

ASIAN DEVELOPMENT BANK

TAR: PRC 36399

TECHNICAL ASSISTANCE
(Financed by the Poverty Reduction Cooperation Fund)

TO THE

PEOPLE'S REPUBLIC OF CHINA

FOR

**PREVENTING HIV/AIDS ON ROAD PROJECTS
IN YUNNAN PROVINCE**

July 2003

CURRENCY EQUIVALENTS

(as of 30 June 2003)

Currency Unit	–	yuan (CNY)
CNY1.00	=	\$0.1208
\$1.00	=	CNY8.2774

ABBREVIATIONS

ADB	–	Asian Development Bank
AIDS	–	acquired immune deficiency syndrome
CSW	–	commercial sex worker
HIV	–	human immunodeficiency virus
IEC	–	information and education campaign
LGHC	–	Leading Group for HIV/AIDS Control
PPMS	–	project performance management system
PRC	–	People's Republic of China
STI	–	sexually transmitted infection
TA	–	technical assistance
UN	–	United Nations
UNGASS	–	United Nations General Assembly Special Session
VTC	–	voluntary testing and counseling
YPCD	–	Yunnan Provincial Communications Department

NOTES

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

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I. INTRODUCTION

1. After discussions with the Asian Development Bank (ADB),¹ the Government of the People's Republic of China (PRC) requested technical assistance (TA) to implement a prevention program against HIV/AIDS² and sexually transmitted infections (STIs) in Yunnan Province to help mitigate potential social risks associated with the Western Yunnan Roads Development Project (the Road Project) included in the 2003-2005 Country Strategy and Program for the PRC. The need for such a Program was identified during a mission that visited the road project area in April 2002. Further discussions on the program objectives, scope, cost, terms of reference for service providers, and implementation arrangements were held with the central and provincial governments in October and November 2002. This report is based on the understandings reached with the Government and the ADB missions' observation in the field.³ The logical framework for the TA is in Appendix 1.

II. ISSUES

A. International Context

2. Migration, mobility, and HIV/AIDS are well documented interlinked phenomena. High rates of HIV infection are generally found along transport routes, in border areas, and in regions experiencing higher seasonal and long-term population mobility. Key studies and efforts addressing the link between mobility and HIV/AIDS have identified best practices to prevent HIV/AIDS spread among mobile populations. The tool kit for organizing HIV/AIDS prevention programs that was developed under ADB-financed regional TA⁴ was used in designing this TA and will be applied during TA implementation.

3. In many developing countries, large infrastructure construction sites offer job opportunities that attract a large number of young people many of whom migrate from poor rural areas of nearby regions. Construction workers comprise one of the key mobile groups together with truckers, seafarers, transport workers, and itinerant traders.

4. ADB and other development agencies are now incorporating into the design of infrastructure projects HIV/AIDS prevention programs targeting migrant construction workers and the local communities they interact with. ADB has been addressing the need for reducing HIV/AIDS transmission in infrastructure projects in various ways. Road projects generally include an assurance in the loan agreements that the borrower will promote HIV/AIDS awareness and implement prevention programs. In some cases, the need for information, education, and communication on HIV/AIDS and STIs is made a contractual obligation of the contractors. Where the epidemic may be of significant impact, the HIV/AIDS and STI issue is addressed under a specific social development plan financed under the loan. The prevention program associated with the Road Project in Yunnan Province is consistent with this set of preventive actions and ADB's social development policies.

5. The Program is in line with the United Nations (UN) resolution to support HIV/AIDS response for vulnerable people, including mobile populations. In June 2001, the UN adopted, and UN member countries committed to, the resolutions of the United Nations General

¹ The Fact-Finding Mission was fielded from 21 to 25 October 2002, and further consultations with the ministries of Health and Finance took place in November 2002.

² AIDS = acquired immune deficiency syndrome, HIV = human immunodeficiency virus.

³ The TA was first listed in *ADB Business Opportunities* on 5 September 2002.

⁴ ADB. 1999. *Regional Technical Assistance on Preventing HIV/AIDS Among Mobile Population in the Greater Mekong Subregion*. Manila.

Assembly Special Session on HIV/AIDS (UNGASS).⁵ The Government, a signatory of the UNGASS resolutions, reaffirmed its commitment to combat AIDS.⁶

B. Local Context

1. Poverty Situation

6. Located in the southwest PRC, Yunnan Province is a poor interior province bordered by Lao People's Democratic Republic, Myanmar, Viet Nam, the PRC provinces of Sichuan and Guizhou, and the PRC autonomous regions of Guangxi and Tibet. Baoshan Prefecture, the influence area of the Road Project, is located about 100 kilometers from the Myanmar border. It has a population of about 2.4 million, of whom about 690,000 are poor.⁷ Thirty-six minority groups totaling about 216,000 people live in Baoshan Prefecture, mainly in mountainous areas.⁸ Of the 15 official minority townships, 11 are classified as the poorest townships in the prefecture.

