OUTPUT: RURAL ROAD SAFETY AND COMMUNITY AWARENESS PROGRAM

A. Introduction

1. The Royal Government of Cambodia (the Government) has requested for a loan from the Asian Development Bank (ADB) for the Rural Roads Improvement Project II (RRIP II), which will implement the improvement of 39 roads about 729 kilometers (km) located in nine provinces including improving climate resilience access by paving 50 km of roads and 11 jetties in the five Mekong River islands in Kampong Cham Province. The projects provinces are: Battambang, Banteay Meanchey, Kampong Chhnang, Kampong Thom, Pursat, and Siem Reap, all located in the Tonle Sap region, and Kampong Cham, Kampong Speu, and Takeo. The civil works comprise the improvement of existing earth- or gravel-surfaced roads to a double bituminous surface treatment (DBST), and green planting along the project roads. There will be no widening of the existing roads to avoid resettlement impact. Improvements to road drainage and road structures will also be undertaken where necessary.

2. There are five key outputs in this project: (i) rural road improvements; (ii) rural road asset management; (iii) rural road safety and community awareness program; (iv) project management support; and (v) connectivity improvements for Mekong River Islands. This supplementary appendix focuses on the rural road safety and community awareness program output.

3. The output has four sub-outputs: (i) further expanding the pilot community-based road safety awareness program, initiated in the Rural Roads Improvement Project,[1] including education program for schools, drivers, road users, and the community, and also incorporates road safety provisions in road design; (ii) further strengthening the capacity of the social and environment office (SEO)[2] in the Ministry of Rural Development (MRD), the executing agency of the project; (iii) implementing an HIV/AIDS and Human Trafficking Awareness and Prevention Program (HHTPP); and (iv) conducting a sex disaggregated socioeconomic baseline survey of project beneficiaries.

B. Sub-output 1: Sustainable Community Based Road Safety Program

4. **General road safety outlook**. Cambodia suffers a poor road safety record which has aggravated historically. Cambodia's crashes rate is 13.4 fatalities per 100,000 inhabitants in 2012, which has increased three-fold since 2002.[3] The report also records that Cambodia has the second highest fatality rate in the region, next to Lao People's Democratic Republic's 13.5 fatalities per 100,000 inhabitants. Most of the crashes are caused by human error, mainly caused by speeding and drunk-driving.

5. To address the road safety issue, the Government introduced the new land traffic law which was endorsed by the national assembly in December 2006. A Royal Decree followed in February 2007. The Government has also established a National Road Safety Committee and a 15-point National Road Safety Action Plan thereafter. Nevertheless, crash rate of Cambodia is still increasing, needing careful focus on almost all road sector interventions.

[1] ADB. 2010. *Report and Recommendation of the President (RRP) to the Board of Directors: Proposed Loan to the Kingdom of Cambodia for Rural Roads Improvement Project*. Manila (Loan 2670-CAM).
[2] SEO was established in 2012.
[3] National Road Safety Committee. *Road Crash and Victim Information System, 2012 Annual Report.*

6. With the improvements in project roads in rural areas to DBST-paved all year access of smoother riding road quality, it is highly likely that current traffic, which is predominantly motorcycles, may change behaviors drastically. Speeding on smoother paved roads may be much more likely, thus it is also likely to expect increased rate of crashes and/or more severe crashes in project roads. Meanwhile, paved roads may change the road environment for rural residents, on the negative side, as all vulnerable groups of road users feel less safe with increased traffic speeds.

7. This expected situation may be aggravated if road safety measures are not taken in an inclusive manner, given the current road safety issues in rural areas, even if the project improves the project roads to best geometrically safe standards: (i) almost all motorcycle drivers do not possess a driver's license; (ii) lack of education on road safety, safe driving techniques, road signs and safety provisions, traffic rules, first aid, personal safety, and safety of others; (iii) non-negligible illiteracy rate; (iv) lack of police enforcement; (iv) lack of skills, resources, and willingness of traffic police on effective enforcement, and (v) lack of system requirements of licensing, vehicle registration and insurance; and lack of institutional capacity of MRD and provincial authorities.

8. **Objectives**. Based on the aforementioned scenario, the objective of this sub-output is to ensure the road improvements in the project area, provide a long-term safe environment for road users and local inhabitants, and contribute strongly to the overall reduction of road crashes elsewhere in Cambodia. To achieve this, both community-based education and enforcement measures will be required.

9. **Community-Based Road Safety.** Substantial opportunities and scope exist for creating a safer road environment through sustained introduction of safe community programs at the local levels by providing wider public participation and awareness, as well as making necessary changes in behavior and environment. The community itself, by virtue of its expertise, enthusiasm, resources, and network, can greatly enhance existing programs and even devise new ways of tackling safety problems. About 30%–40% of crashes and injuries could be reduced through such programs. The opportunities for community road safety cover a wide area, which includes a definition of community road safety and explanation of its role, outline of the programs, essential structures required for sustained programs and the other issues viz good practices, integration of community road safety and other aspects of local government activities, and wider communication and use of local media.

10. To fulfill the objectives of community based road safety output, it is necessary to focus on the following interventions and measures through training and education at the community level:

- (i) Advising parents, schools and the local authority on their joint responsibilities and advising on how road safety education can be improved.
- (ii) Advising on improved training of school teachers and students.
- (iii) Advising on how to make roads and the environment safer for children.
- (iv) Making recommendations for improved safety of vehicle licensing, safety and design.
- (v) Organize workshops on the safe transport of school children, and also on the improved safety of bicycle, motorcycle and slow-moving vehicles like koyun and horse and/or ox carts, etc.

11. **Scope of the Services.** The Road Safety consulting services will be provided by a consulting firm, joint venture, or consortium of consulting firms, to be appointed by MRD in

accordance with ADB's Guidelines on the Use Consultants (2013, as amended from time-to-time).

12. The focus of the consulting services should be on rural road safety including vulnerable groups of children and women in rural areas. A community-based road safety campaign shall involve community members in all functions with gender considerations as stipulated in the project's Gender Action Plan (GAP).[4] The consultant will work on national road safety initiatives and programs in Cambodia and complement existing initiatives and programs, especially those of the National Road Safety Committee, including the National Road Safety Action Plan.

13. The road safety program should be sustainable even after the services are over, thus the services should be geared to make local residents participate in road safety as a daily routine activity in their lifestyles. The consultant will share their understanding of road safety issues with the local authorities in the project area and provide a methodology for the appointment of local road safety officers by the Government for the long-term implementation of road safety measures. Such measures will include long-term funding approaches for the maintenance of physical road safety measures, such that, as a result, employment is provided to local individuals or local small-scale entities.

14. For both the project area and nationally, the consultant's role and responsibilities will include:

(i) Review of the road safety issues in Cambodia including the past and current programs (including planned future programs) that are in place, and address them;
(ii) Development of an understanding of the psychology of road users and non-road users in order to formulate effective measures to address the road safety problems; demonstrate how this understanding will be used to implement an effective program of work on road safety;
(iii) Development of a work program to improve road safety, including measures such as education, publicity campaigns, and enforcement. Ensure the programs are comprehensive, consistent with the GAP, and focused for different road user groups and the population in general;
(iv) Review of the role of civil engineering in providing safe roads and the standards used, as well as the capability of engineers to employ them.
(v) Carry out road safety surveys and audits of the project roads to capture issues of road environment with respect to road safety;
(vi) Development of a program, based on the engineering review, surveys, and audits, to improve engineering standards with regard to building safer roads, that provide maximum possible access benefits to persons with disabilities (permanent or temporary), elderly persons, pregnant women, and children through community consultations. Coordination with detailed design and implementation supervision (DDIS) consultants to the project roads;[5]
(vii) Providing and carrying out of a training program for engineers to ensure they will incorporate safety standards in their designs and during implementation;
(viii) Preparation and agreement with stakeholders on the complementary program to improve road safety in Cambodia;

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[4] Gender Action Plan (accessible from the list of linked documents in Appendix 2 of the RRP).
[5] Refer to terms of reference of DDIS consultants in the Project Administration Manual (accessible from the list of linked documents in Appendix 2 of the RRP).

(ix) With the assistance of the MRD and the DDIS consultants on procurement and coordination, procurement of the necessary equipment, training materials, and capacity building resources including the services of local consultants, contractors, and other entities as necessary to implement the program;
(x) Implementation of the various components of the program;
(xi) For the safety of children and pedestrians, planning and providing the most effective speed-reduction measures in villages on all project roads; and
(xii) Coordination of the implementation with the stakeholders of road safety information such as the Road Traffic Accident and Victim Information System, and providing feedback on the effectiveness of measures taken, training given, and other activities of the program.

15. **Implementation Arrangements.** MRD will implement the project through the project management unit (PMU). The PMU will recruit the consulting services and award civil works contracts. The Project Director of the PMU will have overall administrative oversight for the consulting services and civil work contracts, and the Project Manager will have responsibility for day-to-day operations.

16. The DDIS consulting services for the road improvements, to be carried out under the loan, will be undertaken by an international firm. The DDIS consultants will provide a coordinating role for this sub-output.

17. It is estimated that the consultant will provide a total of 13 person months of inputs from an international expert on an intermittent basis over a period of 50 months. Local consultants and other entities will provide a total of 320 person months of supporting services.

18. An office and basic utilities will be provided by MRD. Office equipment and other equipment for the consultant will be financed under the consulting services contract. Transport and accommodation will also be financed under the consulting services contract.

19. A cost estimate for the consulting services is in the table below.

Table 1: Cost Estimates

Item	Amount ($)
1. International Team Leader Remuneration and Per Diem	260,000
2. International Travel	12,000
3. Land Travel	120,000
4. Communication and Reporting	50,000
5. National Experts' Remuneration and Per Diem	592,000
6. Office Equipment	20,000
7. Training and Education Equipment and Materials, Workshops and Seminars	100,000
8. Contingencies	246,000
Total	**1,400,000**

Source: Asian development Bank Estimates.

20. **Consulting Services.** The consultant will be a firm with extensive experience in road safety. The international Road Safety expert should have a minimum of 15 years' experience including minimum 5 years in the region, and preferably have experience in Cambodia. The consultant will be fully conversant with the links between road user and non-road user experience of roads, traffic and safety, and of the rapidly changing circumstances as the network is developed and traffic increases, and, therefore, be able to carefully design and implement effective road safety measures. The consultant will be able to communicate clearly

and effectively, and absorb and share knowledge with the stakeholders, and should train the national experts to gain their knowledge on international road safety standards of several developed nations where community based good practices are ongoing.

a. Staffing Inputs and Tasks for the Consultant

21. The table below summarizes the staffing inputs of the consultant.

Table 2: Team Composition of Consultants and Person-month Requirements

Consultant team	Person months
International:	
Team Leader/Road Safety Specialist	13
National:	
Road Safety Specialist (3 consultants)	150
Road Safety Engineer	12
Road Safety Community Trainer (3 consultants)	108
Office Assistant	50
Total	**333**

22. The selected consulting firm/individual consultant's team will execute the tasks, but not limited to, what is detailed below.

1. Team Leader/Road Safety Specialist (International), 13 person months

23. The candidate should be an internationally recognized professional with at least 15 years' experiences in traffic and road safety engineering, and development and implementation of traffic and road safety management systems. Must have a good all-around knowledge of road safety in Asia Pacific. Must have hands-on working experience in road safety interventions in rural areas of any developing nation. Must have successful experience in project management at senior levels. Must have demonstrated successful work with a wide range of safety-related projects of government agencies, and ability to work with senior government officials.

