

Project Administration Manual

Project Number: 48118-002
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Greater Mekong Subregion Health Security Project

ABBREVIATIONS

ADB	=	Asian Development Bank
ADF	=	Asian Development Fund
AOP	=	annual operational plan
APSED	=	Asia Pacific Strategy for Emerging Diseases
CDC	=	communicable diseases control
CDC1	=	First GMS Regional CDC Project
CDC2	=	Second GMS Regional CDC Project
CLMV	=	Cambodia, Lao PDR, Myanmar, and Viet Nam
CQS	=	consultant qualification selection
DHP	=	Department of Hygiene and Prevention (Lao PDR)
DMF	=	design and monitoring framework
DOH	=	Department of Health (Viet Nam)
DPF	=	Department of Planning and Finance (Viet Nam and Lao PDR)
EA	=	executing agency
GDPM	=	General Department of Preventive Medicine (Viet Nam)
GOC	=	Government of Cambodia
GOL	=	Government of the Lao PDR
GOV	=	Government of Viet Nam
GMS	=	Greater Mekong Subregion
HRD	=	human resource development
HSP	=	health strategic plan (Cambodia)
ICB	=	international competitive bidding
IHR	=	international health regulations
LAO PDR	=	Lao People's Democratic Republic
MBDS	=	Mekong Basin Disease Surveillance
MEF	=	Ministry of Economy and Finance (Cambodia)
MOF	=	Ministry of Finance
MOH	=	Ministry of Health
MPI	=	Ministry of Planning and Investment
NCB	=	national competitive bidding
NGO	=	nongovernment organization
NTD	=	neglected tropical disease
PAI	=	project administration instruction
PAM	=	project administration manual
PHD	=	provincial health department
PIU	=	project implementation unit
PMU	=	project management unit
PRC	=	People's Republic of China
RCU	=	regional coordination unit
RRP	=	Report and Recommendation of the President to the Board of Directors
SARS	=	Severe Acute Respiratory Syndrome
SGIA	=	second generation imprest account
SOE	=	statement of expenditure
TOR	=	terms of reference
VHW	=	village health worker
WHO	=	World Health Organization

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Project Administration Manual Purpose and Process

The project administration manual (PAM) describes the essential administrative and management requirements to implement the project on time, within budget, and in accordance with the policies and procedures of the government and Asian Development Bank (ADB). The PAM should include references to all available templates and instructions either through linkages to relevant URLs or directly incorporated in the PAM.

The Ministries of Health of Vietnam, Cambodia and Laos and their respective implementing agencies are wholly responsible for the implementation of ADB-financed projects, as agreed jointly between the borrower and ADB, and in accordance with the policies and procedures of the government and ADB. ADB staff is responsible for supporting implementation including compliance by Ministries of Health of Vietnam, Cambodia and Laos and their respective implementing agencies of their obligations and responsibilities for project implementation in accordance with ADB's policies and procedures.

Prior to loan negotiations, the borrower and ADB shall agree to the PAM and ensure consistency with the loan agreement. Such agreement shall be reflected in the minutes of the loan negotiations. In the event of any discrepancy or contradiction between the PAM and the loan agreement, the provisions of the loan agreement shall prevail.

After ADB Board approval of the project's report and recommendations of the President (RRP), changes in implementation arrangements are subject to agreement and approval pursuant to relevant government and ADB administrative procedures (including the Project Administration Instructions) and upon such approval, they will be subsequently incorporated in the PAM.

I. PROJECT DESCRIPTION

1. Economic growth in the GMS is highly vulnerable to outbreaks of emerging diseases, such as severe acute respiratory syndrome, avian influenza, and Middle East respiratory syndrome.¹ Other communicable diseases, including drug-resistant malaria, dengue, and antimicrobial-resistant infections, also have a significant economic impact. Multiple factors play a role in spreading communicable diseases, including an increasingly mobile population, increasing trade, and intensified interaction between people and animals. Particularly at risk are the poor, ethnic groups, and those living in border and remote areas or living along economic corridors. Infections can therefore easily pass beyond borders, and a regional approach is (i) necessary, so at-risk countries can participate and work together to improve their health systems; and (ii) beneficial, since it can result in synergies arising from coordination and lessons learned from regional peers.

2. In recent years, the ministries of health (MOHs) in GMS countries have made progress in regional information sharing, intersectoral dialogue, and cross-border cooperation for communicable disease control (CDC). Cross-border collaboration between neighboring provinces across international borders (which includes joint outbreak investigation, information exchange, and patient referrals) is gaining momentum but needs to be integrated into routine CDC activities.

3. Health service networks within Cambodia, the Lao PDR, Myanmar, and Viet Nam (CLMV) have expanded rapidly, but marginalized, mobile, and poor people still have limited access to health services. Mobile populations, ethnic minorities, and other vulnerable groups (MEVs) and populations living in remote border areas are more likely to spread infectious diseases and tend to use health services less than the general population. Cross-border migrant workers returning home with HIV or tuberculosis infection have limited access to treatment. Disease control programs for HIV/AIDS, tuberculosis, and malaria are in place but often do not reach these vulnerable groups in border areas due to staff and funding constraints. Consequently, in some countries, up to one-third of tuberculosis cases are not identified, and one-third of diagnosed tuberculosis and HIV/AIDS cases are not properly treated.²

4. The MOHs have implemented surveillance systems for notifiable diseases and syndromic reporting to improve reporting of events and identification of cases from the community level.³ However, the disease surveillance system needs further digitalization and extension to all health centers, and syndromic reporting needs to be rolled out nationally. Further, MOHs must strengthen data management and analysis. Linkages and integration between disease surveillance, district health management information, and zoonotic disease surveillance needs to be improved. MOHs have to improve their capacities for risk analysis, community preparedness, and disease outbreak response. Outbreak district response teams are often poorly equipped and financed, and need capacity building on outbreak investigation and management.

5. Governments' and development partners' investments have improved laboratory services in provincial hospitals. In contrast, district hospital laboratories are unable to comply with internationally acceptable biosafety standards or to guarantee the accuracy of their

¹ The cost of the 2003 outbreak of severe acute respiratory syndrome in terms of lost gross domestic product, measured in nominal terms, is estimated at \$18 billion for the East Asian and Southeast Asian economies.

² ADB. 2016. *Interim Report for the Project Preparatory Technical Assistance for the Greater Mekong Subregion Health Security Project. Consultant's report*. Manila. (TA 8842-REG).

³ Syndromic reporting focuses on reporting on symptoms rather than reporting on diagnostics.

laboratory tests. Underlying problems include substandard training of laboratory staff, and insufficient equipment and supplies. Formal processes for internal and external quality assurance are lacking. Laboratory auditing for compliance with quality and safety guidelines does not exist.

6. Hospitals and health centers are most likely to receive patients with emerging infectious diseases, but IPC practices in health facilities are substandard. Hospital sanitation and hygiene facilities are lacking. Hospital medical waste management is often unsatisfactory. The general public has almost unrestricted access to infectious patients wards, and such practices may result in ineffective treatment, the spread of emerging infectious diseases from health facilities to the general public, increased hospital-acquired infections, and development of drug resistance.

7. Weaknesses in CLMV's health systems are a threat to health security in the GMS, one of the targets of the UN sustainable development goals for the health sector.⁴ The governments have demonstrated strong commitment and leadership towards the control of emerging infectious diseases and other diseases of regional importance. National policies and plans are in place to deal with these major health threats. CLMV countries have stepped up domestic financing and mobilization of external assistance to improve cross-border cooperation and put in place comprehensive national health security systems. CLMV are committed to achieve standards based on the International Health Regulations, 2005 in line with the strategic framework of the Asia Pacific Strategy for Emerging Diseases (APSED), 2010, both of the World Health Organization (WHO).⁵ The APSED, 2010 includes eight focus areas: (1) regional preparedness, alert, and response; (2) surveillance, risk assessment, and response; (3) monitoring and evaluation; (4) risk communication; (5) laboratories; (6) IPC; (7) zoonoses; and (8) public health emergency preparedness. CLMV governments have developed or are developing national strategies to increase quality of laboratories and IPC, based on WHO guidelines.

8. The midterm review of Strategy 2020 of the Asian Development Bank (ADB) recommends expanding operations in the health sector to 3%–5% of ADB's annual approvals.⁶ The project is in line with ADB's Operational Plan for Health, 2015–2020.⁷ The project is included in the current country operation business plans of CLMV and in the GMS Regional Investment Framework Implementation Plan, 2014–2018; and is aligned with the CLMV country partnership strategies.⁸ The project addresses regional public goods as described in ADB's regional cooperation and integration strategy.⁹ ADB financing in the GMS health sector includes engagement in supporting regional cooperation, infrastructure development projects, human

⁴ Health security is achieved through a set of activities, both proactive and reactive, to minimize vulnerability to acute public health events that endanger the collective health of national populations.

⁵ WHO. 2005. *International Health Regulations*. Geneva; WHO. 2010. *Asia Pacific Strategy for Emerging Diseases*. Geneva.

⁶ ADB. 2014. *Midterm Review of Strategy 2020: Meeting the Challenges of a Transforming Asia and Pacific*. Manila.

⁷ ADB. 2015. *Health in Asia and the Pacific: A Focused Approach to Address the Health Needs of ADB Developing Member Countries: Operational Plan for Health, 2015–2020*. Manila.

⁸ ADB. 2014. *Country Operations Business Plan: Cambodia, 2016–2018*. Manila; ADB. 2014. *Country Operations Business Plan: Myanmar, 2015–2017*. Manila; ADB. 2014. *Country Operations Business Plan: Viet Nam, 2015–2017*. Manila; ADB. 2015. *Country Operations Business Plan: Lao People's Democratic Republic, 2016–2018*. Manila; ADB. 2014. *Greater Mekong Subregion Regional Investment Framework Implementation Plan, 2014–2018*. Manila; ADB. 2014. *Country Partnership Strategy: Cambodia, 2014–2018*. Manila; ADB. 2011. *Country Partnership Strategy: Lao People's Democratic Republic, 2012–2016*. Manila; ADB. 2014. *Interim Country Partnership Strategy: Myanmar, 2015–2016*. Manila; ADB. 2012. *Country Partnership Strategy: Viet Nam, 2012–2015*. Manila.

⁹ ADB. 2011. *The Greater Mekong Subregion Economic Cooperation Program Strategic Framework, 2012–2022*. Manila.

resources development, and a health sector governance reform program. ADB has supported several loans and grants focusing on CDC; multiple loans, grants, and technical assistance projects focusing on HIV/AIDS; and a number of grants and technical assistance projects focusing on malaria financed under ADB's Regional Malaria and Other Communicable Disease Threats Trust Fund under the Health Financing Partnership Facility.¹⁰

9. Earlier ADB GMS projects on CDC have supported regional cooperation, equipped provincial health facilities, and focused on addressing single diseases (malaria, HIV/AIDS, and neglected tropical diseases). Building on the lessons learned from previous interventions, the project will focus on (i) overall health system strengthening, rather than concentrating on a single disease; (ii) streamlining support for regional cooperation with existing regional frameworks such as the APSED; (iii) supporting district health facilities close to remote populations rather than provincial health facilities; (iv) combining equipment investments with improvement of the quality of laboratory diagnostic and health services in the district hospitals; (v) focusing on MEVs; and (vi) uniting separate CDC health interventions on single diseases into one investment focusing on preventing and mitigating the risk of adverse public health events that endanger collective health.

10. Other development partners that play an important role in CDC are the United States Agency for International Development, which is rolling out the Global Health Security Agenda; the Global Fund to Fight HIV/AIDS, Tuberculosis, and Malaria; the Three Millennium Development Goal Fund in Myanmar; WHO for CDC and health system technical support; the Global Alliance for Vaccines and Immunization and the United Nations Children's Fund (UNICEF) for immunization; and the World Bank for hospital infection control in Viet Nam. So long as funding concentrates on HIV, malaria, and tuberculosis, it remains inadequate. As CLMV's national income per capita increases, future financing by the Global Fund to Fight HIV/AIDS, Tuberculosis, and Malaria, and bilateral development partners is uncertain. Aid coordination mechanisms are improving at the central level, across subsectors, and increasingly also at the provincial level.

11. CLMV governments have requested ADB support for the GMS Health Security Project. The project will expand surveillance and outbreak response systems, improve data management, shift from expanding laboratory services to improving laboratory quality and biosafety, and add support for rolling out IPC to all hospitals in the target provinces.

12. The impact will be strengthened GMS public health security. The outcome will be improved GMS health system performance with regard to health security. The project locations are selected provinces along the borders and economic corridors. In these locations, health facilities typically serve not only the local population but also mobile and migrant populations in the region. Selection of project provinces is based on (i) economic status of the province; (ii) health and health services statistics; (iii) regional risks and priority clusters; and (iv) existing

¹⁰ ADB. 2012. *Report and Recommendation of the President to the Board of Directors: Proposed Loan, Grant, and Administration of Technical Assistance Grant to the Lao People's Democratic Republic and Socialist Republic of Viet Nam for the Greater Mekong Subregion Capacity Building for HIV/AIDS Prevention Project*. Manila; ADB. 2013. *Proposed Grant Assistance to Myanmar for the Greater Mekong Subregion (GMS) Capacity Building for HIV/AIDS Prevention*. Manila; ADB. 2008. *Technical Assistance for HIV Prevention and Infrastructure: Mitigating Risk in the Greater Mekong Subregion*. Manila; ADB. 2015. *Second Greater Mekong Subregion Regional Communicable Diseases Control Project (Additional Financing)*. Manila; ADB. 2014. *Technical Assistance for the Results for Malaria Elimination and Control of Communicable Disease Threats in Asia and the Pacific*. Manila; ADB. 2015. *Technical Assistance for Malaria and Communicable Diseases Control in the Greater Mekong Subregion*. Manila; Financing partners: the Government of Australia and the Government of the United Kingdom.

support from other development partners. The project will cover 14 provinces in Cambodia, 15 provinces in the Lao PDR, five states and regions in Myanmar, and 36 provinces in Viet Nam.¹¹

13. The project will have three outputs:

- (i) **Output 1: Regional cooperation and communicable disease control in border areas improved.** This output will strengthen APSED focus areas 1, 3, and 4 (para. 7). Under this output, the project will strengthen (i) regional, cross-border, and intersectoral information sharing and coordination of outbreak control among GMS countries, (ii) regional capacity for evidence-based CDC, (iii) development of better disease control strategies for MEVs in border areas, and (iv) improved CDC services for MEVs in hotspots along economic corridors in targeted border areas. The project will provide support for cross-border activities (including simulation exercises, and joint outbreak investigation and control), information exchange, intersectoral collaboration, strategic planning, disease control strategies for MEVs in border areas, outreach to MEVs, and improving access of MEVs to CDC services. The regional coordination unit, hosted by the MOH of the Lao PDR and financed under a regional technical assistance project, will provide technical support to CLMV for information exchange, disease control strategies for MEVs, and organization of regional events.¹²
- (ii) **Output 2: National disease surveillance and outbreak response systems strengthened.** This output will strengthen APSED focus areas 1, 2, 3, 7, and 8 (para. 7). Under this output, the project will support (i) syndromic reporting at the community level; (ii) web-based reporting; (iii) linking of disease surveillance systems, including between clinical and laboratory surveillance; (iv) improving capacity for risk analysis, risk communication, and community preparedness; (v) improving capacity of outbreak response teams, including transport and equipment; and (vi) improving screening and quarantine capacity at border entry points and quarantine centers. The project will provide expertise for system design, capacity building, information technology equipment, vehicles, and equipment for screening and outbreak control.
- (iii) **Output 3: Laboratory services and hospital infection prevention and control improved.** This output will strengthen APSED focus areas 3, 5, 6, and 8 (para. 7). Under this output, the project will support improving biosafety and quality of laboratory services, and expanding services for CDC. Project inputs will include (i) conducting staff training for provincial and district hospitals for internal quality improvement; (ii) preparing standard operating procedures; (iii) providing basic equipment, supplies, and minor repairs for laboratories and schools; (iv) setting up external quality assurance and audit systems for compliance with national biosafety and quality guidelines; and (v) setting up laboratory networks. The project will improve IPC at district hospitals through training in hospital hygiene and case management, provision of basic equipment, and minor repairs of wards.

¹¹ Project provinces in Cambodia: Banteay Meanchey, Battambang, Kampot, Kandal, Kratie, Monduliri, Preah Vihear, Prey Veng, Ratanakiri, Stung Treng, Svay Rieng, Pailin, Tbong Khmum, and Takeo; Project provinces in the Lao PDR: Phongsaly, Luangnamtha, Oudomxay, Bokeo, Huaphanh, Xiengkhuang, Borikhamxay, Khammuane, Saravane, Sekong, Champasack, Attapeu, Luang Prabang, Svannakhet, and Sayaboury; Project states and regions in Myanmar: Shan State (North), Shan State (East), Kayah State, Kayin State, Mon State, and Tanintharyi Region; Project provinces in Viet Nam: Bac Kan, Cao Bằng, Điện Biên, Hà Giang, Hòa Bình, Lai Châu, Lạng Sơn, Lào Cai, Quảng Ninh, Sơn La, Phú Thọ, Bắc Giang, Yên Bái, Hà Nam, Nam Định, Vĩnh phúc, Ninh Bình, Hà Tĩnh, Nghệ An, Quảng Bình, Quảng Trị, Thanh Hóa, Ninh Thuận, Quảng Nam, Quảng Ngãi, Đắk Lắk, Đắk Nông, Gia Lai, Kon Tum, Lâm Đồng, Bình Phước, Tây Ninh, An Giang, Bạc Liêu, Vĩnh Long, and Kiên Giang.

¹² ADB. 2015. *Technical Assistance for Malaria and Communicable Diseases Control in the Greater Mekong Subregion*. Manila.

II. IMPLEMENTATION PLANS

A. Project Readiness Activities

Table 1: Project Readiness Activities

Indicative Activities	2016					2017		Responsible Individual/ Unit/Agency/ Government			
	Jul	Aug	Sep	Oct	Nov	Dec	Jan		Feb	Mar	Apr
Establish project implementation arrangements	X										Each MOH
Loan/grant negotiations			X								OPM, MOJ, MPI, SBV, MOF, MEF, MOH
Selection of individual consultants				X	X						
ADB Board approval					X						
Loan/Grant signing								X			OPM, MOJ, MPI, SBV, MOF, MEF, MOH
Government legal opinion provided									X		MOJ
Loan/Grant effectiveness										X	ADB

ADB = Asian Development Bank; MEF = Ministry of Economy and Finance, Cambodia; MOF = Ministry of Finance, Lao PDR and Viet Nam; MOH = Ministry of Health in the four countries; MOJ= Ministry of Justice or equivalent in the four countries; MPI = Ministry of Planning and Investment, the Lao PDR and Viet Nam; OPM= Office of the Prime Minister; SBV= State Bank of Viet Nam.
Source: Asian Development Bank.

B. Overall Project Implementation Plan

Table 2: Implementation Schedule

Outputs and Activities		2017	2018	2019	2020	2021	2022
Output 1: Regional cooperation and communicable disease control in border areas improved							
A. Strengthened regional, cross-border and intersectoral collaboration and knowledge sharing							
1.1	Develop consensus on protocol aimed at establishing information exchange of notifiable communicable diseases by Q2, 2018		■	■	■		
1.2	Conduct annual regional, crossborder and intersectoral events such as joint outbreak investigation, simulation exercises, quarantine training and technical support, under coordination of the provinces		■	■	■	■	■
1.3	Conduct annual technical forums on GMS CDC priorities		■		■		■
1.4	RCU supports COP and other regional activities and KM		■	■	■		
B. Linked migrants, mobile people, isolated ethnic groups, and other vulnerable groups to CDC program							
1.5	Complete mapping of MEVs in border areas		■				
1.6	Conduct participatory planning with target groups and local staff to improve CDC coverage		■				
1.7	Conduct assessment of CDC baselines in border areas and identify and link milestones and actions to be taken to achieve implementation plans by Q4, 2017		■				
1.8	Design studies of innovative strategies to improve CDC in MEVs in Q3, 2017		■				
1.9	Mobilize national program resources for CDC and use project resources to extend services in hotspots using government services, CBOs, by Q4, 2017			■			
1.9	Implement CDC extension program from Q2, 2018				■	■	■
1.10	Conduct specific disease control campaigns in		■	■	■	■	■

Outputs and Activities		2017	2018	2019	2020	2021	2022
	border areas including for Malaria, Dengue, NTDs						
1.11	Evaluate CDC among MEVs through survey and study						
Output 2: National disease surveillance and outbreak response systems strengthened							
A. Strengthened web-based surveillance							
2.1	Review the surveillance and response systems						
2.2	Strengthen monitoring of surveillance and response						
2.3	Plan and prepare surveillance and response improvements by Q2, 2017						
2.4	Procure or upgrade IT equipment by Q1, 2018						
2.5	Provide GIS software for surveillance by Q4, 2018						
2.6	Provide IT connection by Q1, 2018						
2.7	Provide IT training to focal points, IT users and FETP scholars by Q1, 2018						
2.8	Harmonize surveillance indicators and systems for CDC						
B. Improved outbreak response capacity							
2.9	Provide outbreak investigation funds from project and government sources by Q1, 2017						
2.10	Train outbreak response teams also using simulation exercises in Q2's						
2.11	Provide training in risk analysis and communication						
2.12	Procure vehicles and outbreak response gear						
2.13	Conduct public information campaigns in Q4's						
Output 3: Laboratory services and hospital infection prevention and control improved							
A. Improved laboratory biosafety and quality diagnostics							
3.1	Procure laboratory supplies by Q1, 2017-2020						
3.2	Review laboratory strategy, plan, guidelines, standards and SOPs, including financial sustainability strategy by Q3, 2017						

Outputs and Activities		2017			2018			2019			2020			2021			2022			
3.3	Conduct detailed assessments of laboratory staff development by Q4, 2017				■															
3.4	Conduct detailed assessment of laboratory performance by Q4, 2017				■															
3.5	Conduct workshops to review findings and develop standards by Q1, 2018					■														
3.6	Prepare comprehensive laboratory improvement plan for targeted laboratories as part of annual operational plans by Q2, 2018						■													
3.7	Improve pre- and in-service training of laboratory staff							■												
3.8	Strengthen laboratory quality improvement program							■	■	■	■	■	■	■	■	■	■	■	■	
3.9	Procure equipment for laboratories in 2018 and 2019					■	■	■	■	■	■	■								
3.10	Conduct laboratory studies in 2019–2020									■	■	■	■	■	■					
B. Improved hospitals management of infectious diseases																				
3.11	Perform detailed hospital IPC and case management assessments by Q4, 2017			■																
3.12	Prepare detailed hospital IPC and case management plans by Q1, 2018			■																
3.13	Establish IPC focal point and committee by Q1, 2018			■																
3.14	Conduct training of hospital staff from Q2–Q4, 2018				■	■	■	■												
3.15	Provide equipment and supplies in 2018 and 2019					■	■	■	■	■	■	■								
3.16	Strengthen IPC monitoring in hospitals from Q1, 2018					■	■	■	■	■	■	■	■	■	■	■	■	■	■	
C. Project management																				
4.1	Organize annual national project reviews	■				■			■			■			■			■		
	regional project meetings (2 delegates per country)		■			■			■			■			■			■		
	project steering committee meetings and workshops				■				■			■			■			■		

	Outputs and Activities	2017			2018			2019			2020			2021			2022		
4.2	Engage CTA, deputy CTA, and experts for gender and social development, laboratory biosafety and quality management, project implementation, procurement, and financial management by Q2, 2017	■	■																
4.3	Identify and track parameters of effectiveness, efficiency, integration, sustainability, and other qualities for results-based project management			■															
4.4	Organize a workshop to plan for a results-based participatory project planning and implementation process to ensure project criteria are met by Q3, 2017			■															
4.5	Conduct assessment of CDC baselines in border areas and identify and link milestones and actions to be taken to achieve implementation plans by Q4, 2017				■														
4.6	Train all provinces in integrating investments and safeguards in provincial plans by Q1, 2018					■													
4.7	Provinces develop AOPs and implementation plans						■			■			■					■	

CDC = communicable diseases control, COP = community of practice, CTA = chief technical adviser, FETP = field epidemiology training program, GIS = geographical information system, GMS = Greater Mekong Subregion, IT = information technology, KM, = knowledge management, MEV = mobile and vulnerable groups, NTD = neglected tropical disease, RCU = regional coordination unit.

Source: Asian Development Bank.

III. PROJECT MANAGEMENT ARRANGEMENTS

A. Project Implementation Organizations: Roles and Responsibilities

14. The Ministries of Health (MOH) in each country will be the executing agencies (EAs) responsible for in-country implementation and coordination among countries.

15. In Cambodia, the EA will be represented by the Department of Planning and Health Information (DPHI), headed by the Secretary of State, who reports to the health sector steering committee for the Health Strategic Plan (HSP) chaired by the Minister of Health.¹³

16. In the Lao PDR, the EA is represented by the Department of Planning and Cooperation (DPC) in MOH, with the Director General of DPC as the Project Director, who reports to the MOH Steering Committee chaired by the Minister of Health.

17. In Myanmar, the EA is represented by the Permanent Secretary, Ministry of Health and Sports (MOHS). The MOHS steering committee chaired by the Minister of Health will direct and monitor the project implementation. MOHS will appoint the Deputy Director General of the Department of Public Health (MOHS) as project director.

18. In Viet Nam, the EA is represented by the General Department of Preventive Medicine (GDPM) in MOH, with the deputy director general of GDPM, as the Project Director, who reports to the director general of GDPM and the MOH Steering Committee for ADB funded projects chaired by the Vice Minister of Health for Preventive Services.

19. **Project management and implementation.** Central departments, national institutions and targeted provincial or township health departments or equivalent will serve as implementing agencies (IAs). Coordinating IAs provide day-to-day project management in each country; regional cooperation; cooperation with provinces and concerned departments and institutions; and liaison with ADB and other partners.

20. In Cambodia, the Communicable Diseases Control Department (CDCD) in MOH is the coordinating IA. The Director of CDCD is the Project Manager. The existing CDC2 PMU in the coordinating IA will be continued for day-to-day project implementation.¹⁴ The 14 provincial health departments will also serve as IAs.

21. In the Lao PDR, a deputy project director in DPC will assist the project director in day-to-day project coordination and management, including administration. The existing CDC2 project management unit (PMU) will continue with project administration and coordination. The Communicable diseases Control Department, the National Center for Laboratory and Epidemiology (NCLE) and 15 provincial health departments will also serve as IAs.

22. In Myanmar, one deputy project director in the department of Public Health (DOPH) and two deputy project directors in the Department of Medical Services (DMS) will assist the project director in day-to-day project coordination and management, including administration. The PMU

¹³ World Bank Health Sector Support Program (HSSP) Phase 1 and 2 HSSP2 is still on-going but expected to be completed in 2016.

¹⁴ ADB. 2010. *Report and Recommendation of the President to the Board of Directors: Proposed Loan and Grants to the Kingdom of Cambodia, the Lao People's Democratic Republic, and the Socialist Republic of Viet Nam for the Second Greater Mekong Subregion Regional Communicable Diseases Project*. Manila.

will assure project administration and coordination. The DOPH, DMS, the National Health Laboratory (NHL) and the 12 townships health departments will be IAs.

