ASIAN DEVELOPMENT BANK

TAR: VIE 38581

TECHNICAL ASSISTANCE
(Financed by the Japan Special Fund)

TO THE

SOCIALIST REPUBLIC OF VIET NAM

FOR PREPARING THE

HIV/AIDS PREVENTION AMONG YOUTH PROJECT

December 2004

CURRENCY EQUIVALENTS
(as of 31 October 2004)

Currency Unit	–	dong (D)
D1.00	=	$0.0000635243
$1.00	=	D15,742.00

ABBREVIATIONS

ADB	–	Asian Development Bank
AIDS	–	acquired immunodeficiency syndrome
BCC	–	behavior change communication
CSW	–	commercial sex worker
DMC	–	developing member country
HIV	–	human immunodeficiency virus
IDU	–	injecting drug user
MDG	–	Millennium Development Goals
MOH	–	Ministry of Health
NGO	–	nongovernment organization
PMU	–	project management unit
TA	–	technical assistance
UN	–	United Nations
UNAIDS	–	The Joint United Nations Programme on HIV/AIDS
VCPFC	–	Viet Nam Commission for Population, Family and Children

TECHNICAL ASSISTANCE CLASSIFICATION

Poverty Classification	–	**Poverty Intervention**
Sector	–	Health, nutrition, and social protection
Subsector	–	Health programs
Themes	–	Gender, Ethnic minorities

NOTE

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

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I. INTRODUCTION

1. The Long-Term Strategic Framework of the Asian Development Bank (ADB) commits it to supporting the pursuit of Millennium Development Goals (MDGs) in the region and in ADB's developing member countries (DMCs). MDG 6 is to halt and begin to reverse the spread of human immunodeficiency virus (HIV) and acquired immune deficiency (AIDS) by 2015. However, progress in this direction has not been encouraging and there is great concern that the number of people infected in the Asia and Pacific region and in particular countries, including Viet Nam, could still significantly grow.

2. The Government of Viet Nam has requested ADB's support for an HIV/AIDS focused activity that will focus on youth and behavior change communication (BCC) strategies. The proposed activity is a key part of the Government's national AIDS strategy that to date is not well-supported by national or international financial resources. The proposed targeting of the youth, capacity building, and leadership advocacy using innovative approaches according to the national strategy is consistent with ADB's proposed strategic directions in HIV/AIDS and fits in ADB's country strategy. A concept paper was approved by the Vice President (Operations 1) on 5 November 2004[1] and a technical assistance (TA) Fact-Finding Mission undertaken during 15-19 November 2004. This paper reflects the conclusions and understanding reached during that Mission. An indicative project framework is in Appendix 1.

II. ISSUES

3. **HIV/AIDS in Viet Nam.** Viet Nam's population is now about 81.2 million (2003). As of 30 August 2004, 84,484 cases of HIV infection had been officially reported. The Ministry of Health (MOH) estimates that the actual number is about 3 times that (approximately 240,000) representing 0.44% of the population. It is further estimated that 62% of those infected are between 20 and 29 years of age. For biological, cultural, social, and economic reasons, women and girls are more vulnerable to HIV infection and its impacts. While HIV infections have been recorded in all of Viet Nam's 64 provinces, more than 50% of infections occur in just 10 provinces[2]. A study by ADB and the Joint United Nations Programme on AIDS (UNAIDS) of the socioeconomic impact of HIV/AIDS in Viet Nam predicts that households of people living with HIV/AIDS face a 34-41% decline in consumption expenditure and that poverty reduction in Viet Nam could be slowed by 2% annually between 2003 and 2015.[3]

4. Viet Nam's epidemic remains concentrated and to date largely contained among defined high-risk groups namely injecting drug users (IDUs) and commercial sex workers (CSWs) and, to a lesser extent, men who have sex with other men. As infection rates rise among high-risk groups, particularly among women, it is increasingly probable that infection will spread beyond the high-risk groups to the general population. Recognized conduits for this spread include the clients (mostly men) of CSWs who also have wives and girlfriends, men who have sex with other men who also have wives and girlfriends, IDUs who engage in sex work to support drug addictions, and CSWs that have IDU partners and support their drug use.