24. The Team Leader will undertake the following tasks, but will not be limited to them:

(i) Review the road safety issues in rural roads in Cambodia including the past and current programs (including planned future programs) that are in place and address them through a strong collaboration between the national experts and other stakeholders to prepare a strong dynamic work program;
(ii) Develop an understanding of the psychology of road users and non-road users in order to formulate effective measures to address the road safety problems; demonstrate how this understanding will be used to implement an effective program of work on road safety;
(iii) Manage all implementation, administration, and financial requirements;
(iv) Lead consultations on road safety in the project target area;
(v) Review the role of civil engineering in providing safe roads and the standards used, as well as the capability of engineers to employ them;
(vi) Carry out road safety surveys and audits of the project roads;
(vii) Devise a program, on the basis of the engineering review, surveys, and audits, to improve engineering standards with regard to building safer roads. Provide advice to the DDIS and devise a road user hazard awareness, traffic separation, and traffic calming measures for implementation on the project roads;

(viii) Provide and carry out a training program for engineers to ensure they will accommodate safety standards in their designs and during implementation;
(ix) Prepare and agree with stakeholders the complementary program to improve road safety in Cambodia;
(x) With the assistance of MRD and the DDIS consultants on procurement and coordination, procure the necessary equipment, training materials, and capacity building resources, including the services of local consultants, contractors and other entities, as necessary to implement the program;
(xi) Implement the various components of the program;
(xii) Coordinate the implementation with the holders of road safety information such as the Road Traffic Accident and Victim Information System, and provide feedback on the effectiveness of measures taken, training given, and other components of the program;
(xiii) Provide manuals for capacity development of the community based road safety program to the Provincial Department of Rural Development (PDRD) officers in target provinces, local community members, and other key partners;
(xiv) Support the PDRD officers in target provinces in developing indicators and targets of road safety that are adequate for detailed planning, monitoring, and evaluation of the community based road safety program using updated information on road crash data and road safety activities in the other areas;
(xv) Prepare a memorandum of understanding and/or agreement required to implement the implementation design and financial and reporting requirements, and ensure formal and documented approval of the activities at provincial and district levels; and
(xvi) Ensure complete and on-time submission of formal written reports, including the inception report, monthly report, quarterly reports, and completion report.

2. Road Safety Expert (National, 3), 150 person months total

25. The candidate should have more than 10 years' experience in community-based road safety education and training, including development and implementation of traffic and road safety schemes and management systems. Must have knowledge of road safety data analysis and development. Must have all-around knowledge of all other aspects of road safety including crashes information system. The specialist will undertake the following tasks, but will not be limited to them:

(i) Report to the team leader, and support the team leader in implementing the road safety program and administration of the services;
(ii) Support the establishment of close working relationships with MRD, PDRD in target provinces, and other partners;
(iii) Work with the team leader to design, implement, and monitor detailed implementation and budget plans for the community-based road safety program through a participative approach;
(iv) Organize and participate in the capacity development curriculum for the PDRD officers in target provinces and local community members using the community-based road safety program;
(v) Assist in designing the manual for capacity development for the community-based road safety program;
(vi) Monitor road safety education and training activities using the community-based road safety program;
(vii) Provide regular and timely technical assistance and support to the PDRD officers

in target provinces;

(viii) Ensure that each provincial PDRD officer undertakes appropriate consultations at commune levels to develop and maintain their road crash databases and action plans;

(ix) Support and assist the provincial PDRD officers in preparing and implementing their work plans of the community-based road safety program;

(x) Draft monthly and quarterly progress reports, including detailing achievements, implementation issues, and recommendations for remedial measures;

(xi) Assist the team leader in preparing the analysis, including crashes data processing, road safety evaluation and monitoring, emergency medical systems, etc; and

(xii) Act as the team leader during the absence of the team leader, and close coordination with the DDIS consultants team leader.

3. Road Safety Engineer (National), 12 person months

26. The candidate should have more than 10 years' experience in road safety engineering, including identification and treatment of black spots, road safety monitoring and evaluation, conducting road safety audits, development and implementation of traffic and road safety engineering schemes and management systems, including Intelligent Transportation Systems. Must have knowledge of engineering road safety measures. Must have demonstrated knowledge of safety effect of engineering countermeasures, proper placement and use of signs, pavement markings, and roadside hardware. The specialist will undertake the following tasks but will not be limited to them:

(i) Report to the team leader, and support the team leader in implementing the road safety program and administration of the services;

(ii) Support the establishment of close working relationships with MRD, PDRD in target provinces, and other partners;

(iii) Work with the team leader to identify and treat black spots, road safety monitoring and evaluation, conducting road safety audits, development and implementation of traffic and road safety engineering schemes and management systems;

(iv) Review safety effect of engineering countermeasures, proper placement and use of signs, pavement markings, and roadside hardware;

(v) Support and assist the team leader in the selection of effective and economical road humps for speed control in villages of project roads;

(vi) Assist in designing the manual for capacity development for the community-based road safety program;

(vii) Conduct road safety education and training activities using the community-based road safety program;

(viii) Provide regular and timely technical assistance and support to the PDRD officers in target provinces;

(ix) Support and assist the provincial PDRD officers in preparing and implementing their development plans of road safety facilities; and

(x) Draft monthly and quarterly progress reports, including detailing achievements, implementation issues, and recommendations for remedial measures.

4. Community Trainer (National, 3), 108 person months total

27. The candidate should have more than 5 years' experience in community-based

education and training for road safety program or similar training activities. Must have knowledge of road safety measures. Must have demonstrated knowledge of traffic law, road signs, pavement markings, and roadside hardware. Must have all-around knowledge of all other aspects of road safety including crashes information system. The specialist will undertake the following tasks but will not be limited to them:

(i) Support the team leader and road safety specialist in implementing the road safety program and administration of the services;
(ii) Conduct road safety education and training activities using the community-based road safety program within the project influence area;
(iii) Organize and participate in the capacity development curriculum for the local community members using the community-based road safety program;
(iv) Introduce local communities the manual for community-based road safety program;
(v) Provide regular and timely technical assistance and support to the PDRD officers in target provinces;
(vi) Ensure that each provincial PDRD officer undertakes appropriate consultations at commune levels to develop and maintain their road crash databases and action plans;
(vii) Support and assist the provincial PDRD officers in preparing and implementing their work plans of the community-based road safety program;
(viii) Draft monthly and quarterly training reports, including detailing achievements such as number of attendance by gender and contents of education;
(ix) Collect and report crashes details that occurred in the region regularly.

5. Office Assistant (National), 50 person months

28. The candidate should have more than 5 years' experience in office administration with strong inter-personal skills and English proficiency in writing, speaking, and reading.

29. **Facilities**. A furnished main office in Phnom Penh and its utilities for the consultant will be provided by MRD. Operation and maintenance of office, transport and accommodation of the consultant's full-time, short-term, international, and domestic staff will be financed under the consulting services contract.

30. **Reports**. The consultants will submit reports to ADB, the Australian Agency for International Development (AusAID), and MRD as shown in the table below.

Table 3: Reports for Submission to ADB, Government of Australia, and MRD

Report	ADB	GOA	MRD
Inception Report (after six weeks)	3	3	3
Approved complementary program for implementation (after 3 months)	3	3	5
Monthly Progress Reports	3	3	3
Quarterly Reports	3	3	3
Project Completion Report	3	3	3

ADB = Asian Development Bank, GOA = Government of Australia, MRD =Ministry of Rural Development.

C. Sub-output 2: Strengthening the Capacity of the Social and Environment Office

31. This sub-output will focus on strengthening the capacity of the social and environmental

office (SEO) to function efficiently as a unit that can handle any project with social and environment aspects, in addition to civil works, within MRD.

32. The SEO has been established in 2012 under the Department of Rural Roads, General Directorate for Technical Affairs in MRD. Through the lessons learned during implementation of Loan 2670,[6] the proposed project will support the SEO to be more efficient and effective through the collaborative coordination by PMU and DDIS consultants in the following areas:

I. Specific Duties and Functions of the SEO

(a) **Chief of the SEO:** shall be responsible for the overall activities and operation the SEO.

(b) **Resettlement Section:** shall ensure that functions related to resettlement are implemented (i.e., secure the approval of the Resettlement Plan (if necessary) by the Inter-ministerial Resettlement Committee (IRC); secure prior approval by IRC, ADB, or other donors for any variations in the approved resettlement plan; secure the database of affected persons and assets that will be gathered during the preparation and updating of the resettlement plan; prepare progress reports on resettlement plan implementation for submission to the PMU and MRD, etc.

(c) **Social and Gender Section:** shall ensure that the GAP, HHTPP, and other social and environmental safeguards plan of action are implemented, monitored, and evaluated.

(d) **Environment Section:** shall ensure that all reports, activities, and guidelines are implemented in compliance with the environment management plan (EMP) and other environment policies or guidelines.

II. Staffing of the SEO

(a) **Social Resettlement Officer**: should be a graduate of a technical discipline and or social sciences; with experience of at least 5 years in resettlement projects; have good human relation skills; has good command of technical English and writing skills; and must have good human relations skills and positive attitudes to work in the field.

(b) **Social and Gender Officer**: should be a graduate of behavioral or social science courses, with at least 5 years' experience in implementing programs on labor and gender, HHTPP, community organizing, monitoring an evaluation and other related functions; should have good command of technical English and Khmer language; should have good human relations skills and leadership abilities; and should have positive attitudes to interact with people at the villages and/or commune levels, and have at least 1 year experience in conducting trainings, monitoring and evaluation.

[6] Lessons Learned (accessible from the list of linked documents in Appendix 2 of the RRP).

(c) **Environment Officer/Specialis**t: the appropriate person should be a graduate of a technical discipline such as environmental science, forestry, water resources, or urban and rural planning; should have good command of technical English; have a minimum of 5 years' experience; computer literate (generally used office software); have a working knowledge of geographic information system; and be prepared to combine office duties with field work.

III. Training. The SEO officers require practical and operating resources and training to be provided both locally, regionally, and internationally. Study tours are proposed to develop the knowledge required to be able to function effectively. The SEO officers would then provide training in social, resettlement, and environmental safeguards, and its pro-poor approaches to rural transport to each of the PDRDs.

(a) **Training and Orientation for the SEO Officers:** on the following areas: major functions of the SEO and implementation arrangements and/or organizational structure, policies and guidelines related to environment, resettlement, labor and gender, climate change, road safety and other social safeguards; familiarization of the various action plans for GAP, HHTPP, and road safety; update on resettlement and environment issues in the project areas, etc.

(b) **On the implementation of the GAP:** Need to coordinate with the PDRD and orient them on the action plans and activities, etc.; conduct consultation with the Commune Council; conduct capacity building on labor-based appropriate technology for unskilled men and women in each commune; collect the inventory of unskilled men and women lists from the commune and/or village chiefs in the project areas; and administer the same in other communes in the 7 provinces. The said list will be submitted to the contractors. There is also a need to orient the contractors on the GAP, HHTPP, etc. prior to project implementation.

(c) **On the implementation of the HHTPP:** There is a need to sit down with the organization and/or agency that will implement the HHTPP, and discuss ADB policies as regards HHTPP, schedule of activities and agree on monitoring and evaluation tools that will be used for future project impact monitoring.

(d) **On Resettlement:** Site inspection and collection of information on resettlement impacts. Due Diligence Report will be prepared and submitted to ADB in the case that a project affects land, structures, trees, and other properties owned by local people along the project road due to the improvement works.