23. In Viet Nam, the GMS HS PMU will be staffed with personnel currently working in the ongoing CDC2 project. Three deputy project directors in GDPM will assist the project director in day-to-day project coordination and management, including administration. The National Institute of Hygiene and Epidemiology (NIHE), the Central Highlands Institute of Hygiene and Epidemiology, the Pasteur Institutes of Ho Chi Minh City and Nha Trang, and 36 provincial preventive medicine centers will serve as IAs.

24. At provincial or township level, the provincial/township health department (P/THD) will be the designated project implementation units (PIUs).¹⁵ There are up to 3 positions in each PIU to be financially supported by the Project in each province/township, depending on the workload.¹⁶ This includes a provincial project coordinator, a technical officer and an account assistant.

25. National institutions will be assigned to work as national IAs to provide technical support to the project via contracting arrangements. Relevant training courses in project management, procurement and financial management will be conducted to build capacity for the whole project management system, from central to provincial level. In CLMV, all project activities will be fully incorporated into the government planning cycle of each country and province. Based on the project design and actual needs, each P/THD will prepare an annual project workplan and budget as part of the annual operational plan (AOP) and budget for review and approval by appropriate authorities at provincial and central level.

26. Similarly, PMUs will prepare the national workplan and budget based on consultation with the provinces/townships and incorporation of provincial/townships workplans, obtain relevant approvals from the EA and incorporate these into the national AOPs. These annual workplans and budgets will be submitted to MOHs, core ministries, and ADB for approval and/or concurrence. In Cambodia and Viet Nam, the annual work plans and budgets should be approved before 15 December, if not sooner, while in Myanmar, these approvals should be done before 15 March, if not sooner.¹⁷

27. Most of the project specific activities at both PMU and PIU levels should be planned through participatory methods, except those that are fixed during project design and loan and grant negotiations. Consultation should be conducted with relevant agencies, not only in MOHs or P/THDs but also other ministries and partners engaged in similar activities, as required. As GMS Health Security Project has a regional focus, PMUs and PIUs are encouraged to share project specific workplans. Annual planning workshops at provincial and national levels for these activities are provided in the project design. Directors PMU and PIU can adjust the budget for activities in case the planned amount does not exceed 10% of the planned budget for activities under their authority.

28. Under output 2, strengthened national disease surveillance and outbreak response, the project will support an emergency fund at both national and provincial levels, managed by PMUs and PIUs. Key activities financed by this budget line include “immediate response to investigate an outbreak and confirm a plan of action if the investigation is confirmed and to allow staff to take immediate action to prevent or minimize the spread of the outbreak”. Because

¹⁵ In Cambodia, the denomination “provincial implementation unit” will be used.

¹⁶ In Viet Nam, the Province Medicine Centers will be PIU and provide project administrative staff.

¹⁷ In Myanmar, the financial year covers a period from 1 April to 31 March.

these kinds of activities cannot be planned in advance, it requires a more flexible spending mechanism. In addition, the national level will also be able to respond to outbreak investigation and response in other provinces that are not included in the GMS Health Security Project.

29. **Regional.** The GMS Health Security Regional Steering Committee (RSC) is advisory in nature and will give guidance in project implementation, policy dialogue, and the building of regional capacity and cooperation for CDC, and information exchanges on communicable diseases between countries. The RSC will meet every year or more often as needed, with the hosting rotated among the four countries. It will be chaired by the minister or vice-minister of the host country and will consist of representative of MOH of the CLMV countries, ADB and WHO. Representatives from other GMS countries and partners are invited as "observers".

30. The RCU will act as the secretariat for regional coordination activities, promotion and conduct of knowledge management activities. It will be led by the program coordinator. The accountant and the administrative assistant will also be retained until regional TA completion.

31. In terms of regional coordination, project managers will continue to meet every 6 months or more often as needed, to follow up on agreements of the RSC. CLMV countries will finance hosting and participation in regional workshops and forums and other knowledge management activities.

Table 3: Project Implementation Roles and Responsibilities

Project Implementation Organizations	Management Roles and Responsibilities
<ul style="list-style-type: none"> • <u>Executing agencies:</u> Ministries of Health of Viet Nam, Cambodia and Laos PDR represented by DPHI in Cambodia, DOPH in Myanmar, DPC in Lao PDR, GDPM in Viet Nam 	<ul style="list-style-type: none"> ➤ Regional dialogue, development of regional cooperation agreements ➤ High level consultation in the event of disease outbreaks ➤ Facilitation of donor and inter-sectoral meetings and cooperation (including ADB) ➤ Conduct of National Steering Committee and participation in Regional CDC Steering Committee Meetings ➤ Overall project administration ➤ Coordination with core ministries and ADB
<ul style="list-style-type: none"> • <u>MOH Steering Committee</u> or equivalent in Cambodia, Lao PDR, Myanmar, and Viet Nam 	<ul style="list-style-type: none"> ➤ Review project progress on at least quarterly basis ➤ Approve annual report, workplan and budget, including other ODA projects.
<p><u>Project Management Unit (PMU) in EA</u></p>	<ul style="list-style-type: none"> ➤ Overall project administration and financial management for the EA. ➤ Overall project coordination and commissioning IAs. ➤ Manage national and international technical assistance.
<p><u>National Coordination (same as EA in Lao PDR and Viet Nam, CDCD in Cambodia</u></p>	<ul style="list-style-type: none"> ➤ Day-to-day project coordination and management including support of national and provincial IAs. ➤ Technical guidance, supervision and monitoring of all project activities.

Project Implementation Organizations	Management Roles and Responsibilities
<ul style="list-style-type: none"> • <u>Regional Steering Committee headed by Vice-Minister of host country.</u> 	<ul style="list-style-type: none"> ➤ Provide guidance in project implementation, policy dialogue, and the building of regional capacity and cooperation for CDC on at least annual basis
<ul style="list-style-type: none"> • <u>Regional Coordination Unit (RCU) based in MOH, Lao PDR</u> 	<ul style="list-style-type: none"> ➤ Secretariat of the Regional Steering Committee ➤ Advisory services to countries ➤ Clearing house for regional information on CDC ➤ Maintaining websites and other knowledge management activities
<ul style="list-style-type: none"> • <u>National IAs (national departments and institutions)</u> 	<ul style="list-style-type: none"> ➤ Implement national and regional disease control activities ➤ Provide technical support for the provinces via contracting arrangements with the coordinating IA or the Provincial IA.
<ul style="list-style-type: none"> • <u>Provincial/ townships IAs in 73 provinces/township health departments)</u> 	<ul style="list-style-type: none"> ➤ Planning provincial project activities ➤ Reviewing and approving provincial workplans and budget ➤ Cross-border cooperation ➤ Provincial training group management
<ul style="list-style-type: none"> • <u>Province/township implementation units (PIUs)</u> 	<ul style="list-style-type: none"> ➤ Preparing annual workplans and budgets for the IA ➤ Day to day support for project implementation ➤ Procurement and financial administration at provincial level
<ul style="list-style-type: none"> • <u>ADB</u> 	<ul style="list-style-type: none"> ➤ Approve Procurement Activities ➤ Review Project implementation twice a year, including related policy actions and project activities ➤ Disburse loan proceeds to the consultants and the contractors

Source: Asian Development Bank.

B. Key Persons Involved in Implementation

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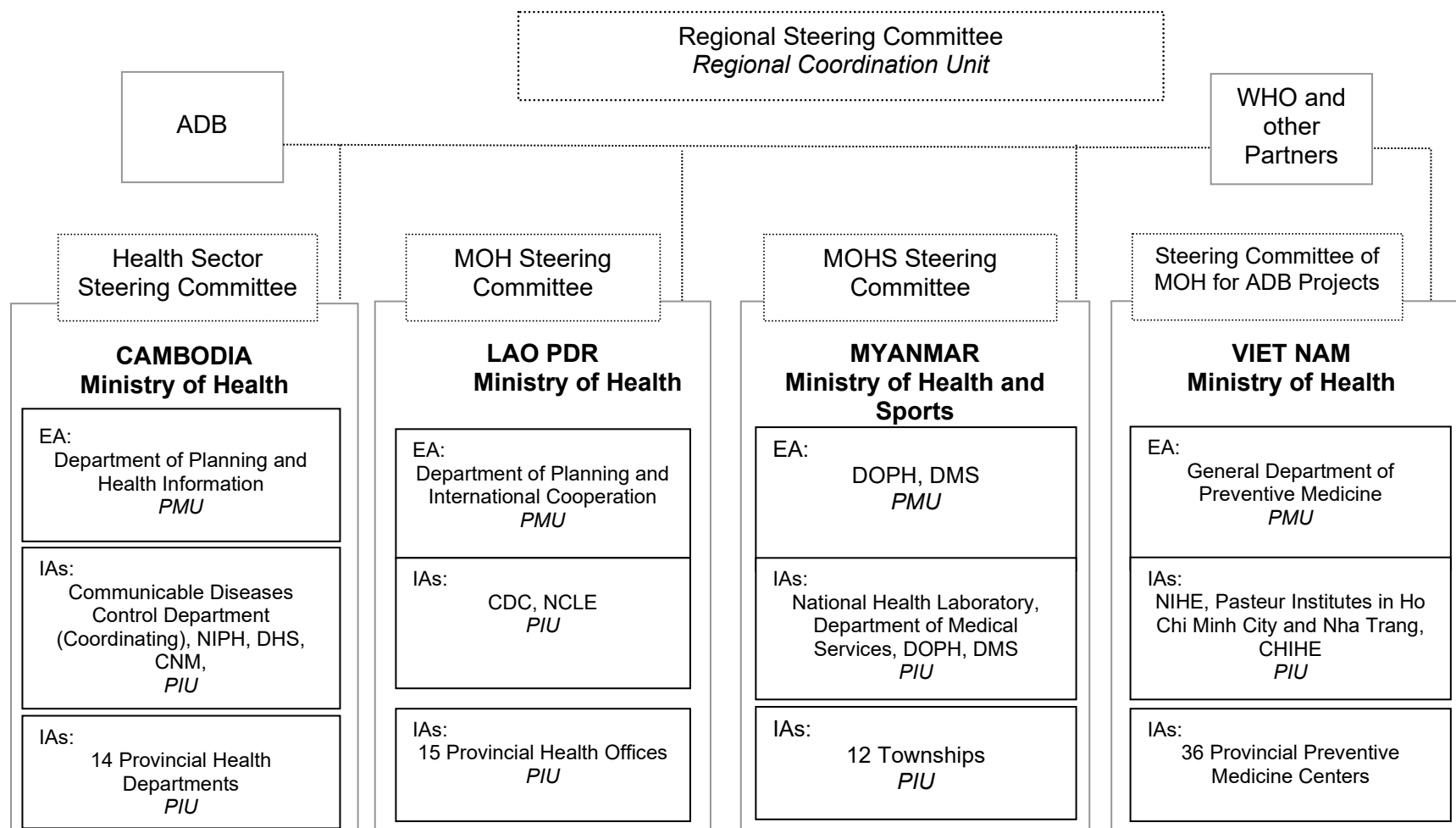
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C. Project Organization Structure



ADB = Asian Development Bank; CDC= Department MOH of Diseases Control; CHIHE = Central Highlands Institute of Hygiene and Epidemiology; CNM = National Malaria Center; DHS = Department of Hospital Services DOPH = Department of Public Health ; DMS = Department of Medical Services; EA = Executing Agency; IA = Implementing Agency;; Lao PDR = Lao People's Democratic Republic; MOH = Ministry of Health; NCLE = National Center for Laboratory and Epidemiology; NCMPE = National Center of Malariaology, Parasitology, and Entomology; NIPH = National Institute for Public Health; NIHE = National Institute of Hygiene and Epidemiology; PIU = project implementation unit, PMU = project management unit, WHO = World Health Organization.

IV. COSTS AND FINANCING

32. ADB loans and grant will finance all projects costs, including facilities repairs and maintenance, equipment, vehicles, consulting services, training and workshops, community participation, project management, recurrent costs, and regional activities. The loans and a grant will finance taxes and duties, bank charges, recurrent costs (including medical supplies and reagents), local transport and insurance costs, and interest during construction on ADB loans. In Cambodia and the Lao PDR, taxes and duties on equipment and vehicles will be borne by the government in the form of tax exemption. In Myanmar, taxes and duties on vehicles will be borne by the government in the form of tax exemption. The Government contributions in kind are staff salaries of government staff and the PMUs and PIUs staff office space, supplies and utilities.

A. Cost Estimates Preparation and Revisions

33. The cost estimates tables were designed and discussed with EAs during project processing. The determination of the type of equipment, their quantities and training required were derived from discussions with MOH in each country. The unit cost of all laboratory equipment and test kits were derived from first-hand knowledge of the PPTA laboratory specialist. Cost for training and workshops were also derived from discussions with MOH, national cost norms for per diems and from previous experience with CDC2. During project implementation, the responsibility of updating the cost estimates will rest on the project directors, advised by the national and international consultants hired for project implementation.

B. Key Assumptions

34. The following key assumptions underpin the cost estimates and financing plan:

- (i) Exchange rate: All cost estimates were expressed in US dollars including government counterpart contribution. The exchange rates per 1 US\$ as of 5 May 2016 are: (i) Cambodia Riel: 4,055; (ii) Lao Kip: 8,112; (iii) Myanmar Kyat: 1,170; and (iii) Vietnamese Dong: 22,405.
- (ii) Price contingencies based on expected cumulative inflation over the implementation period are as follows:

Table 4: Escalation Rates for Price Contingency Calculation

Item	2017	2018	2019	2020	2021	Average
Foreign rate of price inflation	1.4%	1.5%	1.5%	1.5%	1.5%	1.5%
Domestic rate of price inflation (Cambodia)	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%
Domestic rate of price inflation (Lao PDR)	4.5%	4.0%	4.0%	4.0%	4.0%	4.1%
Domestic rate of price inflation (Myanmar)	6.3%	6.1%	6.1%	6.1%	6.1%	6.14%
Domestic rate of price inflation (Vietnam)	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%

Source: Base year = 2010; World Bank projections as of July 2014.

- (iii) In-kind contributions were calculated using salary estimates of government staff and best estimates discussed with EAs during project design.

C. Detailed Cost Estimates by Expenditure Category

1. Cambodia

Expenditure Categories	Total Project Cost			% of Base Cost
	FC	LC	Total	
A. Investment Cost				
1. Facility Repair and Maintenance	-	1.0	1.0	5%
2. Equipment	4.0	0.4	4.4	21%
3. Vehicles	0.7	0.2	0.9	4%
4. Consulting Services	1.3	0.1	1.4	7%
5. Trainings and Workshops	-	4.3	4.3	21%
6. Community Mobilization	-	2.0	2.0	10%
7. Project Management	-	1.6	1.6	8%
Subtotal (A)	6.0	9.6	15.6	75%
B. Recurrent Cost	2.2	3.1	5.3	25%
Total Base Cost	8.2	12.7	20.9	100%
C. Contingencies	1.3	-	1.3	
D. Finance Charges	0.6	-	0.6	
Total Project Cost	10.1	12.7	22.8	

Note: Numbers may not sum precisely because of rounding.
Source: ADB estimates.

2. Lao PDR

Expenditure Categories	Total Project Cost			% of Base Cost
	FC	LC	Total	
A. Investment Cost				
1. Facility Repair and Maintenance	0.0	0.1	0.1	1%
2. Equipment	2.3	0.3	2.6	22%
3. Vehicles	0.6	0.1	0.7	6%
4. Consulting Services	1.2	-	1.2	10%
5. Trainings and Workshops	0.7	1.4	2.1	18%
6. Community Mobilization	-	1.7	1.7	14%
7. Project Management	0.1	1.1	1.2	10%
Subtotal (A)	4.9	4.7	9.6	81%
B. Recurrent Cost (B)	1.8	0.4	2.2	19%
Total Base Cost (A+B)	6.7	5.1	11.8	100%
C. Contingencies	0.7	-	0.7	
D. Finance Charges	0.1	-	0.1	
Total Project Cost	7.5	5.1	12.6	

Note: Numbers may not sum precisely because of rounding.
Source: ADB estimates.

3. Myanmar

Expenditure Categories	Total Project Cost (US\$ million)			
	FC	LC	Total	% of Base Cost
A. Investment Cost				
1. Facility Repair and Maintenance	0.0	0.9	0.9	8%
2. Equipment	3.2	0.0	3.2	28%
3. Vehicles	0.7	0.2	0.9	8%
4. Consulting Services	0.6	0.0	0.6	5%
5. Trainings and Workshops	2.1	0.0	2.1	18%
6. Community Mobilization	0.0	0.9	0.9	8%
7. Project Management	0.1	0.8	0.9	8%
Subtotal (A)	6.7	2.8	9.5	82%
B. Recurrent Cost (B)	1.1	1.0	2.1	18%
Total Base Cost (A+B)	7.8	3.8	11.6	100%
C. Contingencies	0.8	0	0.8	
D. Finance Charges	0.4	0	0.4	
Total Project Cost	9.0	3.8	12.8	

Note: Numbers may not sum precisely because of rounding.
Source: ADB estimates.

4. Viet Nam

Expenditure Categories	Total Project Cost (US\$ million)			
	FC	LC	Total	% of Base Cost
A. Investment Cost				
1. Facility Repair and Maintenance	1.5	1.6	3.1	4%
2. Equipment	47.2	-	47.2	64%
3. Vehicles for surveillance and specialized purposes	6.0	-	6.0	8%
4. Consulting Services	-	2.6	2.6	4%
5. Trainings and Workshops	-	6.4	6.4	9%
6. Community Mobilization	-	1.2	1.2	2%
7. Project Management	-	0.4	0.4	1%
Subtotal (A)	54.7	12.2	66.9	90%
B. Recurrent Cost (B)	2.2	5.1	7.3	10%
Total Base Cost (A+B)	56.9	17.3	74.2	100%
C. Contingencies	7.2	-	7.2	
D. Finance Charges	2.6	-	2.6	
Total Project Cost	66.7	17.3	84.0	

Note: Numbers may not sum precisely because of rounding.
Source: ADB estimates.

D. Allocation and Withdrawal of Loan/Grant Proceeds

1. Cambodia

Allocation and Withdrawal of Loan Proceeds (US\$ million)

No.	Item	Total Amount Allocated for ADB Financing	Percentage and Basis for Withdrawal from the Loan Account
1	Facility Repair and Maintenance	0.6	100% of Total Expenditure Claimed
2	Equipment	6.8	100% of Total Expenditure Claimed*
3	Vehicles	0.6	100% of Total Expenditure Claimed*
4	Consulting Services	1.4	100% of Total Expenditure Claimed
5	Trainings and Workshops	4.2	100% of Total Expenditure Claimed
6	Community Mobilization	2.8	100% of Total Expenditure Claimed
7	Project Management	0.8	100% of Total Expenditure Claimed
8	Recurrent Cost	2.3	100% of Total Expenditure Claimed
9	Interest	0.6	100% of Amount Due
10	Unallocated	0.5	
	Total	20.6	

* Exclusive of taxes and duties incurred within the territory of the Recipient.

Source: ADB estimates.

2. Lao PDR Grant Proceeds

Allocation and Withdrawal of Grant Proceeds (US\$ million)

No.	Item	Total Amount Allocated for ADB and Grant Financing	Percentage and Basis for Withdrawal from the Loan Account
1	Vehicles	0.6	100% of Total Expenditure Claimed*
2	Consulting Services	2.0	100% of Total Expenditure Claimed
3	Trainings and Workshops	1.3	100% of Total Expenditure Claimed
4	Community Mobilization	0.9	100% of Total Expenditure Claimed
5	Project Management	1.0	100% of Total Expenditure Claimed
6	Recurrent Cost	2.1	100% of Total Expenditure Claimed
7	Unallocated	0.0	
	Total	8.0	

* Tax exemption will be provided for this Category.

Source: ADB estimates.

3. Lao PDR Loan Proceeds

Allocation and Withdrawal of Loan Proceeds (US\$ million)

No.	Item	Total Amount Allocated for ADB and Grant Financing	Percentage and Basis for Withdrawal from the Loan Account
1	Facility Repair and Maintenance	0.3	100% of Total Expenditure Claimed
2	Equipment	2.8	100% of Total Expenditure Claimed*
3	Trainings and Workshops	0.5	100% of Total Expenditure Claimed
4	Project Management	0.2	100% of Total Expenditure Claimed
5	Recurrent Cost	0.1	100% of Total Expenditure Claimed
6	Interest	0.1	100% of Amount Due
7	Unallocated	0.0	
	Total	4.0	

* Tax exemption will be provided for this Category

Source: ADB estimates.

4. Myanmar

Allocation and Withdrawal of Loan Proceeds (US\$ million)

No.	Item	Total Amount Allocated for ADB Financing	Percentage and Basis for Withdrawal from the Loan Account
1.	Facility Repair and Maintenance	0.2	100% of Total Expenditure Claimed
2.	Equipment	8.4	100% of Total Expenditure Claimed
3.	Vehicles	0.3	100% of Total Expenditure Claimed*
4.	Consulting Services	0.6	100% of Total Expenditure Claimed
5.	Trainings and Workshops	1.0	100% of Total Expenditure Claimed
6.	Community Mobilization	0.1	100% of Total Expenditure Claimed
7.	Project Management	0.3	100% of Total Expenditure Claimed
8.	Recurrent Cost	0.7	100% of Total Expenditure Claimed
9.	Interest	0.4	100% of Amount Due
10.	Unallocated	0.1	
	Total	12.0	

* Exclusive of taxes and duties within the territory of the Borrower.

Source: ADB estimates.

5. Viet Nam

Allocation and Withdrawal of Loan Proceeds (US\$ million)

No.	Item	Total Amount Allocated for ADB Financing	Percentage and Basis for Withdrawal from the Loan Account
1.	Facility Repair and Maintenance	3.1	100% of Total Expenditure Claimed
2.	Equipment	47.2	100% of Total Expenditure Claimed
3.	Vehicles for surveillance and specialized purposes	6.0	100% of Total Expenditure Claimed
4.	Consulting Services	2.6	100% of Total Expenditure Claimed
5.	Trainings and Workshops	6.4	100% of Total Expenditure Claimed
6.	Community Mobilization	1.2	100% of Total Expenditure Claimed
7.	Project Management	0.4	100% of Total Expenditure Claimed
8.	Recurrent Cost*	3.3	100% of Total Expenditure Claimed
9.	Interest	2.6	100% of Amount Due
10.	Unallocated	7.2	
	Total	80.0	

* including lab consumables, regional activities, and stand-by for outbreak control.

Source: ADB estimates, inclusive of tax and duties.

E. Detailed Cost Estimates by Financier

1. Cambodia

Item	ADB		Government		Total Cost	
	Amount (A)	Financing % of Cost Category (A/C)	Amount (B)	Financing % of Cost Category (B/C)	Amount (A+B=C)	(Taxes and Duties) (D)
A. Investment Cost						
1. Facility Repair and Maintenance	1.0	100%	-	0%	1.0	(0.0)
2. Equipment	4.0	91%	0.4*	9%	4.4	(0.4)
3. Vehicles	0.7	78%	0.2*	22%	0.9	(0.2)
4. Consulting Services	1.4	100%	-	0%	1.4	(0.1)
5. Trainings and Workshops	4.3	100%	-	0%	4.3	(0.1)
6. Community Mobilization	2.0	100%	-	0%	2.0	-
7. Project Management	1.6	100%	-	0%	1.6	(0.1)
Subtotal (A)	15.0	96%	0.6	4%	15.6	(0.9)
B. Recurrent Cost						
1. ADB	4.1	100%	-		4.1	(0.4)
2. Government	-	-	1.2 ^a	100%	1.2	(0.1)
Subtotal (B)	4.1	77%	1.2	23%	5.3	(0.5)
Total Base Cost	19.1	91%	1.8	9%	20.9	(1.4)
C. Contingencies	1.3	100%	-	0%	1.3	-
D. Finance Charges	0.6	100%	-	0%	0.6	-
Total Project Cost	21.0	92%	1.8	8%	22.8	(1.4)

* for government exemption of taxes and duties only.

^a Government contribution covers recurrent project management cost in terms of staff salaries and allowance and office space.

Source: ADB estimates.

2. Lao PDR

Item	ADB		Government		Total Cost		(Tax and Duties) (E)	
	Loan Amount (A)	Financing % of Cost Category	Grant Amount (B)	Financing % of Cost Category	Amount (C)	Financing % of Cost Category		Amount (A+B+C=D)
A. Investment Cost								
1. Facility Repair and Maintenance	0.1	100%	-	0%	-	0%	0.1	(0.01)
2. Equipment	2.3	88%	-	0%	0.3 ^μ	12%	2.6	(0.3)
3. Vehicles	-	0%	0.6	86%	0.1 ^μ	14%	0.7	(0.1)
4. Consulting Services	-	0%	1.2	100%	-	0%	1.2	(0.1)
5. Trainings and Workshops	0.6	29%	1.5	71%	-	0%	2.1	-
6. Community Mobilization	-	0%	1.7	100%	-	0%	1.7	-
7. Project Management	0.2	17%	1.0	83%	-	0%	1.2	(0.11)
Subtotal (A)	3.2	33%	6.0	63%	0.4	4%	9.6	(0.62)
B. Recurrent Cost								
1. ADB (in-cash)	0.3	15%	1.7	85%	-	0%	2.0	
2. Government (in-kind)	-	0%	-	0%	0.2*	100%	0.2	(0.02)
Subtotal (B)	0.3	14%	1.7	77%	0.2	9%	2.2	-
C. Contingencies	0.4	57%	0.3	43%	-	0%	0.7	-
D. Finance Charges During Implementation	0.1	100%	-	0%	-	0%	0.1	-
Total Project Cost	4.0	32%	8.0	63%	0.6	5%	12.6	(0.64)

^μ For taxes and duties only.

* Government in-kind contribution covers recurrent project management cost in terms of staff salaries and allowance.

Source: ADB estimates.

3. Myanmar

Item	ADB		Government		Total Cost	
	Amount (A)	Financing % of Cost Category (A/C)	Amount (B)	Financing % of Cost Category (B/C)	Amount (A+B=C)	(Taxes and Duties) (D)
A. Investment Cost						
1. Facility Repair and Maintenance	0.9	100%	-	0%	0.9	(0.04)
2. Equipment	3.2	100%	-	0%	3.2	(0.3)
3. Vehicles	0.7	78%	0.2*	22%	0.9	(0.2)
4. Consulting Services	0.6	100%	-	0%	0.6	(0.03)
5. Trainings and Workshops	2.1	100%	-	0%	2.1	(0.1)
6. Community Mobilization	0.9	100%	-	0%	0.9	-
7. Project Management	0.7	78%	0.2	22%	0.9	(0.06)
Subtotal (A)	9.1	96%	0.4	4%	9.5	(0.73)
B. Recurrent Cost						
1. ADB	1.7	100%	-	0%	1.7	(0.1)
2. Government	-	0%	0.4#	100%	0.4	(0.0)
Subtotal (B)	1.7	81%	0.4	19%	2.1	(0.1)
Total Base Cost (A+B)	10.8	93%	0.8	7%	11.6	(0.83)
C. Contingencies	0.8	100%	-	0%	0.8	-
D. Finance Charges During Implementation	0.4	100%	-	0%	0.4	-
Total Project Cost	12.0	94%	0.8	6%	12.8	(0.83)

Source: ADB estimates.