2. HIV/AIDS, STIs, Drugs, and Human Trafficking

7. Depending on the mode of transmission, the PRC is experiencing three simultaneous HIV epidemics. In the west and along the border with the Golden Triangle, intravenous drug use is the principal mode of transmission. In the central provinces, tainted blood and plasma predominate in the transmission process, while in coastal areas commercial sex is the predominant mode. The PRC is vulnerable to a substantial increase in the spread of HIV/AIDS throughout large areas of the country and in many different population groups. According to the statistics of the Ministry of Health the HIV caseload was increasing at an annual average rate of 30% until 2000. The HIV infection rate increased by 58% in 2001⁹ and by 17% over the first half of 2002. The HIV positive population is estimated at about one million.¹⁰

8. The earliest documented case of HIV/AIDS in the PRC was found in 1985, and the first HIV/AIDS case in Yunnan Province was found in 1987. By the early 1990s, the HIV epidemic was predominantly found among intravenous drug users along the Myanmar-Yunnan border. Since 1995, HIV has spread along truck routes to most parts of Yunnan and in all provinces. Today the incidence of HIV/AIDS in Yunnan is reported to be the highest among the PRC's provinces. In 2001, a total of 8,317 HIV/AIDS cases were documented in Yunnan, and 326 AIDS deaths have been reported. The increase in HIV cases is especially noticeable along highways leading to the Myanmar border. Also, STIs contribute highly to the spread of HIV through sexual intercourse. Since 1999, Baoshan City has recorded a significant HIV infection increase among STI patients.

9. While most of the HIV-affected persons in Yunnan are drug users, recent surveys

⁵ The UNGASS commitment covers HIV/AIDS prevention and includes "Resolution 49: by 2005, strengthen the response to HIV/AIDS in the world of work by establishing and implementing prevention and care programs in public, private, and informal work sectors", and "Resolution 50: by 2005, develop and begin to implement national, regional and international strategies that facilitate access to HIV/AIDS prevention programs for migrants and mobile workers, including the provision of information on health and social services".

⁶ At a high-profile conference held in Beijing in November 2002, the Ministry of Health called for immediate HIV/AIDS action in the PRC, and welcomed international cooperation in the research and training of health workers.

⁷ Living with a per capita annual income below Y1,000.

⁸ Among these populations, the Achang ethnic minority, severely affected by HIV/AIDS, is benefiting from an ADB-financed TA for poverty reduction.

⁹ Part of the sharp increase in 2001 is likely to be attributed to improved efficiency of the surveillance system.

¹⁰ This figure could be underestimated due to sparse surveillance in rural areas, where two-thirds of the epidemic is known to prevail.

suggest that this pattern is changing. Drug use might lead to prostitution, and vice versa. Because it was poorly understood in the past, this dynamic led and is still leading to the spread of HIV within the community of commercial sex workers (CSWs) and their clients. The persons infected by or being at high risk of HIV/AIDS are often those who have been trafficked or those on the demand side of trafficking. The factors that drive people, especially vulnerable young women and girls, to sexual exploitation and behaviors favorable to HIV/AIDS transmission are the same factors that increase their vulnerability to being trafficked.¹¹ The social stigmatization towards HIV-infected and -trafficked victims, including CSWs, further marginalizes these already vulnerable people.

10. Having less access to information and health care services, while being more likely to be forced by hardship and marginalization into making suboptimal choices to earn money, the poor are more exposed than wealthy groups to the HIV/AIDS and STI epidemics. Also, the poor are more affected by the additional burden that caring for HIV/AIDS patient places on households. Another area of concern is the possibility that the beneficiaries of improved transport infrastructure may be more vulnerable to HIV/AIDS and STIs as a result of improved accessibility to poor and remote areas, and increased population mobility.

C. Potential Impacts of the Road Project on HIV/AIDS and STIs

11. The Road Project will significantly improve access to and from Ruili. Improving the road linking Kunming and Ruili will facilitate the migration of poor and seasonal workers to other provinces. This migration may aggravate the epidemic's spread. Subsequently, this may also result in discrimination against Yunnan people living with HIV/AIDS. As traffic increases along the Ruili-Kunming corridor and beyond on the national trunk highway system, truck drivers might also contribute to accelerating the spread of HIV and STIs.

12. Construction activities associated with the Road Project may also affect the spread of HIV/AIDS and STIs. A large number of workers will be stationed at 14 work sites along the 80-km expressway. Mostly poor and seasonal, coming from the large pool of floating population including minority people, the workers will be predominantly young, sexually active people. Shantytowns of restaurants and bars will develop in the work site vicinities. The service provider communities and the resident communities bordering the construction sites, mainly minority groups vulnerable to HIV/AIDS, STIs, and trafficking for prostitution, will interact with the construction workers. The interaction might lead to the introduction of HIV and STIs from the newcomers to the community members and vice versa. After completion of the works, workers with HIV/AIDS and STIs will take them back to their communities of origin.

13. An HIV/AIDS and STI prevention program targeting construction workers and resident population needs to be implemented to mitigate these potential adverse social impacts. The TA supports ADB's strategic poverty reduction focus in the PRC. It will (i) supplement the Government's program for poverty reduction and health development; (ii) complement other donor initiatives, in particular the epidemic prevention program financed by the Department for International Development of the United Kingdom; and (iii) supplement other ADB HIV/AIDS-related initiatives in the Greater Mekong Subregion.¹²

¹¹ Of special relevance is the International Labour Organization Mekong subregional project to prevent trafficking in children and women for labor and sexual exploitation. The project area includes Yunnan Province.

