\$114,000) pm	
Experience in Laos with donor funded projects. Sound Knowledge of financial management software and international accounting management practices	<p>The team will consist of a senior accountant supervisor (part-time), A chief accountant (full-time), and an accountant (full-time). The scope includes:</p> <ul style="list-style-type: none"> i) Assess accounting practices and requirements in the sector. ii) Ensure full compliance of the firm with government and ADB accounting practices and standards iii) Develop project Financial Management Procedure Manual iv) Develop project computerized accounting system v) Update the accounts system for the project including the data base vi) Establish internal control procedures vii) Provide 2 weeks in-service training for PMU and PIU staff viii) Conduct monthly supervision and support of accounts staff or more as needed ix) Monitor and record all financial transactions x) Prepare disbursement, replenishment and report xi) Prepare documentation for annual financial report and project external audit xii) Check the quality of bookkeeping of PMU and PIU and make improvements necessary

ADB = Asian Development Bank, BCC = behavioral change communication, CPMU = central project management unit, PIU = project implementation unit, PMU = project management unit..
Source: Asian Development Bank.

i. Viet Nam

Basic Data

Project Name: GMS Capacity Building for HIV/AIDS Prevention Project (Lao PDR, Viet Nam)	
Country: Socialist Republic of Vietnam	Executing Agency: Ministry of Health
Loan Amount: \$15.0 million	Loan Number:
Loan approval date:	Date of this Procurement Plan:

A. Process Thresholds, Review and 18-Month Procurement Plan

Project Procurement Thresholds

72. Except as the ADB may otherwise agree, the following process thresholds shall apply to procurement of goods and works.

Procurement of Goods	
Method	Threshold
International Competitive Bidding for Goods	Above \$1,000,000
National Competitive Bidding for Goods	From \$100,001 to \$1,000,000
Shopping for Goods	\$100,000 and below

6. ADB Prior or Post Review

73. Except as ADB may otherwise agree, the following prior or post review requirements apply to the various procurement and consultant recruitment methods used for the project.

Procurement Method	Prior or Post	Comments
Procurement of Goods		
International Competitive Bidding	Prior	All contracts
National Competitive Bidding	Prior and Post	First contract subject to prior review; all other contracts

Procurement Method	Prior or Post	Comments
Shopping	Prior and Post	subject to post review First contract subject to prior review; all other contracts subject to post review
Recruitment of Consulting Firms		
Consultants Qualifications Selection	Prior	All contracts
Recruitment of Individual Consultants		
Individual Consultants	Prior	All contracts

7. Goods Contracts Estimated to Cost More Than \$1 Million

74. The following table lists goods contracts for which procurement activity is either ongoing or expected to commence within the next 18 months.

General Description	Contract Value	Procurement Method	Prequalification of Bidders (Y/N)	Advertisement Date (quarter/year)	Comments
Confirmation laboratory equipment	\$1,370,925	ICB	No	Q2/Year 1	by PMU
District laboratory equipment	\$3,289,200	ICB	No	Q2/Year 1	by PMU
High technology laboratory equipment	\$1,194,000	ICB	No	Q3/Year 1	by PMU
Mobile laboratory equipment (15)	\$1,200,000	ICB	No	Q2/Year 1	by PMU

ICB = international competitive bidding, PMU = project management unit, Q2 = quarter 2.

Source: Asian Development Bank cost estimates.

8. Consulting Services Contracts Estimated to Cost More Than \$100,000

75. The following table lists consulting services contracts for which procurement activity is either ongoing or expected to commence within the next 18 months.

General Description	Contract Value	Recruitment Method	Advertisement Date (quarter/year)	International or National Assignment	Comments
A. Individual					
none					

9. Goods Contracts Estimated to Cost Less than \$1 Million and Consulting Services Contracts Less than \$100,000

76. The following table groups smaller-value goods and consulting services contracts for which procurement activity is either ongoing or expected to commence within the next 18 months.

General Description	Value of Contracts (cumulative)	Number of Contracts	Procurement/ Recruitment Method	Comments
A. Goods				
Office equipment and photocopy machines	\$19,400	1	Shopping	Using RFQG Form; by PMU
Computers and printers	\$308,800	1	NCB	Using NCB documents; to be procured by PMU

General Description	Value of Contracts (cumulative)	Number of Contracts	Procurement/ Recruitment Method	Comments
80 motorcycles, 125cc (with specimen container)	\$128,000	1	NCB	Using NCB documents; to be procured by PMU
Information kit	\$60,000	1	Shopping	Using RFQG Form; by PMU
9 SUVs	\$441,000	1	ICB	
Audio-visual equipment	\$404,000	1	NCB	Using NCB documents; to be procured by PMU
B. Consulting Services:				
B.1. Individual:				
Chief Technical Advisor	\$45,000	1	ICS/International	To be recruited by PMU
Project Coordinator	\$90,000	1	ICS/National	To be recruited by PMU
Training Coordinator	\$60,000	1	ICS/National	To be recruited by PMU
Procurement Specialist	\$63,000	1	ICS/National	To be recruited by PMU
Accountant	\$90,000	1	ICS/National	To be recruited by PMU
M&E Officer	\$42,000	1	ICS/National	To be recruited by PMU
Social Development/ Gender Specialist	\$10,000	1	ICS/National	To be recruited by PMU
Project Assistant	\$36,000	1	ICS/National	To be recruited by PMU
B.2. Consulting Firm:				
Project M&E (baseline and endline surveys and midterm report)	\$140,000	1, 2 or 3	QCBS80:20/ National	To be recruited by the PMU
Design and production of BCC tools and audio-visual materials	\$50,000	1	QCBS80:20/ National	To be recruited by PMU
Development of guidelines, training materials and information kits for VHWs	\$15,800	1	QCBS80:20/ National	To be recruited by PMU
Update the regional coordination mechanism website	\$10,000	1	QCBS80:20 /National	To be recruited by PMU
Annual audit services	\$75,000	1	QCBS50:50/ National	To be recruited by PMU

BCC = behavioral change communication, ICS = individual consultant selection, M&E = monitoring and evaluation, NCB = national competitive bidding, PMU = project management unit, QCBS = quality and cost-based selection, RFQG = request for quotation for goods, VHW = village health worker.

Source: Asian Development Bank cost estimates.

B. Indicative List of Packages Required Under the Project

77. The following table provides an indicative list of all procurement (goods and consulting services) over the life of the project.

General Description	Estimated Value (cumulative)	Estimated Number of Contracts	Procurement Method	Domestic Preference Applicable	Comments
Goods:					
Package 1: Office equipment and furniture	\$19,400	1	Shopping	NA	To be procured by PMU
Package 2: Computers and printers	\$308,800	1	NCB	NA	To be procured by PMU
Package 3: 80 Motorcycles with specimen container, 125cc	\$128,000	1	NCB	NA	To be procured by PMU
Package 4:	\$3,289,200	1	ICB	NA	To be procured

General Description	Estimated Value (cumulative)	Estimated Number of Contracts	Procurement Method	Domestic Preference Applicable	Comments
District laboratory equipment					by PMU
Package 5: High technology laboratory equipment	\$1,194,000	1	ICB	NA	To be procured by PMU
Package 6: Confirmation laboratory equipment	\$1,370,925	1	ICB	NA	To be procured by PMU
Package 7: Mobile laboratories (15)	\$1,200,000	1	ICB	NA	To be procured by PMU
Package 8: Vehicles (9 SUVs)	\$441,000	1	ICB	NA	To be procured by PMU
Package 9: Audio-visual equipment	\$404,000	1	NCB	NA	To be procured by PMU
Consulting Services:					
A. Individual:					
Chief Technical Adviser	\$45,000	1	ICS/International	NA	By PMU
Project Coordinator	\$90,000	1	ICS/National	NA	By PMU
Training Coordinator	\$60,000	1	ICS/National	NA	By PMU
M&E Specialist	\$42,000	1	ICS/National	NA	By PMU
Social Development/ Gender Specialist	\$10,000	1	ICS/National	NA	By PMU
Accountant	\$90,000	1	ICS/National	NA	By PMU
Procurement Specialist	\$63,000	1	ICS/National	NA	By PMU
Project Assistant	\$36,000	1	ICS/National	NA	By PMU
B. Consulting Firm					
Project M&E (Baseline & Endline Surveys and MTR Report)	\$140,000	1, 2 or 3	ICS/National	NA	By PMU

General Description	Estimated Value (cumulative)	Estimated Number of Contracts	Recruitment Method	Type of Proposal	Comments
Development of guidelines, training materials and information kits for VHVs	\$15,800	1	QCBS80:20/ National	STP	By PMU
Update the Regional Coordination Mechanism website	\$10,000	1	QCBS80:20/ National	STP	By PMU
Annual audit services	\$75,000	1	QCBS50:50/ National	STP	By PMU

BCC = behavioral change communication, ICB = international competitive bidding, ICS = individual consultant selection, M&E = monitoring and evaluation, NCB = national competitive bidding, PMU = project management unit,

QCBS = quality and cost-based selection, STP = simplified technical proposal, UNOPS = United Nation's Office for Project Services, VHW = village health worker.

Source: Asian Development Bank cost estimates.

C. National Competitive Bidding

1. General

78. The laws to be followed for national competitive bidding are set forth in (i) the Law on Procurement No. 61/2005/QH11 of 29 November 2005, (ii) the Construction Law no. 16/2003/QH11 of 26 November 2003, (iii) the Amendment Law No. 38/2009/QH12 of 19 June 2009 amending and supplementing key articles of the above-mentioned two laws, and (iv) the processes described in Decree No. 85/2009/ND-CP of 15 October 2009 on "Guiding Implementation of Procurement Law and Selection of Construction Contractors under the Construction Law". Whenever any procedure in the national procurement laws is inconsistent with the ADB Procurement Guidelines (April 2010, and as amended from time to time), the ADB Guidelines shall prevail, amongst others on the following.

2. Registration

- (i) Bidding shall not be restricted to pre-registered firms and such registration shall not be a condition for participation in the bidding process.
- (ii) Where registration is required prior to award of contract, bidders: (i) shall be allowed a reasonable time to complete the registration process; and (ii) shall not be denied registration for reasons unrelated to their capability and resources to successfully perform the contract, which shall be verified through post-qualification.
- (iii) Foreign bidders shall not be required to register as a condition for submitting bids.
- (iv) Bidder's qualification shall be verified through pre- or post-qualification process.