[1] The TA first appeared in *ADB Business Opportunities* (Internet edition) in November 2004.
[2] Provinces are: Ho Chi Minh City, Quang Ninh, Hai Phong, Hanoi, An Giang, Ba Ria – Vu Tau, Dong Nai, Nghe An, Can Tho, and Dong Thap. From Analysis of HIV/AIDS Situation in Viet Nam 1994-2004 – a presentation by Dr Cuong of the Vietnam Commission for Population, Family and Children (VCPFC), 17 November 2004.
[3] ADB-UNAIDS. 2004. The Impact of HIV/AIDS on Poverty in Cambodia, India, Thailand, and Viet Nam. ADB/UNAIDS Study Series: Paper IV. (unpublished)

5. Social marginalization and discrimination drive many of the pathways of transmission and young people are disproportionately represented in all groups with high infection rates. The youth—including adolescents and young people up to the age of 25—are a particularly vulnerable group and one that needs to be targeted in particular ways. The youth represents a stage of life where significant changes in behavior and lifestyle occur including their first sexual activity (average age in Viet Nam approximately 19 years), first exposure to drugs and alcohol, the transition from school and family life to work, more personal freedom and responsibility, and—in the case of rural youth—possibly a transition to urban life. All these changes require life skills and resilience to manage successfully and present risks to health and well-being, including HIV infection, if not managed successfully.

6. In March 2004 the Government finalized the National Strategy on HIV/AIDS Prevention and Control in Viet Nam till 2010 with a Vision to 2020 (hereafter referred to as the National Strategy). The overall objective of the National Strategy is to keep the HIV/AIDS prevalence rate among the general population to below 0.3% by 2010 with no further increase and to reduce the adverse impacts of HIV/AIDS on social-economic development. The strategy recognizes that implementation must be multisectoral and involve a range of Government ministries, mass media outlets, political leaders, sociopolitical organizations (e.g., the Fatherland Front and the Women's Union) and international development partners. It outlines nine action programs including a Behavioral Change Information, Education and Communication Program; a Harm Reduction Intervention and Transmission Prevention Program; and an HIV/AIDS Surveillance and Monitoring and Evaluation Program

7. **Government and International HIV/AIDS Resources and Activities to Date.** The Government currently commits about D80 billion (approximately $6 million) to HIV/AIDS programs each year. The analysis of resource needs in the National Strategy estimates Viet Nam's needs to be about $300 million/year for a comprehensive response. Government and external resources are currently meeting about 25-30% of the need.

8. A range of aid and international agencies are active in supporting the response to HIV/AIDS in Viet Nam to date. Activities are focused on high-risk groups, harm reduction, care and support, and include the following:

- (i) The Department for International Development (United Kingdom)—$25 million over 5 years from January 2005 with a focus on condom promotion, pilot harm-reduction programs, and management and care of sexually transmitted infections.
- (ii) The Global Fund for AIDS, Tuberculosis, and Malaria—$7.5 million over 2 years with a focus on care and support networks for people living with HIV/AIDS, voluntary counseling, and services for testing and preventing mother-to-child transmission.
- (iii) The United States President's Fund for AIDS Reduction—approximately $14 million with a focus on care and support, voluntary counseling, and testing and prevention of mother-to-child transmission.
- (iv) World Bank—up to $35 million from 2005 for strategy implementation in 20 provinces.

9. In addition, there are a number of smaller bilateral, nongovernment organizations (NGOs) and international programs, including the Swedish International Development Agency, US Centers for Disease Control, United Nations Development Programme, United Nations

Children's Fund, Australian Agency for International Development, and the international NGO—Family Health International. UNAIDS plays a key role in providing technical and coordination support to the Government.