¹² ADB. 2001. *Grant Assistance to the Kingdom of Cambodia, Lao PDR, and Viet Nam for Community Action for Preventing HIV/AIDS*. Manila. The objective of the project is to reduce HIV transmission among mobile population, migrants, and source and host communities.

III. THE TECHNICAL ASSISTANCE

A. Purpose and Output

14. The overall objective of the TA is to prevent an increase in poverty incidence by reducing the risk of transmission of HIV/AIDS and STIs that may result from the Road Project. The specific objectives are to reduce the risk of transmission of HIV and STIs among construction workers, CSWs, truck drivers, and local resident communities, particularly the vulnerable poor and minority people. Key outputs will include (i) increased awareness about HIV/AIDS and STIs among local communities, road contractors, and the road transport business communities; (ii) behavior change among construction workers, CSWs, and local communities; (iii) increased knowledge of safe sex practices and use of condoms; (iv) provision of HIV/AIDS and STI prevention services at the contractors' worksites and within the resident communities; and (v) an improved HIV/AIDS and STI monitoring system including epidemiological surveillance.

B. Methodology and Key Activities

15. The TA will consist of four components: (i) advocacy actions on HIV/AIDS and STIs to be organized through workshops targeting local resident communities in the project area, contractors involved in the expressway construction, transportation companies, and expressway-operating corporations; and design of an HIV/AIDS information campaign to be implemented along the expressway once it is opened to traffic; (ii) information and education campaigns (IECs) on HIV/AIDS and STI prevention through (a) posters, pamphlets, launch events, and focus group discussions at the construction worksites and resident community level in the project area; (b) training of peer educators to be selected from construction workers, CSWs, and local communities;¹³ and (c) distribution of condoms;¹⁴ (iii) provision of comprehensive HIV/AIDS and STI medical packages to construction workers and local communities including STI case management and counseling, and voluntary testing and counseling (VTC);¹⁵ training of health workers in STI management and VTC to ensure efficient, quality, and client-friendly services; and introduction of improved STI treatment and VTC protocols at least-cost methodologies; and (iv) a project performance and management system (PPMS) through monitoring indicators, mainly sexual behavior and treatment-seeking behavior.

C. Cost and Financing

16. The total cost of the TA is estimated at \$1,000,000 equivalent comprising a foreign exchange cost of \$527,500 and a local currency cost of \$472,500 equivalent. The Government has requested ADB to provide \$800,000 equivalent to finance the entire foreign exchange cost and a portion of the local currency cost amounting to \$272,500 equivalent. The TA will be the first activity in the PRC financed on a grant basis from the Poverty Reduction Cooperation Fund. The Government will finance the balance of the local currency cost, equivalent to \$200,000, through the provision of counterpart staff, administrative support services, and office accommodation. The Government has assured ADB of the availability of counterpart services, facilities, and funds. The detailed cost estimate and proposed financing arrangements are in Appendix 2.

¹³ Intravenous drug use and human trafficking will be addressed during IECs as contributors to the spread of HIV/AIDS.

¹⁴ Condoms will be made available free of charge during the first year of implementation. Thereafter, the TA will ensure availability of condoms at affordable cost.

¹⁵ STI treatment packages and HIV testing kits will be procured under the TA and made available to the patients through local clinics and medical centers.

D. Implementation Arrangements

17. The Yunnan Provincial Leading Group for HIV/AIDS Control (LGHC), established under the Provincial Department of Health,¹⁶ will be the Executing Agency and will coordinate TA activities with line agencies, the Yunnan Provincial Communications Department (YPCD),¹⁷ and aid agencies involved in HIV/AIDS control and prevention. The TA will be implemented over 3.5 years starting 3 months prior to the commencement of the Road Project. A steering committee will be set up to follow-up, coordinate, and monitor TA activities. The steering committee will be headed by LGHC's director and will comprise representatives from YPCD, local government, TA service providers, and target groups.

18. A qualified international organization/institution in association with a domestic organization/institute will be recruited as service providers to assist with the implementation of the first three components of the TA (para. 15). These service providers should be highly experienced in HIV/AIDS advocacy with a wide range of stakeholders in the transport sector, preferably in Yunnan Province, and should demonstrate competence in HIV/AIDS program management and training and in capacity building. The international organization will be recruited through competitive bidding following ADB's *Guidelines on the Use of Consultants* and quality-based selection procedures; the domestic organization/institute will be recruited in accordance with similar arrangements. The services are expected to commence in the first quarter of 2004 and to be completed in the second quarter of 2007. The medical items required under the third TA component, i.e., condoms, VTC kits, and STI treatment packages, as well as the TA office equipment will be procured by the international service provider in accordance with ADB's *Guidelines for Procurement*. An individual international consultant (5 person-months) and two individual domestic consultants (20 person-months total) will be required to develop and implement the PPMS (fourth TA component). The individual consultants will be recruited in accordance with ADB's *Guidelines on the Use of Consultants*. Outline terms of reference for service providers and PPMS consultants are in appendixes 3 and 4.

