



Myanmar: Greater Mekong Subregion Capacity Building for HIV/AIDS Prevention

Project Name	Greater Mekong Subregion Capacity Building for HIV/AIDS Prevention				
Project Number	46490-001				
Country	Myanmar				
Project Status	Active				
Project Type / Modality of Assistance	Grant				
Source of Funding / Amount	<table border="1"> <tr> <td colspan="2">Grant 9176-MYA: Greater Mekong Subregion Capacity Building for HIV/AIDS Prevention</td> </tr> <tr> <td>Japan Fund for Poverty Reduction</td> <td>US\$ 10.00 million</td> </tr> </table>	Grant 9176-MYA: Greater Mekong Subregion Capacity Building for HIV/AIDS Prevention		Japan Fund for Poverty Reduction	US\$ 10.00 million
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Japan Fund for Poverty Reduction	US\$ 10.00 million				
Strategic Agendas	Inclusive economic growth Regional integration				
Drivers of Change	Governance and capacity development Partnerships				
Sector / Subsector	Health - Health sector development and reform				
Gender Equity and Mainstreaming	Effective gender mainstreaming				
Description	The grant development objective is to contribute towards achieving the Millennium Development Goal (MDG) targets by reversing/managing the spread of HIV/AIDS in Myanmar. The project will increase the coverage and quality of information and services (prevention, treatment, and care) for targeted populations along and near the economic corridors. The development objective will be achieved by: (i) strengthened planning and management capacity at national, state or regional, and township levels; (ii) enhanced capacity to provide quality and accessible services; (iii) improved access to community outreach among target populations; and (iv) monitoring and project management.				
Project Rationale and Linkage to Country/Regional Strategy	Myanmar remains one of the poorest countries in the Asia and Pacific region, with a per capita GDP of \$857 and a Human Development Index rank of 149 out of 187 countries; 26% of its population was living in poverty in 2010. ¹³ Poverty is highest in the rural and remote border regions, which are the target areas for this development assistance. Myanmar's health sector has long been underfunded and had very low levels of spending. Out-of-pocket spending comprised the majority of health spending, followed by government and donor assistance. Project funds are designed to address urgent needs for improved health planning and delivery of HIV services in the most vulnerable areas. The project is ADB's first grant assistance for health in Myanmar since its recent re-engagement and will facilitate mutual learning for working together and developing a better understanding of the needs and priorities for future assistance programs.				
Impact	Contribute towards achieving the Millennium Development Goal targets by reversing/managing the spread of HIV/AIDS in Myanmar				

Project Outcome

Description of Outcome	Increased coverage and quality of information and services (prevention, treatment, and care) for targeted populations along and near the economic corridors
Progress Toward Outcome	.
Implementation Progress	
Description of Project Outputs	Strengthened planning and management capacity at national, state or regional, and township levels Enhanced capacity to provide quality and accessible services Improved access to community outreach among target populations Monitoring and project management

Status of Implementation Progress (Outputs, Activities, and Issues)	<p>To be completed by INGO</p> <p>To be completed by INGO</p> <p>To be completed by INGO</p> <p>Concept note completed and approved by NAP; implementation began on February 2017.</p> <p>Concept note completed and approved by NAP; implementation began on February 2017.</p> <p>Institutional capacity assessment conducted in the 5 townships. Institutional capacity development operational plan (ICD-OP) completed and includes needs based training plan supportive of project management and planning initiatives. Needs based training plan approved for implementation in November 2016.</p> <p>Needs based training plan complete for all townships. An overall ICD-OP was also developed and approved by the NAP. First needs based training completed in November 2016 with 42 NAP and TB programme staff trained on geographic information systems.</p> <p>To be completed by INGO</p> <p>To be completed by INGO</p> <p>To be completed by INGO</p> <p>To be completed by INGO</p> <p>PMU to conduct baseline survey in Q1 2017.</p> <p>PMU to conduct baseline survey, including risk and vulnerability assessment, in Q1 2017.</p> <p>Ongoing.</p> <p>To be implemented by INGOs</p> <p>Topics and timeline to be determined following baseline and RVA results</p> <p>Timeline to be confirmed with NAP</p> <p>To be evaluated at project closure (Jan-June 2018)</p>
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Geographical Location