10. **ADB-Supported HIV/AIDS Activities in Viet Nam.** ADB has been working on HIV/AIDS activities in the Mekong region and Viet Nam since the mid-1990s with a focus on cross-border populations and the risks associated with mobility and migration. At least four projects have involved Viet Nam, including the Community Action for Preventing HIV/AIDS Project (2001-2004).[4] The Executing Agency in Viet Nam has been the Viet Nam Commission for Population, Family and Children (VCPFC) and ADB's experience with the partnership has been positive. In collaboration with the MOH, VCPFC has shown itself to be a strong implementing partner, able to effectively deliver programs. Although final project evaluations are still pending, there is evidence that the project has had an impact at the community level with improved awareness and prevention skills at a range of levels. With its experience and expertise in programs, focus on families (including adolescents and youth) and an extensive network of community-based collaborators, it seems appropriate to consider support for the role for VCPFC, in partnership with other agencies, in the implementation plans for the National Strategy and to build on the achievements of the current project.

11. **ADB's Strategic Directions in Response to HIV/AIDS, in General and for Viet Nam.** In December 2004 ADB will finalize a strategic framework for its activities related to HIV/AIDS that is based on a detailed analysis of where ADB's comparative advantages lie relative to the region's needs, ADB's programs and technical strengths, and the work of other agencies and aid sources in the region.[5] The framework has proposed that the goal of ADB's activities be to support DMCs to achieve MDG 6/Target 7: to have halted and begun to reverse the spread of HIV/AIDS by 2015. Priority action areas identified include leadership support, capacity building, and interventions that target the poor and vulnerable.

12. While there has been a significant increase in the funding for HIV/AIDS programs from Government and aid sources, and an improvement in Viet Nam's strategic planning capacity through the development of its National Strategy, more is clearly needed. With only 30% of estimated funding needs met and gaps in the range of activities currently resourced, opportunities and needs exist for enhanced inputs and new partners. With ADB's strategic directions in mind, the Viet Nam Country Strategy and Program with its focus on the health sector, the identified gaps in the current response to HIV/AIDS in Viet Nam, the growing epidemic among Vietnamese youth who are identified as vulnerable, and ADB's experience working with VCPFC, which has a mandate to focus interventions on youth and families, it is appropriate and possible for ADB to consider a new project along these lines.

III. THE TECHNICAL ASSISTANCE

A. Purpose and Output

13. The TA will prepare a detailed project proposal and related documents on the basis of a review of the national strategy and action plans, consultative processes and participatory planning, and relevant best practices in HIV/AIDS and related fields.

[4] ADB. 2001. *Grant Assistance for Community Action for Preventing HIV/AIDS*. Manila. Supported by the Japan Fund for Poverty Reduction.

[5] The paper Strategic Directions for ADB in Response to HIV/AIDS in the Asia and Pacific Region in which the framework is proposed, is currently (as of December 2004) in draft form and subject to change based on review and consultation processes currently under way. A final paper should be available by the end of 2004.

B. Methodology and Key Activities

14. The TA will include a review of the data and analyses of the HIV/AIDS epidemic in Viet Nam and in other countries, and associated issues such as studies of adolescence and youth, community-based behavior change programs, mass media interventions, and a review of what other agencies are doing in these areas and what lessons have been learned. Gender-disaggregated data will be used or generated for all issues. The team will consult with a wide range of stakeholders[6] through workshops and consultations at the community level.

15. The TA will include the following:

(i) **Awareness and advocacy among community leaders for HIV/AIDS prevention.** Develop and implement programs among community leaders to raise awareness and support discussion of the issues facing the youth.
(ii) **HIV-related BCC interventions for adolescents and youth.** Develop a range of interventions targeted to adolescents/youth at different stages of development and in different settings, including schools, and focusing particularly on those at high risk for HIV infection.
(iii) **Family strengthening and community resource development using collaborator networks.** Using the extensive networks of the family-planning collaborators, develop programs to strengthen their knowledge and communication skills so as to enhance their interactions with families.
(iv) **Monitoring and evaluation systems for BCC.** Given the importance of critical review and regular tracking of the epidemic, this component will ensure project compliance with and support for the "3 ones" principles[7] in relation to monitoring and evaluation.
(v) **Program management and operational research.** Given the range of interventions developed and used under this project and the different community settings in which they will be implemented, strong program management models are needed, to include operational research to review new approaches.