19. The Government will provide office accommodation for the core team in Baoshan City. While the service providers will arrange the workshops and conduct the advocacy campaigns, LGHC will assist in inviting the business partners. LGHC will also facilitate access and provision of STI treatment and VTC in local clinics and medical centers. YPCD and local authorities will facilitate implementation of the TA activities, including cooperating with the service provider's staff conducting the IECs and ensuring provision of health services to construction workers and resident communities.

IV. THE PRESIDENT'S DECISION

20. The President, acting under the authority delegated by the Board, has approved ADB administering technical assistance not exceeding the equivalent of \$800,000 to the Government of the People's Republic of China to be financed on a grant basis by the Poverty Reduction Cooperation Fund for Preventing HIV/AIDS on Road Projects in Yunnan Province, and hereby reports this action to the Board.

¹⁶ Consisting of 24 governmental agencies, including the Yunnan Provincial Communications Department, LGHC has been established under the Provincial Bureau of Health to coordinate the HIV/AIDS prevention and control programs implemented in Yunnan Province, in particular those supported by the aid community.

¹⁷ YPCD is the executing agency for the Road Project.

TECHNICAL ASSISTANCE FRAMEWORK

Design Summary	Performance Indicators/Targets	Monitoring Mechanisms	Assumptions and Risks
<p>Goal To prevent an increase in poverty by reducing potential negative social impacts associated with the implementation and operation of the Western Yunnan Roads Development Project (the Road Project) in an HIV/AIDS prevalent area</p>	<p>1.1 HIV and sexually transmitted infection (STI) prevalence rate among target groups not higher than 2003 rates</p>	<ul style="list-style-type: none"> • Project performance and management system (PPMS) • Provincial and county HIV/AIDS and STI surveillance network • Social indicators, in particular the incidence of HIV/AIDS and STIs and poverty rates, to be monitored under the Road Project • Provincial and county statistics 	
<p>Purposes 1. To reduce the risk of transmission of HIV/AIDS and STIs among construction workers; local resident communities, particularly the vulnerable poor and minority people; commercial sex workers (CSWs); and truck drivers in the context of infrastructure projects in high HIV/AIDS risk areas</p>	<p>1.1 Reduced prevalence of urethral discharge in men by 30% among targeted groups by the end of the Road Project</p> <p>1.2 Reduced prevalence of syphilis in women by 30% among targeted groups upon completion of the Road Project</p> <p>1.3 Increased use of condoms to 50% among the populations at risk by the end of the Road Project</p>	<ul style="list-style-type: none"> • Annual clinical survey • Annual behavior survey • PPMS 	<ul style="list-style-type: none"> • Adequate financing mechanisms, availability of funds, and timely payments to project implementation partners • Efficient implementation of the HIV/AIDS and STI prevention program • Commitment by the national and provincial governments, particularly the provincial health department and provincial communications department • Injecting drug use, contaminated blood transfusion, and organ transplantation do not increase among target groups. • Social disturbance or natural disasters do not affect the project areas. • Good quality of condoms
<p>Outputs 1. Advocacy program established with each target group of local communities, contractors, and business communities involved in the road sector, i.e., transport companies and expressway corporations</p>	<p>1.1 Three workshops in each county of the project area in the first year and once a year thereafter</p> <p>1.2 Three workshops for contractors in the first year and once a year thereafter</p>	<ul style="list-style-type: none"> • Participation level by target groups • Quarterly progress reports • PPMS 	<ul style="list-style-type: none"> • Increased awareness translates into attitudinal changes. • Interventions do not cause negative reactions.

AIDS = acquired immune deficiency syndrome, HIV = human immunodeficiency virus.

Design Summary	Performance Indicators/Targets	Monitoring Mechanisms	Assumptions and Risks
<p>2. Effective behavior change program established through information and education campaigns (IECs), community mobilization, social marketing, and condom distribution</p> <p>3. Comprehensive HIV testing and STI treatment packages delivered at clinics and medical centers in the Road Project area</p> <p>4. Development of a model for designing HIV/AIDS prevention programs to be incorporated into future infrastructure projects in HIV/AIDS prevalent areas</p> <p>5. Benefit monitoring and evaluation system set up and implemented</p>	<p>1.3 One annual workshop for business community over the 3-year implementation period.</p> <p>2.1 Posters and pamphlets disseminated to construction companies, construction worksites, restaurants, bars, hotels and public areas</p> <p>2.2 50 trained peer educators among construction workers, 10 among CSWs, and 50 among local population each year</p> <p>2.3 25% of target workers and CSWs and 5% of the local population contacted by peer-educators each year</p> <p>2.4 100% of the workers and CSWs know the benefit of use of condoms.</p> <p>2.5 50% use of condoms</p> <p>3.1 50 health workers trained in STI management and HIV voluntary testing and counseling</p> <p>3.2 STI diagnostic kits and treatment provided to clinics and medical centers</p> <p>3.3 50% of STI patients seek treatment among target populations.</p> <p>4.1 HIV/AIDS prevention program associated with infrastructure projects in targeted areas</p> <p>4.2 Evaluation reports for these prevention programs</p> <p>5.1 Indicators to be identified; 30 sites selected; 30 data collectors and 2 data analysts from the Executing Agency trained each year</p>	<ul style="list-style-type: none"> • PPMS • Annual behavior surveys <ul style="list-style-type: none"> • PPMS • Annual behavior surveys <ul style="list-style-type: none"> • Scope of infrastructure projects • Contractual documents for civil works implementation <ul style="list-style-type: none"> • Baseline data surveys and project records • Monitoring reports 	<ul style="list-style-type: none"> • Selected peer educators are welcomed by the target groups. • Construction companies facilitate information sessions at worksites and allow selected workers to attend training courses. <ul style="list-style-type: none"> • Trained health workers are engaged in STI treatment. • Provided material is used properly. • Increased awareness translates into attitudinal changes. • Interventions do not cause negative reactions. <ul style="list-style-type: none"> • PPMS consultants have adequate capability. • Timely baseline data survey • Government commitment to continue PPMS after completion of the Road Project