3. Eligibility

- (i) National sanction lists may only be applied with approval of ADB¹⁴.
- (ii) A firm declared ineligible by ADB cannot participate in bidding for an ADB financed contract during the period of time determined by ADB.
- (iii) A firm which has been engaged by the borrower to provide consulting services for the preparation or implementation of a project, and any of its affiliates, shall be disqualified from subsequently providing goods, works, or services, resulting from or directly related to the firm's consulting services for such preparation or implementation.

¹⁴ Section 52 of the Integrity Principles and Guidelines allows ADB to sanction parties who fail to meet ADB's high ethical standards based on the decisions of third parties, such a decision can only be made by the Integrity Oversight Committee on the basis of ADB's own independent examination of the evidence. As such, the process should follow the normal assessment and investigative processes prescribed by the Integrity Principles and Guidelines. <http://www.adb.org/Documents/Guidelines/Integrity-Guidelines-Procedures/integrity-guidelines-procedures-2006.pdf>

4. Prequalification and Post qualification

- (i) Post qualification shall be used unless prequalification is explicitly provided for in the loan agreement/procurement plan. Irrespective of whether post qualification or prequalification is used, eligible bidders (both national and foreign) shall be allowed to participate.
- (ii) In the event where pre-qualification is used, interested firms shall be given no less than 42 days to prepare their pre-qualification submission.
- (iii) When pre-qualification is required, the evaluation methodology shall be based on pass/fail criteria relating to the firm's experience, technical and financial capacities.
- (iv) Qualification criteria shall be clearly specified in the bidding documents, and all criteria so specified, and only criteria so specified, shall be used to determine whether a bidder is qualified. The evaluation of the bidder's qualifications should be conducted separately from the technical and commercial evaluation of the bid.
- (v) In carrying out the post-qualification assessment, the Employer/Purchaser shall exercise reasonable judgment in requesting, in writing, from a bidder missing factual or historical supporting information related to the bidder's qualifications and shall provide reasonable time period (a minimum of 7 days) to the bidder to provide response.

5. Preferences

- (i) No preference of any kind shall be given to domestic bidders or for domestically manufactured goods.
- (ii) Regulations issued by a sectoral ministry, provincial regulations and local regulations which restrict national competitive bidding procedures to a class of contractors or a class of suppliers shall not be applicable.
- (iii) Foreign bidders shall be eligible to participate in bidding under the same conditions as local bidders, and local bidders shall be given no preference (either in bidding process or in bid evaluation) over foreign bidders, nor shall bidders located in the same province or city as the procuring entity be given any such preference over bidders located outside that city or province

6. Advertising

- (i) Invitations to bid (or prequalify, where prequalification is used) shall be advertised in Government Public Procurement Bulletin. In addition, the procuring agency should publish the advertisement in at least one widely circulated national daily newspaper or freely accessible, nationally-known website allowing a minimum of twenty-eight (28) days for the preparation and submission of bids and allowing potential bidders to purchase bidding documents up to at least twenty-four (24) hours prior the deadline for the submission of bids. Bidding of NCB contracts estimated at \$500,000 or more for goods and related services or

\$1,000,000 or more for civil works shall be advertised on ADB's website via the posting of the Procurement Plan.

- (ii) Bidding documents shall be made available by mail, or in person, to all who are willing to pay the required fee, if any.
- (iii) The fee for the bidding documents should be reasonable and consist only of the cost of printing (or photocopying) the documents and their delivery to the bidder. (Currently set at 1 Million VND, increase subject to approval of ADB)

7. Standard bidding documents

- (i) The Borrower's standard bidding documents, acceptable to ADB, shall be used. The bidding documents shall provide clear instructions on how bids should be submitted, how prices should be offered, and the place and time for submission and opening of bids.
- (ii) Bidders shall be allowed to submit bids by hand or by mail/courier.

8. Bid Opening

- (i) All bids received after the deadline for submission indicated in the bidding documents will be rejected.
- (ii) All bids received before the bid submission deadline shall be opened except those with proper notice of withdrawal.
- (iii) A copy of the bid opening record shall be promptly provided to all bidders who submitted bids.

9. Bid Evaluation

- (i) Merit points shall not be used in bid evaluation.
- (ii) Bidders shall not be eliminated from detailed evaluation on the basis of minor, non-substantial deviations.¹⁵
- (iii) Except with the prior approval of ADB, no negotiations shall take place with any bidder prior to the award, even when all bids exceed the cost estimates.
- (iv) A bidder shall not be required, as a condition for award of contract, to undertake obligations not specified in the bidding documents or otherwise to modify the bid as originally submitted.
- (v) Bids shall not be rejected on account of arithmetic corrections of any amount. However, if the Bidder that submitted the lowest evaluated bid does not accept the arithmetical corrections made by the evaluating committee during the

¹⁵ Minor, non-substantial deviation is one that, if accepted, would not affect in any substantial way the scope, quality, or performance specified in the contract; or limit in any substantial way, the Contracting entity rights or the Bidder's obligations under the proposed contract or if rectified, would not unfairly affect the competitive position of other bidders presenting substantially responsive bids.

evaluation stage, its bid shall be disqualified and its bid security shall be forfeited.

10. Rejection of All Bids and Rebidding

- (i) No bid shall be rejected on the basis of a comparison with the owner's estimate or budget ceiling without the ADB's prior concurrence.
- (ii) Bids shall not be rejected and new bids solicited without the ADB's prior concurrence.

11. Participation by Government-owned enterprises

79. Government-owned enterprises shall be eligible to participate as bidders only if they can establish that they are legally and financially autonomous, operate under Enterprise law and are not a dependent agency the contracting entity. Furthermore, they will be subject to the same bid and performance security requirements as other bidders.

12. Non-eligibility of military or security units

80. Military or security units, or enterprises which belong to the Ministry of Defense or the Ministry of Public Security, shall not be permitted to bid.

13. Participation by Foreign contractors and suppliers. Joint Ventures and Associations

- (i) Foreign suppliers and contractors from eligible countries shall, if they are interested, be allowed to participate without being required to associate or form joint ventures with local suppliers or contractors, or to subcontract part of their contract to a local bidder.
- (ii) A bidder declared the lowest evaluated responsive bidder shall not be required to form a joint venture or to sub-contract part of the supply of goods as a condition of award of the contract.
- (iii) License for foreign contractors operation in Vietnam would be provided in a timely manner and will not be arbitrarily withheld.

14. Publication of the Award of Contract. Debriefing.

- (i) For contracts subject to prior review, within 2 weeks of receiving ADB's "No-objection" to the recommendation of contract award, the borrower shall publish in the Government Public Procurement Bulletin, or well-known and freely-accessible website the results of the bid evaluation, identifying the bid and lot numbers, and providing information on: i) name of each bidder who submitted a bid; ii) bid prices as read out at bid opening; iii) name and evaluated prices of each bid that was evaluated; iv) name of bidders whose bids were rejected and the reasons for their rejection; and v) name of the winning bidder, and the price it offered, as well as the duration and summary scope of the contract awarded.
- (ii) For contracts subject to post review, the procuring entity shall publish the bid evaluation results no later than the date of contract award.

- (iii) In the publication of the bid evaluation results, the borrower shall specify that any bidder who wishes to ascertain the grounds on which its bid was not selected, should request an explanation from the procuring entity. The procuring entity shall promptly provide an explanation of why such bid was not selected, either in writing and/or in a debriefing meeting, at the option of the borrower. The requesting bidder shall bear all the costs of attending such as debriefing. In this discussion, only the bidder's bid can be discussed and not the bids of competitors.

15. Handling of Complaints

81. The national competitive bidding documents shall contain provisions acceptable to ADB describing the handling of complaints in accordance with Chapter X of Decree No. 85/2009/ND-CP, read with Articles 72 and 73 of the Law on Procurement No. 61/2005/QH11.

16. ADB Member Country Restrictions

82. Bidders must be nationals of member countries of ADB, and offered goods, works, and services must be produced in and supplied from member countries of ADB.

17. Fraud and Corruption

83. ADB will sanction a party or its successor, including declaring ineligible, either indefinitely or for a stated period of time, to participate in ADB-financed activities if it at any time determines that the firm has, directly or through an agent, engaged in corrupt, fraudulent, collusive, or coercive practices in competing for, or in executing, an ADB-financed contract.

18. Right to Inspect/Audit

84. Each bidding document and contract financed from by ADB shall include a provision requiring bidders, suppliers, contractors to permit ADB or its representative to inspect their accounts and records relating to the bid submission and contract performance of the contract and to have them audited by auditors appointed by ADB.

E. Consultant's Terms of Reference

85. International individual consultants

Position and Minimum Required Qualification	Outline of Terms of Reference
Chief Technical Advisor (CTA), 3 pm	
10 years of experience in public health. Hold a Master Degree in Public Health or Management. Excellent written and spoken English. Experience in ADB/WB procurement and M&E.	(i) Develop project plans, timetable, and annual budget for implementation. (ii) Select, and prepare work plans with national TA consultants. (iii) Facilitate capacity development in financial management to assist in meeting ADB requirements (iv) Establish systems for results measurements - including the development of indicators, monitoring and evaluation systems (v) Work with national procurement consultant to establish processes, develop procurement plans and documentation in line with ADB requirements (vi) Assist with mid-term and final project evaluations

ADB = Asian Development Bank, TA = technical assistance.

Source: Asian Development Bank.