16. The TA will identify approximately 15-17 provinces to be targeted in project implementation based on a range of considerations[8] including programs already in place, implementation capacity, and the need and potential to benefit based on HIV prevalence, risk behavior, and environments.

C. Cost and Financing

17. The TA will be financed on a grant basis by Japan Special Fund, funded by the Government of Japan. The total cost of the TA is estimated at $500,000 equivalent comprising $290,000 in foreign exchange and $210,000 equivalent in local currency. ADB will provide $400,000 equivalent, covering the entire foreign exchange and $110,000 equivalent in the local currency cost. The Government will finance the remaining $100,000 equivalent in the local currency cost through in-kind contributions including government counterpart staff, field visits,

[6] Including government ministries; teachers; youth; high-risk groups; people living with HIV/AIDS; the women's, youth, and farmer's unions; health workers; nongovernment organizations, and external agencies
[7] UNAIDS proposed principles of "3 ones" ask that all donors and development partners support one national AIDS coordination authority, one national AIDS strategy, and one national monitoring and evaluation system.
[8] In site selection, attention should be paid to areas of current ADB activity in other sectors, including transport.

workshops, office accommodation, and utilities. The cost estimates and financing plan are in Appendix 2. The Government has been advised that approval of the TA does not commit ADB to finance any ensuing project.

D. Implementation Arrangements

18. VCPFC will be the Executing Agency for the TA. The TA will start in March 2005 and be completed by July 2005.

19. The TA will be guided by a steering committee chaired by the Chairman of VCPFC, and include MOH - AIDS Division, Ministry of Planning and Investment, Ministry of Finance, Ministry of Education and Training, State Bank of Vietnam, Viet Nam Women's Union and Viet Nam Youth Union. Regular consultation with implementing and technical support partners will be facilitated through a technical steering committee. Members will be technical experts from the above-named agencies and other development or implementation partners as identified.

20. A project management unit (PMU) will be established in VCPFC. The PMU will be responsible for coordinating the TA, including liaison with stakeholders, data analysis, support of consultants, provision of office space and logistic support, organizing workshops, and other matters. The PMU will have a full-time senior planning officer of VCPFC in charge, two counterparts, and two program assistants; and will be supported by other planning officers coming from the partner agencies as needed and appropriate.

21. Consultants will be engaged by ADB in accordance with its *Guidelines on the Use of Consultants* and other arrangements satisfactory to ADB for engaging domestic consultants. Consultant inputs will be 13 international (person-months) and 20 domestic person-months. International consultants will include specialists in team leadership, HIV/AIDS prevention and project management (4.5), communication and media (4), social development and HIV/AIDS education (3), and economics (1.5). Domestic consultants will include specialists in HIV/AIDS prevention (also deputy team leader) (4), communication (4), sociology (4), curriculum and education interventions (4), monitoring and evaluation and research design (4). The consultants will be engaged through a firm following ADB's quality- and cost-based selection procedure. An outline of the terms of reference is in Appendix 3. Minor equipment and office supplies will be procured under the TA in accordance with ADB's *Guidelines for Procurement*.

22. The consultants will submit an inception report discussing the methodology and initial findings 2 weeks from the start of the TA. The analysis of program intervention options will be submitted 2 months from inception and shared in a workshop with stakeholders, followed by a draft final report and workshop 2 weeks before TA completion. A final report is to be submitted within 2 weeks of TA completion for approval by the Government of Viet Nam and ADB.

