### Regional: Greater Mekong Subregion Capacity Building for HIV/AIDS Prevention Project

<table>
<thead>
<tr>
<th>Project Name</th>
<th>Greater Mekong Subregion Capacity Building for HIV/AIDS Prevention Project</th>
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<tbody>
<tr>
<td>Project Number</td>
<td>42179-013</td>
</tr>
<tr>
<td>Country</td>
<td>Regional/Lao People's Democratic Republic/Viet Nam</td>
</tr>
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<td>Project Status</td>
<td>Closed</td>
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<td>Project Type / Modality of Assistance</td>
<td>Grant, Loan</td>
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<td>Source of Funding / Amount</td>
<td>Grant 0312-REG: Greater Mekong Subregion Capacity Building for HIV/AIDS Prevention (LAO/VIE) concessional ordinary capital resources lending / Asian Development Fund US$ 5.00 million Loan 2930-REG: Greater Mekong Subregion Capacity Building for HIV/AIDS Prevention Project (LAO/VIE) concessional ordinary capital resources lending / Asian Development Fund US$ 15.00 million</td>
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<tr>
<td>Strategic Agendas</td>
<td>Inclusive economic growth, Regional integration</td>
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<td>Drivers of Change</td>
<td>Governance and capacity development</td>
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<td>Sector / Subsector</td>
<td>Health - Disease control of communicable disease</td>
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<tr>
<td>Gender Equity and Mainstreaming</td>
<td>Gender equity</td>
</tr>
<tr>
<td>Description</td>
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<tr>
<td>Project Rationale and Linkage to Country/Regional Strategy Impact</td>
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**Project Outcome**

**Description of Outcome**

**Progress Toward Outcome**

**LAO:** The project has achieved one out of two outcome performance targets, which increased the service utilization among target groups. VIE: The final review mission found that the target increases in the use of HIV/AIDS services (i.e., VCT and ART), community prevention services (i.e., MMT and BCC) by 50%, and PMTCT by 30% have been achieved. On achieving >80% of target populations reached by the project can articulate correct information on HIV transmission and means of prevention, the endline survey showed that 86% of IDU, 68% of EM, and 76% of MMP have good grasp of information on HIV transmission and means of prevention, slightly increased from the baseline survey carried out in Nov 2016.

**Implementation Progress**

**Description of Project Outputs**
The Project has no expected environmental impact, and does not involve any civil works.

The Project did not involve involuntary resettlement.

Status of Implementation Progress (Outputs, Activities, and Issues)

O4: 4 MOU were signed:
- CHAS-VAAC Sep 2014
- Kontum-Attapeu Mar 2014
- Houaphanh-Thanh Hao-Son La May 2014
- Phongsali-Dien Bien June 2014 (ratified agreement dated Nov 2013)

Regional cooperation focal points were appointed by 2013 and functional by 2014. PCCAs and DCACs are the focal points.

O4: Joint strategy for regional cooperation 2015-2017 has been finalized on 1 October 2014 and ratified after the Hanoi meeting on 15 October 2014.

Joint strategy were drafted and four joint action plans were prepared between:
- CHAS-VAAC
- Kontum-Attapeu
- Houaphanh-Thanh Hao-Son La
- Phongsali-Dien Bien

O4: Pilot was planned in 2014/2015 for 4 paired provinces in Vietnam (Thanh Hao, Kom Tom, Dien Bien, Binh Phuoc), and 3 in Laos. The pilot activities included communication campaign, mass media communication at community (radio), and training in BCC. In 2016, the implementation was expanded to total 7 provinces in Dien Bien, Son La, Thanh Hao, Kom Tom, Ta Hing, Quang Nam, and Quang Tri.

By December 2016, following activities were implemented:
- Communication training for commune/village leaders: 2,230 people [women: 876 (39.3%) and minority: 1,466 (64.8%)].
- BCC sessions: 302 sessions; estimated 30,567 people attended with about 24,546 minority people (80.3%); 1,910 mass media communication via loudspeakers.
- Harm reduction:
  - Received needles: 2,324 people [4 women (0.2%), 1,695 EM (72.9%)].
  - Received condoms: 2,884 people [34 women (1.1%), 1,952 EM (67.7%)].
- Number of people counselled and tested: 1,265 [women: 688 (54.4%) and 251 (19.8%)].