86. National individual consultants.

Position and Minimum Required Qualification	Outline of Terms of Reference
Project Coordinator, 60 pm	
Master of Public Health. 7 years of experience in similar projects. Understanding of regional knowledge management and fluent in English.	<ul style="list-style-type: none"> (i) Daily management of the project activities (ii) Prepare a detailed plan, timetable, and annual budget for project implementation (iii) Help VAAC, HSPH and PACs prepare AOPs, timetables, and budgets for project implementation (iv) Establish operating procedures for all project activities, procurement, disbursement, reporting and monitoring (v) Supervise and monitor the activities of consultants (vi) Network with partners for sharing data, news, announcements (vii) Prepare regional knowledge products and arrange regional workshops, meetings and seminars (viii) Perform secretariat function for the regional steering committee
Accountant, 60 pm	
Graduate qualifications (Accounting), and at least 5 years of experience in donor funded projects. Sound English language skills (both written and spoken). Knowledge of financial management software.	<p>Under the direction of the project coordinator:</p> <ul style="list-style-type: none"> (i) Prepare annual budget plan for the project and monitor the expenditure using ADB and Government formats (ii) Ensure withdrawal applications are prepared and submitted to relevant agencies. (iii) Conduct timely financial reporting and dissemination to relevant stakeholders. (iv) Provide training to VAAC, HSPH and PAC accounting staff in ADB process and provide regular supervision. (v) Facilitate internal and external audits through recovery of documentation, location of assets and communication with implementing units.
Procurement Specialist: 42 pm	
Bachelor Degree in Accounting, Logistics or relevant discipline. At least 5 years experiences in donor procurement practices. Spoken and written skills in English.	<ul style="list-style-type: none"> (i) Prepare procurement plans for goods and consulting services (ii) Procure goods following ADB procedures (iii) Train PAC staff on procedures required for purchasing of minor goods and services (iv) Assist in preparing VAAC, HSPS and PAC AOPs and project AOP (v) Assist VAAC to plan and manage a robust inspection and monitoring activity to ensure independent verification of goods delivery, conformity to specifications in quality and quantity, distribution to specified locations; and follow-up verifications over 5 years to verify the condition and use of equipment.
M&E specialist: 60 pm	
Degree in social sciences. At least 5 years of experience in M&E on donor funded projects and database management. Proficient in spoken and written English.	<p>Under the direction of the project coordinator:</p> <ul style="list-style-type: none"> (i) With the CTA, design and implement activities and result monitoring system including the performance reporting system for the Project (ii) With PMU specialist develop a database systems to assist in the management and monitoring of training programs (iii) Establish baseline indicators based on the national and provincial data (iv) Ensure that the monitoring system of the project does not duplicate existing monitoring systems (v) Review of existing data sources to gain details of activity levels in risk groups and assist with mapping exercise to identify locations of persons at-risk (vi) Compile the indicators of the DMF and produce an analysis of the results in quarterly reports.

Position and Minimum Required Qualification	Outline of Terms of Reference
	(vii) Prepare reports for the mid-term review; compile final report of project results
Social Development specialist: 10 pm	
Degree in Social Science. 3 years of experience in research including gender analysis, preferably with donor funded projects.	(i) Identify and collect data on gender and HIV and health data generally for training (ii) Formulate evidence-based training, in Vietnamese, for mainstreaming gender into the project activities. (iii) Conduct workshops on mainstreaming gender for HSPH and other master trainers. (iv) Assist in the design, implementation and analysis of the Baseline Survey (v) Advise on best practice in incorporating gender considerations in project implementation and subsequent monitoring and evaluation.
Training coordinator: 60 pm	
Degree in Public Health, Education, Social Sciences, or other relevant field. At least 5 years of experience education, preferably in the health sector. Good spoken and written skills in English.	Tasks include (i) Identify key materials and experts to assist with ADB process training of VAAC, PAC and other implementing units (ii) Work with HSPH to develop training modules for district and provincial level training associated with harm reduction, BCC, PMTCT, treatment, care and STI (iii) Assist HSPH and provincial secondary medical schools to develop VHW materials to improve HIV prevention and treatment amongst high risk groups, migrants and ethnic groups at commune levels. (iv) Assist HSPH and provincial medical schools to develop regular needs-based training courses for commune-level health staff to improve quality of HIV care and HIV risk-related behavior for prevention of disease prevention.

ADB = Asian Development Bank, AOP = annual operational plan, BCC = behavioral change communication, CTA = chief technical advisor, DMF = design and monitoring framework, HSPH = Hanoi School of Public Health, PAC = provincial AIDS center, PMTCT = preventing mother to child transmission, STI = sexually transmitted infection, VAAC = Viet Nam Authority for HIV/AIDS Control
 Source: Asian Development Bank.

87. National Consulting Firms.

National Audit Firm (lump sum)	
Experience in Viet Nam with donor funded projects. Sound Knowledge of financial management software and international accounting management practices	(i) Conduct project inspections at CPMU, provincial, and district levels (ii) Review financial management documentation (iii) Assess adequacy of the financial reporting (iv) Evaluate whether disbursements made are in accordance with purpose (v) Note financial-related issues and indicate causes and remedies (vi) Prepare audit report
Survey (lump sum)	
Experience in Viet Nam with donor funded projects. Sound Knowledge of research methodology, survey techniques and relevant experience in public health research.	(i) Identify key indicators to be included in the survey, disaggregated by gender and ethnic group. (ii) Design, obtain ethical approval, and pilot questionnaires (iii) Document proposed methodology for VACC and ADB approval (iv) Develop database based on approved indicators (v) Prepare surveyors and supervisors manual and corresponding training (vi) Conduct baseline, mid-term and endline surveys, undertake analysis and compile survey reports

	(vii) Prepare survey reports (viii) Submit final reports and datasets.
BCC firm or specialist: (lump sum)	
Provide personnel with Masters in health education or equivalent with at least 10 years of experience in BCC for the health sector	<ul style="list-style-type: none"> (i) Prepare an action plan for conducting a situation analysis and for developing the BCC strategy, (ii) Undertake situational analysis to map target populations, risk behaviors and identify key gaps in current response (iii) Based on the results of the situation analysis, design an appropriate BCC strategy for migrant, ethnic groups and mobile populations (iv) Develop or adapt BCC materials (audio and print) for migrant, mobile and ethnic groups in implementation area) (v) Train HSPH, VAAC and PAC and support them in the implementation of the BCC (vi) Assist in message dissemination strategies (vii) Quality assurance for print media, website and mass media

Source: Asian Development Bank.

VII. SAFEGUARDS

88. **Ethnic Groups.** The project includes a significant proportion of ethnic groups amongst its beneficiaries in the targeted provinces, who are among some of the poorest and most marginalized households in both the Lao PDR and Viet Nam. The ethnic group settlements are often situated in remote areas and have comparatively less access to basic services. Traditional practices which allow sexual freedom and multiple sexual partners; an increase in trafficking of girls from Viet Nam to China and from the Lao PDR to China and Thailand; increased movement of ethnic groups across borders, heroine importation routes, drug hot spots for minority ethnic youth and increasing alcohol dependence in certain highland provinces (in Vietnam) coupled with low awareness of HIV/AIDS, low condom use and high prevalence of STIs are increasing the vulnerability of ethnic groups to HIV infection in both the countries. The Ethnic Group Plan ensures analyses of ethnic peoples' needs and their participation and access to benefits of the project. The key features of the Plan include (i) consultation with ethnic groups on the development of provincial HIV/AIDS response plans; (ii) mapping of risk behaviours and KAP of ethnic groups by gender and age; (iii) integration of ethnicity issues and needs into all training and BCC materials developed for service providers and ethnic populations; (iv) a target of 100 % participation of provincial/ district/ village level ethnic health staff in the various trainings provided by the project; (v) for Lo PDR: a target 50% of peer educators supporting an ethnic community to be from the same group; (vi) for Vietnam: a target of 20% of candidates selected for long term training to be from ethnic groups; and (vii) monitoring of the proportion of ethnic people accessing services relative to the total population of the ethnic community and data reported by sex, age and ethnicity as well as type of services accessed. The Project is classified as category B.

VIII. GENDER AND SOCIAL DIMENSIONS

89. **Gender and Development.** The key gender impacts of the project include: (i) an assessment of the specific factors increasing the vulnerability of high risk groups amongst women and girls to HIV infection in both the Lao PDR and Viet Nam, especially female sex workers, ethnic women and migrant women at border points; (ii) an inclusive and participatory approach to developing context specific local HIV/AIDS interventions; (iii) increased awareness of health staff of the key gender issues related to female high risk groups and enhanced capacity at the provincial and district levels to provide STI management, VCT and HIV

information services; (iv) increased knowledge amongst female sex workers, female migrants and ethnic women on HIV transmission and means of prevention and (v) an increase in the number of at risk females tested for HIV infection. The Gender Action Plans for both countries ensure that: (i) the vulnerability mapping and knowledge, attitude and practices surveys integrate gender issues and report sex disaggregated data; (ii) gender sensitive provincial HIV/AIDS response plans are developed; (iii) gender issues related to high risk groups are integrated into all the ToT, training and BCC materials developed/ adapted for the various service providers and target beneficiaries; (iv) gender preferences related to media, outreach activities, timeframe, etc, integrated in BCC strategies/ plans; (v) 100% women managers are trained on planning and management tools; (vi) 50% of provincial and district staff trained on STI management, VCT and on improved service delivery by the project are female; (vii) mobile clinic services are provided in sites with high concentration of female sex workers, migrant women as well as for remote ethnic populations; (viii) all quality assurance tools and M&E integrate gender issues, indicators and assess gender sensitive service delivery and monitor the number of women accessing VCT and STI services; (ix) training and outcome targets for women are used in project activities; (x) the targeted provinces include specific gender-related activities in their respective provincial annual operation plans and budgets; (xi) a social/gender development specialist is recruited with terms of reference that include responsibility for integrating gender issues across project activities; (xii) provisions for addressing gender issues are included in all guidelines, terms of reference, strategies and plans developed under the project; and (xiii) all monitoring and evaluation data is disaggregated by sex.

1. Consolidated Gender Action Plan

Project Outputs	Actions
Output 1: Strengthened planning and management capacity at national, provincial and district levels	<ul style="list-style-type: none"> ▪ Gender issues related to service delivery, capacity of service providers and target populations are integrated into provincial and district response plans and appropriate budgets allocated. ▪ Gender indicators are integrated in all planning and management tools. ▪ All HIV/AIDS response plans use sex-disaggregated data for planning and M&E. ▪ 100% women managers trained on planning and management tools. ▪ Lao PDR: 50% women participants in regional study tour/ exchange visits and Public health and law enforcement conference in Melbourne(AUSAID funded activity). ▪ Viet Nam: Ensure a quota of 50% women in all short and long term courses and to access scholarships. ▪ Viet Nam: Ensure 50% staff at CPMU and PPMU are women.
Output 2: Enhanced capacity to provide quality and accessible services to people vulnerable to HIV transmission	<ul style="list-style-type: none"> ▪ Training needs assessment of health staff to include an assessment of their knowledge of the key gender issues related to high risk groups. ▪ Integrate gender issues related to high risk groups into the entire TOT, training and communication materials developed/ adapted for the various service providers. ▪ Ensure that 50 % of those trained by the project are female. ▪ Ensure facilities are adequately staffed to provide efficient and quick services as many women and families travel from far flung areas for HIV treatment. ▪ All quality assurance tools and M&E to integrate gender issues, indicators and assess gender sensitive service delivery. ▪ Identify and assess vulnerability of female drug users, IDUs and design