Note: * for government exemption of taxes and duties only.

Government contribution covers recurrent project management cost in terms of staff salaries and allowance and office space.

4. Viet Nam

Item	ADB		Government		Total Cost	
	Amount (A)	Financing % of Cost Category (A/C)	Amount (B)	Financing % of Cost Category (B/C)	Total Cost (A+B=C)	(Taxes and Duties) (D)
A. Investment Cost						
1. Facility Repair and Maintenance	3.1	100%	-	-	3.1	-
2. Equipment	47.2	100%	-	-	47.2	(4.3)
3. Vehicles for surveillance and specialized purposes	6.0	100%	-	-	6.0	(1.4)
4. Consulting Services	2.6	100%	-	-	2.6	-
5. Trainings and Workshops	6.4	100%	-	-	6.4	-
6. Community Mobilization	1.2	100%	-	-	1.2	-
7. Project Management	0.4	100%	-	-	0.4	-
Subtotal (A)	66.9	100%	-	-	66.9	(5.7)
B. Recurrent Cost						
1. ADB (in cash)	3.3	100%	-	-	3.3	
2. Government (in kind)*	-	0%	4.0	1.0	4.0	
Subtotal (B)	3.3	45%	4.0	55%	7.3	-
Total Base Cost (A+B)	70.2	95%	4.0	5%	74.2	(5.7)
C. Contingencies	7.2	100%	-	-	7.2	-
D. Finance Charges During Implementation	2.6	100%	-	-	2.6	-
Total Project Cost	80.0	95%	4.00	5%	84.0	(5.7)

Source: ADB estimates.

F. Detailed Cost Estimates by Outputs and/or Components

1. Cambodia

Expenditure Categories	Total Cost (D)	Output 1		Output 2		Output 3	
		Amount (A)	% of Cost Category (A/D)	Amount (B)	% of Cost Category (B/D)	Amount (C)	% of Cost Category (C/D)
A. Investment Cost							
1. Facility Repair and Maintenance	1.0	-	-	-	-	1.0	100%
2. Equipment	4.4	0.1	2%	1.1	25%	3.2	73%
3. Vehicles	0.9	0.1	11%	0.8	89%	-	-
4. Consulting Services	1.4	0.4	29%	0.4	29%	0.6	42%
5. Trainings and Workshops	4.3	0.5	12%	2.2	51%	1.6	37%
6. Community Mobilization	2.0	2.0	100%	-	-	-	-
7. Project Management	1.6	0.1	6%	1.4	88%	0.1	6%
Subtotal (A)	15.6	3.2	21%	5.9	38%	6.5	42%
B. Recurrent Cost (B)	5.3	1.1	21%	2.7	51%	1.5	28%
Total Base Cost (A+B)	20.9	4.3	21%	8.6	41%	8.0	38%
C. Contingencies	1.3	0.2	15%	0.4	31%	0.7	54%
D. Finance Charges	0.6	0.1	17%	0.3	33%	0.3	50%
Total Project Cost	22.8	4.6	20%	9.3	41%	9.0	39%

Source: ADB estimates.

2. Lao PDR

Expenditure Categories	Total Cost (D)	Output 1		Output 2		Output 3	
		Amount (A)	% of Cost Category (A/D)	Amount (B)	% of Cost Category	Amount (C)	% of Cost Category (C/D)
A. Investment Cost							
1. Facility Repair and Maintenance	0.1	-	0%	0.03	30%	0.07	70%
2. Equipment	2.6	-	0%	0.4	15%	2.2	85%
3. Vehicles	0.7	-	0%	0.6	86%	0.1	14%
4. Consulting Services	1.2	0.6	50%	-	0%	0.6	50%
5. Trainings and Workshops	2.1	0.2	9%	1.1	52%	0.8	38%
6. Community Mobilization	1.7	1.7	100%	-	0%	-	0%
7. Project Management	1.2	0.8	67%	0.4	33%	-	0%
Subtotal (A)	9.6	3.3	35%	2.5	26%	3.8	40%
B. Recurrent Cost	2.2	0.8	37%	0.5	23%	0.9	41%
Total Base Cost	11.8	4.1	35%	3.0	25%	4.7	40%
C. Contingencies	0.7	0.2	29%	0.2	29%	0.3	43%
D. Finance Charges	0.1	0.04	40%	0.03	30%	0.03	30%
Total Project Cost	12.6	4.4	35%	3.1	25%	5.0	40%

Source: ADB estimates.

3. Myanmar

Expenditure Categories	Total Cost (D)	Output 1		Output 2		Output 3	
		Amount (A)	% of Cost Category (A/D)	Amount (B)	% of Cost Category (B/D)	Amount (A)	% of Cost Category (A/D)
A. Investment Cost							
1. Facility Repair and Maintenance	0.9	-	0%	0.1	11%	0.8	89%
2. Equipment	3.2	0.5	16%	0.7	22%	2.0	63%
3. Vehicles	0.9	0.1	11%	0.7	78%	0.1	11%
4. Consulting Services	0.6	0.0	0%	0.4	67%	0.2	33%
5. Trainings and Workshops	2.1	0.4	19%	0.9	43%	0.8	38%
6. Community Mobilization	0.9	0.9	100%	-	0%	-	0%
7. Project Management	0.9	0.2	22%	0.3	33%	0.4	44%
Subtotal (A)	9.5	2.1	22%	3.1	33%	4.3	45%
B. Recurrent Cost	2.1	0.8	38%	0.9	43%	0.4	19%
Total Base Cost	11.6	2.9	25%	4.0	34%	4.7	41%
C. Contingencies	0.8	0.2	25%	0.3	38%	0.3	38%
D. Finance Charges During Implementation	0.4	0.1	25%	0.1	25%	0.2	50%
Total Project Cost	12.8	3.2	23%	4.4	36%	5.2	41%

Source: ADB estimates.

4. Viet Nam

Expenditure Categories		Total Cost (D)	Output 1		Output 2		Output 3	
			Amount (A)	% of Cost Category (A/D)	Amount (B)	% of Cost Category	Amount (C)	% of Cost Category (C/D)
A.	Investment Cost							
1.	Facility Repair and Maintenance	3.1	-	-	0.1	3 %	3.0	97%
2.	Equipment	47.2	-	-	7.2	15%	40.0	85%
3.	Vehicles for surveillance and specialized purposes	6.0	-	-	6.0	100%	-	-
4.	Consulting Services	2.6	1.2	46%	0.9	35%	0.5	19%
5.	Trainings and Workshops	6.4	0.6	9%	2.6	41%	3.2	50%
6.	Community Mobilization	1.2	1.2	100%	-	-	-	-
7.	Project Management	0.4	0.4	100%	-	-	-	-
	Subtotal (A)	66.9	3.4	5%	16.8	25%	46.7	70%
B.	Recurrent Cost	7.3	1.2	16%	5.1	70%	1.0	14%
	Total Base Cost	74.2	4.6	6%	21.9	30%	47.7	64%
C.	Contingencies	7.2	0.2	3%	1.8	25%	5.2	72%
D.	Finance Charges	2.6	0.2	8%	0.8	31%	1.6	62%
	Total Project Cost	84.0	5.0	6%	24.5	29%	54.5	65%

Source: ADB estimates.

G. Detailed Cost Estimates by Year**1. Cambodia**

Expenditure Categories	Total Cost	Year 1	Year 2	Year 3	Year 4	Year 5
A. Investment Cost						
1. Facility Repair and Maintenance	1.0	0.6	0.2	0.1	0.1	0.0
2. Equipment	4.4	1.1	2.8	0.3	0.1	0.1
3. Vehicles	0.9	0.8	0.1	-	-	-
4. Consulting Services	1.4	0.3	0.3	0.3	0.3	0.2
5. Trainings and Workshops	4.3	0.8	1.1	1.0	0.8	0.7
6. Community Mobilization	2.0	0.4	0.4	0.4	0.4	0.4
7. Project Management	1.6	0.4	0.3	0.3	0.3	0.3
Subtotal (A)	15.6	4.4	5.2	2.4	1.9	1.7
B. Recurrent Cost	5.3	1.0	1.0	1.1	1.1	1.1
Total Base Cost	20.9	5.4	6.2	3.5	3.0	2.8
C. Contingencies	1.3	0.4	0.5	0.2	0.1	0.1
D. Finance Charges	0.6	0.0	0.1	0.1	0.2	0.2
Total Project Cost (A+B+C+D)	22.8	5.8	6.8	3.8	3.3	3.1

Source: ADB estimates.

2. Lao PDR

Expenditure Categories	Total Cost	Year 1	Year 2	Year 3	Year 4	Year 5
A. Investment Cost						
1. Facility Repair and Maintenance	0.1	0.0	0.1	0.0	0.0	0.0
2. Equipment	2.6	0.4	1.9	0.3	0.0	0.0
3. Vehicles	0.7	0.6	0.1	-	-	-
4. National Consulting Services	1.2	0.2	0.4	0.3	0.3	0.0
5. National Trainings and Workshops	2.1	0.3	0.4	0.7	0.6	0.1
6. Community Mobilization	1.7	0.3	0.3	0.3	0.4	0.4
7. Project Management	1.2	0.3	0.3	0.2	0.2	0.2
Subtotal (A)	9.6	2.1	3.5	1.8	1.5	0.7
B. Recurrent Cost	2.2	0.5	0.5	0.4	0.4	0.4
Total Base Cost	11.8	2.6	4.0	2.2	1.9	1.1
C. Contingencies	0.7	0.2	0.2	0.1	0.1	0.1
D. Finance Charges	0.1	0.01	0.02	0.03	0.02	0.02
Total Project Cost	12.6	2.8	4.2	2.3	2.0	1.2

Source: ADB estimates

3. Myanmar

Expenditure Categories		Total Cost	Year 1	Year 2	Year 3	Year 4	Year 5
A.	Investment Cost						
1.	Facility Repair and Maintenance	0.9	0.2	0.6	-	0.1	-
2.	Equipment	3.2	0.6	2.6	0.0	0.0	0.0
3.	Vehicles	0.9	0.5	0.4		-	-
4.	National Consulting Services	0.6	0.1	0.2	0.1	0.1	0.1
5.	National Trainings and Workshops	2.1	0.4	0.6	0.5	0.4	0.2
6.	Community Mobilization	0.9	0.2	0.2	0.2	0.2	0.1
7.	Project Management	0.9	0.1	0.2	0.2	0.2	0.2
	Subtotal (A)	9.5	2.1	4.8	1.0	1.0	0.6
B.	Recurrent Cost (B)	2.1	0.4	0.4	0.4	0.4	0.5
	Total Base Cost (A+B)	11.6	2.5	5.2	1.4	1.4	1.1
C.	Contingencies	0.8	0.2	0.3	0.1	0.1	0.1
D.	Finance Charges	0.4	0.0	0.1	0.1	0.1	0.1
	Total Project Cost	12.8	2.7	5.6	1.6	1.6	1.3

Source: ADB estimates.

4. Viet Nam

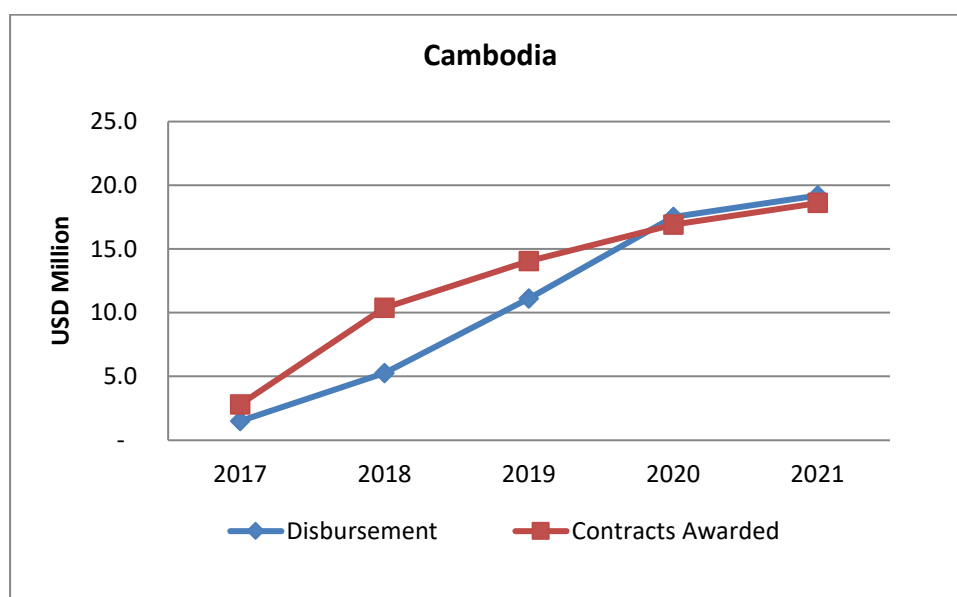
Expenditure Categories		Total Cost	Year 1	Year 2	Year 3	Year 4	Year 5
A.	Investment Cost						
1.	Facility Repair and Maintenance	3.1	1.8	0.5	0.3	0.3	0.3
2.	Equipment	47.2	15.4	19.4	11.6	0.1	0.7
3.	Vehicles for surveillance and specialized purposes	6.0	0.1	5.9	-	-	-
4.	National Consulting Services	2.6	0.7	0.8	0.5	0.2	0.3
5.	National Trainings and Workshops	6.4	1.2	1.5	1.5	0.9	1.3
6.	Community Mobilization	1.2	0.3	0.3	0.2	0.2	0.2
7.	Project Management	0.4	0.08	0.08	0.08	0.08	0.08
	Subtotal (A)	66.9	19.6	28.5	14.2	1.8	2.9
B.	Recurrent Cost (B)	7.3	1.4	1.4	1.4	1.5	1.6
	Total Base Cost (A+B)	74.2	21.0	29.9	15.6	3.3	4.5
C.	Contingencies	7.2	2.1	3.1	1.6	0.2	0.2
D.	Finance Charges	2.6	0.1	0.4	0.6	0.7	0.8
	Total Project Cost	84.0	23.2	33.4	17.8	4.2	5.5

Source: ADB estimates.

H. Contract and Disbursement S-Curve

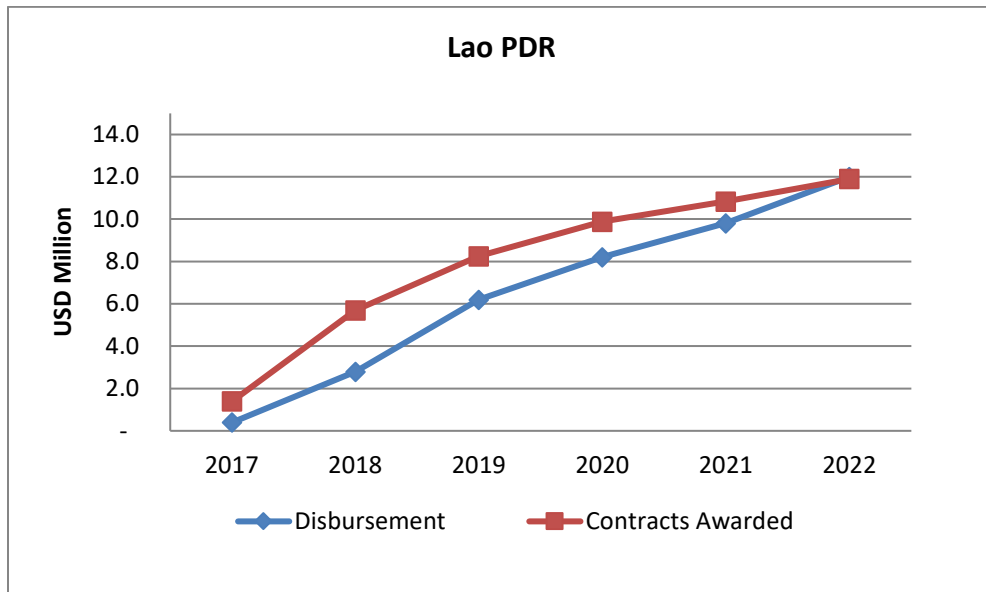
1. Cambodia

Contract Award						Disbursement					
	Q1	Q2	Q3	Q4	Total		Q1	Q2	Q3	Q4	Total
2017	0.00	1.50	0.00	1.30	2.80	2017	-	1.50	-	-	1.50
2018	0.73	0.75	2.30	3.80	7.58	2018	0.50	1.00	0.75	1.50	3.75
2019	1.00	1.00	0.67	1.00	3.67	2019	0.80	0.80	1.26	3.00	5.86
2020	1.00	0.75	0.60	0.50	2.85	2020	3.06	1.00	1.60	0.73	6.39
2021	0.50	0.50	0.40	0.30	1.70	2021	0.50	0.50	0.40	0.30	1.70
2022	0.50	1.30	-	-	1.80	2022	0.50	1.30	-	-	1.80
					20.40						21.00



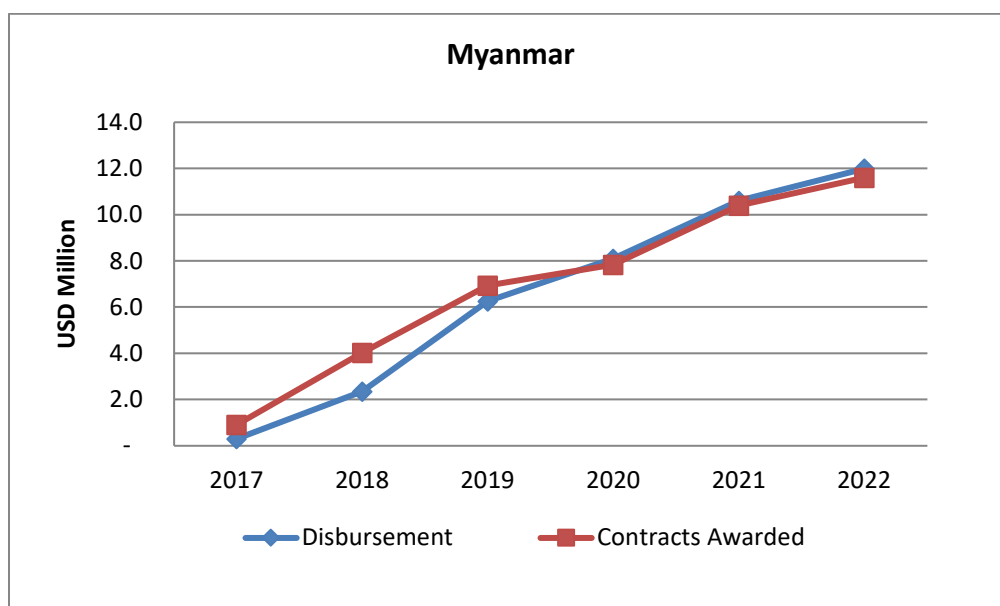
2. Lao PDR

Contract Award						Disbursement					
	Q1	Q2	Q3	Q4	Total		Q1	Q2	Q3	Q4	Total
2017	-	0.40	-	1.00	1.40	2017	-	0.40	-	-	0.40
2018	0.60	0.40	0.40	2.90	4.30	2018	0.40	0.40	0.60	1.00	2.40
2019	0.80	0.50	0.55	0.70	2.55	2019	1.20	0.50	0.70	1.00	3.40
2020	0.40	0.40	0.50	0.33	1.63	2020	0.50	0.50	0.50	0.50	2.00
2021	0.20	0.35	0.20	0.20	0.95	2021	0.20	0.45	0.45	0.50	1.60
2022	0.37	0.70	0	0	1.07	2022	1.20	1.00	0	0	2.20
					11.90						12.00



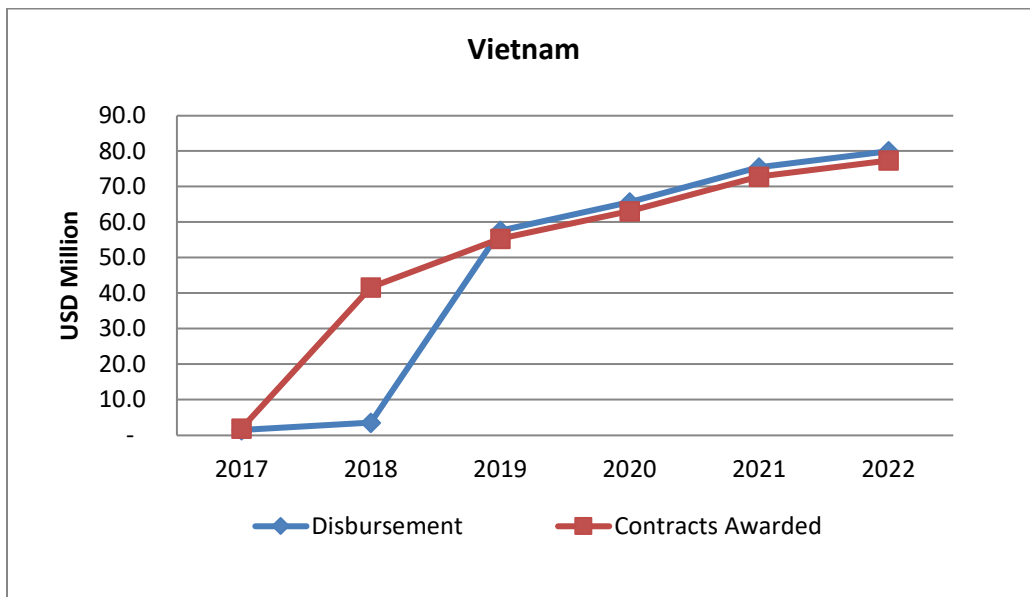
3. Myanmar

Contract Award						Disbursement					
	Q1	Q2	Q3	Q4	Total		Q1	Q2	Q3	Q4	Total
2017		0.30		0.61	0.91	2017	-	0.30	-	-	0.30
2018	-	0.20	0.62	2.30	3.12	2018	0.40	0.15	0.30	1.20	2.05
2019	2.00	0.30	0.20	0.40	2.90	2019	1.50	1.60	0.40	0.40	3.90
2020	0.20	0.20	0.20	0.30	0.90	2020	0.20	0.20	0.80	0.65	1.85
2021	1.40	0.60	0.37	0.20	2.57	2021	0.90	0.70	0.50	0.40	2.50
2022	0.40	0.80	0	0	1.20	2022	0.40	1.00	0	0	1.40
					11.60						12.00



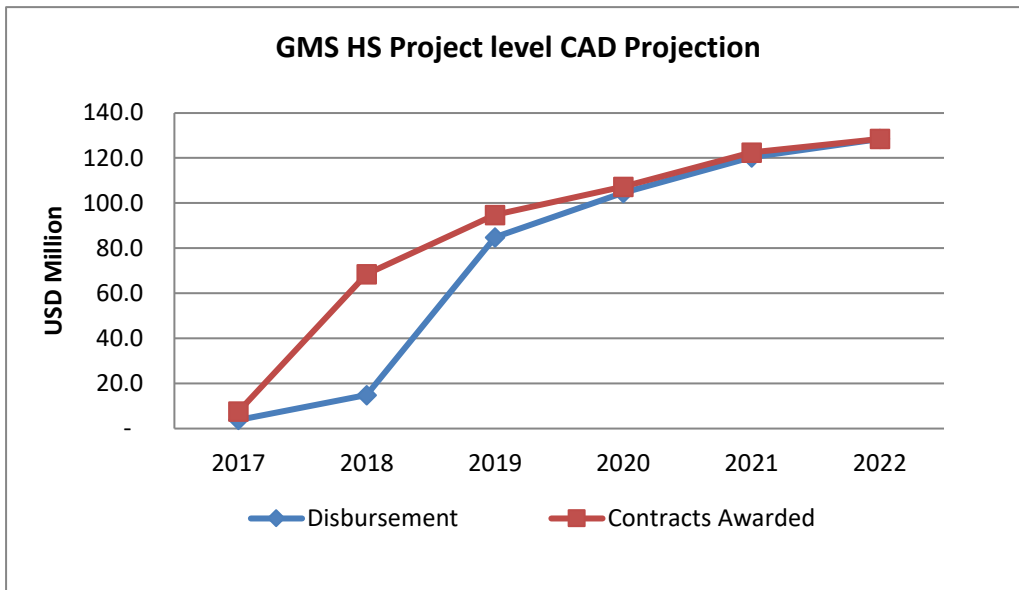
4. Viet Nam

Contract Award						Disbursement					
	Q1	Q2	Q3	Q4	Total		Q1	Q2	Q3	Q4	Total
2017	-	1.50	-	0.45	1.95	2017	-	1.50	-	-	1.50
2018	1.70	-	-	38.00	39.70	2018	0.20	0.60	1.00	0.20	2.00
2019	1.07	8.00	2.40	2.20	13.67	2019	4.00	26.00	18.00	6.14	54.14
2020	1.40	2.14	2.00	2.20	7.74	2020	2.88	2.04	1.00	2.10	8.02
2021	2.00	2.20	2.00	3.54	9.74	2021	2.00	2.20	2.00	3.54	9.74
2022	2.00	2.60	0	0	4.60	2022	2.00	2.60	0	0	4.60
					77.40						80.00