O4: *At the provincial level, three paired border provinces were selected for implementation of the MOUs: (i) Attapeu and Kon Tom; (ii) Houaphan and Thanh Hao and Son La and (iii) Phongsaly and Dien Bien. These provinces have organized annual cross-border collaboration meetings regularly. HIV and AIDS are included in the topics discussed during the meetings. With regard to gender sensitivity, AOs for FY 2014/2015 have been reviewed by the international and national gender consultants recruited in May 2015. During the workshop in April 2015 on review of progress of the project implementation and preparation of the project AOs for the year 2015-2016, CHAS presented to PCCAs from the 8 target provinces the project gender and ethnic group action plans and provided recommendations on introduction of project activities in the plan.

The national BCC and gender consultants recruited in May 2015 prepared specific integrated activities in the AOs for FY 2015-2016. This includes mainstreaming gender and ethnic group sensitivity into plans, dissemination of GEGAP and DMP indicators to monitor, review of training and BCC materials, TOTs, conduct awareness activities on HIV/AIDS prevention using gender mainstreaming and ethnic sensitized materials, with BCC in target villages.

O2: Mobile clinic services on VCT and STIs for female sex workers, migrants, and truck drivers commenced in April 2015. To date, number of target population reached by mobile clinics increases from 1,978 in 2015 to 3,055 (2,002 or 65% are female) in 2016, and 3,659 (2,614 or 71% are female) in 2017 (as of June 2017).

O2: Update of national guidelines and standard operation procedures for VCT trainers and counsellors, and STI treatment and management guidelines were completed. Related training are complete.

O2: Development of and training on quality assurance tools are complete. The tools are being used for assessing service quality at health facility and mobile clinic.

O3: As of June 2017, a total of 130,648 persons (68,706 or 53% females, 94,106 or 72% from ethnic groups) were reached by peer education activities.

O3: Sex-disaggregated data collection is integrated into the project's monitoring and evaluation system. CHAS completed training on project management and planning for PCCAs and DCACs. It also conducted trainings on mapping of target populations and rapid assessment of high risk behaviors. This data is used by DCACs and PCCAs to prepare annual operational plans with activities directed to these high risk groups.

PMU and CHAS requested in June 2015 PCCAs to provide an update of the high risk populations targeted in each province. The update is provided in Appendix 9 of QR 2016. The update in provided in appendix 9 of QR 2016. Subject to revision if necessary, will be the basis for preparation of AOP 2017.

O2: A total of 641 (274 or 42% are women, 396 or 61% from ethnic groups (151 women) peer educators were recruited from 501 target villages and trained and provided with these BCC materials.

O1: In March 2017, VAAC issues guidelines for development of annual provincial HIV/AIDS prevention and control plan which include gender-sensitive HIV strategy (i.e. prevention and care for pregnant women). All provinces are required to comply with the strategies stipulated in the guidelines.

O1: 100% of district and province managers (272) completed management training by 2017, including all the female (105) and ethnic minority managers (37).

O1: Competency assessment revealed that the mean scores of provincial and district managers were higher than the minimum standards defined (i.e. 80% of minimum total score based on 4 questions). The mean provincial total score of 451 districts was 724 compared to minimum standards of 451, district mean score was 254 compared to minimum standards of 154.

O2: All health facilities provide HIV services as per provincial plans. As of 2017, 64% of CHS and 89% of DHCS in project districts undertake harm reduction activities: 86% of DHC provide VCT, 55% distribute methadone, PMTCT, care and treatment of AIDS opportunistic infections, and ART were provided at 51%, 45%, and 37.5% of DHC. Less than 40% of district hospitals or regional polyclinics offer any type of HIV services.

O2: As of 31 Dec 2017, 51% of total 12,180 staff trained by the project were female and 26% were ethnic minorities.

O4: All paired provinces incorporated cross-border activities into project AOs in 2016/2017.