Project Outputs	Actions
	<p>appropriate interventions.</p> <ul style="list-style-type: none"> ▪ Ensure health staff at the various levels (provincial, district, mobile clinics) in the priority locations is trained to meet the range of medical needs of high risk groups – STI treatment, VCT, reproductive health and treatment for drug (amphetamine) abuse. ▪ 50% increase in the number of women tested for HIV in target district clusters. ▪ Lao PDR: Ensure the development of national guidelines and SOPs address gender and age specific needs and behavioral factors associated with transmission amongst high risk groups as well as the social contexts which can support or hinder prevention efforts. ▪ Lao PDR: In “hotspot” mapping, prioritize construction sites with high concentration of female migrant workers (incl. FSWs), to provide mobile clinics for syndromic STI management, VCT and HIV information. ▪ Lao PDR: Pilot in one province: feedback mechanism/exit survey for male and female clients who have received HIV, STI and VCT services through mobile clinics to determine quality of care. ▪ Viet Nam: Ensure mobile clinics for remote ethnic populations and border areas – these provide VCT, STI syndromic management, condoms, needles and syringes. ▪ Viet Nam: Ensure 20% of laboratory technicians trained to use the various equipment provided by the project are women.
<p>Output 3: Improved access to HIV prevention outreach among target populations in communities and cross-border areas</p>	<ul style="list-style-type: none"> ▪ Ensure mapping and analyses of gender, age and ethnicity specific vulnerability of high risk groups (FSW, female migrants, ethnic women). ▪ Ensure assessment of KAP of high risk groups present findings disaggregated by sex, age and ethnicity and separate consultations are held with men and women. ▪ Develop gender sensitive/ adapt existing IEC/BCC and peer education materials in appropriate language for ethnic women, which promote gender responsive behavior, break down gender stereotypes and reduce stigma associated with HIV/STI. ▪ Viet Nam: Develop a strategy for reaching MSM and male IDUs based on their specific vulnerabilities. ▪ Gender preferences related to media, outreach activities, timeframe, etc, integrated in BCC strategies/ plans. ▪ Ensure 60% of those ethnic communities reached by project BCC are female. ▪ 80% of FSWs, female migrants and ethnic women reached by the project, can articulate correct information on HIV transmission and means of prevention. ▪ Lao PDR: Ensure 100% peer educators are from the same peer group and are the same sex as the target beneficiaries. ▪ Lao PDR: Ensure capacity development for all peer educators, mobile clinic and district level outreach staff includes, refresher training, mentoring and supervision and that they address the changing needs and contexts of FSWs and ethnic women. ▪ Viet Nam: Ensure that 100% female village health workers are trained on the BCC materials. ▪ Viet Nam: Ensure that 100% female district health department staff in relevant positions are trained to carry out BCC activities for mobile

Project Outputs	Actions
	populations at border areas.
Output 4: Effective and sustainable regional collaboration to strengthen HIV response established	<ul style="list-style-type: none"> ▪ Regional workshops on priority issues and capacity gaps integrate gender issues. ▪ Ensure participation of women staff at the joint planning workshops. ▪ Regional knowledge database reports on sex disaggregated data ▪ All joint studies integrate gender issues and report sex disaggregated data

BCC= behavioral change communication, CPMU = central project management unit, PPMU= provincial project management unit, FSW= female sex workers, IDU= injecting drug users, KAP= knowledge, attitudes and practices, STI = sexually-transmitted Infection, ToT = training of trainers, VCT= voluntary counseling and testing.

Source: Asian Development Bank

90. **Implementation arrangements:** Overall responsibility for the implementation of the gender action plan will rest with CHAS and VAAC, in the Lao PDR and Vietnam respectively. In the Lao PDR, an International and a national Gender Specialist will be recruited to provide technical assistance to CHAS. A Gender focal will be appointed under each PCCA. The Gender Specialist in CHAS at the national level will coordinate with the various units at the national and provincial levels to provide technical guidance on gender to support the implementation of the GAP as well as coordinate with the SUBCAW unit under the Ministry of Health. Gender training will be provided to all PMU and CHAS staff. In Vietnam, a Gender Specialist will be recruited to provide technical assistance to VAAC. The Gender Specialist will also provide guidance to PAC and district health department staff to implement the gender action plan. In both countries, gender training will be provided to all project staff. The project M&E framework will include M&E for GAP. All PMU reports submitted to the ADB will report progress against GAP.

2. Gender Action Plan - Lao PDR

Project Outputs	Actions
Output 1: Strengthened planning and management capacity at national, provincial and district levels	<ul style="list-style-type: none"> ▪ Gender issues related to service delivery, capacity of service providers and target populations are integrated into provincial and district response plans and appropriate budgets allocated. ▪ Gender indicators are integrated in all planning and management tools. ▪ All HIV/AIDS response plans use sex-disaggregated data for planning and M&E. ▪ All sentinel surveillance collects, analyses and reports on sex disaggregated data. ▪ 100% women managers trained on planning and management tools (at present, only 3 women – Bokeo, Savanakheth and Attapeu).
Output 2: Enhanced capacity to provide quality and accessible services to people vulnerable to HIV transmission	<ul style="list-style-type: none"> ▪ Ensure the development of national guidelines and standard operating procedures address gender and age specific needs and behavioral factors associated with transmission amongst high risk groups as well as the social contexts which can support or hinder prevention efforts. ▪ Training needs assessment of health staff to include an assessment of their knowledge of the key gender issues related to high risk groups. ▪ Ensure that the review of all HIV related training programs and curricula includes a gender audit of the materials. ▪ Integrate gender issues related to high risk groups into all the ToT, training and communication materials developed/ adapted for the various service providers. ▪ Ensure that 50 % of those trained by the project are female. ▪ Ensure facilities are adequately staffed to provide efficient and quick services as many women and families travel from far flung areas for HIV treatment. ▪ Pilot in one province: feedback mechanism/exit survey for male and female clients who have received HIV, STI and VCT services through mobile clinics to determine quality of care. ▪ All quality assurance tools and M&E to integrate gender issues, indicators and assess gender sensitive service delivery. ▪ Ensure health staff at the various levels (provincial, district, mobile clinics) in the priority locations is trained to meet the range of medical needs of FSWs – STI treatment, VCT, reproductive health and treatment for drug (amphetamine) abuse. ▪ Monitor # of FSWs reached with STI/HIV prevention services (centre based and mobile clinics). ▪ In “hotspot” mapping, prioritize construction sites with high concentration of female migrant workers (incl. FSWs), to provide mobile clinics for syndromic STI management, VCT and HIV information. ▪ Ensure 80% migrant workers in these locations are reached with mobile clinics. ▪ Undertake advocacy with private pharmacies to refer customers with recurrent infections to provincial hospitals and report to PCCA. ▪ Ensure that 80% of FSWs, female migrants and ethnic women reached through project report easy access to condoms and correct use of male condoms. ▪ Identify and assess vulnerability of female drug users, IDUs and design appropriate interventions.
Output 3: Improved access to HIV prevention outreach among target	<ul style="list-style-type: none"> ▪ Ensure mapping and analyses of gender, age and ethnicity specific vulnerability of high risk groups (FSW, female migrants, ethnic women). ▪ Ensure training of district officials in participatory mapping processes include

Project Outputs	Actions
populations in communities and cross-border areas	<p>module on gender.</p> <ul style="list-style-type: none"> ▪ Ensure assessment of KAP of high risk groups present findings disaggregated by sex, age and ethnicity and separate consultations are held with men and women. ▪ Develop gender sensitive/ adapt existing IEC/BCC and peer education materials in appropriate language for ethnic women, which promote gender responsive behavior, break down gender stereotypes and reduce stigma associated with HIV/STI. ▪ Gender preferences related to media, outreach activities, timeframe, etc, integrated in BCC strategies/ plans. ▪ Ensure 60% of those ethnic communities reached by project BCC are female. ▪ Ensure 100% peer educators are from the same peer group and are the same sex as the target beneficiaries. ▪ Ensure that peer education materials for FSWs are gender and age appropriate and focus on life skills and counseling needs of FSW (many of whom are underage – need not only information on condoms but age appropriate counseling and life skills to make informed choices and negotiate condom use with their clients and intimate partners). ▪ Develop strategy to reach highly mobile and freelance FSWs (those not connected to entertainment establishments). ▪ Ensure capacity development for all peer educators, mobile clinic and district level outreach staff includes, refresher training, mentoring and supervision and that they address the changing needs and contexts of FSWs and ethnic women. ▪ Ensure BCC materials target intimate partners of FSWs, ethnic men with high risk behavior and ethnic women on HIV transmission, use of condoms and safe sex practices. ▪ 80% of FSWs, female migrants and ethnic women reached by the project, can articulate correct information on HIV transmission and means of prevention.
Output 4: Effective and sustainable regional collaboration to strengthen HIV response established	<ul style="list-style-type: none"> ▪ Regional workshops on priority issues and capacity gaps integrate gender issues. ▪ X% staff at joint planning workshops are women. ▪ Regional knowledge database reports on sex disaggregated data. ▪ All joint studies integrate gender issues and report sex disaggregated data.

BCC = behavioral change communication, FSW = female sex worker, IDU = injecting drug user, KAP= knowledge, attitudes and practices, M&E = monitoring and evaluation, PCCA = provincial committee for the control of AIDS, STI = sexually-transmitted infection, ToT = training of trainers, VCT = voluntary counseling and testing.

Source: Asian Development Bank.

91. **Implementation arrangements:** Overall responsibility for the implementation of the gender action plan will rest with CHAS. An International Gender Specialist will be recruited to provide technical assistance to CHAS. A national support officer for gender to be recruited to support the work of the International Gender Specialist. A Gender focal will be appointed under each PCCA. The Gender Specialist in CHAS at the national level will coordinate with the various units at the national and provincial levels to provide technical guidance on gender to support the implementation of the GAP as well as coordinate with the SUBCAW unit under the Ministry of Health. Gender training will be provided to all PMU and CHAS staff. The project M&E framework will include M&E for GAP. All PMU reports submitted to ADB will report progress against GAP.