IV. THE PRESIDENT'S DECISION

23. The President, acting under the authority delegated by the Board, has approved the provision of technical assistance not exceeding the equivalent of $400,000 on a grant basis to the Government of Viet Nam for preparing the HIV/AIDS Prevention Among Youth Project, and hereby reports this action to the Board.

INITIAL PROJECT FRAMEWORK

Design Summary	Indicators and Targets	Monitoring Instruments	Risks/Assumptions
Goal Achieve Millennium Development Goal 6/Target 7: have halted and begun to reverse the spread of HIV/AIDS by 2010.[1]	HIV prevalence in target populations	National sero-prevalence surveys	
Purpose Reduce HIV-infection risk among youth aged 15-24— in particular girls, unemployed youth, youth in exposed professions— through behavioral change programs	(i) HIV prevalence among pregnant women 15-24 years of age (ii) Condom use rate of the contraceptive prevalence rate (iii) Condom use at most recent high-risk sex (iv) Percentage of 15-24 year olds with comprehensive, correct knowledge of HIV/AIDS[2]	Behavioral surveillance among target groups	Target populations can be adequately reached with appropriate interventions.
Outputs (i) Participatory consultation of youth and others to understand social dimensions of at-risk behavior, and further analysis of at-risk groups (ii) Economic analysis and assessment of poverty impact (iii) Plan for behavioral change communication project as part of nationwide HIV/AIDS program (iv) Preparation of project proposal, including project framework, objectives, scope, cost estimates, financing plan, implementation arrangements, and consulting services	Timely submission of various deliverables of adequate quality	Inception report Feasibility study Report of workshops Project proposal	
Inputs (i) Consulting services in HIV/AIDS prevention, health education and communications, social analysis and HIV/AIDS education, economics and Management (ii) Financing: ADB proposed: $400,000 Government: $100,000			

[1] Reference: United Nations Statistics Division. 2004. *Millennium Indicators Database.* New York. http://millenniumindicators.un.org/unsd/mi/mi_goals.asp. Accessed 29 October 2004.

[2] Indicators i. to iv. correspond to the adopted indicators for Millennium Development Goal 6, Target 7 (see reference at footnote 1).

COST ESTIMATES AND FINANCING PLAN
($'000)

Item	Foreign Exchange	Local Currency	Total Cost
A. Asian Development Bank Financing[a]			
1. Consultants			
a. Remuneration and Per Diem			
i. International Consultants	230.00	-	230.00
ii. Domestic Consultants	0.00	50.00	50.00
b. International and Local Travel	25.00	5.00	30.00
c. Reports and Communications	5.00	5.00	10.00
2. Equipment[b]	0.00	10.00	10.00
3. Consultations			
a. Facilitators	0.00	1.00	1.00
b. Stakeholder Consultations	0.00	9.00	9.00
4. Surveys/Studies	0.00	10.00	10.00
5. Miscellaneous Administration and Support Costs	0.00	10.00	10.00
6. Representative for Contract Negotiations	5.00	0.00	5.00
7. Contingencies	25.00	10.00	35.00
Subtotal (A)	**290.00**	**110.00**	**400.00**
B. Government Financing			
1. Office Accommodation and Transport	0.00	30.00	30.00
2. Remuneration and Per Diem of Counterpart Staff and Support Staff	0.00	40.00	40.00
3. Others such as Workshop Facilities	0.00	30.00	30.00
Subtotal (B)	**0.00**	**100.00**	**100.00**
Total	**290.00**	**210.00**	**500.00**

[a] To be financed by ADB on a grant basis from the Japan Special Fund, funded by the Government of Japan.
[b] Includes computers, printer, photocopy machine, and telecommunication equipment.
Source: Asian Development Bank estimates.