(e) **On Environment:** Strict compliance of the requirements, procedures, and implementing guidelines aligned with the policies on resettlement, environment, and social and gender measures during project implementation (i.e., provisions of the EMP, ADB's Safeguards Policy Statement [2009], etc.). The same thing must be done for the environment, including required environmental impact assessment and/or reports, etc.

D. Sub-output 3: HIV/AIDS and Human Trafficking Awareness and Prevention Program

I. Description of Sub-output

33. The RRIP II is generally an expansion of the rural roads network to be improved included in Loan 2670[7], which covers a total length of approximately 505 km in 7 provinces, most of which are located around Tonle Sap Basin. The RRIP II plans to improve a total length of about 1,031 km of rural road sections in 102 communes in 47 districts and has the potential to benefit over 0.76 million population in 9 provinces (approximately over 180,000 households), namely: Banteay Meanchey, Battambang, Kampong Cham, Kampong Chhnang, Kampong Speu, Kampong Thom, Pursat, Siem Reap and Takeo. The 2 additional provinces included in RRIP II are Banteay Meanchey and Takeo (see Table 1 of Annex 1 for detailed population data).

34. **Objectives.** The road will provide an all-year road access from provincial towns and agricultural areas, and will provide greater accessibility to basic facilities and services The objective of this sub-output is to mitigate any negative impacts in rural residents due to HIV/AIDS and human trafficking.

35. **Project Impacts.** The project is expected to provide positive impacts to the households in the project areas and adjacent provinces. Having an improved road is a proactive step to help the people in improving their health condition. On economic aspect, improved roads will facilitate transportation of agricultural products from farm to market, generate jobs to the local people and unskilled laborers, both men and women, and earn income while working in the rural road project. Travel time will be faster and convenient. Above all, improved roads will be a great help for children and teachers considering the reality that schools are located far from their communes and/or villages. After project completion, improved roads will provide greater access for households to basic facilities and services (i.e., banks, clinics, credit facilities, health centers, hospitals, markets, schools, and other facilities). A major concern raised by the households in the project areas is bad roads, particularly during rainy season. Unimproved roads will slow down both economic and social development in the rural areas, where the primary livelihoods of the people are farming and fishing. Having improved roads will also contribute to increase in enrollment and completion rates among the children, particularly girls. The rural roads improvement project is aligned with the Government of Cambodia's poverty reduction strategy.

36. Although having improved roads have more positive impacts, it may also have potential risks such as increase in road crashes, increase in number of individuals with HIV/AIDS and sexually-transmitted diseases (STD), and human trafficking cases. The National Aids Authority (NAA), a government agency in Cambodia, mentioned that the spread of HIV/AIDS is more prominent not only among girls and women, but also among men having sex with men. The said potential risks could be addressed by conducting public awareness campaign on the HIV/AIDS and Human Trafficking Awareness and Prevention Program (HHTPP). Necessary social safeguard and relevant mitigation measures will be formulated to address the said social risks.

37. **Location of the Project Areas.** The RRIP II will be implemented in 102 communes and 47 districts in 9 provinces. The provinces included in the project areas are Banteay Mean Chey, Battambang, Kampong Cham, Kampong Chhnang, Kampong Speu, Kampong Thom, Pursat,

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[7] Footnote 1.

Siem Reap, and Takeo. The specific locations of the project areas in the 9 provinces are shown in Appendix 1.

38. **Gender Issues and Concerns: Macro Level.** The aforementioned achievements in the Millennium Development Goals (MDGs) are further affirmed in the Global Gender Gap (GGG) 2012 Report published by the World Economic Forum. The said report stated that Cambodia ranked 103 (out of 135 countries across the world) in the lower half of the rankings within the Asia-Pacific region, in the same line as Malaysia (rank 100), Japan (101) and India (105). Cambodia achieved positive improvement in health and survival indicator of the GGG, and is one of the five countries from the region that has closed the gap on health and survival sub index (in rank 1). However, the country has lower performance in economic participation and political empowerment due to the decrease in women in ministerial positions (from 10% in 2011 to 5% in 2012). Likewise, economic participation, also declined to rank 78 (see Table 2 of Annex 1).

39. The data presented in this report are mostly national data (macro level). Specific data gathered from the local communities are not yet included in this report as the data from the baseline survey conducted in April–May 2013 are still being processed by the Survey and Data Entry Team. A follow-up report and analysis of the primary data gathered in the RRIP areas (9 provinces) will be prepared.

40. At the national level, the Cambodia Socioeconomic Survey (CSES) conducted in 2010 shows that every fifth household in Cambodia on average is headed by women. In 2009, there were 21.6% female-headed households as compared to 22.4% in 2008. This pattern is common among the households in Phnom Penh and in other urban areas. The country's rural population in 2009 was 80.48% while 22.2% represent the urban population, and the country's population is projected to increase fast in the next 5 to 10 years. The women comprised over 7 million compared to men which has a total population of 6.8 million in 2009 (see Table 4).

Table 4. Households headed by women as percent of all households (2008–2010)

Domain	Census 2004	CSES 2007	Census 2008	CSES 2009	CSES 2010
Cambodia	**21.8**	**22.2**	**22.4**	**21.6**	**22.3**
Phnom Penh	26.3	26.5	26.9	25.2	25.1
Other urban	23.0	24.3	24.2	23.8	26.8
Other rural	21.1	21.4	21.7	20.9	21.4

CSES = Cambodia Socioeconomic Survey.
Source: CSES, 2010.

41. It is also significant to note that Cambodia's population is generally young, under 20 years of age, which is considered as a productive age. This would mean younger labor force who will be looking for jobs yearly (around 250,000 to 300,000 job seekers), and increase in human resources will help the country's economic growth and poverty reduction. Some of the major challenges that need to be addressed, with the increasing younger aged population, are creation of more job opportunities to reduce high unemployment rate in the country, lack of access to basic education, poor basic health services, limited employment opportunities, rapid population growth due to younger mothers capable of having more pregnancies, and greater exposure of the younger population to unhealthy and risky lifestyle (such as increase in number of drug users and HIV/AIDS, etc.). These would require concerted efforts from various agencies and stakeholders to promote public awareness and prevention of said problems.

42. Another demographic factor that contributes to changes in population growth is migration, either in-migration (within the country) or out-migration (outside the country) to look

for employment. In Cambodia, labor force migrates to adjacent countries to work in the construction companies, factories, farm, and other kinds of jobs. Migration after planting and harvest seasons is higher due to lack or absence of job opportunities in the local areas. Others migrate to Phnom Penh, Siem Reap, or other cities where they work in garment factories, construction work, and some ended up working in hotels, restaurants, karaoke bars, etc. Lack of knowledge, combined with need for jobs due to poverty, would leave them with limited or no choice but to accept cheap labor, and others are compelled by employers to engage in prostitution and other sorts of exploitation including low wages. Problems related to human trafficking need to be anticipated due to increasing number of poor people (including women and girls) who would like to work, and may end up becoming victims of human trafficking.

43. The primary livelihood of more than 80% households in Cambodia is farming. Major crops planted are corn, rice, root crops, vegetables, and other kinds of fruits like banana, mango, etc. Palm trees are also common in the provinces. In addition to flood, the farmers are also concerned of the effects of drought as they have a problem with access to safe drinking water during drought. There are very few shops, vulcanizing centers, and eateries (small restaurants) which operate in the project areas. Other household members are migrant workers, rubber plantation workers, and construction workers in areas outside the Mekong River Island connectivity areas.

44. Overall, in the province and in Cambodia as a whole, majority of the farmers cultivate rice only once a year due to absence of irrigation facilities and/or some rice fields flooded during rainy season or from the Tonle Sap. Less than 10% of the rice lands in Cambodia have access to irrigation. Another challenge that farmers usually encounter is flooding of their farm land during heavy rains, including the areas surrounding the Tonle Sap every time the Tonle Sap and Mekong River swell or overflow the lowlands. Women's livelihoods are particularly at risk due to significant post-harvest participation. Cambodia's fishery sector is almost all capture fisheries with very limited aquaculture, thereby making the sector highly vulnerable to changes in the Mekong (notably, the flood pulse), particularly if exacerbated by hydropower development (UN-Cambodia-CCA 2009).

45. **National HIV Situation.** Cambodia has made good progress in containing the HIV epidemic with HIV prevalence falling from 1.2% in 2003 to an estimated 0.9% in 2006. The decline has been attributed to the 100% Condom Use Program and safe-sex campaigns that have targeted brothel-based sex workers and their clients. Annual reports for 2005 and 2006 and Third Comprehensive Quarterly Report 2007 from the National Centre for HIV/AIDS, Dermatology and STD in Phnom Penh. However, a second wave of HIV infections is being seen among most-at-risk populations, including indirect female sex workers,[8] clients of sex workers and their partners, men who have sex with men, and injecting drug users (IDUs).[9] The confluence of unprotected paid sex and sharing of contaminated needles during illicit drug use is flagged as a key driver in the current epidemic, even if HIV prevalence among female sex workers have decreased from 21.4% in 2003 to 12.7% in 2006. According to a 2006 data, HIV prevalence among IDUs tested was at 14.3%.[10] As male clients of sex workers also have sex with their wives and girlfriends, more traditionally low-risk women are increasingly getting infected. In 2006, among the total number of people living with HIV, 52% were estimated to be

[8] A person whose primary job is to provide services at the entertainment establishments but could provide sexual services to clients as an extra job upon mutual agreement, as defined by NAA.

[9] Cambodia UNGASS Report, 2008.

[10] National Authority for Combating Drugs. 2006. Report on Illicit Drug data and Routine Surveillance System in Cambodia (included data gathered by two nongovernment organizations (NGOs) working with drug users in Phnom Penh).

women compared to 37% in 1998. In 2005, married women accounted for almost half of new infections.[11]

46. Under the decentralization & deconcentration (D&D) policy of the Government, local governments at district and commune levels are being strengthened to plan, implement, and manage their community development plans. In 2002, commune councils were established in all of the 1,621 communes in the country, each one receiving a discretionary budget of $15,000 per year as their community *sangkat* fund. Selected communes are also receiving additional funds from development partners (mainly from United Nations Development Programme, United National Population Fund and United Nations Children's Fund) to create and pilot different committees on social sector issues, e.g. Commune Committee on Women and Children. In line with the D&D policy, NAA mandated the creation of District AIDS Committees and Commune AIDS Committees in 2006. Roll-out of this NAA sub-decree commenced in 2009, but it has been slow due to limited funding.

47. **Awareness of AIDS by Province.** 99% of women and men age 15–49 have heard and are aware of AIDS. About 86% of women know about AIDS and 93% of men are aware of AIDS. Knowledge of AIDS exceeds 98% among women and men in all age groups, in all marital status, and by urban and rural residence. About 96% of women and 95% of men without schooling have heard about AIDS (see Table 3 of Annex 1).

48. **Knowledge of HIV Prevention Methods.** Percentage of women and men aged 15–49 years old, who, in response to prompted questions, say that people can reduce the risk of getting the AIDS virus by using condoms every time they have sexual intercourse, and by having one sex partner who is not infected and has no other partners (see Tables 4 and 5 of Annex 1). The percentage of women who are aware on how to prevent HIV/STDs are presented in the succeeding tables (i.e., using condoms, having 1 sexual partners, etc.). The data are presented per province.