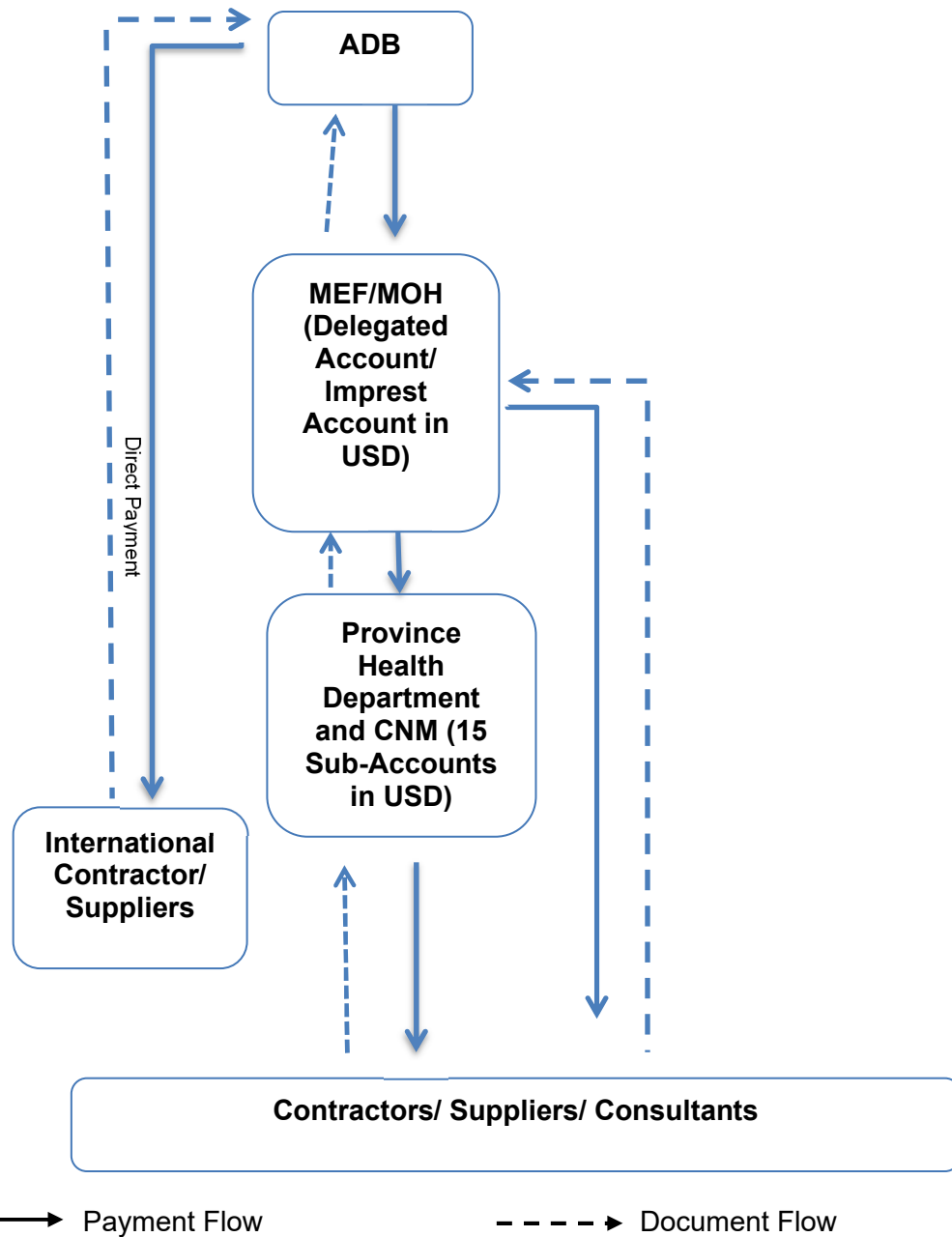
5. Project-level projection

Contract Award						Disbursement					
	Q1	Q2	Q3	Q4	Total		Q1	Q2	Q3	Q4	Total
2017	0.00	3.80	0.00	3.84	7.64	2017	-	3.80	-	0.10	3.90
2018	3.11	1.41	4.57	51.83	60.93	2018	2.00	2.40	2.65	3.90	10.95
2019	6.03	11.71	3.77	4.71	26.22	2019	7.75	32.95	20.37	8.92	69.98
2020	4.43	2.49	2.30	3.29	12.51	2020	7.61	4.13	3.90	4.04	19.68
2021	4.22	3.75	2.97	4.24	15.18	2021	3.90	3.75	3.35	4.74	15.74
2022	3.27	2.75	-	-	6.02	2022	4.10	4.15	-	-	8.25
					128.50						128.50



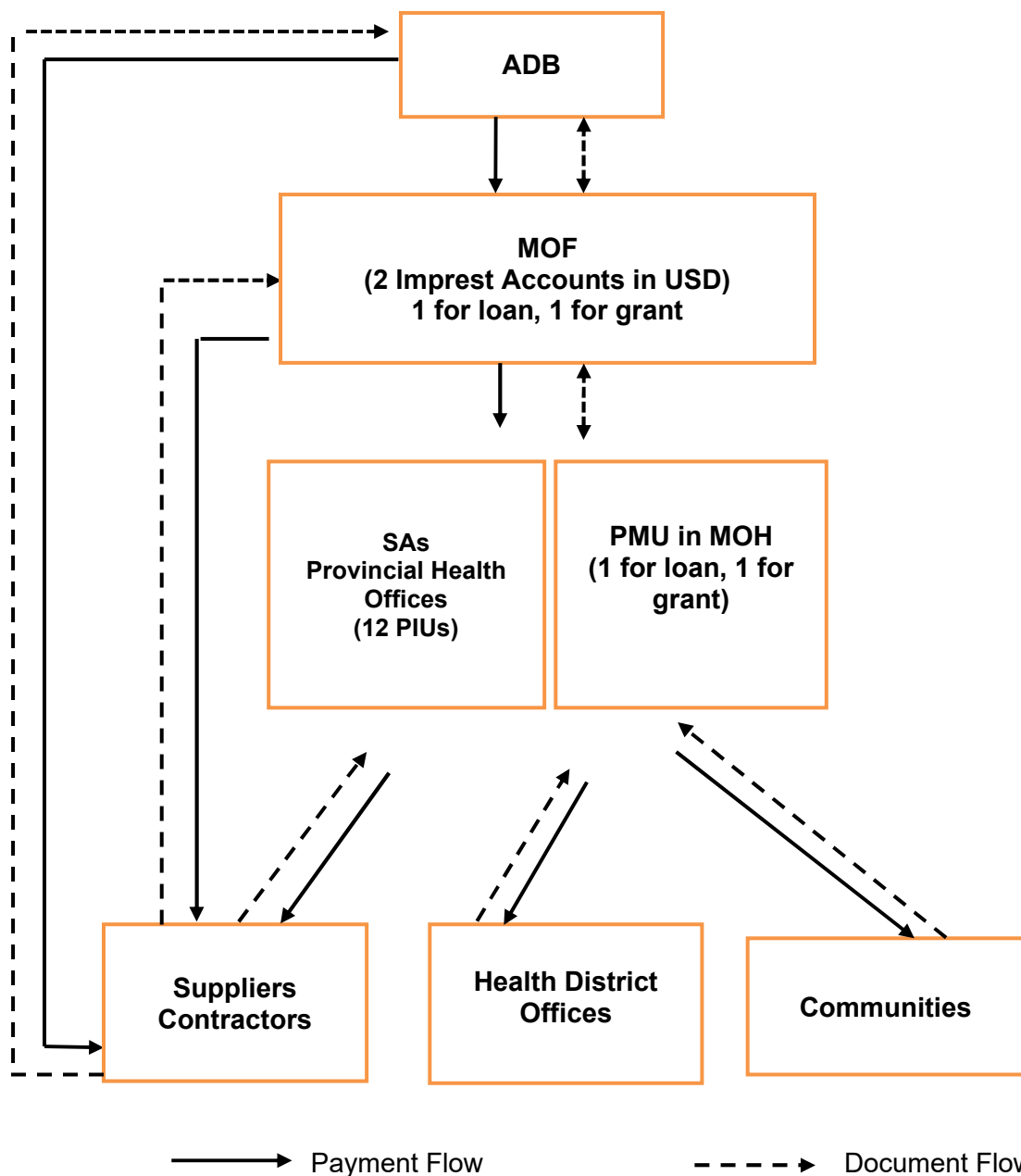
I. Fund Flow Diagram

1. Cambodia



ADB = Asian Development Bank, IA = imprest account, MOH = Ministry of Health, MEF = Ministry of Economy and Finance, NBC = National Bank of Cambodia.

2. Lao PDR

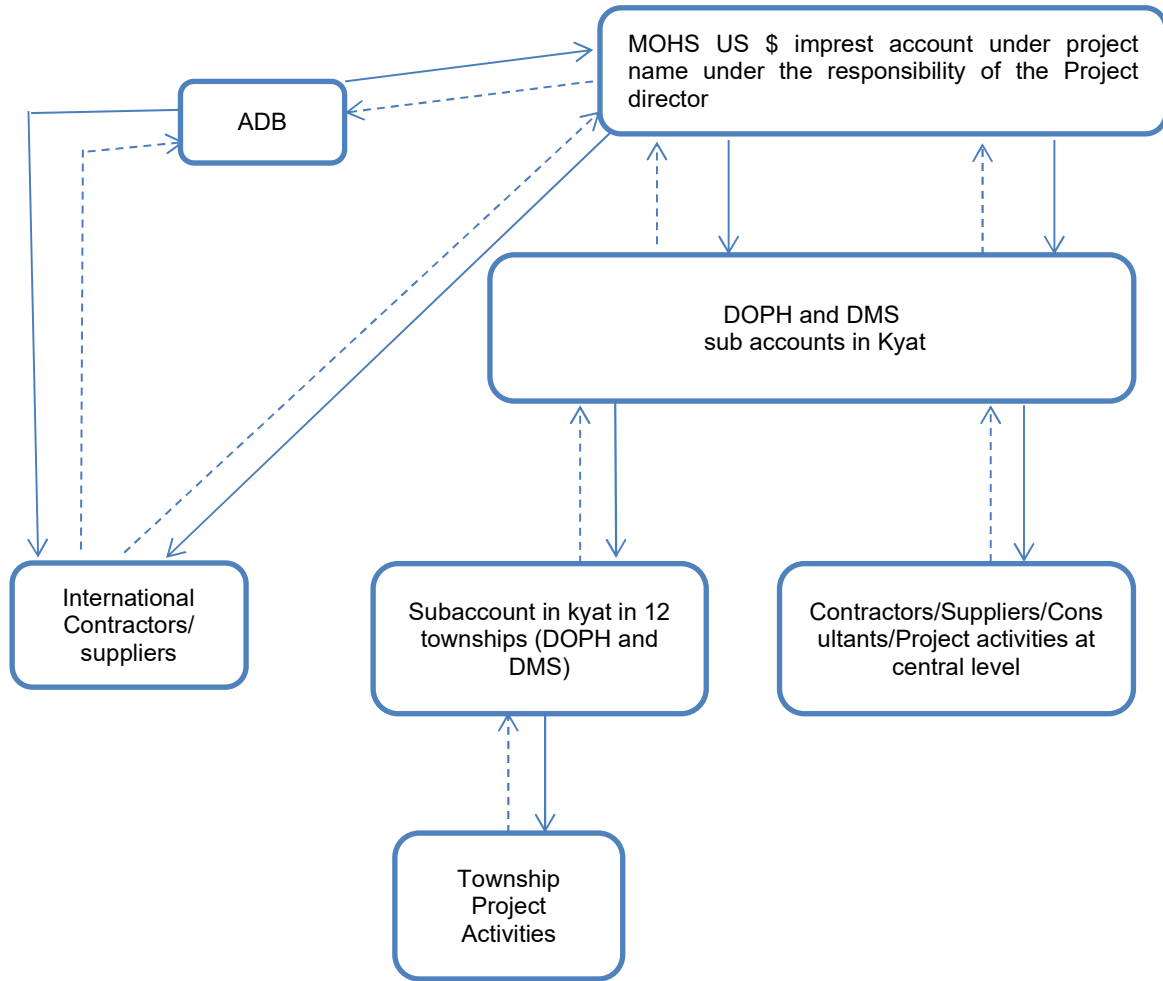


ADB = Asian Development Bank, IA = imprest account, MOF = Ministry of Finance, MOH = Ministry of Health, PIUs = project implementation units, PMU = project management unit, SA = subaccount.

* The PMU will manage the expenditures of the two institutes functioning as PIUS (i.e., NCLE = National Center for Laboratory and Epidemiology and Communicable Diseases Control Department) and three provinces (Luang Prabang, Savannakhet, and Sayaboury).

Source: MOH Lao PDR and ADB.

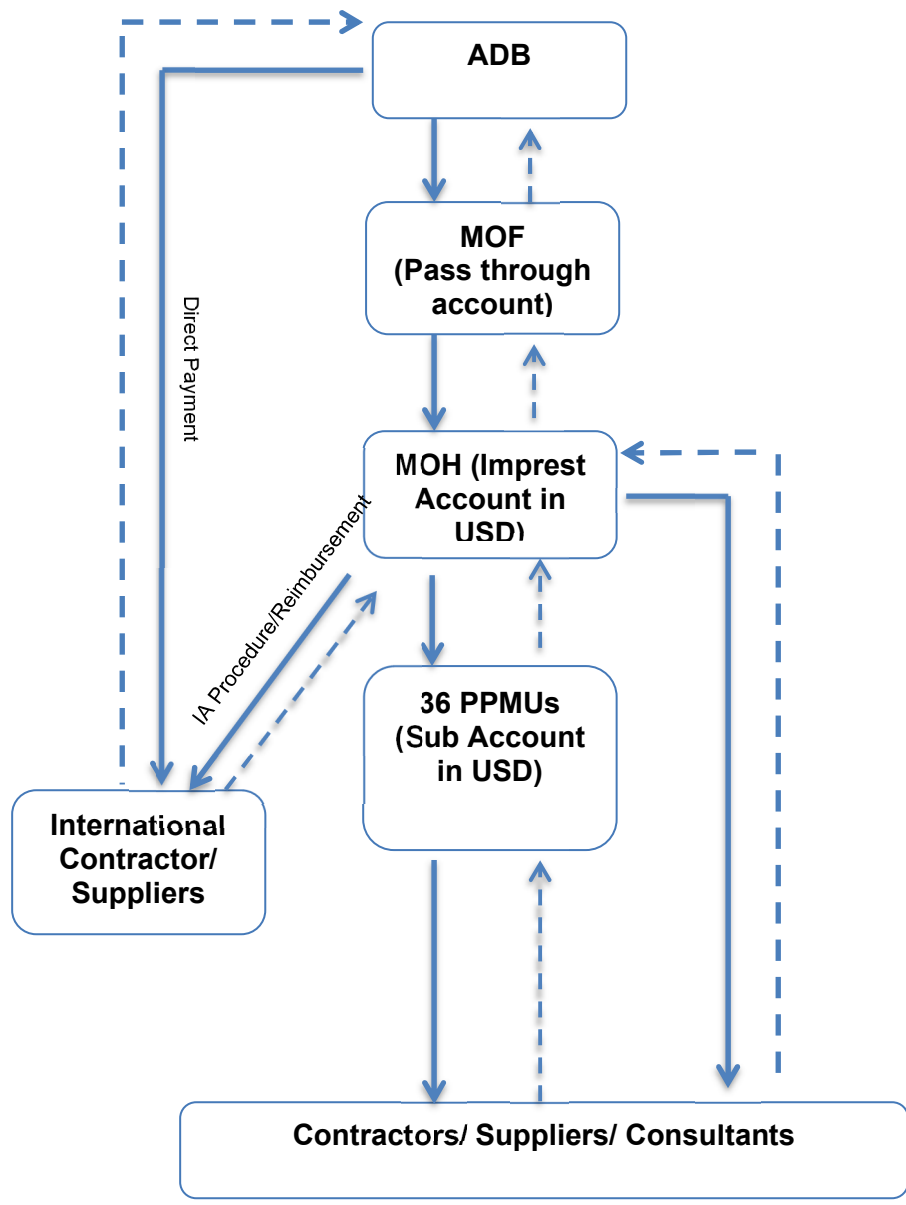
3. Myanmar



Fund flows: —————>
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ADB = Asian Development Bank, MEB = Myanmar Economic Bank; MOHS = Ministry of Health and Sports; MOPF = Ministry of Planning and Finance; DOPH = Department of Public Health; DMS = Department of Medical services; THD = Township Health Department.

4. Viet Nam



—————> Payment Flow - - - - -> Document Flow

ADB = Asian Development Bank, IA = imprest account, MOF = Ministry of Finance, MOH = Ministry of Health, PHD = provincial health department, VND = Viet Nam Dong

V. FINANCIAL MANAGEMENT

A. Financial Management Assessment

35. The Financial Management Assessment (FMA) for each country was conducted in accordance with ADB's Guidelines on the Financial Management and Analysis of Projects and Financial Due Diligence: A Methodology Note. The FMAs considered the capacity of executing and implementing agencies, including funds-flow arrangements, staffing, accounting and financial reporting systems, financial information systems, and internal and external auditing arrangements.

1. Cambodia

36. The FMA was conducted in November 2015. Based on the assessment, key financial management risks identified are: (i) staff capacity for financial management is low; (ii) delays in liquidation of SOEs and replenishment of the imprest account and sub-accounts resulting in the project activities not implemented on time; (iii) lack of qualified personnel in the province to implement the project; (iv) MOH internal audit unit not performing audits of the project on a regular basis; and (v) provincial health departments using manual accounting system is slow and affects the preparation of timely financial reports. It is concluded that the overall premitigation financial management risk of executing agency and implementing agencies is substantial. The borrower and executing agency have agreed to implement an action plan as key measures to address the deficiencies. The financial management action plan is provided in Table 5.

Table 5: Cambodia: Summary of Major Risks and Mitigating Measures

Weakness	Mitigating Action	Responsibility	Timeframe
Staff capacity is low	Intensive training on ADB procedures to include, but not limited to, financial management and procurement	Project consultants / ADB Resident mission	Within six months of loan effectiveness
	Outsource the staff requirement in the provinces to support the PIUs. All staff need to be trained in ADB procedures	MOH and PHDs	Staff recruitment within three months of loan effectiveness. In the first year, the staff will be guided by the implementation consultants. During the second year, the staff takes over but with supervision from consultants. From the third year onwards by the staff.
	Prepare manual and guidelines on procurement and financial management. Train project staff to use the manuals.	Project consultants / ADB Resident mission	Within six months of loan effectiveness
Delays in the liquidation of SOEs will affect the replenishment of the imprest account that can	Ensure that project related expenditures are liquidated more frequently to ensure that imprest account and	MOH	Monthly monitoring

Weakness	Mitigating Action	Responsibility	Timeframe
affect the timely implementation of the project	sub-accounts will be replenished on time. The monthly audit by the internal audit unit of the MOH will highlight any delays in the liquidation		
Lack of regular internal audits of project accounts	Mandate the internal audit unit of the MOH to conduct monthly audits of the project to ensure that all financial transactions comply with established policies and procedures	MOH	At loan effectiveness, MOH will mandate the internal audit unit to include the project in its annual audit plan and to conduct regular monthly audits. This will be included as part of the loan covenants. MOH to ensure that the internal audit unit will have sufficient and capable staff in the internal audit unit to perform the increased tasks.
External Audit observations are not being acted upon	Rigorous monitoring by MOH and MEF of any current external audit observations and audit issues should be resolved quickly.	MOH	Annual Monitoring
Provincial health departments using manual accounting system is slow and affects the preparation of timely financial reports	Upgrade accounting system to use computerized accounting software used by the PMU to hasten production of financial reports	MOH and PHDs	Within one year of loan effectiveness

Source: PPTA Consultant's Assessment.

2. Lao PDR

37. The FMA was conducted in October 2015. Based on the assessment, the key financial management risks identified are: (i) lack of qualified staff to implement financial management responsibilities in the provinces; (ii) internal and external audit issues and recommendations have not been acted upon; and (iii) manual accounting system and the use of MS excel in the generation of financial reports is prone to errors and fraud. It is concluded that the overall premitigation financial management risk of executing agency and implementing agencies is moderate. The executing agency and implementing agencies} have agreed to implement an action plan as key measures to address the deficiencies. The financial management action plan is provided in Table 6.

Table 6: Lao PDR: Summary of Major Risks and Mitigating Measures

Weakness	Mitigating Action	Responsibility	Timeframe
Financial management and staff capacity is low	Intensive training on ADB procedures to include but not limited to financial management and procurement;	ADB	Within six months of loan effectiveness Staff recruitment within three months of loan

Weakness	Mitigating Action	Responsibility	Timeframe
	Outsource the staff requirement in the provinces to support the PIUs. All the staff need to be trained in ADB procedures		effectiveness. In the first year, the staff will be guided by the implementation consultants. During the second year, the staff takes over but with supervision from consultants. From the third year onwards by the staff.
	Prepare manual and guidelines on procurement and financial management. Train project staff to use the manuals.	Project consultants / ADB Resident mission	Within six months of loan effectiveness
Internal control - Internal and external audit issues and recommendations are not immediately acted upon	Rigorous monitoring by MOH of any current internal audit observations and issues should be resolved quickly.	MOH	Quarterly during the first year of project implementation and semi-annual until the end of the project
Information Systems – the use of MS excel in the generation of financial reports is prone to errors and fraud.	Roll out the MOF-approved customized accounting software for MOH	MOH	By end of 2019, all provinces use the customized accounting software.

Source: Consultant's assessment.

3. Myanmar

38. The financial management assessment (FMA) was conducted in November 2015 in accordance with ADB's Guidelines for the Financial Management and Analysis of Projects and the Financial Due Diligence: A Methodology Note. The FMA considered the capacity of the executing agency and implementing agencies, including funds-flow arrangements, staffing, accounting and financial reporting systems, financial information systems, and internal and external auditing arrangements. Based on the assessment, the key financial management risks identified are: (i) lack of experience and skills in ADB procedures will affect the implementation of the project; (ii) weak internal audit unit in MOH; (iii) delays in liquidation of SOEs, resulting in the project activities not implemented on time; (iv) audit reports are not available to the public; and (v) paper-based accounting system. It is concluded that the overall premitigation financial management risk of the executing agency is high. The executing agency have agreed to implement an action plan as key measures to address the deficiencies. The financial management action plan is provided in Table 7.

Table 7. Myanmar: Summary of Major Risks and Mitigating Measures

Weakness	Mitigating Action	Responsibility	Timeframe
Skills capacity of the staff is low	Intensive training of government and contractual staff and consultants on ADB procedures including but not limited to financial management and procurement	ADB	Within six months of loan effectiveness

Weakness	Mitigating Action	Responsibility	Timeframe
	<p>Recruit international and national financial specialist. Hire supporting staff for bookkeeping in the townships</p> <p>Conduct computer literacy course project accountant</p> <p>Prepare manual and guidelines on procurement and financial management. Train project staff to use the manuals.</p>	<p>MOPH and Townships</p> <p>MOH</p> <p>Project consultants / ADB Resident mission</p>	<p>Staff recruitment within three months of loan effectiveness. In the first year, the staff will be guided by the implementation consultants. During the second year, the staff take over but with supervision from consultants. From the third year onwards by the staff.</p> <p>Within three months of loan effectiveness</p> <p>Within six months of loan effectiveness</p>
Lack of internal audit function in MOH	Train the MOH internal audit division. Provide contractual staff to perform internal audit.	MOH	<p>At loan effectiveness, MOH will upgrade the inspection units to an internal audit and to include the project in its annual audit plan</p> <p>Conduct regular monthly audits of the project.</p> <p>MOH to ensure that the internal audit unit will have sufficient and qualified staff in the internal audit unit to perform the increased tasks. New internal auditors to be hired at loan effectiveness</p>
External Audit reports are not published and shows lack of transparency	Rigorous monitoring by MOH and MOF of any current external audit observations and audit issues should be resolved quickly.	MOH	Semi-Annual Monitoring
Paper-based accounting system is slow and prone to error	Introduction of excel-based system of recording financial transactions in the PMU and PIUs	MOPH	Within 6 months after project implementation

Source: Consultant's Assessment

4. Viet Nam

39. The FMA was conducted in March 2016. Based on the assessment, the key financial management risks identified are (i) Financial management and staff capacity in the Provinces

and Districts are low; (ii) No internal audit function in the MOH; and (iii) Reporting and Monitoring and implementation of the project in the 245 districts will be difficult. It is concluded that the overall premitigation financial management risk of the executing agency is moderate. The MOH has agreed to implement an action plan to address the deficiencies. The financial management action plan is provided in Table 8.

Table 8. Viet Nam: Summary of Major Risks and Mitigating Measures

Weakness	Mitigating Action	Responsibility	Timeframe
Financial management and staff capacity in the Provinces and Districts are low	<p>Intensive training on ADB procedures to include but not limited to financial management and procurement</p> <p>Outsource the staff requirement in the provinces and districts to support the PPIU. All the staff need to be trained in ADB procedures</p> <p>Prepare manual and guidelines on procurement and financial management. Train project staff to use the manuals.</p>	<p>ADB</p> <p>MOH and PHDs</p> <p>Project consultants / ADB Resident mission</p>	<p>Within six months of loan effectiveness</p> <p>Staff recruitment within three months of loan effectiveness. In the first year, the staff will be guided by the implementation consultants. During the second year, the staff take over but with supervision from consultants. From the third year onwards by the staff.</p> <p>Within six months of loan effectiveness</p>
Internal control - No internal audit function in the MOH	Establish and internal audit unit with MOH	MOH	Establish internal audit unit in MOH as recommended by SAV as part of the PFM reform program. During the first year of implementation, MOH will outsource the internal audit function to a reputable auditing firm with quarterly reporting to MOH and ADB. On the second year, MOH should operationalize the audit unit within the Ministry.
Reporting and Monitoring – implementation of the project in the 245 districts will be difficult	MOH together with the PHDs should undertake multi-year planning to ensure that all activities are synchronized and	MOH and PHDs	Multi-year planning should be conducted annually as part of annual budget preparation. Furthermore, coordination meetings

Weakness	Mitigating Action	Responsibility	Timeframe
	funds made available on time to prevent any delays in project implementation. PHDs will also provide regular monthly reports to CPMU on the activities undertaken during the month including problems/issues encountered and measures adopted by the PPIU and the district to address the problem/issues.		between the CPMU and PPIUs should be held monthly to monitor accomplishments against targets.

Source: Consultant's assessment.

B. Disbursement

Disbursement Arrangements for ADB Funds

40. The loans and grant proceeds will be disbursed in accordance with ADB's Loan Disbursement Handbook (2015, as amended from time to time),¹⁸ and detailed arrangements agreed upon between the government and ADB. Online training for project staff on disbursement policies and procedures is available.¹⁹ Project staff is encouraged to avail of this training to help ensure efficient disbursement and fiduciary control.

a. Imprest Fund Procedure

1. Cambodia

41. In Cambodia, the loan proceeds will be directed to a combined "delegated pass through" and imprest (now called "advance") accounts jointly opened by the Ministry of Economy and Finances (MEF) and MOH in the National Bank of Cambodia. The account is in US dollars to convert US dollar funds to Riel when needed. The imprest account will be administered by the PMU. The imprest account will be used exclusively for ADB's share of eligible expenditures. MOH will be accountable and responsible for proper use of advances to the imprest account including advances to the sub-accounts.

42. The total outstanding advance to the imprest account should not exceed the estimate of ADB's share of expenditures to be paid through the imprest accounts for the forthcoming 6 months. MOH may request initial and additional advances to the imprest account based on an Estimate of Expenditure Sheet²⁰ setting out the estimated expenditures to be financed through the account for the forthcoming 6 months. Supporting documents should be submitted to ADB or retained by the borrower in accordance with ADB's Loan Disbursement Handbook (2015, as amended from time to time) when liquidating or replenishing the imprest account.

¹⁸ Available at: http://www.adb.org/Documents/Handbooks/Loan_Disbursement/loan-disbursement-final.pdf

¹⁹ Disbursement eLearning. http://wpqr4.adb.org/disbursement_elearning

²⁰ ADB. 2015. *Loan Disbursement Handbook*, 10B. Manila.

43. Each of the 14 PIUs and the National Malaria Center (CNM) will open a sub-account (SA) in US dollars in a commercial bank acceptable to MOH. As currently arranged under the ongoing CDC2 project, PIUs will disburse loan funds from the SAs based on the Annual operation plan (AOP) proposed by them. PIUs will submit a request for fund transfer to PMU for liquidation and replenishment of their respective SAs. The sub-accounts are to be used exclusively for ADB's share of eligible expenditures. The executing agency and implementing agencies should ensure that every liquidation and replenishment of each sub-account is supported by sufficient documentation in accordance with ADB's Loan Disbursement Handbook (2015, as amended from time to time).

44. PIUs will be reimbursed for funds spent from their sub accounts up to 2 times per month at the middle and at the end of the month, depending on disbursement progress in each PIU. This will help speed up disbursement and ensure that PIUs always have sufficient funds to use.

2. Lao PDR

45. In Lao PDR, MOF will open and manage two imprest accounts (one for the grant, one for the loan), established in US dollars. The imprest accounts will be used exclusively for ADB's share of eligible expenditures. The MOF who established the imprest accounts in its name is accountable and responsible for proper use of advances to the imprest accounts to the sub-accounts.