O1: Annual operation plans prepared by the provincial health offices follow MOH's standard planning framework. HIV prevention and care interventions are systematically integrated into the plans.

With regard to gender sensitivity, AOs for FY 2014/2015 have been reviewed by the international and national gender consultants recruited in May 2015.

Geographical Location

Lao People's Democratic Republic - Nation-wide, Attapu, Champasak, Houaphan, Phou Khoun, Boukho, Khouengoudomxai, Khouengphongsali, Louangnamtha, Salavan; Vietnam - Nation-wide, Dak Nong, Gia Lai, Huey Dien Bien, Kon Tom, Long An, Thinh Binh Phuoc, Thinh Hai, Thinh Ha, Thinh Hai, Than Lai Chau, Tinh Lao Cai, Tinh Quang Binh, Tinh Quang Nam, Tinh Quang Tri, Thinh Son La, Thinh Thanh Hoa

Summary of Environmental and Social Aspects

Environmental Aspects
The Project has no expected environmental impact, and does not involve any civil works.

Involuntary Resettlement
The Project did not involve involuntary resettlement.

Indigenous Peoples
The project is classified as category B for indigenous peoples. The project includes a significant proportion of ethnic groups among its beneficiaries, who are among some of the poorest and most marginalized households in the Laos PDR and Viet Nam. The ethnic groups include the Hmong, Tai, and Lao peoples, who make up a majority of the population in the project area. The project ensures that ethnic peoples' needs will be analyzed and they will participate in and have access to project benefits.

In Laos, there is an ongoing mapping of risk behaviors and KAP of ethnic groups by gender and age. Thirty-five districts are covered by the mapping survey conducted by CHAS under grant funding in June 2014. The data is for mapping of the total portion of the ethnic people accessing services relative to the total population of the ethnic community and data reported by sex, age and ethnicity as well as type of services was completed in 2014 in 35 districts. The target of 100% participation of provincial, district, and village level ethnic health staff in various trainings is provided by the project. This has already been integrated in 2014 in peer educators' curriculum training.

In Viet Nam, the project has prioritized the involvement of ethnic minority staff in relevant project activities.
Stakeholder Communication, Participation, and Consultation

During Project Design
During project preparation, consultations with key stakeholders were undertaken including for preparing social and poverty analyses.

During Project Implementation

Business Opportunities

Consulting Services
All consultants were recruited according to Guidelines on the Use of Consultants by ADB and its Borrowers (2010, as amended from time to time). International individual consultants and national individual consultants were engaged in both countries. The executing agencies advertised consulting opportunities through the Consultant Management System at www.adb.org.

Procurement
All procurement of goods and works were undertaken in accordance with ADB Procurement Guidelines (2010, as amended from time to time). International competitive bidding procedures were used for supply contracts valued more than $1,000,000 for Lao PDR and Viet Nam. National competitive bidding procedures were used for supply contracts valued at less than $1,000,000 for Lao PDR and Viet Nam. Shopping method were used for procurement of contracts of goods worth $100,000 and below. Vehicles were procured from the United Nations Office for Project Services (UNOPS) for Lao PDR. In Lao PDR, the project procured medical goods consisting of test kits, drugs, condoms and laboratory consumables. In Viet Nam, the project procured medical equipment, basic laboratory equipment and supplies, reagents among others. The project also procured support equipment such as vehicles, computers and printers, audio-visual equipment, and office equipment.

The project closed in 30 June 2018.

Responsible ADB Officer
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Southeast Asia Department
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Executing Agencies
Ministry of Health
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Hanoi, Viet Nam

Timetable
Concept Clearance
Fact Finding
MRM
Approval
Last Review Mission
Last PDS Update
21 Sep 2018

Grant 0312-REG

Milestones
Approval | Signing Date | Effectivity Date | Closing
---|---|---|---

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Loan 2930-REG

Milestones
Approval | Signing Date | Effectivity Date | Closing
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### TA 8204-REG

### Milestones

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### Project Page

https://www.adb.org/projects/42179-013/main

### Request for Information

http://www.adb.org/forms/request-information-form?subject=42179-013

### Date Generated

05 July 2019

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