

OUTPUT: ROAD SAFETY AND COMMUNITY AWARENESS PROGRAM

A. Introduction

1. The Royal Government of Cambodia has requested for a loan from the Asian Development Bank (ADB) for the proposed Rural Roads Improvement Project (RRIP) III. The project will rehabilitate about 360 kilometers (km) of rural roads in ten provinces (Kampong Cham, Kratie, Prey Veng, Svay Rieng, and Tboung Khmum) to paved condition. The rehabilitated roads will provide poor rural provinces with climate-resilient, safer, and cost-effective rural road network with all-year access to markets and other social services. The proposed RRIP III will continue to support sustainability of this rural road network through: (i) a rural road maintenance regime in the Ministry of Rural Development (MRD), the executing agency; and (ii) a community-based road safety program. The project will also support an HIV/AIDS and human trafficking awareness and prevention program (HHTPP).

2. Similar to implementation arrangements for RRIP¹ and RRIP II,² the project management unit (PMU) of the MRD will implement the project. Detailed design and implementation supervision (DDIS) consultants will assist the PMU in project management.

3. The captioned output has three sub-outputs: (i) community-based road safety awareness program, initiated in the RRIP, including education program for schools, drivers, road users, and the community, and incorporates road safety provisions in road design, to be implemented by the social and environment office (SEO)³ in the MRD; (ii) implementing an HHTPP; and (iii) 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. The national crash fatality rate has been increasing in the last decade of 2004 to 2015 and this fatality rate dropped from 74 fatalities per billion vehicle km to 55 from 2015 to 2016.⁴ Though this may be partially attributable to sustainable road safety programs under RRIP and RRIP II, these needs continuity over the long term. Meanwhile, 95% of the crashes are caused by human error, mainly due to speeding, distraction, non-helmet usage, 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.

6. With the improvements in project roads in rural areas to bitumen and/or concrete-surfaced 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

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 ADB. 2014. *Report and Recommendation of the President to the Board of Directors: Proposed Loan and Administration of Grants to the Kingdom of Cambodia for Rural Roads Improvement Project II*. Manila (Loan 3151-CAM).

³ SEO was established in 2012.

⁴ Estimated by ADB fact finding mission, for the first time for a developing low-income nation; for comparison in other countries who conduct similar surveys: Singapore 7.8, Malaysia 7.3, Japan 6.2, all in 2015.

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; (v) lack of skills, resources, and willingness of traffic police on effective enforcement, and (vi) lack of system requirements of licensing, vehicle registration and insurance; and lack of institutional capacity of MRD and provincial authorities.

8. **Objectives.** Based on this 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 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. Under the proposed RRIP III, a community-based road safety program, through 3 key activities of (i) data collection and analysis, (ii) safe school zone, and (iii) social enforcement, are proposed. There will be 46 safe school zones provided, under each civil work contract, with traffic calming that have road signs, retractable speed humps, road markings, and hands-on education for stakeholders to implement it. With acquired capacity through upstream projects of RRIP and RRIP II, SEO plans to use own staff resources with some support from recruited facilitators to implement road safety sub-output. Further, MRD plans to increase the number of the SEO staff from the current 7 to 11.

11. **Tasks involved.** 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 koyun⁵ and horse and/or ox carts, etc.

⁵ A koyun is a walking or two-wheel tractor.

12. **Scope of the Services.** The SEO will implement this program, through acquired capacity building during RRIP and RRIP II implementation.

13. The focus of the 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 Labor and Gender Action Plan (LGAP).⁶ The SEO 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.

14. The road safety program should be sustainable even after the services are over, thus the services should be geared to make residents participate in road safety as a daily routine activity in their lifestyles. The SEO 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.

15. For both the project area and nationally, the SEO'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 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 LGAP, 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 regarding 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 DDIS consultants to the project roads;⁷
- (vii) Preparation and agreement with stakeholders on the complementary program to improve road safety in Cambodia;
- (viii) 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 SEO, contractors, and other entities as necessary to implement the program;
- (ix) Implementation of the various activities of the program;
- (x) For the safety of children and pedestrians, planning and providing the most effective speed-reduction measures in villages on all project roads; and

⁶ Labor and Gender Action Plan (accessible from the list of linked documents in Appendix 2 of the RRP).

⁷ 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).

- (xi) Coordination of the implementation with the stakeholders of road safety information such as the Road Crash and Victim Information System, and providing feedback on the effectiveness of measures taken, training given, and other activities of the program.

16. **Implementation Arrangements.** MRD will implement the project through the PMU. The PMU will support SEO to implement the output. The DDIS consultants will provide a coordinating role for this sub-output.

17. **Reports.** The SEO will submit reports to ADB, and MRD as shown below.

| Reports for Submission to ADB and MRD | | |
|--|------------|------------|
| Report | ADB | MRD |
| Inception Report (after six weeks) | 3 | 3 |
| Monthly Progress Reports | 3 | 3 |
| Quarterly Reports | 3 | 3 |
| Project Completion Report | 3 | 3 |

ADB = Asian Development Bank, MRD =Ministry of Rural Development.

C. Sub-output 2: HIV/AIDS and Human Trafficking Awareness and Prevention Program

18. The proposed RRIP III is generally an expansion of the rural roads network improved under RRIP and being improved under the ongoing RRIP II.

19. **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.

20. **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 livelihood 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.

21. 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 HHTPP. Necessary social safeguard and relevant mitigation measures will be formulated to address the said social risks.

22. **Location of the Project Areas.** The RRIP III will be implemented in 5 provinces of Kampong Cham, Kratie, Prey Veng, Svay Rieng and Tboung Khmum, over a road network of about 360 km.

23. **Gender Issues and Concerns: Macro Level.** The aforementioned achievements in the Millennium Development Goals (MDG) 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 4).

24. 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 (see Table 1). 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.

Table 1. 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.

25. 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.

26. 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.

27. 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.

28. 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).

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

30. 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 the United Nations Development Program, the United National Population Fund and the United Nations Children's Fund) to

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. Source: 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 working with drug users in Phnom Penh).

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

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.

31. **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 5).

32. **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. The percentage of women who are aware on how to prevent HIV/STDs are presented in the succeeding tables (i.e., using condoms, having one sexual partner, etc.). The data are presented per province.

a. Description of the Program

33. **Impact and Outcome.** The impact of the proposed intervention is to have further 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 proposed project, and prevention of human trafficking. The sub-output 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

34. The sub-output 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 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 SEO 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 SEO 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 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 SEO 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 SEO, 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 SEO 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 nongovernment organizations (NGO) 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, and restaurants), awareness and behavior change activities using the *For Life, With Love*

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

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 System.** The output will be high-quality and 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 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

35. The 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

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

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.

36. All civil works contracts will include employment of the services of an internationally recognized organization with particular experience in the information and education program in relation to sexually transmitted diseases including HIV/AIDS for the contractor's workforce and local population within the project roads. 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 worker who commence at a given work site after HIV awareness training has already been conducted at the site.

d. Reporting

37. The SEO 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.

D. Sub-output 3: Sex Disaggregated Socioeconomic Baseline Survey

38. 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.

39. The survey will be conducted by SEO. SEO staff will be trained on how to design and conduct a gender-sensitive socioeconomic survey.