II. Consulting Services for HHTPP

a. Description of the Program

49. **Impact and Outcome.** The impact of the proposed intervention is to have contributed to achieving MDG 6, Target 7: to have halted and begun to reverse the spread of HIV/AIDS by 2015 in the Greater Mekong Subregion. The outcome is reduced HIV transmission and prevalence of sexually transmitted infections (STI) among workers and communities associated with the Project, and prevention of human trafficking. The project will focus on four activities: (i) community-based risk mitigation package for HIV and human trafficking; (ii) focused HIV initiatives in the work setting and/or construction sites; (iii) strengthened sexual and reproductive health services (SRH) at district-level; and (iv) a rigorous monitoring and evaluation system.

b. Methodology and Key Activities

50. The project will focus on four activities:

(i) **Community-Based Risk Mitigation Package for HIV and Human Trafficking.** The output will be strengthened capacity of local communities to address HIV and human trafficking issues associated with road construction. In line with the

[11] UNAIDS. 2006. *Overview of the Global AIDS Epidemic for 2006.* Geneva.

D&D policy, focus will be placed on supporting local communities in designing, implementing, and monitoring community-based HIV and human trafficking prevention activities. The consultant will support the commune AIDS committees in reviewing, implementing, and updating the strategies and actions plans they developed under regional technical assistance (RETA) 6467: Mitigating Risk in the Greater Mekong Subregion, for continued HIV and human trafficking risk mitigation during and after the improvement of subproject roads. The consultant will also coordinate activities RETA 6448: Integrating Human Trafficking and Safe Migration Concerns for Women and Children into Regional Cooperation, conducted by United Nations Interagency Project on Trafficking (UNIAP). The activities under this component are presented below.

(a) A capacity needs assessment will be conducted among the district and commune AIDS committees, village health support groups, and commune health centers on what knowledge and skills need to be strengthened in order to effectively implement the community strategies and action plans for HIV, STI, safe migration, and human trafficking prevention. In collaboration with the provincial AIDS committees, UNIAP, and relevant ministries and task force on anti-human trafficking – Leading Task Force to Fight Human Trafficking, Smuggling, Exploitation and Sexual Exploitation of Women and Children; the National Task Force to Implement Agreements, Memoranda of Understanding between the Royal Government of Cambodia and Relevant Countries on the Elimination of Trafficking in Persons and Assisting Victims of Trafficking, the Secretary of State for the Ministry of Women's Affairs, and involved relevant ministries, the consultant will develop a customized curriculum and conduct training at district-level, clustering nearby commune AIDS committees per training. As one of the main outputs of the training workshop, each commune AIDS committee will be asked (i) to prioritize which prevention activities in the action plans can be supported by the Project; and (ii) to develop and update annual work plans, cost estimates, and monitoring and evaluation (M&E) frameworks to implement these. The consultant, in collaboration with the provincial AIDS committees and task force on anti-human trafficking, will be responsible for overall management, coordination, quality assurance, and providing timely technical support to the commune AIDS committees for designing, implementing, and monitoring the approved annual work plans.

(b) Regular awareness and behavior change activities for HIV and STI prevention, safe migration, and anti-trafficking will be integrated into the community action plans, which the consultants will be responsible for implementation. The consultants will use the "*For Life, With Love*: Training Tool for HIV Prevention in Road Construction Settings and Affected Communities", developed by ADB and the International Organization for Migration (IOM) in 2009.[12] This consultant will also do on-the-job training for the commune AIDS committees on how to use the *For Life, With Love* training tool.

(c) Partner with the provincial health authorities and NGOs in the area to ensure condom accessibility, availability, and affordability.

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[12] ADB and IOM. 2009. *For Life, With Love*: Training Tool for HIV Prevention in the Road Construction Setting and Affected Communities. Manila.

(ii) **Focused HIV Initiatives in Work Settings.** The output will be effective and gender-responsive HIV and STI prevention services for the construction workforce, entertainment and casino workers, and border police and officials. In collaboration with the local AIDS authorities, NGOs, and other relevant government agencies, HIV prevention activities and services should include the activities below.

(a) For the construction workforce, awareness and behavior change activities will be conducted using the *For Life, With Love* Training Tool. Weekly education and training sessions in the campsites will be conducted targeting supervising consultants, project managers, construction laborers, transport and auxiliary workers, office staff, campsite laborers, etc. These will be done at an appropriate time for men and women to attend, considering the difference in women's duties and work schedules. Condoms will be available to the construction workforce at the sites.

(b) For entertainment sites (e.g. karaoke bar, casinos, and restaurants), awareness and behavior change activities using the *For Life, With Love* Training Tool will be implemented, targeting entertainment workers.[13] Activities will include motivating entertainment owners and/or managers to support and sustain HIV prevention programs in the workplace, including the 100% Condom Use Program (where appropriate). Interventions should consider the varying nationalities of the entertainment workers and clients (e.g. Vietnamese entertainment workers and Thai clients).

(c) Voluntary and confidential counseling and testing services will be promoted for HIV and other STIs, and a confidential referral system will be established for all target groups during and after the construction period.

(d) Partnership with the provincial health authorities and NGOs in the area to ensure condom accessibility, availability, and affordability.

(iii) **Strengthened SRH Services at District-Level.** The output will be SRH services that are responsive to the needs of men, women, and the youth in the community, including the construction workforce and other migrant workers. The activities are presented below.

(a) Follow-up and/or refresher training courses on STI diagnosis and treatment, and HIV referral will be provided to public and private health and pharmacy workers near construction camps and work sites.

(b) A functional referral system for HIV testing, treatment, care and support services will be established in district and commune health centers near the construction camps and sites.

(c) Partnership with the provincial health authorities and NGOs in the area to ensure condom accessibility, availability, and affordability at affected districts.

(iv) **Monitoring and Evaluation.** The output will be high-quality and timely information on the progress and effectiveness of the project activities being

[13] “Entertainment workers" is a term used in Cambodia to include direct and indirect sex workers and their clients.

implemented. This will be implemented in close collaboration with the provincial, district, and commune AIDS committees. The activities included are presented below.

(a) Development of a project performance and management system (PPMS) to be applied throughout the project duration (baseline, mid-term and end-term) that is informed by, and can inform the national M&E framework.
(b) Documentation, forums, and dissemination activities on the changing risks and vulnerabilities faced by local communities around HIV and human trafficking.
(c) Mid-term and end-term workshops will be conducted among key stakeholders to discuss concerns, lessons, and recommendations for remedial measures and improving strategies for future interventions in the project area or other similar areas.

c. Implementation Arrangements

51. MRD will be the executing agency for the Project and will be responsible for overall coordination with the steering committee (which will be established) and other partners. In the PMU of MRD, there will be a nominated focal person responsible for overseeing the overall implementation of the program. This focal person will convene a steering committee that will provide technical advice in the design, monitoring and evaluation of the activities, chaired by the Ministry of Public Works and Transport (Ministerial AIDS Committee) and NAA. The co-chairs will include representatives from the project supervision consultant and provincial AIDS committees, UNIAP and task force on anti-human trafficking.

52. Nine civil works contractors and subcontractors will be required to request and encourage all workers to participate in HIV awareness training. Conditions to this effect will be included in the relevant works contracts. Contractors are to maintain up-to-date lists of workers employed by work site and provide this information, on a monthly, basis to the service provider to enable the service provider to monitor participation rates in training and awareness raising activities. Civil works contractors will also be required to assign an HIV focal point for each work site who will be responsible for passing on relevant Information, Education and Communication (IEC) materials to any new worker who commence at a given work site after HIV awareness training has already been conducted at the site.

d. Consulting Services

53. MRD will select a program-implementing consultant, which may be a consulting firm, a joint venture, a consortium of consulting firms, or an NGO, following the quality-based selection and simplified technical proposal in accordance with ADB’s Guideline on the Use of Consultants (2013, as amended from time-to-time). Procurement by consultants of the office equipment and supplies required for the program implementation will be in accordance with ADB’s Procurement Guidelines (2013, as amended from time-to time).

54. The program-implementing consultant will be responsible for the effective and efficient implementation of the Program. The consultant should have demonstrated competence and experience in implementing an HIV and human trafficking prevention program in the infrastructure sector. The consultant should have at least 5 years of prior work experience in the project area. The consultant team should consist of 1 national team leader (18 person-month), 1 national deputy team leader (36 person months), 2 national program officers (a total of 80

person months), and 1 national M&E officer (10 person months). The civil works contractors and subcontractors need to be involved in the HIV prevention program, as required by the DDIS consultant. Collaboration with the program-implementing consultant is included in the terms of reference (TOR) for the DDIS consultant and the bidding documents for civil works contractors and subcontractors, for ADB, Government of Australia, Export-Import Bank of Korea, and Nordic Development Fund financed works.

55. The composition of consultants and person-month are shown below.

Table 5: Composition of Consultants and Peron-months Requirements

Consultant team		Person-months
National	Team Leader	18
	Deputy Team Leader	36
	Program officers (4)	80
	M&E Officer	10
Total		**144**

56. HIV/AIDs and Human Trafficking Awareness and Prevention Program (HHTPP). The following para. describes the HHTPP and the TOR.

a. Description of the Program

57. **Impact and Outcome.** The impact of the proposed intervention is to have contributed to achieving the Millennium Development Goal 6, Target 7: to have halted and begun to reverse the spread of HIV/AIDS by 2015 in the Greater Mekong Subregion. The outcome is reduced HIV transmission and prevalence of STIs among workers and communities associated with the Project and prevention of human trafficking. The project will focus on four outputs: (i) community-based risk mitigation package for HIV and human trafficking; (ii) focused HIV initiatives in the work setting/construction sites; (iii) strengthened sexual and reproductive health services at district-level; and (iv) a rigorous monitoring and evaluation system

b. Methodology and Key Activities

58. The project will focus on four outputs:

(i) **Community-Based Risk Mitigation Package for HIV and Human Trafficking.** The output will be strengthened capacity of local communities to address HIV and human trafficking issues associated with road construction. In line with the D&D policy, focus will be placed on supporting local communities in designing, implementing and monitoring community-based HIV and human trafficking prevention activities. The consultant will support the commune AIDS committees in reviewing, implementing and updating the strategies and actions plans they developed under RETA 6467: Mitigating Risk in the Greater Mekong Subregion, for continued HIV and human trafficking risk mitigation during and after the improvement of subproject roads. The consultant will also coordinate activities under RETA 6448: Integrating Human Trafficking and Safe Migration Concerns for Women and Children into Regional Cooperation, conducted by United Nations Interagency Project on Trafficking (UNIAP). The activities under this component are presented below.

(a) A capacity needs assessment will be conducted among the district and

commune AIDS committees, village health support groups and commune health centers on what knowledge and skills need to be strengthened in order to effectively implement the community strategies and action plans for HIV, STI, safe migration and human trafficking prevention. In collaboration with the provincial AIDS committees, UNIAP, and relevant ministries and task force on anti-human trafficking Leading Task Force to Fight Human Trafficking, Smuggling, Exploitation and Sexual Exploitation of Women and Children; National Task Force to Implement Agreements, Memoranda of Understanding between the Royal Government of Cambodia and Relevant Countries on the Elimination of Trafficking in Persons and Assisting Victims of Trafficking, Secretary of State for the Ministry of Women's Affairs, and involved relevant ministries, the consultant will develop a customized curriculum and conduct training at district-level, clustering nearby commune AIDS committees per training. As one of the main outputs of the training workshop, each commune AIDS committees will be asked (i) to prioritize which prevention activities in the action plans can be supported by the Project; and (ii) to develop and update annual work plans, cost estimates and monitoring and evaluation frameworks to implement these. The consultant, in collaboration with the provincial AIDS committees and task force on anti-human trafficking, will be responsible for overall management, coordination, quality assurance, and providing timely technical support to the commune AIDS committees for designing, implementing and monitoring the approved annual work plans.