Safeguard Categories

Environment	C
Involuntary Resettlement	C
Indigenous Peoples	B

Summary of Environmental and Social Aspects

Environmental Aspects	The project will support the construction, rehabilitation, and operation of health facilities, including improved water, sanitation, and waste management systems. No significant impact on environment is expected.
Involuntary Resettlement	The project will not involve any involuntary resettlement impacts. Health facilities will be constructed on government land that is unencumbered or free from any temporary users (not used for residential, business, or productive purposes).
Indigenous Peoples	Myanmar is one of the most ethnically diverse countries in the world. The project sites are home to majority populations of Shan, Kayin, and Mon peoples. The project includes a significant proportion of ethnic groups among its beneficiaries in the targeted townships. Remoteness and language differences constrain effective STI/HIV and communicable disease programs in areas populated by minority groups. Furthermore, periods of internal conflict have aggravated health threats among some minority ethnic groups due to constraints on resources, displacement, and migration. These factors can lead to an increased prevalence of disease. Surveys near the Myanmar-Thai border show high levels of STIs and malaria. The ethnic groups' plan ensures analyses of ethnic peoples' needs and their participation in and access to benefits of the project. The project's design gives high priority to including ethnic minority peoples in training and community-based activities, as well as ensuring that HIV prevention services reach these populations and are culturally appropriate.

Stakeholder Communication, Participation, and Consultation

During Project Design	Consultations were held in Myanmar with government agencies, development partners, NGOs, the Japan International Cooperation Agency (JICA), and the Embassy of Japan during project preparation and fact-finding and consultation missions in September 2012, and in January, March, and July 2013. Field visits were made to health centers in Mon and Kayin states in January 2013 and consultations were held with project stakeholders and beneficiaries, including women, villagers, health staff, local government officials, and NGOs and CBOs. At all levels project stakeholders were invited to provide suggestions on the project's design, scope, implementing arrangements, opportunities for partnerships, and lessons learned from similar interventions in the region and in the country. Opportunities to partner with the UN and NGOs or CBOs on key focus areas were also identified during project preparation. The views of stakeholders consulted have been incorporated into the project's design and implementation arrangements.
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During Project Implementation

In August 2016, the project conducted a context awareness workshop to provide stakeholders a clear and updated understanding of the region and the issues that may affect project implementation in Kayin and Mon States. The JFPR 9176-MYA project team, including the project management unit, UNAIDS representatives, and National AIDS Programme officials and staff; relevant stakeholders from Kayin and Mon State; and interested ADB staff attended the workshop.

As part of its review mission, consultation and medical equipment/civil works needs assessment, the project team visited the five project townships: Mawlamyine (Mon State); Hpa-an, Kawkareik, and Myawaddy (Kayin State); and Tachilek (Shan State). The team gathered requests from health department officials and visited possible sites for upgrading civil works. It also met with civil society organizations working in the project townships, including those partnering with ethnic community based health organizations, as part of the needs assessment and to share information about the project.

Business Opportunities

Consulting Services A combination of individual consultants (among others, to staff the PMU); international and local NGOs; engineering firm; and others will be recruited in accordance with ADB's Guidelines on the Use of Consultants (2013, as amended from time to time).

Procurement All goods and civil works will be procured in accordance with ADB's Procurement Guidelines (2013, as amended from time to time). Goods and civil works follow normal ADB threshold for Myanmar.

Responsible Staff

Responsible ADB Officer	Thomas, Elaine C.
Responsible ADB Department	Southeast Asia Department
Responsible ADB Division	Human and Social Development Division, SERD
Executing Agencies	<i>Ministry of Health and Sports Office No. 4, Naypyitaw, Myanmar</i>

Timetable

Concept Clearance	20 Dec 2012
Fact Finding	21 Jan 2013 to 29 Jan 2013
MRM	23 Aug 2013
Approval	11 Dec 2013
Last Review Mission	-
Last PDS Update	21 Mar 2017

Grant 9176-MYA

Milestones					
Approval	Signing Date	Effectivity Date	Closing		
			Original	Revised	Actual
11 Dec 2013	04 Jun 2014	04 Jun 2014	30 Jun 2018	-	-

Financing Plan		Grant Utilization			
	Total (Amount in US\$ million)	Date	ADB	Others	Net Percentage
Project Cost	10.75	Cumulative Contract Awards			
ADB	0.00	11 Dec 2013	0.00	2.30	23%
Counterpart	0.75	Cumulative Disbursements			
Cofinancing	10.00	11 Dec 2013	0.00	1.65	16%

Project Page <https://www.adb.org/projects/46490-001/main>

Request for Information <http://www.adb.org/forms/request-information-form?subject=46490-001>

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