46. The total outstanding advance to the respective imprest account should not exceed the estimate of ADB's share of expenditures to be paid through the respective imprest account for the forthcoming 6 months. MOF may request for initial and additional advances to the respective imprest account based on an Estimate of Expenditure Sheet (footnote 18) setting out the estimated expenditures to be financed through the respective imprest account for the forthcoming 6 months. Supporting documents should be submitted to ADB or retained by the borrower in accordance with ADB's Loan Disbursement Handbook (2015, as amended from time to time) when liquidating or replenishing the imprest accounts.

47. The MOH's PMU will open two national sub accounts (one for the grant, one for the loan) in the Banque pour le Commerce Extérieur du Laos (BCEL), plus the 12 original provinces will each open two sub-accounts (one for the grant, one for the loan) in a commercial bank acceptable to MOF. The expenditures of the national institutions as IAs and 3 additional provinces (Luang Prabang, Savannakhet, and Sayaboury) will be managed by the PMU. The MOH will authorize the project director to sign withdrawal applications to withdraw funds from the imprest accounts, as long as those expenditures have been approved in the project's annual operation plan and are considered as eligible expenses under the project.

48. As currently arranged under the ongoing CDC2 project, the MOH's PMU and the 12 PIUs will each manage two sub-accounts (SA). PIUs will disburse loan and grant funds from the SAs based on the Annual operation plan (AOP) proposed by them and approved by PMU. PIUs will submit a request for fund transfer to PMU for liquidation and replenishment of their respective SAs. Separate sub-accounts should be established and maintained by the PIUs for each funding source. The sub-accounts will be used exclusively for ADB's share of eligible expenditures. MOH and implementing agencies should ensure that every liquidation and replenishment of each sub-account is supported by sufficient documentation in accordance with ADB's Loan Disbursement Handbook (2015, as amended from time to time).

49. PMU in MOH and PIU will request MOF to disburse the advances directly from the imprest accounts to each SAs. The PIUs will submit requests for funds transfer for replenishment of their project accounts.

3. Myanmar

50. To use the imprest fund and SOE procedure, necessary training for the staff on ADB procedures should be undertaken, as required in the section on Financial Management Assessment.

51. In Myanmar, Ministry of Health and Sports (MOHS) will open an imprest account in US dollars. The imprest account will be used exclusively for ADB's share of eligible expenditures. The MOHS, who established the imprest account in its name, is accountable and responsible for the proper use of advances to the imprest account including advances to the sub-accounts.

52. The total outstanding advance to an imprest account should not exceed the estimate of ADB's share of expenditures to be paid through the imprest account for the forthcoming 6 months. The MOHS may request for initial and additional advances to the imprest account based on an Estimate of Expenditure Sheet (footnote 18) setting out the estimated expenditures to be financed through the imprest account for the forthcoming 6 months. Supporting documents should be submitted to ADB or retained by the borrower in accordance with ADB's Loan Disbursement Handbook (2015, as amended from time to time) when liquidating or replenishing the imprest account.

53. Direct payment procedures will generally be used for contracts for the supply of goods and equipment and consulting services contracts above \$25,000.

54. MOHS will authorize Department of Public Health and Department of Medical Services to open the subaccount in local currency in MEB to receive funds from the imprest account. A project implementation unit (PIU) will be established under DOPH and DMS.) 12 Township health offices will open subaccounts to get the advance from the subaccount at DOPH. The funds to be deposited in the subaccounts will be used to support project activities at central level. PIUs' advances will be based on the approved annual plan. The PIUs will submit statements of expenditures (SOE) to the project management unit every end of the month. Replenishment of the subaccounts will be based on replenishment of approved expenditures submitted through monthly SOEs. Department of Public Health and Department of Medical Services who open the subaccount will submit regular monthly SOEs to MOHS. MOHS should ensure that every liquidation and replenishment of each sub-account is supported by sufficient documentation in accordance with ADB's Loan Disbursement Handbook (2015, as amended from time to time).

55. PIUs will submit a request for fund transfer to PMU for liquidation and replenishment of their respective SAs. Separate sub-accounts should be established and maintained by the PIUs. The sub-accounts will be used exclusively for ADB's share of eligible expenditures. The executing agency and implementing agencies should ensure that every liquidation and replenishment of each sub-account is supported by sufficient documentation in accordance with ADB's Loan Disbursement Handbook (2015, as amended from time to time).

56. PIUs will be reimbursed for funds spent from their sub accounts up to 2 times per month at the middle and at the end of the month, depending on disbursement progress in each PIU. This will help speed up disbursement and ensure that PIUs always have sufficient funds to use.

4. Viet Nam

57. In Viet Nam, the loan proceeds will be directed to the imprest account through a “pass through” account in the MOF. MOH will open the imprest account in US\$ in a commercial bank for disbursement to all implementing agencies. The imprest account is to be used exclusively for ADB’s share of eligible expenditures. MOH will be accountable and responsible for proper use of advances to the imprest account including advances to the sub-accounts.

58. The total outstanding advance to the imprest account should not exceed the estimate of ADB’s share of expenditures to be paid through the imprest account for the forthcoming 6 months. The executing agency may request for initial and additional advances to the imprest account based on an Estimate of Expenditure Sheet (footnote 28) setting out the estimated expenditures to be financed through the accounts for the forthcoming 6 months. Supporting documents should be submitted to ADB or retained by the borrower and the executing agency in accordance with ADB’s Loan Disbursement Handbook (2015, as amended from time to time) when liquidating or replenishing the imprest account.

59. The government will authorize 36 project provincial management units (PPMUs) to open a USD account as a sub account (SA) in a commercial bank. Funds can be transferred from the IA to these accounts based on annual operation plans (AOP) prepared by the implementation agencies and acceptable to PMU. The executing agency and implementing agencies should ensure that every liquidation and replenishment of each sub-account is supported by sufficient documentation in accordance with ADB’s Loan Disbursement Handbook (2015, as amended from time to time).

60. PIUs will be reimbursed for funds spent from their sub accounts up to 2 times per month at the middle and at the end of the month, depending on disbursement progress in each PIU. This will help speed up disbursement and ensure that PIUs always have sufficient funds to use.

b. Statement of Expenditure (SOE) Procedure ²¹

61. In Cambodia, Lao PDR and Viet Nam, the SOE procedure may be used for reimbursement of eligible expenditures or liquidation of advances to the imprest accounts. Supporting documents and records for the expenditures claimed under the SOE should be maintained and made readily available for review by ADB’s disbursement and review missions, upon ADB’s request for submission of supporting documents on a sampling basis, and for independent audit.

62. In Myanmar, the Township PMUs will submit statements of expenditure (SOEs) to the Central PMU every end of the month. Replenishment of the subaccounts will be based on replenishment of approved expenditures submitted through monthly SOEs, with a ceiling of 100,000 USD. MOHS will submit regular monthly SOEs to MOPF. Supporting documents and records for the expenditures claimed under the SOE should be maintained and made readily available for review by ADB’s disbursement and review missions, upon ADB’s request for submission of supporting documents on a sampling basis, and for independent audit.

63. Before the submission of the first withdrawal application, each borrower should submit to ADB sufficient evidence of the authority of the persons who will sign the withdrawal applications

²¹ SOE forms are available in Appendix 9B and 9C of ADB’s *Loan Disbursement Handbook* (2015, as amended from time to time).

on behalf of the government, together with the authenticated specimen signatures of each authorized person. The minimum value per withdrawal application is set in accordance with the Loan Disbursement Handbook²² (2015, as amended from time to time). Individual payments below this amount should be paid (i) by the executing agency and subsequently claimed to ADB through reimbursement, or (ii) through the imprest fund procedure, unless otherwise accepted by ADB.

Disbursement Arrangements for Counterpart Fund

64. Each MOH in the three countries will maintain, or cause to be maintained, separate books and records by funding source for all expenditures incurred on the project using cash-based accounting system following the Government's financial regulations. Thus, separate project accounts will be maintained for the additional funding from the Regional Malaria and Other Communicable Disease Threats Trust Fund. The EA will prepare consolidated project financial statements in accordance with the government's accounting laws and regulations which are consistent with international accounting principles and practices. The governments will provide counterpart funds in government staff salaries or in kind (office place and utilities). In Cambodia and Lao PDR, the government will exempt local taxes and duties for vehicles and equipment.

C. Accounting

65. The EAs will maintain, or cause to be maintained, separate books and records by funding source for all expenditures incurred on the project following accrual-based accounting system following the government's financial regulations.²³ The EAs will prepare project financial statements in accordance with the government's accounting laws and regulations which are consistent with international accounting principles and practices.

D. Auditing and Public Disclosure

66. The executing agency will cause the detailed project financial statements to be audited in accordance with International Standards on Auditing and Government's regulations, by an independent auditor acceptable to ADB. The audited project financial statements together with the auditor's opinion will be presented in the English language to ADB within 6 months²⁴ from the end of the fiscal year by the executing agency.

67. The audit report for the project financial statements will include a management letter and auditor's opinions, which cover (i) whether the project financial statements present an accurate and fair view or are presented fairly, in all material respects, in accordance with the applicable financial reporting standards; (ii) whether the proceeds of the loan/grant were used only for the purpose(s) of the project; and (iii) whether the borrower or executing agency was in compliance with the financial covenants contained in the legal agreements (where applicable).

68. Compliance with financial reporting and auditing requirements will be monitored by review missions and during normal program supervision, and followed up regularly with all concerned, including the external auditor.

²² 1% of loan amount or 200,000 USD, whichever is less.

²³ In Myanmar, cash-based accounting system will be used.

²⁴ Within 9 months after the end of the fiscal year for Lao PDR.

69. The governments and executing agencies have been made aware of ADB's approach to delayed submission, and the requirements for satisfactory and acceptable quality of the audited project financial statements.²⁵ ADB reserves the right to require a change in the auditor (in a manner consistent with the constitution of the borrower), or for additional support to be provided to the auditor, if the audits required are not conducted in a manner satisfactory to ADB, or if the audits are substantially delayed. ADB reserves the right to verify the project's financial accounts to confirm that the share of ADB's financing is used in accordance with ADB's policies and procedures.

70. Public disclosure of the audited project financial statements, including the auditor's opinion on the project financial statements, will be guided by ADB's Public Communications Policy 2011.²⁶ After the review, ADB will disclose the audited project financial statements and the opinion of the auditors on the project financial statements no later than 14 days of ADB's confirmation of their acceptability by posting them on ADB's website. The management letter, additional auditor's opinions, and audited entity financial statements will not be disclosed.²⁷

VI. PROCUREMENT AND CONSULTING SERVICES

A. Advance Contracting

71. All advance contracting will be undertaken in conformity with ADB Procurement Guidelines (2015, as amended from time to time) and ADB's Guidelines on the Use of Consultants (2013, as amended from time to time). The issuance of invitations to bid under advance contracting and retroactive financing will be subject to ADB approval. Advance actions will be undertaken to recruit individual consultants. Contracts will be signed after loan effectiveness.

B. Procurement of Goods, Works, and Consulting Services

72. All procurement of goods and works will be undertaken in accordance with ADB's Procurement Guidelines (2015, as amended from time to time).

73. For Cambodia, Lao PDR, and Myanmar ICB procedures will be used for goods valued at \$1,000,000 or above; national competitive bidding (NCB) procedures will be used for goods valued below \$1,000,000 but above \$100,000; and shopping procedures will be used for goods valued at \$100,000 and below. Works packages are expected to cost not more than \$100,000 and shopping procedures will be used. For Viet Nam, ICB procedures will be used for goods valued at \$5,000,000 or above; NCB for goods valued below this amount but above \$100,000;

²⁵ ADB's approach and procedures regarding delayed submission of audited project financial statements:

- (i) When audited project financial statements are not received by the due date, ADB will write to the executing agency advising that (a) the audit documents are overdue; and (b) if they are not received within the next 6 months, requests for new contract awards and disbursement such as new replenishment of imprest accounts, processing of new reimbursement, and issuance of new commitment letters will not be processed.
- (ii) When audited project financial statements are not received within 6 months after the due date, ADB will withhold processing of requests for new contract awards and disbursement such as new replenishment of imprest accounts, processing of new reimbursement, and issuance of new commitment letters. ADB will (a) inform the executing agency of ADB's actions; and (b) advise that the loan may be suspended if the audit documents are not received within the next 6 months.
- (iii) When audited project financial statements are not received within 12 months after the due date, ADB may suspend the loan.

²⁶ Public Communications Policy: <http://www.adb.org/documents/pcp-2011?ref=site/disclosure/publications>

²⁷ This type of information would generally fall under public communications policy exceptions to disclosure. ADB. 2011. *Public Communications Policy*. Paragraph 97(iv) and/or 97(v).

and shopping procedures will apply for goods and works valued at \$100,000 and below.

74. Before the start of any procurement, ADB and the government will review the public procurement laws of the central and state governments to ensure consistency with ADB's Procurement Guidelines (2015, as amended from time to time). All procurement through NCB will follow the applicable public procurement laws in that country, subject to the modifications to the laws described in the relevant Procurement Plan.

75. An 18-month procurement plan for each country, indicating threshold and review procedures, goods, works, and consulting service contract packages and national competitive bidding guidelines is in Section C.

76. All consultants will be recruited according to ADB's Guidelines on the Use of Consultants (2013, as amended from time to time).²⁸ The terms of reference for all consulting services are detailed in Section D.

77. The four EAs will recruit 13 international consultants (163 person/months) and 29 national consultants (1,347 person/months). Rationale for using individual consultant selection include: (i) the consultants will provide their inputs individually without the need of a firm's support; (ii) the EAs have successfully hired individual consultants during past and current similar projects²⁹; (iii) to ensure consultant flexibility and timely recruiting of consultants; and (iv) to guarantee strong EA ownership over consultants' output. A few firms, mostly for financial management and audit, will be engaged. These firms will be recruited either using fixed budget selection (FBS), Least-cost selection (LCS), or consultants' qualification selection (CQS) procedures.

C. Procurement Plans *(as amended from time to time; latest version is posted separately in the web)*

1. Cambodia

Basic Data

Project Name: Greater Mekong Subregion Health Security Project	
Project Number:	Approval Number:
Country: CAMBODIA	Executing Agency: Ministry of Health
Project Procurement Classification: B	Implementing Agency: 13 provincial health departments; Communicable Diseases Control Department, National Institute of Public Health. Department of Hospital Services
Procurement Risk: Moderate	
Project Financing Amount: ADB Financing: \$21,000,000 Cofinancing (ADB Administered): Non-ADB Financing:	Project Closing Date: 30 September 2022

²⁸ Checklists for actions required to contract consultants by method available in e-Handbook on Project Implementation at: <http://www.adb.org/documents/handbooks/project-implementation/>

²⁹ ADB. 2005. Report and Recommendation of the President to the Board of Directors: Proposed Grant to the Kingdom of Cambodia, the Lao People's Democratic Republic, and the Socialist Republic of Viet Nam for the Greater Mekong Subregion Regional Communicable Diseases Control Project. Manila; ADB. 2010. Report and Recommendation of the President to the Board of Directors: Proposed Loan and Grants to the Kingdom of Cambodia, Lao People's Democratic Republic, and Socialist Republic of Viet Nam for the Second Greater Mekong Subregion Regional Communicable Diseases Project. Manila. ; ADB. 2013. Proposed Grant Assistance: Myanmar: Greater Mekong Subregion (GMS) Capacity Building for HIV/AIDS Prevention. Manila.

\$1,800,000 (Government Financing)	
Date of First Procurement Plan (loan approval date):	Date of this Procurement Plan: 20 September 2016

A. Methods, Thresholds, Review and 18-Month Procurement Plan

1. Procurement and Consulting Methods and Thresholds

Except as the Asian Development Bank (ADB) may otherwise agree, the following process thresholds shall apply to procurement of goods and works.

Procurement of Goods and Works		
Method	Threshold	Comments
International Competitive Bidding for Goods	\$1,000,000 and above	ADB prior review
National Competitive Bidding for Goods	Beneath that stated for ICB, Goods.	ADB prior review of the first procurement
Shopping for Goods	Below \$100,000	ADB prior review of the first procurement

Consulting Services	
Method	Comments
Fixed Budget Selection (FBS)	ADB Prior Review
Individual Consultant Selection (ICS)	ADB Prior Review

2. Goods and Works Contracts Estimated to Cost \$1 Million or More

The following table lists goods and works contracts for which the procurement activity is either ongoing or expected to commence within the next 18 months.

Package Number	General Description	Estimated Value	Procurement Method	Review [Prior / Post/Post (Sampling)]	Bidding Procedure	Advertisement Date (quarter/year)	Comments
ICB 7	Infection Prevention Equipment	\$1,474,000	ICB	Prior	1S1E	Q4/2017	

3. Consulting Services Contracts Estimated to Cost \$100,000 or More

The following table lists consulting services contracts for which the recruitment activity is either ongoing or expected to commence within the next 18 months.

Package Number	General Description	Estimated Value	Recruitment Method	Review (Prior / Post)	Advertisement Date (quarter/year)	Type of Proposal	Comments
ICS- 1	Chief Technical Adviser (international, 18 person months)	\$270,000	ICS	Prior	Q4, 2016		

Package Number	General Description	Estimated Value	Recruitment Method	Review (Prior / Post)	Advertisement Date (quarter/year)	Type of Proposal	Comments
ICS—2	Laboratory Quality Improvement Specialist (international, 12 person months)	\$180,000	ICS	Prior	Q4/2016		
ICS-3	Planning, monitoring, IT (national, 60 person months)	\$120,000	ICS	Prior	Q4/2016		
ICS-4	Deputy Chief Technical Adviser (national, 60 person months)	\$120,000	ICS	Prior	Q4/2016		
ICS-5	Laboratory Quality Improvement Specialist (national, 50 person months)	\$100,000	ICS	Prior	Q4/2016		
ICS-6	Community Development Specialist (national, 60 person months)	\$100,000	ICS	Prior	Q4/2016		
ICS-7	Financial management specialist (national, 60 person months)	\$100,000	ICS	Prior	Q4/2016		

4. Goods and Works Contracts Estimated to Cost Less than \$1 Million and Consulting Services Contracts Less than \$100,000 (Smaller Value Contracts)

The following table groups smaller-value goods, works and consulting services contracts for which the activity is either ongoing or expected to commence within the next 18 months.

Goods and Works								
Package Number	General Description	Estimated Value	Number of Contracts	Procurement Method	Review [Prior / Post/Post (Sampling)]	Bidding Procedure	Advertisement Date (quarter/year)	Comments
1 NCB	IT equipment	\$153,300	1	NCB	Post	1S1E	Q4/2017	
2 NCB	Screening equipment for border posts	\$750,000	1	NCB	Post	1S1E	Q4/2017	
3 NCB	IEC	\$253,500	1	NCB	Post	1S1E	Q1/2018	

Goods and Works								
Package Number	General Description	Estimated Value	Number of Contracts	Procurement Method	Review [Prior / Post/Post (Sampling)]	Bidding Procedure	Advertisement Date (quarter/year)	Comments
	equipment for all provinces							
4 NCB	Laboratory teaching equipment and PPE equipment for outbreak investigation and response	\$800,000	2	NCB	Post	1S1E	Q4/2017	
LOT 1	IEC & teaching equipment	\$519,000	1	NCB	Post	1S1E	Q4/2017	
LOT 2	PPE equipment	\$281,000	1	NCB	Post	1S1E	Q4/2017	
5 NCB	Laboratory equipment for 10 provinces	\$597,000	2	NCB	Post	1S1E	Q4/2017	
LOT 1	High-tech Laboratory equipment (Bacteriology incubator, Hematology, Biochemistry, Urine Analyzer)	\$490,000	1	NCB	Post	1S1E	Q4/2017	
LOT 2	Standard Laboratory equipment	\$107,000	1	NCB	Post	1S1E	Q4/2017	
6 NCB	Hospital hygiene equipment (washing machines, dryers, aircons and refrigerators)	\$360,000	1	NCB	Post	1S1E	Q4/2017	
9 NCB	Vehicles (15 pick-ups and 2 ambulance)	\$580,000	1	NCB	Prior	1S1E	Q3/2017	
10 Shopping	Motorcycle` (4 0 units)	\$80,000	1	Shopping	Prior	At least 3 quotations from suppliers	Q3/2017	
12 NCB	Laboratory Maintenance and Minor Repairs	\$900,000	1	NCB	Post	1S1E	Q1/2018	
13 NCB	Minor repairs of hospitals to improve isolation facilities	\$640,000	1	NCB	Post	1S1E	Q1/2018	

Consulting Services								
Package Number	General Description	Estimated Value	Number of Contracts	Recruitment Method	Review (Prior / Post)	Advertisement Date (quarter/year)	Type of Proposal ⁸	Comments ⁹
ICS-8	Procurement Specialist (international, 6 person months)	\$90,000	1	ICS	Prior	Q4/2016		
ICS-9	Gender specialist (national, 24 person months)	\$36,000	1	ICS	Prior	Q4, 2016		
ICS-10	Social safeguard specialist (national, 24 person months)	\$36,000	1	ICS	Prior	Q4, 2016		
ICS_11	Procurement Specialist (national, 48 person months)	72,000	1	ICS	Prior	Q4, 2016		
ICS-12	Infection Prevention Control Specialist (international, 6 person months)	\$90,000	1	ICS	Prior	Q4, 2016		
ICS-13	Infection Prevention and control Specialist (national, 36 person months)	\$54,000	1	ICS	Prior	Q4, 2016		
FBS1	Improvement of integration of software for surveillance	\$30,000	1	FBS	Prior	Q1, 2017	Biodata	

B. Indicative List of Packages Required Under the Project

The following table provides an indicative list of goods, works and consulting services contracts over the life of the project, other than those mentioned in previous sections (i.e., those expected beyond the current period).

D. Non-ADB Financing

The following table lists goods, works and consulting services contracts over the life of the project, financed by Non-ADB sources.

Goods and Works				
General Description	Estimated Value (cumulative)	Estimated Number of Contracts	Procurement Method	Comments
Not Applicable				

Consulting Services				
General Description	Estimated Value (cumulative)	Estimated Number of Contracts	Recruitment Method	Comments
Not Applicable				

E. National Competitive Bidding

1. Regulation and Reference Documents

78. The procedures to be followed for national competitive bidding shall be those set forth for the “National Competitive Bidding” method in the Government’s Procurement Manual issued under Sub-Decree Number 74 ANKR.BK, updated version dated 22 May 2012 with the clarifications and modifications described in the following paragraphs. These clarifications and modifications are required for compliance with the provisions of the Procurement Guidelines.

79. For the procurement of ADB financed contracts under National Competitive Bidding (NCB) procedures, the use of harmonized national bidding documents (NCB and National Shopping) developed in consultation with development partners including ADB, is mandatory except where the Government and ADB have agreed to amendments to any part of the documents. The Procurement Manual also advises users to check the ADB website from time to time for any update on ADB documents, which form the basis, among others, of the existing harmonized national bidding documents.

F. Procurement Procedures

1. Application

80. Contract packages subject to National Competitive Bidding procedures will be those identified as such in the project Procurement Plan. Any change to the mode of procurement of any procurement package in the Procurement Plan shall be made through updating of the Procurement Plan, and only with prior approval of ADB.

2. Sanctioning

81. Bidders shall not be declared ineligible or prohibited from bidding on the basis of barring procedures or sanction lists, except individuals and firms sanctioned by ADB, without prior approval of ADB.

3. Rejection of all Bids and Rebidding

82. The Borrower shall not reject all bids and solicit new bids without ADB's prior concurrence. Even when only one or a few bids is/are submitted, the bidding process may still be considered valid if the bid was satisfactorily advertised and prices are reasonable in comparison to market values.

4. Advertising

83. Bidding of NCB contracts shall be advertised on the ADB website via the posting of the Procurement Plan. Borrowers have the option of requesting ADB to post specific notices in the ADB website.

C. Bidding Documents

5. Use of Bidding Documents

84. The Standard National Competitive Bidding Documents provided with the Government's Procurement Manual shall be used to the extent possible both for the master bidding documents and the contract-specific bidding documents. The English language version of the procurement documents shall be submitted for ADB review and approval in accordance with agreed review procedures (post and prior review) as indicated in the Procurement Plan. The ADB-approved procurement documents will then be used as a model for all procurement financed by ADB for the project.

6. Bid Evaluation

85. Bidders shall not be eliminated from detailed evaluation on the basis of minor, non-substantial deviations.

86. A bidder shall not be required, as a condition for award of contract, to undertake obligations not specified in the bidding documents or otherwise to modify the bid as originally submitted.

7. Employer's Right to Accept or Reject Any or All Bids

87. The decision of the Employer to accept or reject any or all bids shall be made in a transparent manner and involve an obligation to inform of the grounds for the decision through the bid evaluation report.

8. ADB Policy Clauses

88. A provision shall be included in all NCB works and goods contracts financed by ADB requiring suppliers and contractors to permit ADB to inspect their accounts and records and other documents relating to the bid submission and the performance of the contract, and to have them audited by auditors appointed by ADB.

89. A provision shall be included in all bidding documents for NCB works and goods contracts financed by ADB stating that the Borrower shall reject a proposal for award if it determines that the bidder recommended for award has, directly or through an agent, engaged in corrupt, fraudulent, collusive, or coercive practices in competing for the contract in question.

90. A provision shall be included in all bidding documents for NCB works and goods contracts financed by ADB stating that ADB will declare a firm or individual ineligible, either indefinitely or for a stated period, to be awarded a contract financed by ADB, if it at any time determines that the firm or individual has, directly or through an agent, engaged in corrupt, fraudulent, collusive, coercive.

2. Lao PDR

Basic Data

Project Name: Greater Mekong Subregion Health Security Project	
Project Number:	Approval Number:
Country: LAO PEOPLE'S DEMOCRATIC REPUBLIC	Executing Agency: Ministry of Health (Department of Planning and International Cooperation)
Project Procurement Classification: B	Implementing Agency: 12 provincial health offices; Communicable Diseases Control Department; National Center for Laboratory and Epidemiology; Department of Health Services
Procurement Risk: High	
Project Financing Amount: ADB Financing: \$12,000,000 Cofinancing (ADB Administered): N/A Non-ADB Financing: \$600,000 (Government)	Project Closing Date: 30 September 2022
Date of First Procurement Plan {loan/grant approval date}:	Date of this Procurement Plan: 15 September 2016

A. Methods, Thresholds, Review and 18-Month Procurement Plan

1. Procurement and Consulting Methods and Thresholds

Except as the Asian Development Bank (ADB) may otherwise agree, the following process thresholds shall apply to procurement of goods and works.

Procurement of Goods and Works		
Method	Threshold	Comments
International Competitive Bidding for Goods	\$1,000,000 and above ¹	ADB prior review
National Competitive Bidding for Goods	From 100,001 to \$999,999	ADB prior review of the first procurement
Shopping for Works	Below \$100,000	ADB prior review of the first procurement
Shopping for Goods	Below \$100,000	ADB prior review of the first procurement

Consulting Services	
Method	Comments
Consultants Qualification Selection (CQS)	ADB Prior Review
Individual Consultants Selection (ICS)	ADB Prior Review
Fixed-budget Selection (FBS)	ADB Prior Review

2. Goods and Works Contracts Estimated to Cost \$1 Million or More

The following table lists goods and works contracts for which the procurement activity is either ongoing or expected to commence within the next 18 months.