Design Summary	Performance Indicators/Targets	Monitoring Mechanisms	Assumptions and Risks
<p>Activities</p> <p>1.1 Advocacy actions on the HIV/AIDS prevention program organized through workshops highlighting the role and responsibilities of the business community in disseminating the information and implementing and monitoring HIV/AIDS prevention programs as part of business activities</p> <p>1.2 Design of an information campaign to be implemented along the Road Project once it opens to traffic</p> <p>2.1 IECs widely disseminate HIV/AIDS and STI information among construction workers, CSWs, and local communities through posters, pamphlets, events, and focus group discussions in the Road Project area.</p> <p>2.2 Peer educators selected from construction workers, CSWs, and local communities, and trained to achieve deep-rooted effective behavior change</p> <p>2.3 Condoms to be made available free of charge during first implementation year; afterwards condoms made available at affordable costs</p> <p>2.4 In case drug use or trafficking cases are detected, victims directed to other government agencies and support services; follow up on the remedial actions</p> <p>3.1 Assistance to contractors and local communities in providing health services including STI case management and counseling, and HIV voluntary testing and</p>	<p>1. Recruitment of an international organization/institution in association with domestic organization/institute as service providers</p> <p>2.1 Recruitment of international and domestic service providers</p> <p>2.2 Recruitment of international and domestic service providers</p> <p>2.3 Procurement of condoms through international bidding procedure according to ADB's <i>Guidelines for Procurement</i></p> <p>2.4 Recruitment of international and domestic service providers</p> <p>3.1 Procurement of HIV testing kits and STI treatment packages through international bidding procedure according to ADB's <i>Guidelines for Procurement</i></p>	<ul style="list-style-type: none"> • Signed contract with service providers • Detailed workshop program • Detailed content of the information campaign • Signed contract with services providers • Detailed workshop program • Printing of posters, leaflets, and pamphlets • Signed contract with service providers • Detailed training programs • Signed contract for procurement of condoms • Progress and monitoring reports • Signed contract for procurement of medical treatment packages 	<ul style="list-style-type: none"> • The service providers have adequate capacity and experience. • The Government mobilizes the business community. • Government, provincial communications department, and expressway corporation cooperate in disseminating the information and implementing the campaign. • Local government, contractors to cooperate and facilitate dissemination of information • Construction companies allow selected workers to be trained and, once trained, to conduct information sessions • Government, contractors to cooperate in making condoms available at affordable cost • People willing to use condoms • People willing to talk • Local clinics and medical centers to cooperate in treating patients at affordable costs • Contractors to cooperate in allowing patients to be treated

Design Summary	Performance Indicators/Targets	Monitoring Mechanisms	Assumptions and Risks
<p>counseling (VTC) at least cost methodologies</p> <p>3.2 Training of health workers in STI management and VTC in order to ensure efficient, quality, and client-friendly services</p> <p>4.1 Development and implementation of a PPMS including a complete set of indicators and monitoring methods</p> <p>4.2 Baseline data collection in the first 3 months of the construction works</p> <p>4.3 Clinical and behavior data collection once a year during project implementation, and subsequently 1 year and 3 years after completion of the Road Project.</p>	<p>3.2 Recruitment of international and domestic services providers Selection of health workers</p> <p>4.1 Recruitment of a team of international and domestic consultants highly qualified and experienced in evaluating and monitoring HIV/AIDS prevention programs</p>	<ul style="list-style-type: none"> • Detailed training programs • Training evaluation reports • Signed contract with individual consultants 	<ul style="list-style-type: none"> • Government to assist in improving STI treatment and reducing treatment cost • Local government to cooperate in identifying and selecting health workers to be trained • Consultants have adequate expertise and experience. • Commitment of Government, contractors and civil society to evaluate and implement where required corrective measures
<p>Inputs</p> <p>1. International and domestic organization/institutions</p> <p>2. Training, workshops, and seminars</p> <p>3. Condoms</p> <p>4. HIV testing kits and STI treatment packages</p> <p>5. PPMS consultants</p> <p>6. Administrative and logistical support</p>	<p>1. International organization/institutions in association with domestic organization/institutes</p> <p>3. Procurement of condoms</p> <p>4. Procurement of HIV testing kits and STI treatment packages</p> <p>5. One individual international consultant and two domestic consultants</p> <p>6. Provincial Leading Group for HIV/AIDS Control</p>	<ul style="list-style-type: none"> • ADB disbursement reports • Reporting by service providers • ADB disbursement reports • ADB disbursement reports • ADB review missions 	<ul style="list-style-type: none"> • Qualified and experienced service providers • Commitment of provincial government, contractors, and business partners to disseminate, inform, and educate on HIV/AIDS • Provincial government's commitment to prevent epidemic spread • Provincial government's commitment to treat STIs at least cost methodologies, and to control spread of HIV/AIDS • Qualified and experienced consultants • Effective management and monitoring of TA activities