(b) Regular awareness and behavior change activities for HIV and STI prevention, safe migration and anti-trafficking will be integrated into the community action plans, which the consultants will be responsible for implementation. The consultants will use the *For Life, With Love:* Training Tool for HIV Prevention in Road Construction Settings and Affected Communities, developed by ADB and the International Organization for Migration (IOM) in 2009. This consultant will also do on-the-job training for the commune AIDS committees on how to use the *For Life, With Love* training tool.

(c) Partner with the provincial health authorities and NGOs in the area to ensure condom accessibility, availability and affordability.

(ii) **Focused HIV Initiatives in Work Settings.** The output will be effective and gender-responsive HIV and STI prevention services for the construction workforce, entertainment and casino workers, and border police and officials. In collaboration with the local AIDS authorities, NGOs and other relevant government agencies, HIV prevention activities and services should include the activities below.

(a) For the construction workforce, awareness and behavior change activities will be conducted using the *For Life, With Love* Training Tool. Weekly education and training sessions in the campsites will be conducted targeting supervising consultants, project managers, construction laborers, transport and auxiliary workers, office staff, campsite laborers, etc. These will be done at an appropriate time for men and women to attend, considering the difference in women's duties and work schedules. Condoms will be available to the construction workforce at the sites.

(b) For entertainment sites (e.g. karaoke bar, casinos, restaurants), awareness and behavior change activities using the *For Life, With Love* Training Tool will be implemented targeting entertainment workers. Activities will include motivating entertainment owners/managers to support and sustain HIV prevention programs in the workplace, including the 100% Condom Use Program (where appropriate). Interventions should consider the varying nationalities of the entertainment workers and clients (e.g. Vietnamese entertainment workers and Thai clients).

(c) Voluntary confidential counseling and testing services will be promoted for HIV and other STIs and a confidential referral system will be established for all target groups throughout the construction period, and afterwards.

(d) Partnership with the provincial health authorities and NGOs in the area to ensure condom accessibility, availability and affordability.

(iii) **Strengthened Sexual and Reproductive Health Services at District-Level.** The output will be sexual and reproductive health (SRH) services that are responsive to the needs of men, women and youth in the community, including the construction workforce and other migrant workers. The activities are presented below.

(a) Follow-up and/or refresher training courses on STI diagnosis and treatment and HIV referral will be provided to public and private health and pharmacy workers near construction camps and work sites.

(b) A functional referral system for HIV testing, treatment, care and support services will be established in district and commune health centers near the construction camps and sites.

(c) Partnership with the provincial health authorities and NGOs in the area to ensure condom accessibility, availability and affordability at affected districts.

(iv) **Monitoring and Evaluation.** The output will be high-quality, timely information on the progress and effectiveness of the project activities being implemented. This will be implemented in close collaboration with the provincial, district and commune AIDS committees. The activities included are presented below.

(a) Development of a project performance and management system (PPMS) to be applied throuperson monthsghout the project duration (baseline, mid-term and end-term) that is informed by, and can inform the national monitoring and evaluation (M&E) framework.

(b) Documentation, forums and dissemination activities on the changing risks and vulnerabilities faced by local communities around HIV and human trafficking.

(c) Mid-term and end-term workshops will be conducted among key stakeholders to discuss concerns, lessons and recommendations for remedial measures and improving strategies for future interventions in the project area or other similar areas.

c. Implementation Arrangements

59. The MRD will be the executing agency for the Project and will be responsible for overall

coordination with the steering committee (to be established) and other partners. In the PMU of MRD, there will be a nominated focal person responsible for overseeing the overall implementation of the program. This focal person will convene a steering committee that will provide technical advice in the design, monitoring, and evaluation of the activities, chaired by MPWT (Ministerial AIDS Committee) and NAA. The co-chairs will include representatives from the project supervision consultant and provincial AIDS committees, UNIAP, and task force on anti-human trafficking.

60. Twelve civil works contractors and subcontractors will be required to request and encourage all workers to participate in HIV awareness training. Conditions to this effect will be included in the relevant works contracts. Contractors are to maintain up-to-date lists of workers employed by work site and provide this information on a monthly basis to the service provider to enable the service provider to monitor participation rates in training and awareness raising activities. Civil works contractors will also be required to assign an HIV focal point for each work site who will be responsible for passing on relevant information, education, and communication materials to any new workers who commence at a given work site after HIV awareness training has already been conducted at the site.

d. Consulting Services

61. MRD will select a program-implementing consultant, which may a consulting firm, a joint venture, a consortium of consulting firms, or a non-governmental organization, following the quality-based selection and simplified technical proposal in accordance with ADB's Guideline on Use of Consultants. Procurement by consultants of the office equipment and supplies required for the program implementation will be in accordance with ADB's Procurement Guidelines.

62. The program-implementing consultant will be responsible for the effective and efficient implementation of the Program. The consultant should have demonstrated competence and experience in implementing an HHTPP in the infrastructure sector. The consultant should have at least 5 years of prior work experience in the project area. The consultant team should consist of one national team leader (30 person months), a national deputy team leader (48 person months), 4 national program officers (a total of 120 person months), and a national M&E officer (30 person months). The civil works contractors and subcontractors need to be involved in the HIV prevention program, as required by the DDIS consultant. Collaboration with the program-implementing consultant is included in the terms of reference for the DDIS consultant and the bidding documents for civil works contractors and subcontractors, for ADB, the Government of Australia, Pilot Program for Climate Resilience, and KEXIM financed works.

63. The composition of consultants and person-month are shown below.

Consultant team – for revision		**Person-months**
National	Team Leader	30
	Deputy Team Leader	48
	Program officers (4)	120
	M&E Officer	30
Total		**228**

M&E = monitoring and evaluation.

e. Terms of reference

(i) Team Leader – National, 30 person months

64. The team leader and HIV prevention specialist will have a bachelor's degree in health, public health, social service, or related field, and at least eight years of work experience, including five years in project management. At least 4 years of proven work experience in HIV prevention is required and at least 2 years work experience in safe migration and human trafficking. The specialist will undertake the following tasks but will not be limited to them:

(i) Report to the supervising consultant team leader, MRD focal person and ADB;
(ii) Manage all implementation, administration, and financial requirements;
(iii) Lead consultations on HIV and human trafficking in the project area;
(iv) Guide the team and ensure that all the activities are implemented according to the TOR and any subsequent instructions or guidance from PMU and ADB, and be responsible for the collective work of the team;
(v) Ensure regular liaison with PMU, Steering Committee, Commune Councils, and other key partners;
(vi) Take responsibility for preparing a detailed implementation and budget for outputs 1–4 through a participatory planning process, including extensive consultations with the commune councils, civil works contractors and subcontractors, transport companies, commercial and entertainment establishments, local communities, and the Steering Committee.
(vii) Manage the overall technical and financial assistance to the commune AIDS committees;
(viii) Get the *For Life, With Love* training tool from ADB and/or IOM and train the team on how to use it;
(ix) Design the work plan for the education and behavior change activities for outputs 1–3 using the *For Life, With Love* training tool, including the on-the-job training for commune AIDS committees;
(x) Develop and ensure the overall implementation of an effective M&E system for internal monitoring of implementation and outcomes;
(xi) Provide technical guidance to the national M&E officer in developing the project PPMS and supporting the commune AIDS committees in developing and updating their community M&E frameworks;
(xii) Support the M&E officer in developing indicators and targets that are adequate for detailed planning, monitoring, and evaluation of the program using updated information on HIV/AIDS, STIs, sex work, transport settings, commercial and entertainment settings, mobility and migration patterns, ethnic minority settings, health systems, among others.
(xiii) Prepare memorandum of understanding and/or agreements required to implement the implementation design, financial and reporting requirements, and ensure formal and documented approval of the activities at provincial and district levels; and
(xiv) Ensure complete and on-time submission of formal written reports, including the inception report, baseline study, implementation report, quarterly reports, annual reports, and completion report.

(ii) Deputy Team Leader – National, 48 person months

65. The deputy team leader will have a bachelor's degree in health, public health, social service, or related field, at least five years of work experience in project implementation and/or coordination, and at least 3 years of proven work experience in HIV prevention and safe migration and human trafficking. The specialist will undertake the following tasks but will not be limited to them:

(i) Report to the team leader, and support the team leader in managing the team and other consultants and making all arrangements for the smooth implementation and administration of the team's work;
(ii) Support the establishment of close working relationships with MRD, Steering Committee, supervising consultant, civil works contractors, commune councils and AIDS committees, district AIDS committees, and CAMCONTROL. [14] CAMCONTROL is the force of enforcement officers from Police and Customs who are specially assigned for border-post control., and other partners;
(iii) Work with the team leader to design, implement, and monitor detailed implementation and budget plans for outputs 1–4 through a participative approach;
(iv) Organize and participate in the training course for using the *For Life, With Love* training tool;
(v) Assist in designing the curriculum for the *For Life, With Love* training tool, including the on-the-job training for the commune AIDS committees;
(vi) Conduct awareness and behavior change activities using the *For Life, With Love* training tool;
(vii) Provide regular and timely technical assistance and support to the commune AIDS committees and the Steering Committee;
(viii) Ensure that each commune AIDS committee undertakes appropriate consultations at provincial, district, and village levels to develop and maintain their community databases and action plans;
(ix) Support the national officers in preparing and implementing their work plans and assist the national M&E officer in establishing and maintaining the PPMS;
(x) Draft quarterly and annual progress reports, including detailing achievements, implementation issues, and recommendations for remedial measures; and
(xi) Assist the team leader in preparing formal written reports, including the inception report, baseline study, implementation report, annual reports, and completion report.

(iii) Program Officers (4 persons) – National, 120 person months total

66. The program officers will have a bachelor's degree in any related field and at least three years of work experience in HIV and/or and human trafficking prevention. The specialists will undertake the following tasks but will not be limited to them:

(i) Report to the deputy team leader and work as a member of the team;
(ii) Implement field-level activities for outputs 1–3 and assist in output 4;
(iii) Work closely with commune, district and provincial AIDS committees, UNIAP and

[14] CAMCONTROL is the force of enforcement officers from Police and Customs who are specially assigned for border-post control, and other partners.

task force on anti-human trafficking;

(iv) Conduct awareness and behavior change activities using the *For Life, With Love* training tool, including on-the-job training for commune AIDS committees;

(v) Assist the commune AIDS committees in maintaining their community databases and developing evidence-informed action plans;

(vi) Provide technical support to commune AIDS committees in designing, implementing and monitoring their annual work plans, including financial and liquidation requirements;

(vii) Assist in ensuring that commune AIDS committees, outreach workers and SRH service providers undertake appropriate consultations with communities, village health support groups, associations for people living with HIV/AIDS, and other key partners in the project area;

(viii) Provide the deputy team leader with quarterly progress reports of community action plans, including achievements, implementation issues, and recommendations for remedial measures; and

(ix) Assist the national M&E officer in implementing the PPMS.

(iv) M&E Officer – National, 30 person months (intermittent)

67. The national M&E officer will develop and implement PPMS to (i) assess implementation progress in a timely fashion, (ii) enable appropriate adjustment of the activities during road construction through monitoring performance indicators, and (iii) evaluate the impacts of the intervention. The PPMS is aimed at improving the knowledge of the HIV and human trafficking issues and its dynamics in relation with the implementation of infrastructure projects to help fine-tune prevention programs associated with such projects in HIV and human trafficking-prevalent areas. The national M&E officer will undertake the following tasks but will not necessarily be limited to them:

(i) During the inception phase, develop a PPMS including establishment of data sources and a set of performance indicators based on the intervention targets and anticipated outputs. The PPMS will report on a set of data including (a) HIV prevalence in the project areas disaggregated by gender and target group, e.g. construction workers, local communities and entertainment workers; (b) incidence of STIs among the same vulnerable groups and accessibility of quality STI testing and treatment services; (c) behavior change; (d) availability of condoms in project areas; and (e) cases of human trafficking.