3. Gender Action Plan - Viet Nam

Project Outputs	Actions
Output 1: Strengthened planning and management capacity at national, provincial and district level	<ul style="list-style-type: none"> ▪ Ensure that the assessment of HIV/AIDS program related to human resources and capacity development needs provides: <ul style="list-style-type: none"> - sex disaggregated data on current staff at the central, provincial and district levels. - integrates gender analyses and identifies the issues and needs of female staff at the various levels related to recruitment, retention, benefits/incentives and capacity development needs. ▪ Ensure that the capacity building plan integrates the above findings from the gender analyses. ▪ Ensure a quota of 50% women in all short and long term courses and to access scholarships. ▪ Ensure that gender indicators are integrated into the HIV/AIDS M&E system, planning and M&E tools. ▪ Ensure that all training materials for M&E staff include modules on gender analyses and M&E. ▪ Gender issues related to service delivery, capacity of service providers and target populations are integrated into provincial and district response plans and appropriate budgets allocated. ▪ All HIV/AIDS response plans use sex-disaggregated data for planning, M&E and reporting. ▪ 100% women managers at central, provincial and district levels are trained on planning and management tools. ▪ 50% staff at CPMU and PPMU are women. ▪ All staff at the CPMU and PPMU provided training on gender issues related HIV/AIDS vulnerabilities of the target populations/districts.
Output 2: Enhanced capacity to provide quality and accessible services to people vulnerable to HIV transmission	<ul style="list-style-type: none"> ▪ Training needs assessment of all provincial and district health staff to include an assessment of their knowledge of the key gender issues related to ethnicity, gender and age. ▪ Ensure that the review of all HIV related training programs and curricula includes a gender audit of the materials. ▪ Integrate gender issues related to ethnic and high risk groups into all the ToT, training materials developed/ adapted for the various service providers. ▪ Ensure that 50 % of those trained by the project (both TOT and provincial level staff) are female. ▪ Ensure OPC and VCT facilities at provincial and district hospitals are adequately staffed to provide efficient and quick services to women and their families. ▪ Ensure health staff at the various levels (provincial, district) in the priority locations is trained to meet the range of medical needs of high risk groups – STI treatment, VCT, reproductive health, treatment for drug (amphetamine) abuse and violence. ▪ Ensure mobile clinics for remote ethnic populations and border areas – these provide VCT, STI syndromic management, condoms, needles and syringes. ▪ % increase in the number of women tested for HIV in target district clusters.

Project Outputs	Actions
	<ul style="list-style-type: none"> ▪ Ensure 20% of laboratory technicians trained to use the various equipment provided by the project are women. ▪ Develop a strategy for reaching female high risk groups amongst the ethnic populations (female IDUs and female sex workers who are also IDUs).
Output 3: Improved access to HIV prevention outreach among target populations in communities and cross-border areas	<ul style="list-style-type: none"> ▪ Ensure mapping and analyses of gender and age specific vulnerability and KAP of target ethnic populations in the 15 project provinces. ▪ Ensure that the assessment presents findings disaggregated by sex, age and ethnicity and separate consultations are held with men and women. ▪ Adapt existing or develop gender sensitive BCC materials in appropriate language for ethnic women (incl. FSWs and IDUs) and migrant women at the border areas, which promote safe sex practices, gender responsive behavior and reduce stigma associated with HIV/STI. ▪ Viet Nam: Develop a strategy for reaching MSM and male IDUs based on their specific vulnerabilities. ▪ Ensure that 100% female village health workers are trained on the BCC materials. ▪ Ensure that 100% female district health department staff in relevant positions are trained to carry out BCC activities for mobile populations at border areas. ▪ Ensure capacity development for all the health workers and district health department staff includes, refresher training, mentoring and supervision and that they address the changing needs and contexts ethnic and migrant women. ▪ Ensure 60% of those ethnic communities reached by project BCC are female. ▪ 80% of, female ethnic women reached by the project, can articulate correct information on HIV transmission and means of prevention. ▪ Ensure M&E framework for output 3 includes gender indicators and reports sex disaggregated data.
Output 4: Effective and sustainable regional collaboration to strengthen HIV response established	<ul style="list-style-type: none"> ▪ Regional workshops on priority issues and capacity gaps integrate gender issues. ▪ Ensure participation of women staff at the joint planning workshops. ▪ Regional knowledge database reports on sex disaggregated data. ▪ All joint studies integrate gender issues and report sex disaggregated data.

BCC = behavioral change communication, CPMU = central project management unit, FSW = female sex worker, IDU = injecting drug user, KAP= knowledge, attitudes and practices, M&E = monitoring and evaluation, PCCA = provincial committee for the control of AIDS, PPMU = provincial project management unit, STI = sexually-transmitted infection, TOT = training of trainers, VCT = voluntary counseling and testing.

Source: Asian Development Bank.

92. Implementation arrangements: Overall responsibility for the implementation of the gender action plan will rest with VAAC. A Gender Specialist will be recruited to provide technical assistance to VAAC. The Gender Specialist will also provide guidance to PAC and district health department staff to implement the gender action plan. Gender training will be provided to all project staff. The project M&E framework will include M&E for GAP. All PMU reports submitted to the ADB will report progress against GAP.

IX. PERFORMANCE MONITORING, EVALUATION, REPORTING AND COMMUNICATION

A. Project Design and Monitoring Framework

1. Regional

Design Summary	Performance Targets and Indicators with Baselines	Data Sources and Reporting Mechanisms	Assumptions and Risks
Impact Contributed to achieving and sustaining MDG 6a target on HIV/AIDS in the Lao PDR and Viet Nam	By 2023: HIV prevalence in the adult population remains below 1% in the Lao PDR and 0.26% in Viet Nam By 2023: HIV prevalence remains stable in the adult population in each targeted province in the Lao PDR and Viet Nam ^a	In the Lao PDR: integrated biological and behavioral survey of CHAS In Viet Nam: estimation and projection package and surveillance data	Assumption Prevention and control of HIV/AIDS still remains the priority of the Governments of the Lao PDR and Viet Nam Risks Increasing risk factors result in increased HIV transmission Enhanced surveillance capacity exposes higher prevalence
Outcome Increased coverage and quality of services for targeted populations	Use of HIV/AIDS services (VCT, PMTCT, ART) and community prevention services among targeted groups increased by 50% (disaggregated by sex) in targeted provinces between 2013 and 2018 ^a 80% of targeted populations (including FSWs and ethnic women) reached by the project can articulate correct information on HIV transmission and means of prevention by 2018 ^a	Routine monitoring reports at health facilities Baseline and endline surveys	Assumption Targeted groups accept services Risks Quality and targeting of capacity building is insufficient to meet needs Government contributions are not provided in time or are not effective
Outputs: Strengthened planning and management capacity at national, provincial, and district levels	Gender-sensitive HIV plans are fully integrated into provincial AOPs in the Lao PDR and Viet Nam by 2018 Routine sex-disaggregated monitoring data are used for annual work plan in all target provinces and districts in the Lao PDR Proportion of provincial and district health managers having completed management training increases from 20% in 2013 to 60% in 2018, including 100% of female managers and staff from ethnic groups in Viet Nam Performance of provincial and district managers increases to 80% of minimum standards (disaggregated by sex) in Viet Nam by 2018	Provincial AOPs Project implementation and monitoring reports Training participation records Baseline survey of core competency skills	Assumptions Managers have the ability, interest, and time to participate in training Trained staff remain in government public health system Risk Increase in demand for staff for other activities
Enhanced capacity to provide quality and accessible	All health facilities in target districts providing HIV services (VCT, ART, PMTCT) by 2018 as per provincial plan in Viet Nam	Project implementation and monitoring reports and provincial AOPs	Assumptions All target provinces receive adequate supply of HIV test-kits and other prevention

Design Summary	Performance Targets and Indicators with Baselines	Data Sources and Reporting Mechanisms	Assumptions and Risks
services to people vulnerable to HIV transmission	<p>Number of clients (disaggregated by sex) served by mobile clinics increased by an average of 10% each year in the Lao PDR</p> <p>50% of all staff trained are female in the Lao PDR and Viet Nam by 2018</p> <p>Proportion of male, female and ethnic minority staff who meet core competency standards at work in Viet Nam increased to 80% by 2018</p> <p>Quality assessment score measured by quality assurance tools improved by 25% in the Lao PDR and Viet Nam by 2018</p>	<p>Baseline survey of core competency skills for preventive and care services</p> <p>Baseline survey and project evaluation report</p> <p>Baseline survey of core competency skills for preventive and care services</p> <p>Project assessment report</p>	<p>commodities through the national program or other donor programs.</p> <p>Enabling policies and sustained financing for HIV response by the government</p> <p>Risk High turnover of trained staff</p>
Improved access to HIV prevention outreach among target populations in communities and cross-border areas.	<p>At least 600 peer educators trained for community outreach in the Lao PDR by 2015 (50% of those trained are female)</p> <p>Proportion of target ethnic village populations attending at least 4 BCC sessions increased to 80% (at least 60% reached are female) in the Lao PDR and Viet Nam by 2018</p> <p>Use of condoms among target population increased by 30% in Viet Nam by 2018</p>	<p>Training reports</p> <p>Field survey report</p> <p>Field survey report</p>	<p>Assumptions Enabling policies and sustained financing for BCC</p> <p>Adequate supplies and prevention commodities from national programs and/or donors</p> <p>Risks Target groups are highly mobile and cannot be reached repeatedly</p> <p>Insufficient numbers of female and ethnic minority people employed as VHWS</p>
Effective and sustainable regional collaboration to strengthen HIV response established	<p>MOU outlining mechanism for regional collaboration, joint activities and sustainable financing is signed between the Lao PDR and Viet Nam by 2013</p> <p>A joint strategy for regional cooperation developed for 2 countries by 2013</p> <p>Cross-border collaborative gender sensitive activities for migrant and mobile populations piloted in 3 sites by 2014</p> <p>Cross-border activities are incorporated into 100% of provincial AOPs by 2018</p>	<p>Signed partnership agreement for regional cooperation</p> <p>Reports of regional steering committee meetings</p> <p>Project implementation reports</p> <p>Provincial AOPs</p>	<p>Assumptions Ministry of Health in each country gives sufficient attention to regional collaboration</p> <p>Mutual motivation in provinces to conduct cross-border cooperation activities</p> <p>Risks Insufficient ability of relevant authorities at all levels to achieve common goals</p> <p>Lack of human and financial resources for cross-border activities</p>
Activities with Milestones			Inputs
<p>1. Strengthened planning and management capacity at national, provincial, and district levels</p> <p>1.1. Review progress of national HIV strategy and develop integrated joint workplans in the Lao PDR in 2013–2014</p> <p>1.2. Evaluate and update national law and policy on HIV/AIDS in the Lao PDR 2013–2014</p> <p>1.3. Conduct a capacity-needs assessment of HIV/AIDS program system in Viet Nam by 2013</p> <p>1.4. Develop a capacity-building plan and organize training courses in Viet Nam by 2013</p>			<p>ADB: \$20.0 million</p> <p>ADF loan \$15.0 million; ADF grant \$5.0 million</p>