Package Number	General Description	Estimated Value	Procurement Method	Review [Prior/	Bidding Procedure	Advertisement Date	Comments
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				Post/Post (Sampling)]		(quarter/year)	

3. Consulting Services Contracts Estimated to Cost \$100,000 or More

The following table lists consulting services contracts for which the recruitment activity is either ongoing or expected to commence within the next 18 months.

Package Number	General Description	Estimated Value	Recruitment Method	Review (Prior / Post)	Advertisement Date (quarter/year)	Type of Proposal	Comments
ICS-1	Chief Technical Adviser (international, 32 person-months)	\$373,800	ICS	Prior	Q4, 2016		
ICS-2	Laboratory Quality Improvement Specialist (international, 11 person-months)	\$130,300	ICS	Prior	Q4, 2016		
ICS-3	Deputy Chief Technical Adviser (national, 53 person-months)	\$177,700	ICS	Prior	Q4, 2016		
ICS-4	Communicable Diseases Control Expert (National 50 persons months)	\$100,000	1 contract, ICS	Prior	Q4, 2016		
ICS-5	Laboratory Equipment Expert (national, 47 person-months)	\$94,000	ICS	Prior	Q4, 2016		

4. Goods and Works Contracts Estimated to Cost Less than \$1 Million and Consulting Services Contracts Less than \$100,000 (Smaller Value Contracts)

The following table groups smaller-value goods, works and consulting services contracts for which the activity is either ongoing or expected to commence within the next 18 months.

Goods and Works								
Package Number ⁵	General Description	Estimated Value	Number of Contracts	Procurement Method	Review [Prior / Post/Post (Sampling)]	Bidding Procedure ⁶	Advertisement Date (quarter/year)	Comments ⁷
NCB 6	Hospital infection control equipment	\$850,000	1 contract	NCB	Post	1S1E	Q4, 2017	
NCB 2	Laboratory equipment	\$827,800	1 contract	NCB	Post	1S1E	Q4, 2017	
NCB 3A	Laboratory consumables/reagents	\$369,000	1 contract	NCB	Prior	1S1E	Q4, 2017	Second procurement of consumabl

Goods and Works								
Package Number ⁵	General Description	Estimated Value	Number of Contracts	Procurement Method	Review [Prior / Post/Post (Sampling)]	Bidding Procedure ⁶	Advertisement Date (quarter/year)	Comments ⁷
								es scheduled for 2020
Shopping 4	Hygiene equipment (36 units washing machine and 36 units aircons)	\$95,200	1 contract	Shopping	Post	Quotations from at least 3 suppliers	Q4, 2017	
Shopping 5	Screening equipment border posts including thermal scanners (12 units)	\$90,000	1 contract	Shopping	Post	Quotations from at least 3 suppliers	Q1, 2017	
Shopping	IT equipment (computers-48 units)	\$96,000	1 contract	Shopping	Post	Quotations from at least 3 suppliers	Q4, 2017	
NCB 7	Vehicles (4 units 4 wheel drive, 12 units pick-up and 2 units ambulance)	\$510,000	1 contract)	UNOPS	Post	Procurement from special agencies	Q3, 2017	
Shopping 8	Motorcycles (50 units)	\$90,000	1 contract	Shopping	Prior	Quotations from at least 3 suppliers	Q3, 2017	
Shopping 9A	Maintenance and minor repairs in 6 provincial hospitals of Southern Laos	\$46,800	6 Contracts	Shopping	Post (Sampling)	Quotations from at least 3 contractors	Q1, 2018	
Shopping 10	Maintenance and minor repairs in 6 provincial hospitals of Eastern Laos	\$72,000	6 Contracts	Shopping	Post (Sampling)	Quotations from at least 3 contractors	Q1, 2018	
NCB 9	Maintenance and minor repairs of 42 hospitals	\$118,000	6 Contracts	NCB	Post (Sampling)	1S1E	Q1, 2018	
Shopping 11	Furniture	\$30,000	1 contract	Shopping	Post	Quotations from at 3 suppliers	Q1, 2017	

Package Number	General Description	Estimated Value (cumulative)	Estimated Number of Contracts	Recruitment Method	Review (Prior / Post)	Type of Proposal	Comments
ICS-6	Gender and social safeguard	\$10,800	1 contract	ICS	Prior		Q4, 2016

Package Number	General Description	Estimated Value (cumulative)	Estimated Number of Contracts	Recruitment Method	Review (Prior / Post)	Type of Proposal	Comments
	specialist (national 6 person months)						
ICS-7	Planning, and Monitoring (National, 53 person-months)	\$95,400	1 contract	ICS	Prior		Q4, 2016
ICS-8	Surveillance and Response (National 50 persons months)	\$90,000	1 contract	ICS	Prior		Q4, 2016
ICS-9	Infection Prevention and Control specialist (International 3 persons months)	\$45,000	1 contract	ICS	Prior		Q4, 2016
ICS-10	Infection Prevention and Control specialist (National 50 persons months)	\$90,000	1 contract	ICS	Prior		Q4, 2016
ICS-11	Procurement Specialist (national, 23 person months)	\$43,400	1 contract	ICS	Prior		Q4, 2016
FBS 12	Improvement of software for surveillance integration (national firm)	\$30,000	1 contract	FBS	Prior	STP	Q2, 2017
CQS 13	Financial Management (Accounting firm)	\$210,000	1 contract	CQS	Prior	Biodata	Q4, 2016

B. Indicative List of Packages Required Under the Project

The following table provides an indicative list of goods, works and consulting services contracts over the life of the project, other than those mentioned in previous sections (i.e., those expected beyond the current period).

Goods and Works							
Package Number ⁵	General Description	Estimated Value (cumulative)	Estimated Number of Contracts	Procurement Method	Review [Prior / Post/Post (Sampling)]	Bidding Procedure ⁶	Comments ⁷
3B NCB	Laboratory consumables	\$369,000	1 contract	NCB	Post	1S1E	Expected advertisement date is Q1, 2021.

D. Non-ADB Financing

The following table lists goods, works and consulting services contracts over the life of the project, financed by Non-ADB sources.

Goods and Works				
General Description	Estimated Value (cumulative)	Estimated Number of Contracts	Procurement Method	Comments
Not Applicable				

Consulting Services				
General Description	Estimated Value (cumulative)	Estimated Number of Contracts	Recruitment Method	Comments
Not Applicable				

E. National Competitive Bidding

1. General

91. The procedures to be followed for National Competitive Bidding (NCB) shall be those set forth for "Public Bidding" in Prime Minister's Decree No. 03/PM of the Lao People's Democratic Republic, effective 09 January 2004, and Implementing Rules and Regulations effective 12 March 2004, with the clarifications and modifications described in the following paragraphs required for compliance with the provisions of the Procurement Guidelines.

2. Application

92. Contract packages subject to NCB procedures will be those identified as such in the project Procurement Plan. Any changes to the mode of procurement from those provided in the Procurement Plan shall be made through updating of the Procurement Plan, and only with prior approval of ADB.

3. Eligibility

93. Bidders shall not be declared ineligible or prohibited from bidding on the basis of barring procedures or sanction lists, except individuals and firms sanctioned by ADB, without prior approval of ADB.

4. Advertising

94. Bidding of NCB contracts estimated at \$500,000 or more for goods and related services or \$1,000,000 or more for civil works shall be advertised on ADB's website via the posting of the Procurement Plan.

5. Procurement Documents

95. The standard procurement documents provided with Ministry of Finance, Procurement Monitoring Office shall be used to the extent possible. The first draft English language version of

the procurement documents shall be submitted for ADB review and approval, regardless of the estimated contract amount, in accordance with agreed review procedures (post and prior review). The ADB-approved procurement documents will then be used as a model for all procurement financed by ADB for the project, and need not be subjected to further review unless specified in the procurement plan.

6. Preferences

96. No preference of any kind shall be given to domestic bidders or for domestically manufactured goods.

97. Suppliers and contractors shall not be required to purchase local goods or supplies or materials.

7. Rejection of all Bids and Rebidding

98. Bids shall not be rejected and new bids solicited without ADB's prior concurrence.

8. National Sanctions List

99. National sanctions lists may be applied only with prior approval of ADB.

9. Corruption Policy

100. A bidder declared ineligible by ADB, based on a determination by ADB that the bidder has engaged in corrupt, fraudulent, collusive, or coercive practices in competing for or in executing an ADB-financed contract shall be ineligible to be awarded ADB-financed contract during the period of time determined by ADB.

10. Disclosure of Decisions on Contract Awards

101. At the same time that notification on award of contract is given to the successful bidder, the results of the bid evaluation shall be published in a local newspaper or well-known freely accessible website identifying the bid and lot numbers and providing information on (i) name of each Bidder who submitted a Bid, (ii) bid prices as read out at bid opening, (iii) name of bidders whose bids were rejected and the reasons for their rejection, (iv) name of the winning Bidder, and the price it offered, as well as the duration and summary scope of the contract awarded. The executing agency/implementing agency shall respond in writing to unsuccessful bidders who seek explanations on the grounds on which their bids are not selected.

11. Member Country Restrictions

102. Bidders must be nationals of member countries of ADB, and offered goods, works and services must be produced in and supplied from member countries of ADB.

3. Myanmar

Basic Data

Project Name: Greater Mekong Subregion Health Security Project	
Project Number:	Approval Number:
Country: MYANMAR	Executing Agency: Ministry of Health (Permanent Secretary)
Project Procurement Classification: A	Implementing Agency: 12 Township Health Offices; Department of Public Health; Department of Medical Services; National Health Laboratory.
Procurement Risk: High	
Project Financing Amount: ADB Financing: \$12,000,000 Cofinancing (ADB Administered): Non-ADB Financing: \$800,000 (Government)	Project Closing Date: 30 September 2022
Date of First Procurement Plan {loan approval date}:	Date of this Procurement Plan: 7 October 2016

A. Methods, Thresholds, Review and 18-Month Procurement Plan

1. Procurement and Consulting Methods and Thresholds

Except as the Asian Development Bank (ADB) may otherwise agree, the following process thresholds shall apply to procurement of goods and works.

Procurement of Goods and Works		
Method	Threshold	Comments
International Competitive Bidding for Goods	\$1,000,000 and above ¹	ADB prior review
National Competitive Bidding for Goods ²	Beneath that stated for ICB, Goods	ADB prior review
Shopping for Goods	Below \$100,000	ADB prior review for the first procurement

Consulting Services	
Method	Comments
Individual Consultants Selection (ICS)	ADB Prior Review

2. Goods and Works Contracts Estimated to Cost \$1 Million or More

The following table lists goods and works contracts for which the procurement activity is either ongoing or expected to commence within the next 18 months.

Package Number	General Description	Estimated Value	Procurement Method	Review [Prior / Post/Post (Sampling)]	Bidding Procedure	Advertisement Date (quarter/year)	Comments
ICB 3	Equipment for Regional laboratories	\$1,258,600	1	ICB	Prior	Q1, 2018	1S1E

3. Consulting Services Contracts Estimated to Cost \$100,000 or More

The following table lists consulting services contracts for which the recruitment activity is either ongoing or expected to commence within the next 18 months.

Package Number	General Description	Estimated Value	Recruitment Method	Review (Prior / Post)	Advertisement Date (quarter/year)	Type of Proposal	Comments
ICS-1	Chief technical Adviser (international; 15 person months)	\$142,000	ICS	Prior	Q4, 2016		
ICS-2	Deputy Chief technical Adviser (national, 50 person months)	\$70,000	ICS	Prior	Q4, 2016		

4. Goods and Works Contracts Estimated to Cost Less than \$1 Million and Consulting Services Contracts Less than \$100,000 (Smaller Value Contracts)

The following table groups smaller-value goods, works and consulting services contracts for which the activity is either ongoing or expected to commence within the next 18 months.

Goods and Works								
Package Number	General Description	Estimated Value	Number of Contracts	Procurement Method	Review [Prior / Post/Post (Sampling)]	Bidding Procedure	Advertisement Date (quarter/year)	Comments
NCB 7	Vehicles	\$620,000	1	NCB	Prior	1S1E	Q 3, 2017	
NCB 1	IT Equipment	\$251,200	1	NCB	Post	1S1E	Q 4, 2017	
NCB 2	Consumables for outbreak investigation and response	\$820,000	1	NCB	Post	1S1E	Q 4, 2017	
NCB 3	Equipment for District laboratories	\$750,000	1	NCB	Post	1S1E	Q4, 2017	
Shopping 4	Hygiene Equipment	\$28,200	1	Shopping	Post	Quotations from at least 3 suppliers	Q1, 2018	
Shopping 5	Laboratory and training materials	\$84,000	1	Shopping	Post	Quotations from at least 3 suppliers	Q1,2018	
NCB 6	Infection prevention equipment	\$908,600	1	Post	Post	1S1E	Q4, 2017	
Shopping 8	Motorcycles for 12 hospitals	\$36,000	1	Shopping	Prior	Quotations from at least 3 suppliers	Q4, 2017	

NCB 9	Hospital Consumables	\$235,986	1	NCB	Post	1S1E	Q1,2018	
NCB 10	Hospital repairs and maintenance	\$686,000	1	NCB	Post	1S1E	Q1,2018	

Consulting Services								
Package Number	General Description	Estimate d Value	Number of Contracts	Recruitment Method	Review (Prior / Post)	Advertise ment Date (quarter/ year)	Type of Proposal	Comments
ICS-3	Procurement Specialist (national, 26 person months)	\$26,000	1	ICS	Prior	Q4, 2016		
ICS-4	Laboratory Quality improvement expert (national, 26 person months)	\$26,000	1	ICS	Prior	Q4, 2016		
ICS-5	Gender and Social Safeguards expert (national, 9 person-months)	\$10,800	1	ICS	Prior	Q4, 2016		
ICS-6	Planning Monitoring and IT expert (national, 36 person-months)	\$40,000	1	ICS	Prior	Q4, 2016		
ICS-7	Laboratory Quality Improvement Expert (international, 6 person-months)	\$81,000	1	ICS	Prior	Q4, 2016		
ICS-8	Procurement Specialist (international, 6 person months)	\$41,000	1	ICS	Prior	Q4, 2016		
ICS9	Financial Management (national, 60 person-months)	\$70,000	1	ICS	Prior	Q4, 2016		
ICS10	Infection and control	\$70,000	1	ICS	Prior	Q4, 2016		

Consulting Services								
Package Number	General Description	Estimated Value	Number of Contracts	Recruitment Method	Review (Prior / Post)	Advertisement Date (quarter/year)	Type of Proposal	Comments
	specialist (international, 6 person months)							
ICS11	Infection Prevention and Control specialist (national, 36 person-months)	\$40,000	1	ICS	Prior			

B. Indicative List of Packages Required Under the Project

The following table provides an indicative list of goods, works and consulting services contracts over the life of the project, other than those mentioned in previous sections (i.e., those expected beyond the current period).

Goods and Works							
Package Number	General Description	Estimated Value (cumulative)	Estimated Number of Contracts	Procurement Method	Review [Prior / Post/Post (Sampling)]	Bidding Procedure	Comments
NCB 9 B	Hospital Consumables	\$217,486	1	NCB	Post	1S1E	Will be advertised in Q1, 2020

Consulting Services							
Package Number	General Description	Estimated Value (cumulative)	Estimated Number of Contracts	Recruitment Method	Review (Prior / Post)	Type of Proposal	Comments
None							

C. List of Awarded and On-going, and Completed Contracts

The following tables list the awarded and on-going contracts, and completed contracts.

1. Awarded and On-going Contracts

Goods and Works							
Package Number	General Description	Estimated Value	Awarded Contract Value	Procurement Method	Advertisement Date (quarter/year)	Date of ADB Approval of Contract Award	Comments
None							

Consulting Services							
Package Number	General Description	Estimated Value	Awarded Contract Value	Recruitment Method	Advertisement Date (quarter/year)	Date of ADB Approval of Contract Award	Comments
None							

2. Completed Contracts

Goods and Works								
Package Number	General Description	Estimated Value	Contract Value	Procurement Method	Advertisement Date (quarter/year)	Date of ADB Approval of Contract Award	Date of Completion	Comments
None								

Consulting Services								
Package Number	General Description	Estimated Value	Contract Value	Recruitment Method	Advertisement Date (quarter/year)	Date of ADB Approval of Contract Award	Date of Completion	Comments
None								

D. Non-ADB Financing

The following table lists goods, works and consulting services contracts over the life of the project, financed by Non-ADB sources.

Goods and Works				
General Description	Estimated Value (cumulative)	Estimated Number of Contracts	Procurement Method	Comments
Not applicable				

Consulting Services				
General Description	Estimated Value (cumulative)	Estimated Number of Contracts	Recruitment Method	Comments
Not applicable				

E. National Competitive Bidding

1. Regulation and Reference Documents

103. The procedures to be followed for national competitive bidding shall be those set forth in ADB's standard bidding documents, with the clarifications and modifications described in the following paragraphs required for compliance with the provisions of ADB's Procurement Guidelines (2015, as amended from time to time).

2. Procurement Procedures

a. Application

104. Contract packages subject to national competitive bidding procedures will be those identified as such in the project procurement plan. Any changes to the method of procurement from those provided in the procurement plan shall be made through updating of the procurement plan, and only with prior approval of ADB.

b. Eligibility

105. The eligibility of bidders shall be as defined under section I of the Procurement Guidelines; accordingly, no bidder or potential bidder should be declared ineligible for reasons other than those provided in section I of the Guidelines, as amended from time to time.

c. Sanctioning

106. Bidders shall not be declared ineligible or prohibited from bidding on the basis of barring procedures or sanction lists, except individuals and firms sanctioned by ADB, without prior approval of ADB.

d. Advertising

107. The posting of NCB specific notices for contracts valued at less than \$1 million on ADB's website is not required but is highly recommended

e. Rejection of all Bids and Rebidding

108. Bids shall not be rejected and new bids solicited without ADB's prior concurrence.

3. Bidding Documents

f. ADB Policy Clauses

109. A provision shall be included in all NCB works and goods contracts financed by ADB requiring suppliers and contractors to permit ADB to inspect their accounts and records and other documents relating to the bid submission and the performance of the contract, and to have them audited by auditors appointed by ADB.

110. A provision shall be included in all bidding documents for NCB works and goods contracts financed by ADB stating that the Borrower shall reject a proposal for award if it determines that the bidder recommended for award has, directly or through an agent, engaged

in corrupt, fraudulent, collusive, coercive or obstructive practices in competing for the contract in question.

111. A provision shall be included in all bidding documents for NCB works and goods contracts financed by ADB stating that ADB will declare a firm or individual ineligible, either indefinitely or for a stated period, to be awarded a contract financed by ADB, if it at any time determines that the firm or individual has, directly or through an agent, engaged in corrupt, fraudulent, collusive, coercive or obstructive practices or any integrity violation in competing for, or in executing, ADB-financed contract.

4. Viet Nam

Basic Data

Project Name: Greater Mekong Subregion Health Security Project	
Project Number:	Approval Number:
Country: VIET NAM	Executing Agency: Ministry of Health, Viet Nam (General Department of Preventive Medicine)
Project Procurement Classification: A	Implementing Agency: 36 provincial health departments, National Institute of Hygiene and Epidemiology, Tay Nguyen Institute of Hygiene and Epidemiology and Pasteur Institutes in Ho Chi Minh City, Nha Trang,
Procurement Risk: Moderate	
Project Financing Amount: ADB Financing: \$80,000,000 Cofinancing (ADB Administered): Non-ADB Financing: \$4,000,000 (Government)	Project Closing Date: : 30 September 2022
Date of First Procurement Plan 22 November 2016	Date of this Procurement Plan: 29 August 2016

A. Methods, Thresholds, Review and 18-Month Procurement Plan

1. Procurement and Consulting Methods and Thresholds

Except as the Asian Development Bank (ADB) may otherwise agree, the following process thresholds shall apply to procurement of goods and works.

Procurement of Goods and Works		
Method	Threshold	Comments
International Competitive Bidding for Goods	\$5,000,000 and above	ADB prior review
National Competitive Bidding for Goods ³	Beneath that stated for ICB, Goods	ADB prior review for the first procurement
Shopping for Goods	\$100,000 and below	ADB prior review for the first procurement

Consulting Services	
Method	Comments
Least-Cost Selection (Least Cost Selection)	ADB prior review
Individual Consultant Selection (ICS)	ADB prior review
Fixed Budget selection (FBS)	ADB prior review

2. Goods and Works Contracts Estimated to Cost \$1 Million or More

The following table lists goods and works contracts for which the procurement activity is either ongoing or expected to commence within the next 18 months.

Package Number	General Description	Estimated Value	Procurement Method	Review [Prior / Post/Post (Sampling)]	Bidding Procedure	Advertisement Date (quarter/year)	Comments
NCB 1	Equipment for surveillance and CDC	\$4,950,000	NCB	Prior	1S1E	Q4, 2017	
	Lot 1: residual sprayers and ULV sprayers (500 units each)	\$1,650,000					
	Lot 2: entomological kits, sampling and transportation kit.	\$495,000					
	Lot 3: Microscopes and magnifying glasses	\$2,750,000					
	Lot 4: handheld thermometers	\$55,000					
ICB 1	Vehicles	\$5,967,000	ICB	Prior	1S1E	Q4, 2017	
	Lot 1: outbreak vehicles for districts	\$5,850,000					
	Lot 2: CPMU and GDPM	\$117,000					
ICB 2	Equipment for regional institutes	\$9,240,000	ICB	Prior	1S1E	Q2, 2018	
	Lot 1: equipment for QA centers in NIHE and Pasteur Institute in HCM city	\$6,600,000					
	Lot 2: Equipment for lab capacity development and quality control	\$2,200,000					

	Lot 3: Equipment and supplies for training units in NIHE & Pasteur Institute in HCM city .	\$440,000					
ICB 3	District lab equipment	\$ 13,385,000	ICB	Prior	1S1E	Q4, 2017	
	LOT 1: hematology biochemistry and urine analyzer;	\$9,400,000					
	Lot 2: voltage stabilizer	\$825,000					
	Lot 3: Centrifuges, stirrers, shakers;	\$1,950,000					
	Lot 4: autoclave, refrigerator and chemical cabinets	\$1,210,000					
NCB 2	Lab maintenance and minor repairs	\$1,250,000	NCB	Post	1S1E	Q4, 2017	
NCB 3	Minor repair for isolation facilities in hospitals	\$1,250,000	NCB	Post	1S1E	Q4, 2017	
ICB 4	IPC equipment	\$13,530,000	ICB	Prior	1S1E	Q4, 2017	
	LOT 1: Commercial washers ,and commercial dryers	\$6,600,000					
	LOT 2: Autoclave sterilizers and autoclave for clothing and line	\$6,930,000					

3. Consulting Services Contracts Estimated to Cost \$100,000 or More

The following table lists consulting services contracts for which the recruitment activity is either ongoing or expected to commence within the next 18 months.

Package Number	General Description	Estimated Value	Recruitment Method	Review (Prior / Post)	Advertisement Date (quarter/year)	Type of Proposal ⁹	Comments ¹⁰
FBS-1	Upgrade eCDS	\$200,000	FBS	Prior	Q1, 2018	STP	
ICS-1	Chief Technical Adviser (international, 24 person months)	\$480,000	ICS	Prior	Q1, 2017		
ICS-2	Laboratory Quality Improvement Specialist (international, 12 person months)	\$240,000	ICS	Prior	Q1, 2017		
ICS-3	Procurement Specialist (international, 12 person-months)	\$240,000	ICS	Prior	Q1, 2017		
ICS-4	Deputy Chief Technical Adviser (national, 60 person months) t	\$120,000	ICS	Prior	Q1, 2017		
ICS-5	Procurement specialist, national, (60 person—months Specialist (national,	\$120,000	ICS	Prior	Q1, 2017		
LCS 1	Audit firm (FYs 2017-2019)	\$150,000	LCS	Prior	Q1, 2017	BTP	
LCS 3	Initial, Midterm and Final Evaluation	\$300,000	FBS	Prior	Q1, 2017	STP	

4. Goods and Works Contracts Estimated to Cost Less than \$1 Million and Consulting Services Contracts Less than \$100,000 (Smaller Value Contracts)

The following table groups smaller-value goods, works and consulting services contracts for which the activity is either ongoing or expected to commence within the next 18 months.

Goods and Works								
Package Number ⁶	General Description	Estimated Value	Number of Contracts	Procurement Method	Review [Prior / Post/Post (Sampling)]	Bidding Procedure	Advertisement Date (quarter/year)	Comments
NCB 4-A	Lab consumables – 2017 – 2019	\$637,500	1	NCB	Post	1S1E	Q1, 2018	

Goods and Works								
Package Number⁶	General Description	Estimated Value	Number of Contracts	Procurement Method	Review [Prior / Post/Post (Sampling)]	Bidding Procedure	Advertisement Date (quarter/ year)	Comments
NCB 6	minor repairs for hygiene and IPC	\$500,000	1	NCB	Post	1S1E	Q4, 2017	
NCB 7	Provision of isolation equipment and education materials	\$594,000	1	NCB	Post	1S1E	Q4, 2017	
	Lot 1: quarantine equipment for hospital	\$550,000						
	Lot 2: Print material	\$44,000						

Consulting Services								
Package Number	General Description	Estimated Value	Number of Contracts	Recruitment Method	Review (Prior / Post)	Advertisement Date (quarter/ year)	Type of Proposal	Comments
ICS-6	Laboratory equipment specialist (national, 60 person months)	\$90,000	1	ICS, national	Prior	Q4, 2016		
ICS-7	Infection prevention control specialist (national, 60 person months)	\$90,000	1	ICS, national	Prior	Q4, 2016		
ICS-8	Gender and social safeguards specialists (national, 60 person months)	\$90,000	1	ICS, national	Prior	Q4, 2016		
ICS-9	Financial management (national, 60 person-months)	\$90,000	1	ICS, national	Prior	Q4, 2016		
ICS-10	CDC, S&R and regional cooperation (national, 60 person-months)	\$90,000	1	ICS, national	Prior	Q4, 2016		

B. Indicative List of Packages Required Under the Project

The following table provides an indicative list of goods, works and consulting services contracts over the life of the project, other than those mentioned in previous sections (i.e., those expected beyond the current period).

Goods and Works							
Package Number	General Description	Estimated Value (cumulative)	Estimated Number of Contracts	Procurement Method	Review [Prior / Post/Post (Sampling)]	Bidding Procedure	Comments
NCB 5	Minor repairs for isolation room at POEs	\$95,000	Shopping	Prior	1S1E	Q4, 2018	
NCB 8	Equipment for GDPM surveillance system	\$220,000	NCB	Post	1S1E	Q4, 2018	
NCB 9	Equipment and material for risk communication	\$1,980,000	NCB	Post	1S1E	Q4, 2018	
	Lot 1: Printing material	\$ 99,000					
	Lot 2: Equipment for risk communication	\$ 1,276,000					
	Lot 3: Equipment for electronic surveillance system	\$605,000					
NCB 10	Equipment for quarantine systems	\$2,131,000	NCB	Prior	1S1E	Q1, 2019	
	Lot 1: Remote thermometers;	\$571,000					
	Lot 2: disinfecting systems and sprayers	\$383,000					
	Lot 3: isolation room and laboratory equipment	\$330,000					
	Lot 4: reception area and communication equipment	\$847,000					

NCB 11	Blood Glucose Meter	\$451,000	NCB	Post	1S1E	Q1, 2019	
NCB 12	Storage rental	\$300,000	NCB	Post	1S1E	Q3, 2018	
NCB 4-B	Lab consumables - 2020 – 2022	\$500,000	NCB	Post	1S1E	Q4, 2019	
NCB 13	Equipment for surveillance and CDC – residual sprayers and ULV sprayers (200 units each)	\$660,000	NCB	Post	1S1E	Q4, 2019	
LCS 2	Audit firm (FYs 2020-2022)	\$100,000	LCS	Prior	BTP	Q4, 2019	

C. List of Awarded and On-going, and Completed Contracts

The following tables list the awarded and on-going contracts, and completed contracts.