COST ESTIMATES AND FINANCING PLAN
(\$'000)

Item	Foreign Exchange	Local Currency	Total Cost
A. Asian Development Bank Financing^a			
1. Service Providers (first three TA components)			
a. Remuneration and Per Diem			
i. International Organization/Institution's Staff	100.0	0.0	100.0
ii. Domestic Organization/Institute's Staff	0.0	100.0	100.0
b. International and Local Travel	30.0	20.0	50.0
2. Consultants (project performance management system)			
a. Remuneration and Per Diem			
i. International Consultants	70.0	0.0	70.0
ii. Domestic Consultants	0.0	80.0	80.0
b. International and Local Travel	30.0	5.0	35.0
3. Brochures, Medical Items, and Office Equipment			
a. Brochures, Pamphlets, and Leaflets	20.0	10.0	30.0
b. Condoms	40.0	0.0	40.0
c. STI Treatment Packages	140.0	0.0	140.0
d. HIV Testing Kits	30.0	0.0	30.0
e. Office Equipment ^b	20.0	0.0	20.0
4. Training, Seminars, and Conferences	10.0	20.0	30.0
5. Surveys	0.0	15.0	15.0
6. Miscellaneous Administration and Support Costs	0.0	6.0	6.0
7. Representative for Contract Negotiations ^c	5.5	0.0	5.5
8. Contingencies	32.0	16.5	48.5
Subtotal (A)	527.5	272.5	800.0
B. Government Financing			
1. Remuneration, Per Diem, and Travel of Counterpart Staff	0.0	70.0	70.0
2. Administration and Coordination Cost	0.0	60.0	60.0
3. Office Accommodation	0.0	50.0	50.0
4. Others	0.0	20.0	20.0
Subtotal (B)	0.0	200.0	200.0
Total	527.5	472.5	1,000.0

HIV = human immunodeficiency virus, STI = sexually transmitted infection, TA = technical assistance.

^a Financed by the Poverty Reduction Cooperation Fund.

^b Including computer hardware and software, photocopier, facsimile machine, and other equipment to be procured under the consultants' contract and whose ownership will be transferred to the Government.

^c Includes cost of travel to Manila and per diem for government observers attending consultants' contract negotiations at ADB Headquarters.

Source: Asian Development Bank estimates.

OUTLINE TERMS OF REFERENCE FOR SERVICE PROVIDERS

A. Background

1. The People's Republic of China (PRC) has requested a loan from the Asian Development Bank (ADB) for the Western Yunnan Roads Development Project (the Road Project). The Road Project, for which the Yunnan Provincial Communications Department (YPCD) will be the Executing Agency, includes the construction of an 80-kilometer (km) expressway section between Baoshan and Longling in Baoshan Prefecture, 100 km from the Myanmar border. The expressway civil works will be implemented over a 3-year period, through 14 civil works contract packages spread along the project alignment. Since the Project area is a high HIV/AIDS¹ prevalence area, an HIV/AIDS and sexually transmitted infections (STI) prevention program is required to (i) help control the spread of the epidemic, and (ii) prevent poverty increase by minimizing the potential negative impacts of the epidemic, on the poor population employed by the Road Project or living in the project area. The prevention program will be implemented under technical assistance (TA), which will finance the services detailed in the present outline terms of reference.

2. The service providers to be recruited under the TA should be highly qualified and experienced in HIV/AIDS advocacy campaigns with a wide range of stakeholders and should demonstrate competence in HIV/AIDS program management and training, and capacity building. Also, they should have experience in the procurement and distribution of condoms and STI treatment packages. In addition, experience in HIV/AIDS awareness campaigns in the Greater Mekong Subregion or preferably Yunnan Province, is required for the international organization/institution, and experience in HIV/AIDS prevention programs associated with road development would be preferable.

3. The service provider core team will consist of (i) an international long-term specialist acting as team leader and highly experienced in setting up, coordinating, and managing HIV/AIDS and STI prevention programs; (ii) a domestic deputy team leader with similar experience as the team leader; (iii) a domestic advocacy specialist; (iv) a domestic behavior change specialist; (v) a domestic STI clinical management specialist; (vi) one domestic voluntary testing and counseling (VTC) specialist; and (vii) four domestic information and education campaign (IEC) cum trainer specialists.

B. Scope of Services

1. Overall TA Management

4. The services and activities to be provided by the service providers will include, but not limited to, the following.

a. Inception Period

5. Three months prior to the commencement of the Road Project, i.e., mobilization of the civil works contractors, the service providers will

¹ AIDS = acquired immune deficiency syndrome, HIV = human immunodeficiency syndrome.