OUTLINE TERMS OF REFERENCE FOR CONSULTANTS

1. **HIV/AIDS[1] Prevention and Project Management Specialist/Team Leader** (international, 4.5 person months). The HIV/AIDS specialist and team leader will be a public health specialist with specialization in HIV/AIDS prevention and sound knowledge of other aspects of HIV/AIDS control including social aspects, harm reduction, treatment, and care. The team leader will have experience as a team leader for internationally funded projects, preferably in Viet Nam or in a similar environment, and must have worked on HIV/AIDS program implementation, particularly at the community level. The team leader should also have experience with considering, developing, and incorporating gender-related data and issues in project design. The team leader will provide technical inputs and guidance on the design of project management systems, provide overall leadership to the consultants in terms of work assignments, liaise with Asian Development Bank (ADB) and government agencies, and be responsible for reporting and the final products of the TA.

2. **Communication and Media Expert** (international, 4 person-months). The expert will have at least 5 years experience in planning, implementing and evaluating mass media campaigns, behavioral change and communication (BCC) programs, and advocacy activities, preferably in the field of HIV/AIDS or other areas of public health. The expert will coordinate a participatory approach to obtain views of the youth and others on risk behavior, prevention, etc.

3. **Social Development and HIV/AIDS Education Expert** (international, 3 person-months). The consultant will have a strong background in sociology or applied medical anthropology, and operational research design; and experience in preparing behavior change programs for HIV/AIDS control in Asia. The sociologist will have at least 5 years experience in conducting social analysis, including of gender issues and gender-focused interventions, and some experience with programmatic operational research. The consultant will be responsible for the social analysis of the Project according to ADB's Guidelines for Incorporation of Social Dimensions in Bank Operations and the development of a gender action plan. The consultant will examine social aspects of at-risk behavior and use or non-use of preventive behavior and plan processes and strategies to address them through long-term, sustainable interventions. The consultant will give particular emphasis to the needs of vulnerable groups including young women, the unemployed and migrating youth, and youth working in high-risk environments.

4. **Economist** (international, 1.5 person-months). The expert will have at least 5 years experience in economic analysis of multidisciplinary projects, preferably for preventive health and behavior change and health education in a multidisciplinary environment. The expert will do an economic analysis of the Project, according to ADB's *Guidelines on the Economic Analysis of Health Projects,* which will include an analysis of project costs and financing, economic rationale of the Project, calculation of disability adjusted life years (if appropriate), and issues of affordability and sustainability. Management analysis and design inputs should include mechanisms for program administration in a multidisciplinary environment and for implementing multifaceted programs in a range of settings based on community inputs and demands.

5. **HIV/AIDS Prevention Specialist and Deputy Team Leader** (domestic, 4 person-months). As the counterpart to the international HIV/AIDS prevention specialist and team

[1] HIV/AIDS = human immunodeficiency virus/acquired immunodeficiency syndrome.

leader, the domestic specialist will have experience with HIV/AIDS prevention programs in Viet Nam, project management and design expertise, and leadership experience. The specialist should also have experience with considering, developing, and incorporating gender-related data and issues in project design.

6. **Communication Expert or Equivalent** (domestic, 4 person-months). As the counterpart to the international communication expert, the domestic specialist will have experience with media (TV, radio, print) campaigns in Viet Nam, and experience and expertise in health education, HIV/AIDS and BCC.

7. **Sociologist or Equivalent** (domestic, 4 person-months). As the counterpart to the international social development—HIV/AIDS specialist, the consultant will have expertise in sociology or applied medical anthropology, particularly in relation to gender, adolescents and youth, and high-risk social behaviors. The expert will have experience with field-testing BCC interventions, and operational research design and implementation.

8. **Curriculum and Education Intervention Specialist** (domestic, 4 person-months). The specialist should have experience with curriculum development, particularly for public health-related interventions, including reproductive health and adolescent/youth life skills. The consultant should have some experience with designing BCC programs and interventions for out-of-school youth in a range of alternative settings.

9. **Monitoring and Evaluation and Research Design Specialist** (domestic, 4 person-months). The specialist should have a sound understanding of, and experience with, the Government's national monitoring and surveillance systems for HIV/AIDS and with operational research at the community level.