(ii) Train and provide technical assistance to the commune AIDS committees in developing and maintaining the community databases;

(iii) Prepare appropriate procedures, and mechanisms for the participation of key stakeholders and periodic collection and processing of data. Maintain data on the numbers of workers who participate in the awareness training. The data should include total numbers as well as unique individuals of those participating as well as numbers of workers not participating in the awareness training per site based on lists of workers provided by the contractor/subcontractor as well as other anecdotal information as appropriate;

(iv) Design a baseline survey that considers the community action plans and the high turnover of employees in the construction companies and among migrant and mobile workers for the follow-up surveys. Complete the baseline survey 1 month after the commencement of civil works;

(v) Undertake a mid-term assessment of the project outputs, compare them with those anticipated, and recommend corrective measures; in evaluating the

program impacts, the PPMS should focus on those benefiting the vulnerable populations (construction workforce, local communities affected by the road construction, and entertainment workers); these outputs will be further analyzed upon completion of the program to evaluate the cost-effectiveness of the community-based interventions, behavior change communication method adopted, and health systems intervention;

(vi) Provide inputs to the meetings and seminars.

f. Reporting

68. The program implementing consultant will prepare the following reports: (i) an inception report, 4 weeks after commencement of the services; (ii) baseline study report 3 months after commencement of services; (iii) an implementation report detailing activities, annual budgets, and the PPMS plans (indicators, targets, source of data, and methodology) 1 month after completing the baseline study; (iv) semi-annual progress reports highlighting the component achievements over the period under review, the issues, and proposed remedial actions at the end of each quarter; (v) a mid-term report detailing achievements, implementation issues, and remedial measures; and (vi) a completion report, 3 months after completion of the Program. Three copies of these reports in the English language will be submitted to ADB, MRD's Ministerial AIDS Committee and NAA. Four copies of these reports in Khmer language will be submitted to the Steering Committee and each of the provincial AIDS Committees.

g. Cost Estimate

69. The following table gives the indicative cost estimate for the Program.

Indicative Cost Estimate – for revision
($'000)

Item		Cost
1.	National Consultants	
	a. Remuneration and Per Diem	456.0
	b. Local Travel (air and land)	96.0
2.	IEC Materials, Office and Communication Costs	
	a. Print and audio-visual materials and equipment	30.0
	b. Office equipment and supplies	30.0
	c. STI diagnostic kits, medicines and condoms	40.0
	d. Communication	19.0
3.	IEC/BCC Activities, Trainings and Workshops	96.0
4.	Surveys and Research	40.0
5.	Facilitators and Outreach Workers	74.0
6.	Contingencies	88.0
Total		**969.0**

BCC = behavior change communication, IEC = information, education and communication, STI = sexually-transmitted infection.

h. Terms of Reference (TOR) for Consultants

(i) Team Leader (National), 18 person months

70. The team leader and HIV prevention specialist should have a bachelor's degree in health, public health, social service, or any related field, and at least 8 years' work experience, including five years in project management. At least 4 years of proven work experience in HIV

prevention is required, and at least 2 years' work experience in safe migration and human trafficking. The specialist will undertake the following tasks but will not be limited to them:

(i) Report to the supervising consultant team leader, MRD focal person, and ADB;
(ii) Manage all implementation, administration, and financial requirements;
(iii) Lead consultations on HIV and human trafficking in the project area;
(iv) Guide the team and ensure that all the activities are implemented according to the TOR and any subsequent instructions or guidance from PMU and ADB, and be responsible for the collective work of the team;
(v) Ensure regular liaison with PMU, Steering Committee, Commune Councils, and other key partners;
(vi) Take responsibility for preparing a detailed implementation and budget for activities 1–4 through a participatory planning process, including extensive consultations with the commune councils, civil works contractors and subcontractors, transport companies, commercial and entertainment establishments, local communities, and the Steering Committee.
(vii) Manage the overall technical and financial assistance to the commune AIDS committees;
(viii) Get the *For Life, With Love* Training Tool from ADB and/or IOM and train the team on how to use it;
(ix) Design the work plan for the education and behavior change activities for activities 1–3 using the *For Life, With Love* Training Tool, including the on-the-job training for commune AIDS committees;
(x) Develop and ensure the overall implementation of an effective M&E system for internal monitoring of implementation and outcomes;
(xi) Provide technical guidance to the national M&E officer in developing the PPMS, and supporting the commune AIDS committees in developing and updating their community M&E frameworks;
(xii) Support the M&E officer in developing indicators and targets that are adequate for detailed planning, monitoring, and evaluation of the program using updated information on HIV/AIDS, STIs, sex work, transport settings, commercial and entertainment settings, mobility and migration patterns, ethnic minority settings, and health systems, among others.
(xiii) Prepare memorandum of understanding and/or agreements required to implement the implementation design and financial and reporting requirements and ensure formal and documented approval of the activities at provincial and district levels; and
(xiv) Ensure complete and on-time submission of formal written reports, the inception report, baseline study, implementation report, quarterly reports, annual reports, and completion report.

(ii) Deputy Team Leader (National), 36 person months

71. The deputy team leader should have a bachelor's degree in health, public health, social service, or any related field, at least five years' work experience in project implementation and/or coordination, and at least 3 years of proven work experience in HIV prevention, safe migration, and human trafficking. The specialist will undertake the following tasks but will not be limited to them:

(i) Report to the team leader, and support the team leader in managing the team and other consultants and making all arrangements for the smooth

implementation and administration of the team’s work;

(ii) Support the establishment of close working relationships with MRD, Steering Committee, supervising consultant, civil works contractors, commune councils and AIDS committees, district AIDS committees, CAMCONTROL;

(iii) Work with the team leader to design, implement, and monitor detailed implementation and budget plans for activities 1–4 through a participative approach;

(iv) Organize and participate in the training course using the *For Life, With Love* Training Tool;

(v) Assist in designing the curriculum for the *For Life, With Love* Training Tool, including the on-the-job training for the commune AIDS committees;

(vi) Conduct awareness and behavior change activities using the *For Life, With Love* Training Tool;

(vii) Provide regular and timely technical assistance and support to the commune AIDS committees and the Steering Committee;

(viii) Ensure that each commune AIDS committee undertakes appropriate consultations at provincial, district, and village levels to develop and maintain their community databases and action plans;

(ix) Support the national officers in preparing and implementing their work plans and assist the national M&E officer in establishing and maintaining the PPMS;

(x) Draft quarterly and annual progress reports, including detailing achievements, implementation issues, and recommendations for remedial measures; and

(xi) Assist the team leader in preparing formal written reports, including the inception report, baseline study, implementation report, annual reports, and completion report.

(iii) Program Officers (National, 4 persons) 80 person months total

72. The program officers should have a bachelor’s degree in any related field and at least three years’ work experience in HIV and/or and human trafficking prevention. The specialists will undertake the following tasks but will not be limited to them:

(i) Report to the deputy team leader and work as a member of the team;

(ii) Implement field-level activities for activities 1–3 and assist in activity 4;

(iii) Work closely with commune, district, and provincial AIDS committees, UNIAP and task force on anti-human trafficking;

(iv) Conduct awareness and behavior change activities using the *For Life, With Love* Training Tool, including on-the-job training for commune AIDS committees;

(v) Assist the commune AIDS committees in maintaining their community databases and developing evidence-informed action plans;

(vi) Provide technical support to commune AIDS committees in designing, implementing, and monitoring their annual work plans, including financial and liquidation requirements;

(vii) Assist in ensuring that commune AIDS committees, outreach workers and SRH service providers undertake appropriate consultations with communities, village health support groups, associations for people living with HIV/AIDS, and other key partners in the project area;

(viii) Provide the deputy team leader with quarterly progress reports of community action plans, including achievements, implementation issues, and recommendations for remedial measures; and

(ix) Assist the national M&E officer in implementing the PPMS.

(iv) M&E Officer (National), 10 person months (intermittent)

73. The national M&E officer will develop and implement PPMS to (i) assess implementation progress in a timely fashion, (ii) enable appropriate adjustment of the activities during road construction through monitoring performance indicators, and (iii) evaluate the impacts of the intervention. The PPMS is aimed at improving the knowledge of the HIV and human trafficking issues and its dynamics in relation with the implementation of infrastructure projects to help fine-tune prevention programs associated with such projects in HIV- and human trafficking-prevalent areas. The national M&E officer will undertake the following tasks but will not necessarily be limited to them:

(i) During the inception phase, develop a PPMS, including establishment of data sources and a set of performance indicators based on the intervention targets and anticipated outputs. The PPMS will report on a set of data including (a) HIV prevalence in the project areas disaggregated by gender and target group, e.g. construction workers, local communities, and entertainment workers; (b) incidence of STIs among the same vulnerable groups and accessibility of quality STI testing and treatment services; (c) behavior change; (d) availability of condoms in project areas; and (e) cases of human trafficking.

(ii) Train and provide technical assistance to the commune AIDS committees in developing and maintaining the community databases;

(iii) Prepare appropriate procedures and mechanisms for the participation of key stakeholders and periodic collection and processing of data. Maintain data on the numbers of workers who participate in the awareness training. The data should include total numbers, as well as unique individuals of those participating, and the number of workers not participating in the awareness training per site based on lists of workers provided by the contractor and/or subcontractor, and other anecdotal information, as appropriate;

(iv) Design a baseline survey that considers the community action plans and the high turnover of employees in the construction companies and among migrant and mobile workers for the follow-up surveys. Complete the baseline survey 1 month after the commencement of civil works;

(v) Undertake a mid-term assessment of the project outputs, compare them with those anticipated, and recommend corrective measures; in evaluating the program impacts, the PPMS should focus on those benefiting the vulnerable populations (construction workforce, local communities affected by the road construction, and entertainment workers); these outputs will be further analyzed upon completion of the program to evaluate the cost-effectiveness of the community-based interventions, behavior change communication method adopted, and health systems intervention; and

(vi) Provide inputs to the meetings and seminars.

74. A sample M&E matrix is in Table 6 of Annex 1. This can be revised and improved on during finalization of the program design during the implementation phase.

i. Reporting

75. The program implementing consultant will prepare the following reports: (i) an inception report 4 weeks after commencement of the services; (ii) baseline study report 3 months after commencement of services; (iii) an implementation report detailing activities, annual budgets,

and the PPMS plans (indicators, targets, source of data, and methodology) 1 month after completing the baseline study; (iv) semi-annual progress reports highlighting the component achievements over the period under review, issues, and proposed remedial actions at the end of each quarter; (v) a mid-term report detailing achievements, implementation issues, and remedial measures; and (vi) a completion report 3 months after completion of the Program. Three copies of these reports in the English language will be submitted to ADB, MRD's Ministerial AIDS Committee and NAA. Four copies of these reports in Khmer language will be submitted to the Steering Committee and each of the provincial AIDS Committees.

j. Cost Estimate

76. The following table gives the indicative cost estimate for the program.

Table 6: Indicative Cost Estimate

Item			Cost ($)
1.	National Consultants		
	a.	Remuneration and Per Diem	420,000
	b.	Local Travel (air and land)	50,000
2.	IEC Materials, Office and Communication Costs		
	a.	Print and audio-visual materials and equipment	20,000
	b.	Office equipment and supplies	20,000
	c.	STI diagnostic kits, medicines and condoms	50,000
	d.	Communication	18,000
3.	IEC/BCC Activities, Trainings and Workshops		100,000
4.	Surveys and Research		36,000
5.	Facilitators and Outreach Workers		50,000
6.	Contingencies		70,000
Total			**800,000**

BCC = Behavior Change Communication, IEC = Information, Education and Communication, STI = sexually-transmitted infection.