Activities with Milestones	Inputs																						
1.5. Support the capacity of national and provincial partners to manage and implement integrated HIV plans in 2013–2017 1.6. Conduct an assessment of M&E system and provide training for M&E staff 2013–2014 1.7. Implement M&E activities at project sites in Viet Nam in 2013–2017 1.8. Project management, monitoring and implementation in 2013–2017																							
2. Enhanced capacity to provide quality and accessible services to people vulnerable to HIV transmission 2.1 Review existing services and capacity development needs for delivery of HIV/AIDS prevention, care and treatment in Viet Nam in 2013–2014 2.2 Conduct need assessments and develop a capacity building plan in Viet Nam in 2013–2014 2.3 Provide ToT and training for provincial staff on supervision, VCT, PMTCT, treatment and BCC supervision in Viet Nam in 2014–2016 2.4 Provide medical equipment for testing and ART monitoring in Viet Nam in 2014–2016 2.5 Develop and update national guidelines and standard operating procedures for comprehensive HIV services in the Lao PDR and Viet Nam in 2013–2014 2.6 Provide clinical training for STI diagnostics and treatment in the Lao PDR in 2014–2015 2.7 Provide capacity-building support to provincial and district health clinics in 2014–2015 2.8 Implement pilot mobile clinics in selected locations in the Lao PDR in 2013–2014 2.9 Provide diagnostic and medical equipment at provincial and district level in Viet Nam by 2014 2.10 Develop quality assurance and monitoring systems in the Lao PDR by 2013	<table> <tr> <th>Item</th><th>Amount (\$ million)</th></tr> <tr><td>Equipment</td><td>8.75</td></tr> <tr><td>Vehicles</td><td>0.93</td></tr> <tr><td>Training</td><td>2.70</td></tr> <tr><td>Survey, studies, and workshops</td><td>1.78</td></tr> <tr><td>Community development</td><td>1.36</td></tr> <tr><td>International consultants</td><td>0.36</td></tr> <tr><td>National consultants</td><td>0.95</td></tr> <tr><td>Project management</td><td>0.76</td></tr> <tr><td>Measuring implementation (Viet Nam)</td><td>0.51</td></tr> <tr><td>Contingencies</td><td>1.90</td></tr> </table> <p>Government: \$1.90 million (taxes, duties and recurrent costs)</p>	Item	Amount (\$ million)	Equipment	8.75	Vehicles	0.93	Training	2.70	Survey, studies, and workshops	1.78	Community development	1.36	International consultants	0.36	National consultants	0.95	Project management	0.76	Measuring implementation (Viet Nam)	0.51	Contingencies	1.90
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3. Improved access to HIV prevention outreach among target populations in communities and cross-border areas 3.1 Provide training in planning and implementing BCC activities at district level by 2013 3.2 Develop appropriate BCC models for the vulnerable groups in remote communities and at the border crossing points in the Lao PDR by 2013 3.3 Scale up the 100% condom program in all priority districts in the target provinces in the Lao PDR in 2013–2017 3.4 Conduct community BCC activities in the Lao PDR and Viet Nam in 2013–2017 3.5 Assist health staff to provide outreach services and improve referral system in the Lao PDR in 2013–2017 3.6 Scale up the VHW network to expand community-based outreach programs in Viet Nam in 2013–2017 3.7 Provide technical supervision, monitoring and implementation support in 2013–2017	<p>Technical Assistance: \$1.0 million (Cooperation Fund for Fighting HIV/AIDS in Asia and the Pacific)</p> <table> <tr> <th>Item</th><th>Amount (\$ million)</th></tr> <tr><td>Consultants</td><td>0.48</td></tr> <tr><td>Pilot activities</td><td>0.30</td></tr> <tr><td>Workshops, training, and conference</td><td>0.08</td></tr> <tr><td>Studies and surveys</td><td>0.07</td></tr> <tr><td>Reports and communications</td><td>0.03</td></tr> <tr><td>Miscellaneous administration and support costs</td><td>0.02</td></tr> <tr><td>Contingencies</td><td>0.02</td></tr> </table>	Item	Amount (\$ million)	Consultants	0.48	Pilot activities	0.30	Workshops, training, and conference	0.08	Studies and surveys	0.07	Reports and communications	0.03	Miscellaneous administration and support costs	0.02	Contingencies	0.02						
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4. Effective and sustainable regional collaboration to strengthen HIV response established 4.1 Develop and sign an MOU for a coordinating mechanism for HIV control by 2013 4.2 Develop a joint strategy for regional cooperation by 2013 4.3 Organize cross-border meetings and conferences in 2013–2017 4.4 Develop pilot interventions in the border areas of the two countries for joint outreach and service provisions for migrant and mobile populations in 2013–2014 4.5 Conduct cross-border pilot activities for migrant and mobile populations in three sites in 2014–2017 4.6 Support regional knowledge management in 2013–2017																							

ADB = Asian Development Bank, ADF = Asian Development Fund, AOP = annual operational plan, ART = antiretroviral treatment, BCC = behavior change communication, CHAS = Center for HIV/AIDS and STIs, Lao PDR = Lao People's Democratic Republic, MDG = Millennium Development Goal, M&E = monitoring and evaluation, MOU = memorandum of understanding, PMTCT = prevention of maternal and child transmission, STI = sexually transmitted infection, ToT = training of trainers, VACC = Vietnam Authority for HIV/AIDS Control, VCT = voluntary counseling and testing, VHW = village health worker.

^a The baseline will be determined during early implementation period.

Source: Asian Development Bank.

2. Lao PDR

Design Summary	Performance Targets and Indicators with Baselines	Data Sources and Reporting Mechanisms	Assumptions and Risks
Impact Contributed to achieving and sustaining MDG 6a target on HIV/AIDS in the Lao PDR	By 2023: HIV prevalence in adult population to be kept below 1% HIV prevalence remains stable in the adult population in each targeted province HIV seroprevalence among most at-risk populations is lower than 5%	In the Lao PDR: Integrated Biological and Behavioral Survey of CHAS (2013–2017)	Assumption Timely deployment of the project financing to need areas and effective delivery of HIV services Risks Upward trends in risk factors resulted in increased HIV transmission Enhanced surveillance capacity exposes higher prevalence than baseline
Outcome Increased coverage and quality of services for targeted populations	By 2018: Use of HIV/AIDS services (VCT, PMTCT, ART) and community prevention services among targeted groups increased by 50% (disaggregated by sex) 80% of targeted populations (incl. FSWs, and ethnic women) reached by the project, can articulate correct information on HIV transmission and means of prevention	Baseline and endline surveys Baseline and endline surveys	Assumption Targeted groups accept services Risks Quality and targeting of capacity building is insufficient to meet needs Government contributions are not provided in time or not effective
Outputs: Strengthened planning and management capacity at national, provincial, and district levels	Gender sensitive HIV plans are fully integrated into provincial annual operation plans of all 8 provinces by 2014 At least 80% of 11 target line ministries will have National HIV Strategy integrated into their ministerial workplans by 2018 Recommendations to National Assembly made from review of national HIV Law and Policy by 2018 % of districts the data collected used for annual workplan increased by 2018	Provincial AOPs Ministerial HIV Workplans Project Report Project Report	Assumption Other line ministries adopt National HIV Strategy into their workplans Risk Increase and competing demand for the staff for other activities
Enhanced capacity to provide quality and accessible services to people vulnerable to HIV transmission	National guidelines and standard operating procedures reviewed and updated by Year 4 Number of STI diagnostics and treatment services provided in targeted provinces increased by 20% by 2015 (disaggregated by sex at province and district level) Number of clients served by “mobile clinics” increased by 10% each year Client satisfaction score improved 30% by 2018	Project Report Monthly routine reports (CHAS) Project monitoring report Project assessment	Assumption Enabling policies and sustained financing for HIV response by the Government Risk High turnover of trained staff

Design Summary	Performance Targets and Indicators with Baselines	Data Sources and Reporting Mechanisms	Assumptions and Risks
	Quality assessment score measured by the quality assurance tools improved by 25 % by 2015	report Project assessment report	
Improved access to HIV prevention outreach among target populations in communities and cross-border areas	At least 600 peer educators trained for community outreach by Year 2 (50% of peer educators are women) At least 5 mobile population, 10 ethnic villagers per peer educator are reached by peer educators by visit (at least 50% of ethnic village communities reached are female) At least 80% of target mobile population, 80% of target ethnic village communities are reached by BCC interventions by 2018 (at least 50% of ethnic villagers reached are female) 35 target districts covered by 100% condom program increased by 2018	Project Report Project activity report Quarterly report from CHAS Quarterly report from CHAS	Assumptions Enabling policies and sustained financing for BCC Adequate supplies and prevention commodities from national programs and/or donors Risks Target groups are highly mobile and can't be reached repeatedly Lack of involvement of beneficiaries and/or lack of ability to communicate with beneficiaries (especially ethnic minorities)
Effective and sustainable regional collaboration to strengthen HIV response established	MOU outlining mechanism for regional collaboration, joint activities and sustainable financing is signed between Lao PDR and Viet Nam Regional cooperation focal points appointed by 2013 and functional by 2014 A joint strategy for regional cooperation developed for 2 countries by Year 1 and joint operational plans implemented at selected border provinces from 2014 to 2018 Cross-border collaborative pilot activities for migrant and mobile populations conducted in 3 sites Cross-border activities are incorporated into provincial AOPs	Signed partnership agreement for regional cooperation Project implementation Reports Reports of regional steering committee meetings Project implementation Reports Provincial AOPs	Assumptions MOH in each country gives sufficient attention to regional collaboration Mutual motivation in provinces to conduct cross-border cooperation activities Risks Insufficient ability of relevant authorities at national, provincial, and district level to achieve common goals Lack of human and financial resources to conduct cross-border activities
Activities with Milestones			Inputs
Output 1. Strengthened planning and management capacity at national, provincial and district level 1.1. Review progress of National HIV Strategy and develop integrated joint workplans 1.2. Evaluate and update National Law and policy on HIV/AIDS 1.3. Support the capacity of CHAS, PCCAs and other partners to develop and manage integrated HIV plans 1.4. Project management, monitoring and implementation Output 2. Enhanced capacity to provide quality and accessible services to people vulnerable to HIV transmission 2.1. Assist CHAS develop and update national guidelines and standard operating procedures for comprehensive prevention services targeted at reaching high-risk groups including STI and VCT 2.2. Support province and district health clinics and village health workers in underserved high risks setting provide more user friendly services for people from vulnerable or ethnic groups 2.3. improvement of clinical capacity for STI diagnostics and treatment 2.4. Implement pilot "mobile clinics" in locations identified to have high numbers of people			ADB: ADF grant \$5.0 million Government: \$0.6 million Technical Assistance: \$1.0 million (Cooperation Fund for Fighting HIV/AIDS in Asia and the Pacific)