1. Awarded and On-going Contracts

Goods and Works							
Package Number	General Description	Estimated Value	Awarded Contract Value	Procurement Method	Advertisement Date (quarter/year)	Date of ADB Approval of Contract Award	Comments
None							

Consulting Services							
Package Number	General Description	Estimated Value	Awarded Contract Value	Recruitment Method	Advertisement Date (quarter/year)	Date of ADB Approval of Contract Award	Comments
None							

2. Completed Contracts

Goods and Works								
Package Number	General Description	Estimated Value	Contract Value	Procurement Method	Advertisement Date (quarter/year)	Date of ADB Approval of Contract Award ¹¹	Date of Completion ¹⁴	Comments
None								

Consulting Services								
Package	General	Estimated	Contract	Recruitment	Advertisement	Date of	Date of	Comments

Number	Description	Value	Value	Method	Date (quarter/ year)	ADB Approval of Contract Award	Completion	
None								

D. Non-ADB Financing

The following table lists goods, works and consulting services contracts over the life of the project, financed by Non-ADB sources.

Goods and Works				
General Description	Estimated Value (cumulative)	Estimated Number of Contracts	Procurement Method	Comments
Not Applicable				

Consulting Services				
General Description	Estimated Value (cumulative)	Estimated Number of Contracts	Recruitment Method	Comments
Not Applicable				

E. National Competitive Bidding

1. General

112. The procedures to be followed for the procurement of goods, non-consulting services, and works under contracts awarded on the basis of National Competitive Bidding shall be those set forth in: (a) Law on Procurement No. 43/2013/QH13 dated November 26, 2013 (“Law on Procurement”) and (b) Decree No. 63/2014/ND-CP dated June 26, 2014 (collectively, “National Procurement Laws”). Whenever any procedure in the National Procurement Laws is inconsistent with the ADB Procurement Guidelines (March 2013, as amended from time to time), the ADB Procurement Guidelines shall prevail, amongst others on the following.

2. Eligibility

113. The eligibility of bidders shall be as defined under section I of the ADB Procurement Guidelines; accordingly, no bidder or potential bidder should be declared ineligible for reasons other than those provided in section I of the ADB Procurement Guidelines, as amended from time to time. Conditions of bidders’ participation shall be limited to those that are essential to ensure bidders’ capability to fulfill the contract in question. Foreign bidders shall be eligible to participate under the same conditions as national bidders. Foreign bidders shall not be asked or required to form joint ventures with, or be subcontractors to, national bidders in order to submit a bid.

114. A firm declared ineligible by ADB cannot participate in bidding for an ADB-financed contract during the period of time determined by ADB.

115. A bidder shall not have a conflict of interest, which term shall be defined in accordance with section 1 of ADB Procurement Guidelines.³⁰ Any bidder found to have a conflict of interest shall be ineligible for contract award.

116. Government-owned enterprises in the Borrower's country shall be eligible to participate as a bidder only if they can establish that they are legally and financially autonomous, operate under commercial law and are not dependent agencies of the Borrower or Sub-Borrower.

117. National sanction lists may only be applied with approval of ADB.³¹

3. Preferences

118. No preference of any kind shall be given to domestic bidders over foreign bidders or for domestically manufactured goods over foreign manufactured goods. Unless otherwise stated in the applicable financing agreement, preferences among domestic bidders set forth in Article 14(3) of the Law on Procurement shall not be applied.

4. Bidding Procedure

119. Single stage-single envelope shall be the default bidding procedure and application of other bidding procedures shall require ADB's prior approval.

5. Time for Bid Preparation

120. The time allowed for the preparation and submission of bids for large and/or complex packages shall not be less than thirty (30) days from the date of the invitation to bid or the date of availability of the bidding documents, whichever is later.

6. Standard bidding documents

121. The Borrower's standard bidding documents, acceptable to ADB, shall be used. Bidders shall be allowed to submit bids by hand or by mail/ courier.

7. Bid Opening and Evaluation

122. Bids shall be opened in public, immediately after the deadline for submission of bids, regardless of the number of bids received.

123. Except with the prior approval of ADB, merit points shall not be used in bid evaluation.

124. No price adjustments shall be made for evaluation purposes in accordance with Article 117(6) of Decree 63 when unit rates offered by the bidder are determined to be abnormally low.

³⁰ Detailed guidance on how to apply conflict of interest test is available under section 1 of ADB's standard bidding documents for goods and works (as amended from time to time).

³¹ For fraud and corruption cases, Section 50 of ADB's Integrity Principles and Guidelines provides that ADB may decide that another international financial institution's or legal or regulatory body's determination that a party has failed to adhere to appropriate ethical standards, as defined by any established system of principles, rules, or duties, including the laws or regulations of a state, constitutes that party's failure to maintain the highest ethical standards as required by ADB's Anticorruption Policy. The party may be subject to remedial action in accordance with the Integrity Principles and Guidelines. <http://www.adb.org/sites/default/files/integrity-principles-guidelines.pdf>

125. Bidders shall be given commercially reasonable time period to respond to clarification requests.

126. Bidders shall not be eliminated from detailed evaluation on the basis of minor, non-substantial deviations.³²

127. Except with the prior approval of ADB, negotiations contemplated under paragraphs 7 and 8 of Article 117 of Decree No. 63/2014/ND-CP shall not take place with any bidder prior to contract award.

128. A bidder shall not be required, as a condition for award of contract, to undertake obligations not specified in the bidding documents or otherwise to modify the bid as originally submitted.

8. Rejection of All Bids and Rebidding

129. No bid shall be rejected on the basis of a comparison with the Procuring Entity's estimate or budget ceiling without ADB's prior concurrence.

130. All bids shall not be rejected and new bids solicited without ADB's prior approval.

9. Publication of the Award of Contract.

131. For contracts subject to prior review, within 2 weeks of receiving ADB's "No-objection" to the recommendation of contract award, the borrower shall publish in the Government Public Procurement Gazette, or well-known and freely-accessible website the results of the bid evaluation, identifying the bid and lot numbers, and providing information on: i) name of each bidder who submitted a bid; ii) bid prices as read out at bid opening; iii) name and evaluated prices of each bid that was evaluated; iv) name of bidders whose bids were rejected and the reasons for their rejection; and v) name of the winning bidder, and the price it offered, as well as the duration and summary scope of the contract awarded.

132. For contracts subject to post review, the procuring entity shall publish the bid evaluation results no later than the date of contract award.

133. In the publication of the bid evaluation results, the Borrower shall specify that any bidder who wishes to ascertain the grounds on which its bid was not selected may request an explanation from the Borrower. The Borrower shall promptly provide an explanation of why such bid was not selected, either in writing and/or in a debriefing meeting, at the option of the Borrower. The requesting bidder shall bear all the costs of attending such a debriefing.

10. Contract Administration

134. The Contract Agreement, as such term is defined in the relevant bidding document, shall be applied without any modification during implementation except as otherwise agreed by ADB.

11. Fraud and Corruption

³² A minor, non-substantial deviation is one that, if accepted, would not affect in any substantial way the scope, quality, or performance specified in the contract; or limit in any substantial way, the Contracting entity rights or the Bidder's obligations under the proposed contract or if rectified, would not unfairly affect the competitive position of other bidders presenting substantially responsive bids.

135. A provision shall be included in all bidding documents for NCB works and goods contracts financed by ADB stating that ADB will sanction a party or its related parties, including declaring ineligible, either indefinitely or for a stated period of time, to participate in ADB-financed, administered or supported activities if it at any time determines that the party has, directly or indirectly through an agent, engaged in integrity violations as defined under ADB's Integrity Principles and Guidelines, including corrupt, fraudulent, collusive, or coercive practices in competing for, or in executing, an ADB-financed, administered or supported contract.

12. Right to Inspect/Audit

136. Each bidding document and contract financed by ADB shall include a provision requiring bidders, contractors, agents (whether declared or not), sub-contractors, sub-consultants, service providers, or suppliers and any personnel thereof, to permit ADB to inspect all accounts, records and other documents relating to any prequalification process, bid submission, and contract performance (in the case of award), and to have them audited by auditors appointed by ADB.

D. Consultant's Terms of Reference

Budgeted person-months of consultants for GMS Health Security Project

Type of Expert	Cambodia	Lao PDR	Myanmar	Viet Nam	Total
International					
Chief Technical Adviser (CTA)	18	32	15	24	89
Laboratory Quality Improvement	12	11	6	12	41
Infection Prevention and Control	6	3	6		15
Procurement Specialist	6		6	12	24
Gender and Social Safeguards					0
Subtotal	42	46	33	48	169
National					
Deputy CTA*	60	53	50	60	223
Planning, Monitoring, and IT	60	53	36	60	209
Surveillance and Response		50			50
Communicable Diseases Control Expert		50			50
Laboratory Quality Improvement expert	50	47	26	60	183
Infection Prevention and Control specialist	36	50	24	60	170
Procurement expert	48	23	26	60	157
Gender and Social Safeguards	48 [†]	6	9	60	75
Community development expert	60				60
Financial management	60	(firm)	60	60	180
Audit (state or firm)	External audit firm	State audit organization	Auditor General Office	External audit firm	
Subtotal	374	332	231	420	1357
Total	416	378	264	468	1526

*In Cambodia, Deputy CTA is titled "Assistant Project Manager".

[†] Includes one gender specialist and one social safeguard specialist.

** National laboratories (IAs) will conduct assessments for implementing laboratory improvement

Overview of Consulting Services

Output	Description and person months	Terms of Reference
A. International Consultants		
Overall, 1, 2	Chief Technical Adviser (CTA)	<ul style="list-style-type: none"> - Assist Project Director MOH in project planning, implementation and monitoring: -Advice on and monitor implementation of annual operational plans; -Advice on project management and financing -Advice on output 1, regional cooperation and CDC in border areas -Advice on output 2, strengthening surveillance and response
3	Laboratory Quality Improvement Expert	<ul style="list-style-type: none"> - Assist the National Laboratory of MOH in planning, implementing and monitoring quality improvement of laboratory services supported under the Project: - Contribute to MOH-partners dialogue on laboratory services development - Assess and plan quality improvement of targeted hospitals - Support in-service training and procurement of equipment and supplies - Advice to scale up quality assurance systems - Support to establish laboratory audit system at regional hubs - Prepare and arrange for laboratory studies including ethical clearance
3	Infection Prevention and Control (IPC) and Waste Management	<ul style="list-style-type: none"> - Assess gaps in hospital IPC including waste management based on national standards and prepare detailed project plan for roll out of IPC; - Advice on nominations of IPC focal points, committees, and scholarships - Arrange for IPC training program for hospital staff including waste management - Advice and supervise purchase of equipment and repair of isolation ward for IPC
3	Medical Equipment and Procurement Expert	<ul style="list-style-type: none"> - Assist Project Director MOH in planning, implementation and monitoring of medical procurement under the project: - Prepare bidding documents based on government and ADB standards - Facilitate and monitor timely processing and approval of procurement steps - Ensure proper installation, commissioning, use and maintenance of equipment
Subtotal (A) 169 person-months		
B. National Consultants		
All, 1,2	Deputy CTA	<ul style="list-style-type: none"> - Assist Project Director MOH in project planning, implementation and monitoring: - Conduct project management training for provincial and district health managers. - Assist Project Director in day to day project coordination - Support provinces in preparing and implementing annual operational plans; - Support implementation of regional cooperation and CDC in border areas - Support strengthening surveillance and response
All, 2	Planning, Monitoring and Information Technology	<ul style="list-style-type: none"> - Work with PMU and PPMUs to develop an integrated project monitoring system - Train provincial staff in using the monitoring system - Support purchase of computer hardware and software and related training - Organize and direct baseline and end of project health services assessment - Support PMU with data analysis and reporting. - Arrange for mid-term and end of project evaluation studies
3	Laboratory Equipment and Training Expert	<ul style="list-style-type: none"> - Assess and propose investments in equipment and repairs of facilities based on regional, provincial and district requirements and national standards - Develop equipment specifications and help prepare equipment bidding documents. - Supervise equipment delivery, installation and inspection - Assess laboratory staff capacity in routine testing and arrange training as required. - Assess laboratory staff capacity in using and maintaining equipment and arrange training as required.
3	IPC and Waste Management Specialist	<ul style="list-style-type: none"> - Assess gaps in hospital IPC including waste management based on national standards and prepare detailed project plan for roll out of IPC; - Advice on nominations of IPC focal points, committees, and scholarships - Arrange for IPC training program for hospital staff including waste management - Advice and supervise purchase of equipment and repair of isolation ward for IPC
3	Medical Equipment and Procurement Expert	<ul style="list-style-type: none"> Assist Project Director MOH and international procurement expert in planning, implementation and monitoring of medical procurement under the project: Prepare bidding documents based on government and ADB standards Facilitate and monitor timely processing and approval of procurement steps Ensure proper installation, commissioning, use and maintenance of equipment

Output	Description and person months	Terms of Reference
All, 1	Gender and Social Safeguards Specialist	<ul style="list-style-type: none"> - Provide technical guidance for preparation of provincial plans and monitor implementation of gender action plan and ethnic minority development plan. - Provide capacity building to PMU staff and provinces on gender and ethnic groups - Work with the planning and monitoring specialist to develop indicators and data collection methods for gender and ethnic groups.
All	Financial management	<ul style="list-style-type: none"> - Provide accounting support to the project to ensure full project compliance with government and ADB accounting practices and standards: - Adopt the accounts system for the Project including the data base as needed - Provide in-service training, supervision and support of accounts staff in the PMU and provinces, as needed - Check the quality of bookkeeping and documentation of PMU and provinces - Provide annual financial reports for submission to MOH. - Arrange for external quality assistance and audit
All	Audit	<ul style="list-style-type: none"> - Propose external audit arrangements in consultation with the EA - Conduct inspection of the project at national, provincial, and field level - Apply international and government practices (INTOSAI, ISA, or national). - Review all documentation for financial management of the project including ledgers, accounts statement of expenditures, receipts; physical inspection of assets and activities, and bank and project expenditure statements. - Specifically assess adequacy of the financial reports and report any irregularities - Prepare a standard audit report and management letter
Subtotal (B)	1357 person-months	
Total (A+B)	1526 person-months	

OUTLINE TERMS OF REFERENCE FOR CONSULTANTS

A. International

1. Chief Technical Adviser (CAM: 18 person-months; LAO: 32 person-months; MYA: 15 person-months; VIE: 24 person-months)

Scope of work

1. Advise EA and IAs on project planning, implementation and monitoring;
2. Help coordinate project implementation among all stakeholders including other countries, sectors, IAs an partners;
3. Guide project staff and consultants with their respective assignments;
4. Advise IAs on project implementation and check and improve provincial implementation plans;
5. Support roll out of output 1 on regional cooperation and CDC in border areas; and output 2 on strengthening surveillance and response;
6. Advise on improving MEV information, outreach, and referral;
7. Advise on roll out and integration of surveillance and response system
8. Collaborate on CD HMIS strengthening with the consultants under the RECAP TA and the AeHIN country mechanisms.
9. Support monitoring and implementation of the GAP, participate in gender briefings, and ensure all the GAP activities are mainstreamed in the project activities.

Detailed tasks

1. Report to Project Director, work closely with the PMU team and with focal points in the IAs, and seek guidance from in-country experts and partners;
2. Prepare an inception report with brief institutional assessments and updated DMF and PAM with specific targets and activities in the overall implementation plan;

3. Report his/her monthly work plan and activities to the Project Director;
4. Focus on implementation of output 1, CDC in border areas, including the targeting of migrants, ethnic groups, and other vulnerable groups jointly with the gender and safeguards expert, and output 2, surveillance and response;
5. Contribute to quarterly and annual project progress reports including report on institutional and community consultations, project activities, and results.

Minimum qualifications

1. MSc in Microbiology, Public Health or related field;
2. Ten-year experience in implementing IHR/APSED or other CDC programs;
3. Previous experience with government agencies in South-east Asia preferred;
4. Fully competent in speaking, reading, and writing English;
5. Strong analytical, leadership and diplomacy skills and professional integrity.

2. Laboratory Quality Improvement Expert (CAM: 12 person-months; LAO:11 person-months; MYA: 6 person-months; VIE:12 person-months)

Scope of work

Assist the National Laboratory of MOH in planning, implementing and monitoring quality improvement of laboratory services supported under the Project:

1. Contribute to MOH-partners dialogue on laboratory services development
2. Assess and plan quality improvement of targeted hospitals
3. Support in-service training and procurement of equipment and supplies
4. Advice to scale up quality assurance systems
5. Support to establish laboratory audit system at regional hubs
6. Prepare and arrange for laboratory studies including ethical clearance
7. Collaborate with the international laboratory expert hired under RECAP TA.

Detailed tasks

1. Report to the Director, National Health Laboratory or equivalent of MOH, work closely with the PMU team and with laboratory focal points in the IAs (regions, provinces, districts), and seek guidance from in-country experts and partners;
2. Identify laboratory standards and plans for targeted services and assess feasibility;
3. Conduct detailed assessment of laboratory management, funds, facilities, staff, equipment, supplies and standard operating procedures for management, equipment, biosafety, and testing and other guidelines in targeted facilities;
4. Review project plans for improving laboratory services and propose upgrading laboratory services through provision of equipment, supplies, repair of facility and staff training;
5. Review current quality assurance system and propose increase of range of testing;
6. Assess requirements to establish a laboratory audit system at regional laboratories and initiate audit of laboratories as feasible
7. Prepare quarterly and annual laboratory progress reports including laboratory resources and use of laboratory services.

Minimum qualifications

1. Degree in Medical Laboratory Science or closely related discipline, a higher degree (MSc or PhD would be an advantage);
2. Experience with preparing specifications for the purchase of equipment and reagents
3. Seven years experience in diagnostic work and improving the quality of public laboratory services;

4. Familiar with IHR/APSED obligation; legislation relating to diagnostic laboratories in the country, in particular for laboratory quality and safety; International Standards Organization (ISO) guidelines for Laboratory Quality and Performance; International Air Traffic Association (IATA) regulations for the transport of dangerous goods; and world best practices
5. Previous experience with government agencies in South-east Asia preferred;
6. Fully competent in speaking, reading, and writing English;
7. Strong analytical, leadership and diplomacy skills and professional integrity.

3. Infection Prevention and Control (IPC) Expert (CAM: 6 person-months; LAO: 3 person-months; MYA: 6 person-months)

Scope of work

1. Assess gaps in hospital IPC including waste management based on national standards and prepare detailed project plan for roll out of IPC;
2. Advice on nominations of IPC focal points, committees, and scholarships
3. Arrange for IPC training program for hospital staff including waste management
4. Advice and supervise purchase of equipment and repair of isolation ward for IPC

Detailed tasks

1. Report to Project Director for Director Hospital Services, work closely with the PMU team and with focal points in the IAs, and seek guidance from in-country experts and partners;
2. Review national IPC policy, standards, plans, and progress in nation-wide roll-out;
3. Conduct inspection of IPC including waste management in targeted hospitals;
4. Prepare detailed project implementation plan for IPC in targeted hospitals;
5. Provide IPC orientation to provincial IPC teams, and assist these teams to propose IPC training, equipment and repairs through the provincial annual operation plan and budget;
6. Provide support for the design of training program in IPC including waste management, and case management of highly infectious diseases, training of trainers, procurement of equipment and supplies, and repair of facilities;
7. Assist to establish an IPC planning, management and monitoring system in targeted facilities and monitor activities and reporting, including linkages with laboratories for testing of drug resistance;
8. Contribute to quarterly and annual project progress reports including report on institutional and community consultations, project activities, and results.

Minimum qualifications

1. Degree in Microbiology, Medicine, Nursing, or closely related discipline;
2. Five years experience in IPC and improving the quality of public laboratory services;
3. Familiar with IHR/APSED obligation; legislation relating to diagnostic laboratories in the country, in particular for laboratory quality and safety; International Standards Organisation (ISO) guidelines for Laboratory Quality and Performance; International Air Traffic Association (IATA) regulations for the transport of dangerous goods; and world best practices
4. Previous experience with government agencies in South-east Asia preferred;
5. Fully competent in speaking, reading, and writing English;
6. Strong analytical, leadership and diplomacy skills and professional integrity.

4. Procurement Specialist (CAM: 6 person-months; MYA: 6 person-months; VIE:12 person-months)

Scope of work

1. Support all steps of the procurement process of equipment and consumables for targeted project laboratories and hospitals;
2. Inform MOH about the procurement process and options and improve staff capacity;
3. Prepare bidding documents based on the ADB or national standard bidding document appropriate to the contract type and procurement method.
4. Ensure that the procurement process and options follow the Procurement Plan;
5. Include proper installation, commissioning, use, and maintenance of equipment.

Detailed tasks

1. Report to Project Director, work closely with the PMU team and with focal points in the IAs, and seek guidance from in-country experts and partners;
2. Assess the institutional procurement environment, and identify all procurement steps;
3. Provide staff orientation and training in the procurement process and options;
4. Review equipment and consumables to be procured and identify possible issues;
5. Prepare a brief inception report and propose a procurement implementation plan;
6. Provide guidance of laboratory and other experts with the preparation of specifications for all equipment and consumables proposed under the project to ensure that only quality items will be procured through the competitive bidding process;
7. Cause to prepare bidding documents based on government and ADB standards;
8. Provide training for the procurement committee in bid evaluation and award of contract;
9. Arrange for sound installation, commissioning, appropriate use and maintenance of equipment and proper storage and use of supplies including through staff training;
10. Contribute to quarterly and annual project progress reports including report on institutional and community consultations, project activities, and results.

Minimum qualifications

1. Master in Procurement, Public Administration or related field;
2. Five years experience in managing procurement;
3. Experience in procurement of laboratory and hospital equipment is preferred;
4. Previous experience with government agencies in South-east Asia is preferred;
5. Fully competent in speaking and writing English;
6. Strong analytical, leadership and diplomacy skills and professional integrity.

B. National

1. Deputy CTA (CAM: 60 person-months; LAO:53 person-months; MYA: 50 person-months; VIE:60 person-months)

Scope of work

1. Assist Project Director MOH in project planning, implementation and monitoring and day to day project coordination;
2. Help coordinate project implementation among all stakeholders including IAs;
3. Guide project staff and consultants with their respective assignments;
4. Conduct project management training for provincial and district health managers;
5. Support provinces in preparing and implementing annual operational plans;
6. Support implementation of regional cooperation and CDC in border areas;
7. Specifically, advice on improving MEV information, outreach, and referral;

8. Specifically, advise on roll out and integration of surveillance and response system.
9. Support monitoring and implementation of the GAP, participate in gender briefings, and ensure all the GAP activities are mainstreamed in the project activities.

Detailed tasks

1. Report to Project Director, work closely with the PMU team and with focal points in the IAs, and seek guidance from in-country experts and partners;
2. Prepare an inception report with brief assessment and recommendations for overall implementation of the project and assignment;
3. Report his/her monthly work plan and activities to the Project Director;
4. Develop and implement a training program for PMU staff, IAs, and other parties in project management including annual operational planning, procurement, monitoring and safeguards;
5. Focus on implementation of output 1, CDC in border areas, including the targeting of migrants, ethnic groups, and other vulnerable groups jointly with the gender and safeguards expert, and output 2, surveillance and response;
6. Contribute to quarterly and annual project progress reports including report on institutional and community consultations, project activities, and results.

Minimum qualifications

1. Master in Public Health, Medicine or related field;
2. Five years experience in implementing CDC programs;
3. Experience with government agencies in the country preferred;
4. Fully competent in speaking and writing English and national language;
5. Strong analytical, leadership and diplomacy skills and professional integrity.

2. Laboratory Quality Improvement Expert (CAM: 50 person-months; LAO: 47 person-months; MYA: 26 person-months; VIE:60 person-months)

Scope of work

Assist the National Laboratory of MOH in planning, implementing and monitoring quality improvement of laboratory services supported under the Project:

1. Contribute to MOH-partners dialogue on laboratory services development
2. Assess and plan quality improvement of targeted hospitals
3. Support in-service training and procurement of equipment and supplies
4. Advice to scale up quality assurance systems
5. Support to establish laboratory audit system at regional hubs
6. Prepare and arrange for laboratory studies including ethical clearance

Detailed tasks

1. Report to the Director, National Health Laboratory or equivalent of MOH, work closely with the PMU team and with laboratory focal points in the IAs (regions, provinces, districts), and seek guidance from in-country experts and partners;
2. Identify laboratory standards and plans for targeted services and assess feasibility;
3. Conduct detailed assessment of laboratory management, funds, facilities, staff, equipment, supplies and standard operating procedures for management, equipment, biosafety, and testing and other guidelines in targeted facilities;
4. Review project plans for improving laboratory services and propose upgrading laboratory services through provision of equipment, supplies, repair of facility and staff training;
5. Review current quality assurance system and propose increase of range of testing;

6. Assess requirements to establish a laboratory audit system at regional laboratories and initiate audit of laboratories as feasible
7. Prepare quarterly and annual laboratory progress reports including laboratory resources and use of laboratory services.

Minimum qualifications

1. Degree in Medical Laboratory Science or closely related discipline;
2. Experience with preparing specifications for the purchase of equipment and reagents;
3. Five years experience in diagnostic work and improving the quality of public laboratory services;
4. Familiar with IHR/APSED obligation; legislation relating to diagnostic laboratories in the country, in particular for laboratory quality and safety; International Standards Organisation (ISO) guidelines for Laboratory Quality and Performance; International Air Traffic Association (IATA) regulations for the transport of dangerous goods; and world best practices
5. A background of employment in a government laboratory would be an advantage;
6. Fully competent in speaking and writing English and the national language;
7. Strong analytical, leadership and diplomacy skills and professional integrity.

3. Infection Prevention and Control (IPC) Specialist (CAM: 36 person-months; LAO: 50 person-months; MYA: 24 person-months; VIE: 60 person-months)

Scope of work

1. Assess gaps in hospital IPC including waste management based on national standards and prepare detailed project plan for roll out of IPC;
2. Advice on nominations of IPC focal points, committees, and scholarships
3. Arrange for IPC training program for hospital staff including waste management
4. Advice and supervise purchase of equipment and repair of isolation ward for IPC

Detailed tasks

1. Report to Project Director for Director Hospital Services, work closely with the PMU team and with focal points in the IAs, and seek guidance from in-country experts and partners;
2. Review national IPC policy, standards, plans, and progress in nation-wide roll-out;
3. Conduct inspection of IPC including waste management in targeted hospitals;
4. Prepare detailed project implementation plan for IPC in targeted hospitals;
5. Provide IPC orientation to provincial IPC teams, and assist these teams to propose IPC training, equipment and repairs through the provincial annual operation plan and budget;
6. Provide support for the design of training program in IPC including waste management, and case management of highly infectious diseases, training of trainers, procurement of equipment and supplies, and repair of facilities;
7. Assist to establish an IPC planning, management and monitoring system in targeted facilities and monitor activities and reporting, including linkages with laboratories for testing of drug resistance;
8. Contribute to quarterly and annual project progress reports including report on institutional and community consultations, project activities, and results.