Table 1. Total population in the RRIP II Areas, by district and province (2008)

Province	District	Population
1. Banteay Meanchey	MongkolBorei*	166,926
	PhnumSrok*	52,757
	PreahNetrPreah*	90,509
	ThmaPuok*	61,490
	SvayChek*	61,480
	Total:	**433,162**
2. Battambang	Banan*	98,060
	ThmaKoul*	141,180
	RotonakMondol*	42,847
	Sangkae*	117,164
	Rukha Kiri*	40,235
	Total:	**439,486**
3. Kampong Cham	Dambae*	88,697
	KaohSoutin*	72,623
	Memot*	138,698
	OuReangOv*	95,418
	PonheaKraek*	136,194
	TboungKhmum*	188,039
	Total:	**719,669**
4. Kampong Chhnang	Baribour*	54,714
	RoleaB'ier*	97,508
	TuekPhos*	58,531
	Total:	**210,753**
5. Kampong Speu	Basedth	132,388
	Phnom Srouch	96,112
	Total:	**228,500**
6. Kampong Thom	Kampong Svay*	96,451
	PrasatBallangk*	50,727
	PrasatSambour*	50,727
	Stoung*	117,112
	Total:	**315,017**
7. Pursat	Bakan*	134,506
	Kandieng*	58,049
	Krakor*	87,387
	PhnumKravanh*	64,902
	Pursat	70,513
	Total:	**415,357**
8. Siem Reap	Angkor Chum*	58,474
	Puok*	118,848
	Sutr Nikom	102,515
	Srei Snam	35,130
	Varin*	31,852
	Total:	**346,819**
9. Takeo	Bati	15,115
	Kirivong	114,294
	Samraong	128,989
	Doun Keo	43,223
	Tram Kok	171,532
	Total:	**473,153**
Total population in 9 provinces by district		**3,581,916***

Source: Provincial Data Books (2009); Cambodia Census, 2008.

* No available data yet on the total population in the communes per district per province covered by RRIP II.

Table 2. Cambodia's Performance/Rank in the Global Gender Gap Index Report, 2012

Global Gap Index Year	Over-all Rank	Economic Participation	Educational Attainment	Health and Survival	Political Empowerment
Gender Gap Index - 2012 (out of 135 countries)	103	78	116	1	91
Gender Gap Index - 2011 (out of 135 countries)	102	75	116	1	78
Gender Gap Index - 2010 (out of 134 countries)	97	68	115	1	78
Gender Gap Index - 2009 (out of 134 countries)	104	65	117	1	98
Gender Gap Index - 2008 (out of 130 countries)	94	56	114	1	87
Gender Gap Index - 2007 (out of 128 countries)	98	52	112	1	105
Gender Gap Index - 2006 (out of 115 countries)	89	29	105	1	94

Source: World Economic Forum. 2012. The Global Gender Gap Report, 2012.

Table 3. Percentage of men and women age 15–49 who have heard of HIV AIDS in Provinces with RRIP II, Cambodia 2010

	Women		Men	
Background characteristics	**Has heard of AIDS**	**Number of Respondents**	**Has heard of AIDS**	**Number of Respondents**
Age				
15–24	98.6	6,889	98.4	3,265
15–19	98.4	3,734	97.6	1,863
20–24	98.9	3,155	99.3	1,402
25–29	98.6	3,262	99.5	1,377
30–39	98.4	4,211	99.2	1,849
40–49	98.7	4,393	99.1	1,748
Marital Status				
Never married	98.2	5,783	98.4	3,181
Ever had sex	*	13	99.9	437
Never had sex	98.3	5,770	98.2	2,744
Married/living together	98.7	11,626	99.2	4,852
Divorced/separated/widowed	98.9	1,345	98.5	206
Residence				
Urban	99.6	3,936	99.8	1,697
Rural	98.3	14,818	98.7	6,542
Province with RRIP II				
Banteay Mean Chey	97.3	719	98.3	275
Battambang/Pailin	98.2	1,320	100.0	603
Kampong Cham	98.2	2,111	99.4	990
Kampong Chhnang	99.9	739	100.0	341
Kampong Speu	99.9	1,060	100.0	468
Kampong Thom	99.5	935	98.6	390
Pursat	100.0	534	97.3	256
Siem Reap	98.7	1,233	96.3	517
Takeo	97.0	1,175	97.8	525
Education				
No schooling	96.3	2,973	95.2	641
Primary	98.4	9,265	98.5	3,394
Secondary and higher	99.8	6,516	99.8	4,205
Wealth quintile				
Lowest	96.4	3,388	96.5	1,454
Second	97.9	3,516	98.9	1,544
Middle	98.8	3,594	99.1	1,637
Fourth	99.5	3,827	99.7	1,696
Highest	99.9	4,428	99.8	1,908
Total	**98.6**	**18,754**	**98.9**	**8,239**

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
Source: Cambodia Demographic and Health Survey, 2010.

Table 4. Percentage of women and men age 15-49 with knowledge on HIV prevention methods in the Provinces with RRIP, Cambodia 2010

Background characteristics	Women: Using condoms	Women: Limiting sexual intercourse to one uninfected partner	Women: Using condoms and limiting sexual intercourse to one uninfected partner	Number of women	Men: Using condoms	Men: Limiting sexual intercourse to one uninfected partner	Men: Using condoms and limiting sexual intercourse to one uninfected partner	Number of men
Age								
15–24	82.9	87.8	76.4	6,889	84.3	87.8	79.0	3,265
15–19	82.4	87.1	75.7	3,734	82.9	86.4	76.7	1,863
20–24	83.4	88.6	77.2	3,155	86.0	89.7	82.1	1,402
25–29	81.3	86.9	74.9	3,622	84.4	88.3	80.8	1,377
30–39	81.3	86.9	75.4	4,211	84.7	89.5	80.7	1,849
40–49	77.9	83.2	70.5	4,393	84.0	91.0	80.8	1,748
Marital status								
Never married	81.0	86.6	74.3	5,783	84.2	88.2	79.2	3,181
Ever had sex	*	*	*	13	86.9	92.7	84.1	437
Never had sex	81.0	86.6	74.4	5,770	83.8	87.5	78.3	2,744
Married/living together	81.3	86.5	75.1	11,626	84.4	89.3	80.5	4,852
Divorced/ separated/ widowed	79.1	82.8	69.8	1,345	85.5	91.7	83.6	206
Residence								
Urban	76.7	93.3	73.2	3,936	92.5	97.8	91.5	1,697
Rural	82.2	84.4	74.9	14,818	82.2	86.6	77.1	6,542
Province with RRIP II								
Banteay Mean Chey	88.0	87.3	81.7	719	97.0	96.5	96.3	275
Battambag/Pailin								
Kampong Cham	81.2	81.8	72.9	2,111	87.5	90.3	81.5	990
Kampong Chhnang	72.5	95.9	70.3	739	96.8	96.1	94.8	341
Kampong Speu	88.7	88.0	81.2	1,060	96.9	98.7	95.9	468
Kampong Thom	82.1	80.5	72.4	935	90.7	83.7	78.0	390
Pursat	80.8	87.4	72.5	534	39.3	35.6	19.2	256
Siem Reap	76.7	88.6	71.0	1,233	88.9	89.9	85.0	517
Takeo	88.7	83.8	78.6	1,175	92.1	92.5	89.1	525

Background characteristics	Women				Men			
	Using condoms	Limiting sexual intercourse to one uninfected partner	Using condoms and limiting sexual intercourse to one uninfected partner	Number of women	Using condoms	Limiting sexual intercourse to one uninfected partner	Using condoms and limiting sexual intercourse to one uninfected partner	Number of men
Education								
No schooling	72.4	74.1	62.9	2,973	76.5	77.8	69.8	641
Primary	80.6	84.9	73.2	9,265	83.5	86.9	78.4	3,394
Secondary and higher	85.7	93.7	81.6	6,516	86.2	92.3	83.0	4,205
Wealth quintile								
Lowest	75.7	77.4	66.7	3,388	79.4	82.5	73.7	1,454
Second	80.4	82.4	72.7	3,516	83.4	86.9	78.3	1,554
Middle	82.9	85.0	75.5	3,594	84.4	88.9	79.4	1,637
Fourth	87.5	89.9	81.4	3,827	80.8	89.4	76.6	1,696
Highest	78.7	94.0	75.2	4,428	91.9	95.2	90.1	1,908
Total	**81.0**	**86.3**	**74.5**	**18,754**	**84.3**	**88.9**	**80.1**	**8,239**

Note: An asterisk indicates that a figure is based on fewer than 25 underweighted cases and has been suppressed.
Source: Demographic and Health Survey, Cambodia 2010

Table 5. Recent HIV tests among youth among young women and men age 15–24 who have had sexual intercourse in the past 12 months, the percentage who have had an HIV test in the past 12 months and received the results of the test, by background characteristics, Cambodia 2010

	Women		Men	
Background characteristics	**Percentage who have been tested for HIV and received results in the past 12 months**	**Number of respondents**	**Percentage who have been tested for HIV and received results in the past 12 months**	**Number of respondents**
Age				
15-19	25.3	395	16.5	69
15-17	24.5	107	*	20
18-19	25.5	289	(20.8)	49
20-24	20.6	1,694	17.7	554
20-22	24.0	882	17.6	283
23-24	17.0	812	17.7	271
Marital Status				
Never married	*	6	16.5	136
Ever married	21.4	2,083	17.8	487
Residence				
Urban	32.2	334	28.5	137
Rural	19.5	1,756	14.4	486
Province* (with RRIP II)				
Banteay Mean Chey	29.3	82	(16.7)	18
Battambang/Pailin	30.8	172	(31.0)	41
Kampong Cham	12.1	274	(17.6)	100
Kampong Chhnang	12.9	73	*	15
Kampong Speu	20.5	136	(20.9)	29
Kampong Thom	19.4	94	*	21
Pursat	35.6	65	*	15
Siem Reap	21.5	147	(16.7)	55
Takeo	38.5	121	(14.0)	41
Education				
No schooling	11.9	236	(16.4)	44
Primary	18.4	1,41	6.5	270
Secondary and higher	28.2	813	27.3	309
Wealth Quintile				
Lowest	11.3	485	4.1	129
Second	24.0	414	15.7	122
Middle	17.2	430	19.0	113
Fourth	26.8	413	20.7	116
Highest	31.8	348	27.6	143
Total 15-24	**21.5**	**2,090**	**17.5**	**632**

Note: Figures in parentheses are based on 25–49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
Source: Cambodia Demographic and Health Survey, 2010.