Activities with Milestones	Inputs
<p>engaging in high risk behavior</p> <p>2.5. Improve access to quality STI treatment services</p> <p>2.6. Improve ARV provision and services for PLHIV</p> <p>2.7. Improve quality of PMTCT</p> <p>2.8. Develop quality assurance and mentoring systems to improve the quality of service delivery</p> <p>Output 3. Improved access to HIV prevention outreach among target populations in communities and cross-border areas</p> <p>3.1. Capacity building in planning and implementing BCC activities for ethnic groups at district levels</p> <p>3.2. Develop appropriate BCC models for the vulnerable groups at the border crossing points</p> <p>3.3. Scale up the 100% condom program in all priority districts within the target provinces</p> <p>3.4. Community BCC activities</p> <p>3.5. Assist health staff provide 'outreach services' and improve referral system</p> <p>3.6. Procure motorcycles for DCCA</p> <p>3.7. Procure pickups for PCCA</p> <p>3.8. Technical supervision, monitoring and implementation support</p> <p>Output 4. Effective and sustainable regional collaboration to strengthen HIV response established</p> <p>4.1. Develop and sign a MOU for coordinating mechanism for HIV control</p> <p>4.2. Develop a joint strategy for regional cooperation</p> <p>4.3. Organize cross-border meetings and conferences</p> <p>4.4. Develop pilot interventions in the border areas of the two countries for joint outreach and service provisions for migrant and mobile populations</p> <p>4.5. Conduct cross-border pilot activities for migrant and mobile populations in 3 sites</p> <p>4.6. Regional knowledge management</p>	

ADB = Asian Development Bank, ADF = Asian Development Fund, AOP = annual operational plan, ART = antiretroviral treatment, BCC = behavior change communication, CHAS = Center for HIV/AIDS and STIs, DCCA = District Committee for the Control of AIDS, Lao PDR = Lao People's Democratic Republic, MDG = millennium development goal, M&E = monitoring and evaluation, MOH = Ministry of Health, MOU = memorandum of understanding, PCCA = Provincial Committee for the Control of AIDS, PMTCT = prevention of maternal and child transmission, STI = sexually transmitted infection, VCT = voluntary counseling and testing.

3. Viet Nam

Design Summary	Performance Targets and Indicators with Baselines	Data Sources and Reporting Mechanisms	Assumptions and Risks
<p>Impact</p> <p>Contributed to achieving and sustaining MDG 6a target on HIV/AIDS in Viet Nam</p>	<p>By 2023:</p> <p>HIV prevalence in adult population to be kept below 0.26%</p> <p>HIV prevalence remains stable in the adult population in each targeted province</p>	<p>In Viet Nam: estimation and projection package and surveillance data</p>	<p>Assumption</p> <p>Timely deployment of the project financing to need areas and effective delivery of HIV services</p> <p>Risk</p> <p>Upward trends in risk factors resulted in increased HIV transmission</p>
<p>Outcome</p> <p>Increased coverage and quality of services for targeted populations</p>	<p>By 2018:</p> <p>Use of HIV/AIDS services (VCT, PMTCT, ART) and community prevention services among targeted groups increased by 50% (disaggregated by sex)</p> <p>80% of targeted populations (incl. FSWs, and ethnic women) reached by the project, can articulate correct information on HIV transmission and means of prevention</p>	<p>Baseline and endline surveys</p> <p>Baseline and endline surveys</p>	<p>Assumptions</p> <p>Targeted groups accept services</p> <p>Quality of services is satisfactory</p> <p>Risks</p> <p>Quality and targeting of capacity building is insufficient to meet needs</p> <p>Government contributions are not provided in time or not effective</p>

Design Summary	Performance Targets and Indicators with Baselines	Data Sources and Reporting Mechanisms	Assumptions and Risks
Outputs: Strengthened planning and management capacity at national, provincial, and district levels	Proportion of provincial and district HIV/AIDS program managers that have completed management training increased from 20% to 60% by 2018, including all female managers and managers from ethnic minority groups Performance of provincial and district managers reaches 80% of minimum standards by 2018 Provincial annual operational plans include HIV/AIDS plans All targeted provinces achieve minimum standards of HIV surveillance system	Training participation records Field management survey AOPs Evaluation of management monitoring systems	Assumptions Managers have the ability, interest and time to participate in training Staff trained remain in government public health system Risk Increase and competing demand for the staff for other activities
Enhanced capacity to provide quality and accessible services to people vulnerable to HIV transmission	All health facilities in target districts providing HIV services (VCT, ART, PMTCT) as per provincial plan At least 80% of male, female and ethnic minority staff who meet core competency standard at work Quality assessment score measured by quality assurance tools improved by 25% from 2013 to 2018	Project implementation reports and provincial AOPs Baseline survey of core competency skills for preventive and care services Baseline survey and Project evaluation report	Assumptions All target provinces in receive adequate supply of HIV test-kits and other prevention commodities through the national program or other donor programs. Enabling policies and sustained financing for HIV response by the Government Risk High turnover of trained staff
Improved access to HIV prevention outreach among target populations in communities and cross	At least 80% of target ethnic villages populations attend at least 4 BCC sessions (at least 50% reached are female) by 2018 At least 80% of high-risk population in targeted border districts attend at least 4 BCC sessions (at least 50% reached are female) by 2018 Use of condoms among target population increased by 30% by 2018	Field survey report Field survey report Field survey report	Assumptions Enabling policies and sustained financing for BCC Adequate supplies and prevention commodities from national programs and/or donors Risks Target groups are highly mobile and can't be reached repeatedly Insufficient numbers of female and ethnic minority people employed as VHVs
Effective and sustainable regional collaboration to strengthen HIV response established	MOU outlining mechanism for regional collaboration, joint activities and sustainable financing is signed between the Lao PDR and Viet Nam A joint strategy for regional cooperation developed for 2 countries by 2013 Joint operational plans ready for implementing in 5 agreed paired border provinces by 2014 Cross-border collaborative gender sensitive activities for migrant and	Signed partnership agreement for regional cooperation Reports of regional steering committee meetings Project implementation Reports Project implementation Reports	Assumptions MOH in each country gives sufficient attention to regional collaboration Mutual motivation in provinces to conduct cross-border cooperation activities Risks Insufficient ability of relevant authorities at national, provincial, and district level to achieve common goals

Design Summary	Performance Targets and Indicators with Baselines	Data Sources and Reporting Mechanisms	Assumptions and Risks
	mobile populations piloted in 3 sites Cross-border activities are incorporated into provincial AOPs	Provincial AOPs	Lack of human and financial resources to conduct cross-border activities
Activities with Milestones			Inputs
<p>Output 1. Strengthened planning and management capacity at national, provincial and district level</p> <p>1.1. Capacity building for HIV/AIDS program management</p> <p>1.1.1 Conduct a capacity need assessment of HIV/AIDS program system focusing on human resource</p> <p>1.1.2 Develop capacity building plan (training plan) at provincial level</p> <p>1.1.3 Organize in-service training courses, certificate and degree courses</p> <p>1.2. Improving HIV/AIDS M&E system</p> <p>1.2.1 Conduct an assessment of HIV/AIDS M&E system</p> <p>1.2.2 Provide training for M&E staffs</p> <p>1.2.3 Implement M&E activities at project sites through mapping of KAP, monitoring of service coverage, and monitoring of KAP risk behaviors</p> <p>1.3. Project implementation and management</p> <p>1.3.1 Establish PMU</p> <p>1.3.2 Organize orientation workshops for authorities at different levels</p> <p>1.3.3 Develop 5 year implementation plan, annual action plans</p> <p>1.3.4 Establish/improve program monitoring system</p> <p>1.3.5 Conduct baseline and final survey as well as routine technical assistance in project sites</p> <p>Output 2. Enhanced capacity to provide quality and accessible services to people vulnerable to HIV transmission</p> <p>2.1 Review of existing services and capacity development needs for delivery of HIV/AIDS prevention, care and treatment</p> <p>2.1.1 Develop needs assessment tools</p> <p>2.1.2 Conduct needs assessments</p> <p>2.1.3 Develop a capacity building plan based on the needs assessment results at provincial and district level</p> <p>2.2 Improving knowledge and skills of staff through training, monitoring and coaching</p> <p>2.2.1 Training of provincial Trainers (TOT) by designated institutions</p> <p>2.2.2 Training for provincial staff: supervision , VCT, PMTCT, treatment, BCC supervision, STI, OIs</p> <p>2.2.3 Training for district staff: VCT, PMTCT, treatment, BCC supervision, STI, OIs</p> <p>2.3 Improve service quality and coverage in the project provinces and districts</p> <p>2.3.1 Provide medical equipment for testing, treatment, and ART monitoring at provincial level</p> <p>2.3.2 Provide diagnostic and confirmatory equipment, and mobile clinics at provincial and district level</p> <p>2.4 Improve service quality and coverage in collaboration with private providers and NGOs for the most at risk populations</p> <p>2.4.1 Training for private practitioners on HIV prevention and care, STI. (included in courses for health staff) by provinces and district</p> <p>Output 3. Improved access to HIV prevention outreach among target populations in communities and cross-border areas</p> <p>3.1. Strengthen the health system through improved access to services among most at risk populations</p> <p>3.2. Strengthen the health system through improved access to services among vulnerable population in border districts and communes</p> <p>3.3. Conduct BCC activities through mass media (e.g., local radio and TV channels)</p> <p>3.4. Provide capacity building support and equipment to VHWs to expand community based prevention and care</p> <p>Output 4. Effective and sustainable regional collaboration to strengthen HIV response established</p> <p>4.1. Develop and sign a MOU for coordinating mechanism for HIV control</p> <p>4.2. Develop a joint strategy for regional cooperation</p> <p>4.3. Organize cross-border meetings and conferences</p> <p>4.4. Develop pilot interventions in the border areas of the two countries for joint outreach and service provisions for migrant and mobile populations</p> <p>4.5. Conduct cross-border pilot activities for migrant and mobile populations in 5 sites</p> <p>4.6. Regional knowledge management</p>			<p>ADB: ADF loan \$15.0 million</p> <p>Government: \$1.3 million</p> <p>Technical Assistance: \$1.0 million (Cooperation Fund for Fighting HIV/AIDS in Asia and the Pacific)</p>

ADB = Asian Development Bank, AOP = annual operation plan, ARV = antiretroviral BCC = behavior change communication, EPP= Estimation and Projection Package, HIV/AIDS = human immunodeficiency virus/acquired immunodeficiency syndrome, MDG = millennium development goal, M&E = monitoring and evaluation, MOU = memorandum of understanding, PMTCT = preventing mother-to-child transmission, STI = sexually transmitted infection, TA = technical assistance, VACC = Vietnam Authority for HIV/AIDS Control, VCT = voluntary counseling and testing, VHW = village health worker.