- (i) initiate TA activities by setting up working systems and procedures including reporting for TA overall management, and implementation of the technical components;
- (ii) consolidate updated information on HIV/AIDS and STI prevalence, resources available for prevention and control of HIV/AIDS and STIs, high-risk behavior among the target groups (construction workers, commercial sex workers, and local communities along the construction sites), and estimated population of each target group for detailed planning;
- (iii) refine and detail the program and budget for TA activities under components (i), (ii), and (iii); and
- (iv) discuss in detail with the construction companies', commercial and communities' representatives the prevention and education activities to be implemented at construction work sites and commercial areas within the local communities, and ensure access to these areas.

b. Construction Period

6. During the 3–year construction period the service providers will

- (i) prepare and submit to the Leading Group for HIV/AIDS Control (LGHC) and ADB for review and approval an annual implementation plan and budget;
- (ii) maintain TA accounts, prepare the required financial statements, and organize regular audits of all TA accounts;
- (iii) subcontract, in consultation with LGHC and with prior approval of ADB, any activities that would require the input of a third party to ensure part or full implementation of a TA component;
- (iv) manage TA activities in close consultation with LGHC under the supervision of the steering committee;
- (v) organize regular monitoring meetings with LGHC, YPCD, the construction companies, and local communities' representatives; and
- (vi) monitor and report to LGHC and ADB on overall TA implementation.

c. End of Construction Period

7. Upon completion of the Road Project, the service providers will prepare a detailed TA completion report including a long-term impact analysis of the prevention program.

2. Detailed Activities

a. Component 1 – Advocacy

8. The service providers will raise awareness of the need to prevent and control HIV/AIDS transmission and to inform about prevention measures in general. Specific awareness will be

raised and information provided to meet the prevention needs associated with large infrastructure projects. The service providers will ensure commitment and cooperation from a wide range of stakeholders through the following activities:

- (i) organizing a provincial workshop to raise awareness of the importance of HIV/AIDS prevention and control among construction companies, entertainment facilities, medical groups, communities, the provincial health department, and business associations;
- (ii) organizing a series of consultation meetings specifically targeting each important stakeholder, as required;
- (iii) ensuring full commitment of and cooperation by YPCD and the construction companies involved in the implementation of the Road Project to facilitate information dissemination at the worksites;
- (iv) organizing a midterm provincial workshop to report on the progress of the TA, discuss constraints, and envisage further actions to improve awareness;
- (v) organizing a final provincial workshop to report on TA activities and discuss a long-term prevention plan specifically designed for road developers and road users; communications departments from other PRC provinces will be invited to attend;
- (vi) preparing an HIV/AIDS information campaign to be implemented upon commissioning of the Road Project; and
- (vii) organizing a series of workshop on HIV/AIDS prevention measures targeting in the Road Project area (a) business communities (construction and transportation companies and expressway corporations), and (b) resident communities particularly poor and minority people.

b. Component 2 – Information and Education Campaign

9. The service providers will design and implement an IEC to inform about HIV/AIDS and STI risks and prevention, introduce behavior change, and promote safe behavior and easy access to preventive measures through the following activities:

- (i) organizing social marketing toward the target groups (construction workers, commercial sex workers [CSWs], and local population) to increase awareness and responsibilities for HIV/AIDS prevention and control, safe sex, early diagnosis and treatment of STIs, use of condoms, anti-drug abuse, and human trafficking;
- (ii) developing and implementing a peer education system at construction worksites and among CSWs, and providing necessary training on HIV/AIDS prevention and control, safe sex, STI treatment, and use of condoms;
- (iii) ensuring that YPCD and construction companies cooperate fully to allow construction workers to participate in peer education;

- (iv) referring trafficked cases identified through IEC activities to relevant agencies;
- (v) estimating the quantity of condoms to be distributed to construction workers and CSWs for the first year;
- (vi) preparing tender documents for condom procurement for the first implementation year, issue invitation to bids, evaluate bids, and award contract;²
- (vii) identifying and implementing measures to ensure availability of condoms to construction workers and CSWs; and
- (viii) recommending, discussing, and implementing measures in consultation with LGHC and the provincial authorities to ensure condom availability to construction workers and CSWs at affordable cost beyond the first year of implementation of the Road Project.

c. Component 3 – Provision of the Medical Packages

10. The service providers will procure STI treatment packages and HIV testing kits, and will work with local medical networks to ensure that construction workers, CSWs, and local communities receive quality STI services. Activities under this component will include the following:

- (i) identifying, in consultation with LGHC, an appropriate local medical institute and subcontract to the same (a) preparation of updated protocols on STI treatment and VTC, (b) design and implementation of training sessions for health workers at construction work sites and health centers serving the local communities in the Road Project area, (c) assessment of drug availability and health workers' performance, and (d) STI treatment and VTC case recording;
- (ii) preparing tender documents for the procurement of STI treatment drugs and HIV testing kits, issue invitation to bid, evaluate bids, and award contracts;³
- (iii) identifying, in consultation with LGHC and the provincial department of health, adequate procedures to ensure distribution of STI treatment drugs and HIV testing kits to worksite medical units and local health centers;
- (iv) identifying, in consultation with LGHC and the provincial department of health, standardized STI treatment protocols and cost; and
- (v) supervising distribution of STI treatment drugs and HIV testing kits, and providing medical services at construction work sites and local medical centers.