Table 6. HHTPP and Awareness Activities in the Mekong River Islands Areas

Objective	HHTPP and Awareness Activities	Performance/Process Indicators	Person/Agency Responsible
GOAL: To increase the level of awareness on HIV/AIDS and Human Trafficking among the local population, contractors, local authorities, and other groups in the Mekong River Islands areas and adjacent project influence rural communities. The HIV/AIDS and Human Trafficking Awareness and Prevention Program (HHTPP) is in support to the Cambodian Government policy on reducing the vulnerability of local communities in the project areas on HIV/AIDS, prevent human trafficking, promote gender awareness/ mainstreaming, and facilitate households to basic social services.*			
Pre-Construction Phase:			
1. To assess the HIV/AIDS and Human Trafficking situation in the project areas (and project influence areas)	• Collect data and conduct sex-disaggregated HHTPP related baseline survey in Mekong River Islands and adjacent areas. • Conduct separate consultations with women (separate with women), and other stakeholders; involve various stakeholders in planning activities related to HHTPP. • Gather secondary data and conduct desk review related to HIV/AIDS and Human Trafficking, and other issues/concerns related to gender (necessary for identifying "culturally appropriate activities and strategies in the communes and/or villages". • Data Analysis and preparation of baseline survey reports. • Formulate and/or identify specific indicators necessary for monitoring the program. • Prepare monitoring tools, work plans (with target indicators in percentage/number as basis for monitoring. • Conduct TNA for the target participants (i.e. contractors/workers, etc.) • Prepare Training Modules/Designs • Collaboration with concerned agencies/persons (i.e., commune councils, district/provincial government. officials/agencies, target participants, etc.) • Plan/organize seminar/training on Gender Awareness with topics on HHTPP by involving key players in various sectors (i.e., commune/village councils, teachers, health workers, women leaders, etc.). They could conduct re-echo to their respective villages after the said seminar/training.	• Baseline survey conducted (sex-disaggregated). • Analyzed data and submitted report to MRD and ADB • Workplan and budget prepared • HHTPP monitoring tools designed • TNA conducted • Training modules/hand-outs prepared • IEC materials prepared • Stakeholder consultations conducted • Organized training on gender awareness/ HHTPP involving key players in the villages.	- NGO/Service provider - Social/ Gender specialist - SEO - Commune/ village Councils/ Leaders (involve gender focal person)

Objective	HHTPP and Awareness Activities	Performance/Process Indicators	Person/Agency Responsible
Implementation (Construction) and Post-Implementation Phase:			
2A. To increase level of awareness on HIV/AIDS and human trafficking prevention among the target sectors/participants: - contractors & workers - local population (separate women and men) - Schools (teachers/ children, etc.) - Youth and other sectors/groups - Local population/ households	• Conduct Orientation/Training on Gender Awareness and HIV/AIDS and Human Trafficking Prevention for the following (separate training for each): • Contractors, workers/staff (100%) • Operators/owners and workers/staff of boats/jetties; and those in the transport business; • Schools (Teachers and staff, school children) • Local Population (women, female-headed households, youth, male population (youth and adults), etc. • Commune/Village Leaders/members • Business sector (restaurants, those operating KTV bars/massage parlors, beach resorts, shops, etc.) • Other groups/sectors • Conduct training evaluation as part of monitoring indicators achieved (number of participants) • Documents lessons learned/prepare reports (monthly/quarterly/ Mid-Term and Annual) • Conduct/organize advocacy activities on HHTPP/gender awareness in coordination with schools/health agencies/ commune councils, etc. • Prepare/distribute IEC materials; display posters/billboards in strategic places (culturally appropriate IEC materials will be prepared after consultation with the concerned stakeholders). • Organize/conduct community events that would promote awareness on HIV prevention (in collaboration with schools; health centers, commune councils; use culturally appropriate media/strategies by considering the culture/religion of the participants/local community.	• Training conducted by sector/group • 100% of contractors/ • workers attended training • Separate training for women (and men) • Separate training for the youth (girls/boys) • Prepared analysis of training evaluation results. • Lessons learned and "best practices" documented and shared. • Community events that would promote HHTPP organized/ • Conducted. • Mobilized support from various orgs./agencies.	- NGO/Service provider - Social/Gender specialist - SEO - Commune/ village Councils/ Leaders (involve gender focal person) - Teachers - Health center - Youth and other sectors.
2B. To increase level of awareness on HIV/AIDS and human trafficking prevention among the following sectors: - policemen/law enforcers;	• Conduct Orientation/Training on Gender Awareness and HIV/AIDS and Human Trafficking Prevention for the following (separate training for each): (i) Contractors, workers/staff (100%) (ii) Operators/owners and workers/staff of boats/jetties; and those in the transport business; (iii) Schools (Teachers and staff, school children) (iv) Local Population (women, female-headed households, youth,	• Training conducted by sector/group • 100% of contractors/ workers attended training • Separate training for women (and men) • Separate training for	- NGO/Service provider - Social/ Gender specialist - SEO - Commune/ village Councils/ Leaders (involve

Objective	HHTPP and Awareness Activities	Performance/Process Indicators	Person/Agency Responsible
- commune council/village leaders; - Gender Focal Persons (communes and villages) - other groups	male population (youth and adults), etc. (v) Commune/Village Leaders/members (vi) Business sector (restaurants, those operating KTV bars/ massage parlors, beach resorts, shops, etc.) (vii) Other groups/sectors • Conduct training evaluation as part of monitoring indicators achieved (number of participants) • Documents lessons learned/prepare reports (monthly/quarterly/ Mid-Term and Annual) • Conduct/organize advocacy activities on HHTPP/gender awareness in coordination with schools/health agencies/ commune councils, etc. • Distribute IEC materials; display posters/billboards in strategic places. • Organize/conduct community events that would promote awareness on HIV prevention	the youth (girls/boys) • Prepared analysis of training evaluation results. • Lessons learned and "best practices" documented and shared. • Community events that would promote HHTPP organized/Conducted. • Mobilized support from various organizations/ agencies.	gender focal person) - Teachers - Health center - Youth and other sectors.
3. To enhance the level of skills of selected community-facilitators on gender/HHTPP in the communes and/or villages.	• Organize/conduct "Trainers' Training on Gender/HHTPP for Community Facilitators". The Community facilitators will assist the NGO/service provider in conducting training/orientation and other activities, with the long-term goal of training them to conduct "echo activities, community sensitization or orientation even after project completion. • Prepare training materials/modules and evaluation tools. • Conduct training evaluation and analyze results. • Document the experience/identify best practices – lessons learned (for replication of best strategies implemented). • Design/provide culturally appropriate training kits and materials to the trained facilitators (taking into consideration the target participants). • Provide incentives to trained community facilitators (T-shirts, hats, plastic kits and umbrellas with HHTPP slogans; meal allowance – if there is budget or could be negotiated with the health center/commune council (if possible). • Collaborate with other agencies/schools/health centers (implementing similar program).	• Trained at least 2 adults (1 woman and 1 male) 2 youth (1 boy and 1 girl) in each village; 2 teachers per school and community health workers; commune gender focal person. • Modules and training materials for TOT developed.	- NGO/Service provider - Social/Gender specialist - SEO - Commune/ village Councils/ Leaders (involve gender focal person) - Schools
4. To reduce HIV/AIDS and STIs	For the Construction Workers: • Conduct information dissemination on HIV/AIDS prevention &	• Condoms accessible and made available by	- NGO/Service provider

Objective	HHTPP and Awareness Activities	Performance/Process Indicators	Person/Agency Responsible
vulnerability of mobile people, construction workers, and the local people through medical packages and referrals.	contractors to make condoms accessible to their workers. • Contractors and workers to undergo voluntary HIV/AIDS testing/check-up (both for prevention and treatment), and uphold the principle of confidentiality. • For positive cases, facilitate referrals to govt. agencies/health centers/hospitals. • Conduct "Peer Counseling" at the construction work sites. <u>For women/pregnant women and others (productive age):</u> • Encourage regular medical check-up and pre-natal/ante natal care/check-up; and facilitate referrals for positive cases. • Encourage the people in productive age to undergo voluntary blood testing (in coordination with health center officials/government agencies). • Ensure access to support services provided by NGOs/ Government agencies and other organizations (necessary to maximize resources). • Organize small group discussions in the village at the most convenient time of mothers on other health and sanitation related topics (including proper hygiene, responsible parenting, gender awareness, basic life skills training, proper nutrition of children, etc.).	the contractors to the workers. • Contractors/Site Managers to keep record of its worker who attended the HHTPP/undergo HIV testing, etc. for monitoring purposes. • Ensure 100% of workers have attended the orientation. • Facilitated referrals for positive cases. • Organize small group sessions/discussions (mothers/women) • Resources mobilized by collaborating with other agencies/orgs.	- Social/Gender specialist - SEO - Commune/ village Councils/ Leaders (involve gender focal person) - Contractors - Health Centers
6 To increase level of awareness on HHTPP among children and youth	• Collaborate with teachers and assess gender awareness including HHTPP related topics/activities implemented or discussed in schools; • Conduct assessment on level of knowledge on HHTPP among children/youth (data will be use for designing teaching modules/materials). • Assist teachers in designing modules/teaching curriculum and materials that are culturally and age appropriate for children/youth. • Conduct advocacy activities in partnership with schools on topics related to health and nutrition, road safety, gender, HHTPP, etc., (i.e., workshops/forum, lecture, etc.) to commemorate events, i.e., AIDS Day, nutrition month, women's month, etc.) • Design monitoring tools related to this objective.	• Organized consultations/ meetings with teachers; • Culturally and age appropriate teaching materials/modules designed; • Organized joint activities with the schools; • Conducted monitoring and evaluation of the activities.	- Service Provider - Social/Gender specialist - SEO - Teachers
7. To monitor the level of success of the	• Conduct Training on Gender Awareness/Safeguard and HHTPP for the SEO/project implementers (included in the GAP/gender	• Designed monitoring tools;	- Service provider - Social/Gender

Objective	HHTPP and Awareness Activities	Performance/Process Indicators	Person/Agency Responsible
HHTPP implementation.	mainstreaming plan), Contractors, Commune Councils, etc. • Ensure that Contractors/Site Managers keep a logbook/record of its workers/employees who attended the HHTPP; maintain an injury book in case of crashes, and action/services availed. Records must be available always for inspection anytime by the service provider (only authorized). • Design other appropriate monitoring tools. • Design and implement other activities deem culturally appropriate and necessary to prevent HIV/AIDS and human trafficking. • Conduct other advocacy activities to ensure that the targets/ goals set for the program are achieved, and must be culturally appropriate and sensitive the local population/ communities, and target groups.	• Regular monitoring conducted by the NGO/ service providers • Collaboration with the contractors/Site Managers • Prepared other plans/implement other activities appropriate and necessary to prevent HIV/AIDS and human trafficking.	specialist - SEO - MRD Gender Working Group - Contractors

ADB = Asian Development Bank; GAP = gender action plan; IEC = information, education, and communication; MRD = Ministry of Rural Development; NGO = nongovernment organization; SEO = social and environmental office; STI = sexually transmitted infections; TNA = training needs assessment.

Note: The HHTPP is subject to adjustments/improvement after conducting the HIV/Human Trafficking assessment in the local communities.

E. Sub-output 4: Sex Disaggregated Socioeconomic Baseline Survey

77. The sex-disaggregated socio-economic baseline survey has two main objectives: (i) one is to establish a whole range of baseline indicators for the project performance and monitoring, which are diverse beyond the DMF indicators; and (ii) the other objective is to collect the same data at the end of the project to assess the performance of the project right after completion. Therefore, sequencing the two surveys are important to capture the performance of the project. Content of the surveys will be similar and will cover all areas from demography to sub-sector based topics.

78. The survey will be conducted by the DDIS consultants (international and national Social Development Specialist with their survey team). The timeline for the baseline survey will be about early 2015 (just before the civil works start), while the final survey will be about end of 2019 (right after all civil works are completed).