B. Monitoring

93. **Project Performance Monitoring and Evaluation.** Within 12 months of grant effectiveness, the EA will complete the establishment of a monitoring and evaluation mechanism to monitor project inputs, activities, outputs, outcome, and impact. The monitoring mechanism will capture the indicators provided in the design and monitoring framework and PAM on project performance monitoring and evaluation, and will be based on existing data collection arrangements, supplemented with project specific before-and-after surveys to assess changes in access, quality and management of services, and risk behavior and use of services for at risk populations and people in remote border communities.

94. **Reporting and compliance monitoring.** Before grant effectiveness, the EA will submit an inception report with the workplan for the first year and an update of the PAM. MOH will prepare a project mid-term review after 2.5 years, assessing project performance against agreed indicators and scope of work, and propose any adjustments in scope, implementation arrangements, and allocations. The EA will prepare quarterly and annual reports in English for submission to ADB within 20 days (or earlier if agreed between ADB and the EA) after end of each quarter and fiscal year. MOH will also prepare a project completion report before project closing within 6 months of physical completion of the Project. All program covenants will be monitored monthly by the PMU, and discussed during ADB review missions. Specifically, PMU will include information of Gender Action Plan and social dimensions in all project reports, and project data will be disaggregated by gender and ethnic groups to the extent possible. The PMU will build up provincial staff capacity to enhance and monitor social and gender impact. ADB will conduct review missions at least twice a year, including inspection of financial management. ADB will conduct an inception mission within 1 month of grant effectiveness, a midterm review mission after 2.5 years of project implementation, and a project completion mission after 6 months of physical completion of the Project.

95. **Safeguards monitoring:** Monitoring of the safeguards will be integrated in general data collection and survey instruments.

X. ANTICORRUPTION POLICY

A. Lao PDR

96. ADB reserves the right to investigate, directly or through its agents, any violations of the Anticorruption Policy relating to the Project. All contracts financed by ADB shall include provisions specifying the right of ADB to audit and examine the records and accounts of the EA and all project contractors, suppliers, consultants and other service providers. Individuals/entities on ADB's anticorruption debarment list are ineligible to participate in ADB-financed activity and may not be awarded any contracts under the Project.

97. ADB's Anticorruption and Integrity Policy (1998, as amended to date) and the Policy relating to Enhancing ADB's Role in Combating Money Laundering and the Financing of Terrorism (2003) were explained to and discussed with the Government, the EA and the Implementing Agencies. Consistent with its commitment to good governance, accountability and transparency, ADB reserves the right to investigate, directly or through its agents, any alleged corrupt, fraudulent, collusive, or coercive practices relating to the Project. To support these efforts, relevant provisions of ADB's Anticorruption and Integrity Policy records and accounts of are included in the loan regulations and the bidding documents for the Project. In

particular, all contracts financed by ADB in connection with the Project shall include provisions specifying the right of ADB to audit and examine the records and accounts of the EA and the Implementing Agencies and all contractors, suppliers, consultants, and other service providers as they relate to the Project. Individuals and/or entities on ADB's anticorruption debarment list are ineligible to participate in ADB-financed activity and may not be awarded any contracts under the Project.

98. The Project will further enhance the MOH's capacity to comply with ADB and government procedures as outlined in the Project Administration Manual. Risks associated with project management will be mitigated by (i) training of the Implementing Agencies' staff in the procurement of goods and services under the Project; (ii) ensuring provincial PMUs are adequately trained on disbursement procedures under ADB's Loan Disbursement Handbook (2007, as amended from time to time); and (iii) periodic inspection of contractors' activities related to fund withdrawals and settlements by the staff of the EA, IAs, PMUs and provincial PMUs.

99. The EA will take all actions necessary to protect the investment in goods made under this project by ensuring (i) that all deliveries of goods procured are verified upon receipt by independent qualified inspectors including verifying that the equipment ordered is of the quality or standard as ordered, is in good and proper working order and condition; (ii) that an accurate asset register is established and maintained for each project province recording all goods procured under the project and allowing regular, unannounced inspections to take place to verify the presence of all goods and its use for the purposes for which they are purchased for this project; and (iii) all goods leaving the central procurement site are: safely delivered to their end use site in accordance with their purchase order and are maintained in good and proper working condition at the location of delivery and used for the purpose for which it was purchased; and (iv) that all inspections of goods procured under this project are carried out by personnel who are: qualified to verify their appropriate use and are independent third parties with no conflict of interest. In this context, a conflict of interest is a situation in which such personnel has interests that could improperly influence the performance of their duties and responsibilities to carry out inspections of goods at the highest standard of ethics (such as vested interests or connections with MOH, CHAS, contractors, suppliers, consultants, and other service providers as they relate to the project) and that such conflict of interest may contribute to a prohibited practice under ADB's Anticorruption and Integrity Policy (2010).

100. In addition to the above requirements, the EA shall use the GMS-CDC website (RCU website) or MOH website to publicly disclose (a) general project information; (b) project progress; (c) contact details in the English and Laotian languages; (d) information on how grant proceeds are being used including presenting (i) procurement contract awards, including for each such contract; (ii) the list of participating bidders; (iii) name of the winning bidder; (iv) basic details on bidding procedures adopted; (v) amount of the contract awarded; (vi) list of goods and/or services purchased; and (vii) intended and actual utilization of grant proceeds under each contract. Any bidder will be permitted to request an explanation as to why a bid was unsuccessful and either the EA or IAs will respond within 20 working days. The website will be updated within one month after: (i) each award of contract; (ii) each submission of the semi-annual Safeguards Monitoring Report to ADB.

B. Viet Nam

101. ADB reserves the right to investigate, directly or through its agents, any violations of the Anticorruption Policy relating to the Project.^a All contracts financed by ADB shall include provisions specifying the right of ADB to audit and examine the records and accounts of the EA

^a Available at: <http://www.adb.org/Documents/Policies/Anti-corruption-Integrity/Policies-Strategies.pdf>

and all project contractors, suppliers, consultants and other service providers. Individuals/entities on ADB's anticorruption debarment list are ineligible to participate in ADB-financed activity and may not be awarded any contracts under the Project.^a

102. ADB's Anticorruption and Integrity Policy (1998, as amended to date) and the Policy relating to Enhancing ADB's Role in Combating Money Laundering and the Financing of Terrorism (2003) were explained to and discussed with the Government, the EA and the IA. Consistent with its commitment to good governance, accountability and transparency, ADB reserves the right to investigate, directly or through its agents, any alleged corrupt, fraudulent, collusive, or coercive practices relating to the Project. To support these efforts, relevant provisions of ADB's Anticorruption and Integrity Policy records and accounts of are included in the loan regulations and the bidding documents for the Project. In particular, all contracts financed by ADB in connection with the Project shall include provisions specifying the right of ADB to audit and examine the records and accounts of the EA and the IA and all contractors, suppliers, consultants, and other service providers as they relate to the Project. Individuals and/or entities on ADB's anticorruption debarment list are ineligible to participate in ADB-financed activity and may not be awarded any contracts under the Project.

103. The Project will further enhance the MOHs' capacity to comply with ADB and government procedures as outlined in the Project Administration Manual. Risks associated with project management will be mitigated by (i) training of the IA's staff in the procurement of goods and services under the Project; (ii) periodic inspection of contractors' activities related to fund withdrawals and settlements by the staff of the EA and IA.

104. The EA will take all actions necessary to protect the investment in goods made under this project by ensuring: (i) that all deliveries of goods procured are verified upon receipt by independent qualified inspectors including verifying that the equipment ordered is of the quality or standard as ordered, is in good and proper working order and condition; (ii) that an accurate asset register is established and maintained for each project province recording all goods procured under the project and allowing regular, unannounced inspections to take place to verify the presence of all goods and its use for the purposes for which they are purchased for this project; and (iii) all goods leaving the central procurement site are: safely delivered to their end use site in accordance with their purchase order and are maintained in good and proper working condition at the location of delivery and used for the purpose for which it was purchased; and (iv) that all inspections of goods procured under this project are carried out by personnel who are: qualified to verify their appropriate use and are independent third parties with no conflict of interest. In this context, a conflict of interest is a situation in which such personnel has interests that could improperly influence the performance of their duties and responsibilities to carry out inspections of goods at the highest standard of ethics (such as vested interests or connections with MOH, VAAC, contractors, suppliers, consultants, and other service providers as they relate to the project) and that such conflict of interest may contribute to a prohibited practice under ADB's Anticorruption and Integrity Policy (2010).

105. In addition to the above requirements, the EA shall set up a Project website that publicly discloses on the website information on how Loan proceeds are being used, presenting (i) procurement contract awards, including for each such contract (a) the list of participating bidders, (b) name of the winning bidder, (c) basic details on bidding procedures adopted, (d) amount of the contract awarded, (e) list of goods and/or services purchased, and (f) intended and actual utilization of Loan proceeds under each contract. Any bidder may request an explanation from the IA as to why a bid was unsuccessful and the IA should respond within 20

^a ADB's Integrity Office website is available at: <http://www.adb.org/integrity/unit.asp>

working days. The website will be updated within 2 weeks after: (i) each award of contract, (ii) each submission of the EA's semi-annual Safeguards Monitoring Report to ADB.

106. It is noted that the Government is taking an active approach against corruption, and recently adopted several legal changes, including the Anti-Corruption Law.

XI. ACCOUNTABILITY MECHANISM

107. People who are, or may in the future be, adversely affected by the project may submit complaints to ADB's Accountability Mechanism. The Accountability Mechanism provides an independent forum and process whereby people adversely affected by ADB-assisted projects can voice, and seek a resolution of their problems, as well as report alleged violations of ADB's operational policies and procedures. Before submitting a complaint to the Accountability Mechanism, affected people should make a good faith effort to solve their problems by working with the concerned ADB operations department. Only after doing that, and if they are still dissatisfied, should they approach the Accountability Mechanism.^a

XII. RECORD OF PAM CHANGES

^a For further information see: <http://www.adb.org/Accountability-Mechanism/default.asp>.