² Condoms will be procured through international shopping procedures in accordance with ADB's *Guidelines for Procurement*. Bidding documents will be issued upon review and acceptance by ADB, and contract will be awarded after review and approval by ADB of the bid evaluation report prepared by the service providers.

³ STI treatment packages and testing kits will be procured in accordance with ADB's *Guidelines for Procurement*. Bidding documents will be issued upon review and acceptance by ADB and contract will be awarded after ADB's review and approval of the prepared bid evaluation report prepared by the service providers.

C. Reporting

11. The service providers will submit quarterly progress reports to highlight the TA achievements over the period under review, the issues, and proposed remedial actions. In addition, the following reports are to be submitted: (i) inception report, 4 weeks after commencement of services; (ii) TA implementation report detailing TA activities and annual budgets, 3 months after commencement of services; (iii) three annual reports detailing TA achievements, implementation issues, and remedial measures, at the end of each year; and (iv) TA completion report, 3 months after completion of the Road Project. Two copies of the quarterly progress reports in the English and Chinese languages are to be submitted to LGHC, YPCD, and ADB. Two copies of the TA reports as detailed above are to be submitted in the English and Chinese languages to the following organizations: Ministry of Finance, Ministry of Health, Ministry of Communications, LGHC, YPCD, and ADB.

OUTLINE TERMS OF REFERENCE FOR CONSULTANTS

A. Requirements

1. The Asian Development Bank (ADB) wishes to engage one international and two domestic project performance and management system (PPMS) specialists to monitor and evaluate the implementation and outputs of a technical assistance (TA) for an HIV/AIDS¹ and sexually transmitted infection (STI) prevention program (the Program) associated with the Western Yunnan Roads Development Project (the Road Project) in the People's Republic of China (PRC).

2. The international PPMS specialist will be required for a total input of 5 months, while the domestic PPMS specialists will be required for a total of 20 months over a period of 3.5 years. The consultants will be highly qualified PPMS specialists, with recognized experience in monitoring and evaluating HIV/AIDS and STI prevention programs in the PRC.

B. Background

3. Since the Road Project is located in a high HIV/AIDS prevalence area, an HIV/AIDS and STI prevention program will be implemented during construction. The program will (i) help control the spread of the diseases, and (ii) prevent poverty increase by minimizing the potential negative impacts of the diseases on the poor population employed by the Road Project or living in the project area. The prevention program will be implemented under the TA.

C. Objectives

4. The objectives of the consulting services are to develop and implement a PPMS to (i) assess the TA progress in a timely fashion, (ii) enable appropriate adjustment of the HIV/AIDS prevention program during road construction through monitoring performance indicators, and (iii) evaluate the impacts of the TA. The PPMS is aimed at improving the knowledge of the HIV issue and its dynamics in relation with the implementation of large infrastructure projects to help fine-tune prevention programs associated with such projects in HIV/AIDS-prevalent areas.

D. Terms of Reference

5. The team of PPMS consultants will undertake the following tasks but will not necessarily be limited to them:

- (i) During the TA inception phase, develop a PPMS including establishment of data sources and a set of performance indicators based on the TA targets and anticipated outputs, and the detailed prevention program prepared by the service providers; in addition to the TA performance indicators, the PPMS will report on the evolution of a set of data including (a) HIV/AIDS prevalence among targets group e.g. construction workers, commercial sex workers (CSW), and resident communities; (b) incidence of STIs among the same targets groups; and (c) behavior change.
- (ii) Prepare appropriate formats, procedures, and mechanisms for target group participation and periodic collection and processing of data.

¹ AIDS = acquired immune deficiency syndrome, HIV = human immunodeficiency syndrome.

- (iii) Complete a baseline survey in the 3 months after the commencement of the Road Project.
- (iv) Review and assess the current HIV/AIDS prevention measures and STI treatment protocols and costs including clinic monitoring and record system.
- (v) Undertake annual evaluations/surveys, analyze the outcomes, compare them with those anticipated, and recommend corrective measures; in evaluating the TA impacts, the PPMS should focus on those benefiting the populations at risk; these impacts will be further analyzed upon completion of the TA to evaluate the cost-effectiveness of the surveillance/condoms versus treatment.
- (vi) Provide inputs to the meetings and seminars organized by the service providers.
- (vii) Train Leading Group for HIV/AIDS Control staff in PPMS to evaluate and monitor HIV/STI spread in the project area.
- (viii) Prepare a PPMS manual for use by relevant government agencies for HIV/AIDS prevention in similar road construction projects.

E. Reporting

6. The PPMS consultant team will prepare (i) a PPMS report detailing indicators, targets, source of data, and PPMS methodology prior to the commencement of the Road Project; (ii) a baseline report 1 month after completion of the baseline survey; (iii) annual reports including results of the annual survey, analysis of the same, and recommended correctives measures if required, 1 month after completion of the annual survey; and (iv) a final report providing a detailed analysis of the TA impacts, lessons learned, and recommendations for improving future HIV/AIDS and STI prevention programs associated with infrastructure projects.