Minimum qualifications

1. Degree in Microbiology, Medicine, Nursing, or closely related discipline;
2. Three years experience in IPC and improving the quality of public laboratory services;
3. Familiar with IHR/APSED obligation; legislation relating to diagnostic laboratories in the country, in particular for laboratory quality and safety; International Standards

Organisation (ISO) guidelines for Laboratory Quality and Performance; International Air Traffic Association (IATA) regulations for the transport of dangerous goods; and world best practices;

4. A background of employment in a government agency would be an advantage;
5. Fully competent in speaking and writing English and the national language;
6. Strong analytical, leadership and diplomacy skills and professional integrity.

4. Surveillance and Response Expert (LAO: 50 person-months)

Scope of work

Consolidating and strengthening the national surveillance and response system

Detailed tasks

1. Liaison with the staff at PIU and ensure that the surveillance and response system is implemented and managed in accordance with S&R Guidelines.
2. Assist in the training of national, provincial and district staff in S&R.
3. Ensure that project reports are submitted on a regular basis.
4. Analyse and report on S&R on a monthly and quarterly basis.
5. Assist senior management of the PMU, and staff from the PIU, in the event of disease outbreaks.
6. Provide support for consolidating surveillance and rapid response in provinces.
7. Organize surveys and research on S&R as necessary.
8. Conduct monitoring training programs for provincial and district staff.

Minimum qualifications

Qualifications in Public Health or similar. At least 5 years experience in the health sector relating to surveillance response systems and management and reporting and laboratory services

5. Communicable Diseases Control Expert (LAO: 50 person-months)

Scope of work

The Communicable Diseases Control Expert will assist design and roll out of national and regional strategies for the control of communicable diseases including malaria, dengue and NTDs, with emphasis on sustainability and community ownership.

Detailed tasks

1. Review and assess current CDC strategies and services in Lao
2. Identify gaps and issues in communicable disease prevention and control
3. Make appropriate recommendations for improving communicable disease prevention and control, in particular, training of staff at central, provincial and district levels,
4. Assist in implementing control measures; Surveillance, response and reporting; Community mobilization and awareness; Diagnosis and treatment,
5. Monitoring of the CDC situation
6. Advise on optimal ways to integrate communicable disease control and prevention within national programs in Lao
7. Coordinate with MOH to ensure sustainable CDC mechanisms are in place
8. Develop monitoring and evaluation processes to track progress in CDC prevention and control
9. Support the provinces with the implementation of communicable disease control measures
10. Recommend appropriate strategies for Lao and the region and how these can be implemented and assessed

Minimum qualifications

Masters in Epidemiology or equivalent with at least 10 years experience in communicable disease control.

6. Procurement Expert (CAM: 48 person-months; LAO:23 person-months; MYA: 26 person-months; VIE:60 person-months)

Scope of work

1. Support all steps of the procurement process of equipment and consumables for targeted project laboratories and hospitals;
2. Inform MOH about the procurement process and options and improve staff capacity;
3. Prepare bidding documents based on the ADB or national standard bidding document appropriate to the contract type and procurement method
4. Ensure that the procurement process and options follow the Procurement Plan;
5. Include proper installation, commissioning, use, and maintenance of equipment.

Detailed tasks

1. Report to Project Director, work closely with the PMU team and with focal points in the IAs, and seek guidance from in-country experts and partners;
2. Assess the institutional procurement environment, and identify all procurement steps;
3. Provide staff orientation and training in the procurement process and options;
4. Review equipment and consumables to be procured and identify possible issues;
5. Prepare a brief inception report and propose a procurement implementation plan;
6. Provide guidance of laboratory and other experts with the preparation of specifications for all equipment and consumables proposed under the project to ensure that only quality items will be procured through the competitive bidding process;
7. Cause to prepare bidding documents based on government and ADB standards;
8. Provide training for the procurement committee in bid evaluation and award of contract;
9. Arrange for sound installation, commissioning, appropriate use and maintenance of equipment and proper storage and use of supplies including through staff training;
10. Contribute to quarterly and annual project progress reports including report on institutional and community consultations, project activities, and results.

Minimum qualifications

1. Master in Procurement, Public Administration or related field;
2. Five years experience in managing procurement;
3. Experience in procurement of laboratory and hospital equipment is preferred;
4. Experience with a government agency in the country is required;
5. Fully competent in speaking and writing English and the national language;
6. Strong analytical, leadership and diplomacy skills and professional integrity.

7. Planning, Monitoring and Information Technology (CAM: 60 person-months; LAO:53 person-months; MYA: 36 person-months; VIE:60 person-months)

Scope of work

1. Work with PMU and PPMUs to develop an integrated project monitoring system;
2. Train provincial staff in using the monitoring system;
3. Support purchase of computer hardware and software and related training;
4. Organize and direct baseline and end of project health services assessment;
5. Support PMU with data analysis and reporting;
6. Arrange for mid-term and end of project evaluation studies.

Detailed tasks

1. Report to Project Director, work closely with the PMU team and with focal points in the IAs, and seek guidance from in-country experts and partners;
2. Prepare an inception report with brief institutional assessments and updated DMF and PAM with specific targets and activities in the overall implementation plan;
3. Report his/her monthly work plan and activities to the Project Director;
4. Focus on implementation of output 2, surveillance and response, PAM, and safeguards;
5. Contribute to quarterly and annual project progress reports including report on institutional and community consultations, project activities, and results.

Minimum qualifications

1. MSc in Business Administration, Information Technology, other appropriate field;
2. Five years experience in managing digital information systems
3. Experience in planning and monitoring medical services is preferred;
4. Experience with a government agency in the country is preferred;
5. Fully competent in speaking and writing English and the national language;
6. Strong computer and analytical skills and professional integrity.

8. Gender and Social Safeguards Specialist (CAM: 48 person-months; LAO:6 person-months; MYA: 9 person-months; VIE:60 person-months)

Scope of work

1. Help ensure that the project is aligned with national gender and ethnic minority laws, policies and plans;
2. Assess and report institutional opportunities and constraints for GAP and IPP implementation;
3. Refine gender targets and activities, prepare a detailed GAP and IPP implementation plan, and integrate this plan in project outputs and activities;
4. Prepare output-wise annual plans and budget for gender and ethnic minority related activities in the project;
5. Prepare and roll out project gender and ethnic minority capacity building plan;
6. Facilitate implementation of gender and ethnic minority features in all relevant project activities;
7. Design and deliver training and orientation for project staff on gender and ethnic minority issues;
8. Provide gender and ethnic minority inputs for training at all levels;
9. Maintain oversight of GAP and IPP implementation, identify constraints, and find ways to address these;
10. Consult regularly with women and ethnic beneficiaries;
11. Assist in developing sex-disaggregated monitoring and evaluation system, identify baseline needs, and ensure data collection;
12. Monitor GAP and IPP implementation through meetings and field visits;
13. Contribute to quarterly and annual project reports of GAP and IPP progress and results.

Detailed tasks

1. The specialist will work under supervision of, and report to, the Project Director, work closely with the PMU team and with focal points in the IAs, and seek guidance from gender and social safeguards experts in ADB resident missions;
2. The specialist will prepare an inception report with brief institutional assessments and updated GAP and IPP with specific targets and activities integrated in the overall implementation plan;

3. The specialist will report his/her monthly work plan and activities to the Project Director;
4. The specialist will particularly focus on implementation of output 1, CDC in border areas, including the targeting of migrants, ethnic groups, and other vulnerable groups;
5. The specialist will contribute to quarterly and annual project progress reports including report on field consultation, gender and ethnic group orientation of PMU staff, integration of gender and ethnic group aspects in training and other project activities, and implementation of GAP and IPP.

Minimum qualifications

1. MA in gender and development, social studies, or other relevant field;
2. Five years experience in program or project implementation for gender and development;
3. Previous experience with government agencies, NGOs, or partners in the country;
4. Relevant experience in the country or region is preferred;
5. Fluent in use of English and the national language.

9. Financial Management (CAM: 60 person-months; MYA: 60 person-months; VIE:60 person-months)

Scope of work

1. Provide accounting support to the project to ensure full project compliance with government and ADB accounting practices and standards;
2. Update the accounts system for the Project including the data base if needed;
3. Provide in-service training, supervision and support of accounts staff in the PMU and provinces, as needed;
4. Ensure adequate bookkeeping and documentation of all project expenditures;
5. Provide annual financial reports for submission to MOH;
6. Arrange for external quality assistance and audit.

Detailed tasks

1. Report to Project Director, work closely with the PMU team and with focal points in the IAs, and seek guidance from in-country experts and partners;
2. Assess current financial management and accounting practices;
3. Prepare an inception report with brief institutional assessments and update on financial management systems, flow of funds, financial management and accounting practices, and issues to be resolved;
4. Check the quality of bookkeeping and documentation of PMU and provinces;
5. Contribute to quarterly and annual project progress reports including report on institutional and community consultations, project activities, and results.

Minimum qualifications

1. BA or MA in Accounting or similar field;
2. Five years experience in program or project financial management;
3. Previous experience with government agencies required;
4. Fluent in use of English and the national language.

10. Community Development Specialist (Cambodia-60 person-months)

Scope of work

1. Assist in planning of output 2 improved CDC services for MEVs in hotspots along economic corridors in targeted border areas at community level
2. Participatory planning and community assessment and monitoring
3. Training of village health workers, local leaders and others for CDC, community preparedness, strengthening diseases reporting and other identified priorities.
4. Improving capacity for risk analysis and risk communication
5. BCC for the communities for identified community priorities.
6. Training of provincial and district health staff

Detailed Tasks

1. Assist in planning of output 2 improved CDC services for MEVs in hotspots along economic corridors in targeted border areas at community level
2. Selection of villages for community support
3. Participatory planning and community assessment and monitoring
4. Training of village health workers, local leaders and others for CDC, community preparedness, strengthening diseases reporting and other identified priorities.
5. Improving capacity for risk analysis and risk communication
6. BCC for the communities for identified community priorities.
7. Support for healthy village development including community mobilization
8. Training of provincial and district health staff
9. Assist to develop monitoring tools for output 2

Minimum Qualifications

1. Master of Public Health, Medical doctor
2. Five-year experience in community health development;
3. Experience with a government agency in the country is required;
4. Fully competent in speaking and writing English and the national language;
5. Strong analytical, leadership and diplomacy skills and professional integrity.

Financial Management TOR of Firm for PMU Lao PDR

POSITION: Chief Accountant – Part time (10%)

Job Description

Office: Vientiane

Report to: Project Director

Subordinates: All the staff in Finance

Responsibility: Manage the financial accounts of the GMS HSP

Project related tasks:

- (i) Monitor and record all financial transactions made by:
 - a. ADB via direct payment
 - b. MOF via project Imprest Accounts
 - c. Project management executing agency via EA project imprest accounts
 - d. Province via provincial project advances
- (ii) Supervise accountants that manage provincial advances for 12 provinces
- (iii) Provide training and supervision for accountants in 12 provinces
- (iv) Prepare documentation required to replenish the EA sub-accounts
- (v) Prepare withdrawal applications required to replenish the project imprest account

- (vi) Prepare requests for signature for payment by appropriate signatories
- (vii) Prepare consolidated financial statements report on a monthly basis
- (viii) Prepare weekly financial reports required by the project
- (ix) Prepare documentation for project external audit
- (x) Attend and participate in the staff meetings and other corporate functions

Qualifications

- (i) Certified public accountant
- (ii) 7 years of experience as an accountant
- (iii) Previous experience working with foreign assistance projects preferred
- (iv) Good problem-solver, analytical, creative and innovative
- (v) Good ability to organize, delegate, and monitor completion of work
- (vi) Ability to speak, write and read English
- (vii) Good knowledge of computer, accounting software, spreadsheets, word processing program
- (viii) Ability to travel to provinces for training of project accountants

POSITION: Project Accountant – Full Time (100%)

Job Description

Office: Vientiane

Report to: Chief Accountant

Responsibility: Provide analysis, processing, and recording of financial transactions; generate the required financial reports, manage the financial accounts of provincial advances; assist the Chief Accountant for project grant.

Tasks:

- (i) Monitor and record all financial transactions in the provincial advances
- (ii) Monitor and support provincial accountants to make monthly financial reports
- (iii) Examine and verify financial statements for the provincial advances submitted by the accountants
- (iv) Encode and enter data from provincial advances into computerized software
- (v) Prepare documentation required to replenish the provincial advances
- (vi) Assist chief accountant in accordance with requirements of the project
- (vii) Attend and participate in the staff meetings and other corporate functions

Qualifications:

- (i) A credential in accounting that demonstrates strong foundation in accounting
- (ii) Have at least 3 years work experience
- (iii) Good knowledge of computer, accounting software, spreadsheets, word
- (iv) Ability to read, write and speak English preferred
- (v) Ability to travel to provinces for accounting training of project accountants

POSITION: Assistant Accountant (100%)

Office: Vientiane

Report to: Chief Accountant and Project Accountant

Responsibility: Assist in providing analysis, processing and recording of financial transactions and preparation of financial reports.

Tasks:

- (i) Assist in monitoring and recording all financial transactions for the project
- (ii) Assist in monitoring provincial accountants and transactions
- (iii) Examine and verify financial statements from provinces
- (iv) Encode, update and record financial data onto project financial databases

- (v) Assisi in replenishing accounts
- (vi) Assist Chief Accountant and Project Accountant in financial management

Qualifications:

- (i) Credentials and experience (at least 2 years) in accounting
- (ii) Good knowledge and experience in computing software, spreadsheets and accounting packages

Qualifications and Experience of the Firm:

A national accounting firm (registered and operating in Lao PDR) is required to provide the package of expertise in financial management and accounting services as described above. The firm will be experienced in working in the public sector at the central and provincial level and in the use of computerized accounting systems currently used for public finances in the country. Experience in providing training and capacity building to accounting staff is desirable and involvement with projects funded by development partners. Senior staff should have English language skill (reading, written and spoken) with strong interpersonal skills and experience in capacity building of counterpart staff at different levels.

VII. SAFEGUARDS

137. **Environment.** The project is categorized B for environment, as it involves laboratory bio-hazards and hospital solid and liquid waste management. Based on the findings of the Environmental Assessment, it is concluded that the project will have only minor or non significant environment impacts. The majority of minor negative impacts are expected to occur during the procurement and operation phase. These will be localized, minor and temporary and will be readily managed to acceptable levels through the implementation of the appropriate solid waste, wastewater, and environmental management practices. Operation stage environmental impacts can be mitigated to acceptable levels through appropriate design of subprojects and implementation of basic operation and maintenance (O&M) environmental management practices. The investments in the health security project, overall, will bring forth more positive than negative environmental impacts and greater health security particularly in the border provinces. The EA will prepare an (EMP) for each project sub-component. The EMP will address environmental mitigation and monitoring activities, institutional arrangements and strengthening requirements, public consultation activities during project implementation and operation and environmental monitoring and reporting requirements. The project management units (PMU) will be responsible for (i) environmental management activities, (ii) implementation of the environmental assessment and review Procedures (EARP), and (iii) coordination of environment-related activities of project PIUs including implementation of aspects of EARPs.

138. **Land acquisition and resettlement.** The project is categorized C for involuntary resettlement. There will be no construction of new health facilities or extension of existing health facilities and no land acquisition is required. The EAs will screen out resettlement impacts in the selection of health facilities to be refurbished and proposed sites with land acquisition and resettlement impacts will be excluded. Any activity with land acquisition and resettlement impacts will not be eligible for support under the project.

139. **Indigenous people.** The project is categorized B for indigenous peoples. Ethnic minorities in the proposed project areas will be positively affected given the type of project activities. Ethnic minority groups constitute about 30% of the population in the targeted border provinces and 50% in the targeted border districts in four countries, more so in Myanmar and

the Lao PDR. The project will include positive impacts on ethnic groups and is therefore classified category B for indigenous peoples.

140. The PMUs and PIUs in each country will ensure full implementation of the indigenous peoples development plan and/or ethnic groups development plan. The project will assist with training and capacity building of MOH/PMU and PIUs, including for implementation of the IPDP/EGDP, through training and field visits. Each project implementation unit established at provincial or township level will support project border districts, through a consultation process with village health groups, community based organizations and other representative groups, to (i) identify migrants and ethnic groups along borders and economic corridors, (ii) identify gaps in communicable disease control; and (iii) plan activities including screening, diagnostics, disease control, and referral to established health facilities. Village or facility CDC plans will be included in provincial annual plans and budgets.

141. In each country, the EA will hire one national safeguard specialist to ensure that the safeguards requirements are properly implemented and monitored.

142. **Prohibited investment activities.** Pursuant to ADB's Safeguard Policy Statement (2009), ADB funds may not be applied to the activities described on the ADB Prohibited Investment Activities List set forth at Appendix 5 of the Safeguard Policy Statement (2009). All financial institutions will ensure that their investments are in compliance with applicable national laws and regulations and will refrain from what are ADB prohibited activities.

VIII. GENDER AND SOCIAL DIMENSIONS

143. The project is classified as Effective Gender Mainstreaming (EGM). The project offers opportunities for addressing women's health issues, female participation in health services, and other potential positive gender effects.

144. The overall responsibility for the implementation of the gender action plan (GAP) rests with the Project Director. He will be supported by the Chief Technical Adviser (CTA, international consultant) and Deputy CTA (national consultant) –whose employment terms of reference will include responsibility for GAP implementation, conducting gender briefings, and integrating gender indicators into the project monitoring and evaluation (M&E) system. In addition, an international gender and social safeguards specialist will be hired in Cambodia on an intermittent basis, and all four countries will hire national gender and social safeguards to undertake gender assessments, develop briefing and workshop materials, and provide guidance to the CTA and M&E officer. At the provincial and district levels, GAP implementation and gender briefings will be undertaken by the provincial and/or district project team supported by the project provincial coordinators. Gender training will be provided to all management, provincial and district level project staff.

145. **Implementation arrangement:** Executing agencies will provide the necessary leadership and inputs to fully implement the GAPs. Each implementing agency and executing agency has a gender focal point in project management units (PMUs) and project implementation unit to be responsible for coordinating GAP implementation, monitoring and reporting on achievements of targets. PMUs will engage a gender and social safeguards specialists (75 person-months national) to help plan, provide capacity building for, and monitor GAP implementation and support technically to PMUs.

REVISED GENDER ACTION PLAN

Output	Proposed Actions/Targets
Output 1. Regional cooperation and communicable diseases control in border areas improved.	Participation of women in regional events account for at least 40% of participants in all four countries from 25% to date (RCU baseline and annual reports).
	At least 80% CDC workshops include at least one topic or session on gender-related issues (event reports).
	Outreach materials and the means of outreach will be developed based on detailed consultations with women and men in communities. Where available, community groups (such as women's union and other mass organizations) will be utilized as a channel of outreach. For Myanmar: Outreach guidelines and the means of outreach will be developed based on detailed consultations with women and men in communities. Where available, community groups (such as women's union and other mass organizations) will be utilized as a channel of outreach.
	Regularly review how the outreach activities change the behavior and practice of community men and women. For the Lao PDR: Review how the outreach activities change the behavior and practice of community men and women's attitudes and practices towards communicable diseases at baseline, midterm and end-line assessment by KAP survey tools. ^a
Output 2. National disease surveillance and outbreak response systems strengthened.	By December 2021, 213 districts / townships (Cambodia: 28; Lao PDR: 50; Myanmar: 10; Viet Nam:125) send sex-disaggregated electronic report on communicable diseases as per national regulations (baseline 2015 = 109).
	At least 40% (Cambodia and Viet Nam=30%) of participants in field epidemiology training are female, from less than 30% at present (PMU report). For Viet Nam: At least 30% of participants in field epidemiology training are female from less than 20% at design (PMU report).
	50% (Viet Nam=40%) of the participants to the training for outbreak response teams are female (training reports). For Cambodia: All (100%) female rapid response team staff participate in the trainings for outbreak responses.
	Each outbreak response team has at least one female staff member, from less than 50% at present (districts report).
	80% of the outbreak response reports include gender-disaggregated data.
Output 3. Laboratory services and hospital infection prevention and control improved.	Laboratory staff training conducted, as informed by needs assessments and take into consideration the knowledge gaps in gender topics.
	At least 2 staff members (one of them female) per targeted laboratory trained in national laboratory biosafety standards and practice.
	50% (Cambodia=40%) of the participants to the laboratory quality assurance training are female (training reports).
	50% of the participants of hospital infection prevention and control training are female (training reports).
	Regularly review (using key informant interviews) the impact of outreach activities on the men's and women's attitudes and practices towards communicable diseases. For the Lao PDR: Review how the outreach activities change the behavior and practice of community men and women's attitudes and practices towards communicable diseases at baseline, midterm and end-line assessment by KAP survey tools (footnote a) For Viet Nam: Conduct a combined review for actions 2 and 4 at midterm and end-line.
	The infection prevention and control guidelines developed in the district hospitals include gender specific elements. For the Lao PDR: The infection prevention and control guidelines developed by central level and implemented at district hospitals include gender-specific elements. For Myanmar: The infection prevention and control guidelines are reviewed to include

Output	Proposed Actions/Targets
	gender specific elements and implemented in the district hospitals.
Output 4. Emergency preparedness and response capacity for COVID-19 strengthened (Myanmar additional financing, Lao PDR additional financing)	For the Lao PDR additional financing: At least 80% of all provincial hospital health workers (at least 60% of which are female) receive fit-size personal protective equipment.
	For the Lao PDR additional financing: Sex-disaggregated data on COVID-19 are collected routinely
	For the Lao PDR additional financing: COVID-19 risk communication guidelines include messages targeted at pregnant women who are exposed to additional risks.
	For Myanmar additional financing: By Q3 2021, 31 district and township hospitals have facilities that ensure the privacy of female and male patients and staff (Baseline: 0, Q2 2020) ^b (DMF 4e)
	For Myanmar additional financing: By Q1 2022, at least 80% of doctors and nurses ^c in each of the 31 district and township hospitals have improved knowledge on clinical management and IPC for COVID-19, including the prevention of hospital-acquired infection amongst pregnant women and children (Baseline: not applicable, Q2 2020) (DMF 4f).
	For Myanmar additional financing: By Q2 2022, at least 75% of healthcare workers in 31 district and township hospitals have increased knowledge on how to respond to persons affected by gender-based violence with appropriate support and referral options (Baseline: not applicable, Q2 2020). (DMF 4g).
	For Myanmar additional financing: Provide training on, and monitor the implementation of, the national guidelines and protocols for prevention of hospital-acquired infection amongst pregnant women and children, to at least 75% of healthcare workers in 31 district and township hospitals.
	For Myanmar additional financing: Engage the Township Committees for Women in 31 target hospitals in the development and delivery of a <i>Community-based campaign on prevention of GBV in times of uncertainty</i> ^d
	Myanmar additional financing: Develop and disseminate IEC materials on domestic and gender-based violence detection, response and referral pathways to 75% of healthcare workers in the 31 hospitals. ^d
	For Myanmar additional financing: Develop and disseminate IEC materials on psychosocial support and available resources during times of crisis to healthcare workers, patients and their families and caregivers in the 31 hospitals.
For the Myanmar additional financing: Sex-disaggregated data on COVID-19 are collected routinely	
Overall project management	Gender and resettlement consultants to review existing data (including those from the PPTA. ^e and conduct a rapid gender analysis to refine and include country-specific actions, on top of the regional GAP.
	Consultants to provide all PMU and PIU staff with gender sensitization and GAP orientation sessions.
	All project quarterly reports adequately report on GAP implementation
	For Myanmar additional financing: A Gender Specialist will support and monitor the implementation of all proposed gender actions under Output 4.

CDC = communicable diseases control; COVID-19 = coronavirus disease; DMF = design and monitoring framework; GAP = gender action plan; GBV = gender based violence; IEC = information, education and communication; IPC = infection, prevention and control; KAP = knowledge, attitude and practices; Lao PDR = Lao People's Democratic Republic; MOH = Ministry of Health; PIU = project implementation unit; PMU = project management unit; PPTA = project preparatory technical assistance; Q = quarter; RCU = regional coordinating unit.

^a Merge activities for the Lao PDR.

^b Isolation wards have, at minimum, appropriate sectioning between beds and separate female and male hygiene facilities. Staff have separate female and male change rooms and hygiene facilities.

^c 65% of healthcare workers in Myanmar are women.

^d Aligned with the Prevention of Violence Against Women Law.

^e ADB. Technical Assistance: Greater Mekong Subregion Health Security Project. Source: Ministries of Health of Cambodia, the Lao PDR, Myanmar, and Viet Nam.

IX. PERFORMANCE MONITORING, EVALUATION, REPORTING, AND COMMUNICATION

A. Project Design and Monitoring Framework

REVISED DESIGN AND MONITORING FRAMEWORK

Impact the project is aligned with GMS public health security strengthened ^a																																																																		
Results Chain	Performance Indicators with Targets and Baselines	Data Sources and Reporting Mechanisms	Risks																																																															
<p>Outcome GMS health system performance with regard to health security improved</p>	<p>By 2023:</p> <p>a. Compliance with the 8 APSED focus areas increased</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Country</th> <th style="text-align: left;">Baseline^b</th> <th style="text-align: left;">2023</th> </tr> </thead> <tbody> <tr> <td>Cambodia</td> <td>3 of 8 areas</td> <td>6 of 8 areas</td> </tr> <tr> <td>Lao PDR</td> <td>3 of 8 areas</td> <td>6 of 8 areas</td> </tr> <tr> <td>Myanmar</td> <td>3 of 8 areas</td> <td>6 of 8 areas</td> </tr> <tr> <td>Viet Nam</td> <td>6 of 8 areas</td> <td>7 of 8 areas</td> </tr> </tbody> </table> <p>b. 194 of the 381 targeted district and/or township hospitals comply with national IPC criteria^c</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Country</th> <th style="text-align: left;">Target^d</th> <th style="text-align: left;">Baseline^b</th> <th style="text-align: left;">2023</th> </tr> </thead> <tbody> <tr> <td>Cambodia</td> <td>42</td> <td>12</td> <td>26</td> </tr> <tr> <td>Lao PDR</td> <td>82</td> <td>16</td> <td>35</td> </tr> <tr> <td>Myanmar</td> <td>12</td> <td>5</td> <td>8</td> </tr> <tr> <td>Viet Nam</td> <td>245</td> <td>50</td> <td>125</td> </tr> <tr> <td>Total</td> <td>381</td> <td>83</td> <td>194</td> </tr> </tbody> </table> <p>c. 271 of the 381 targeted district and/or township laboratories achieve quality and biosafety standards^e</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Country</th> <th style="text-align: left;">Target^d</th> <th style="text-align: left;">Baseline^b</th> <th style="text-align: left;">2023</th> </tr> </thead> <tbody> <tr> <td>Cambodia</td> <td>42</td> <td>16</td> <td>28</td> </tr> <tr> <td>Lao PDR</td> <td>82</td> <td>12</td> <td>35</td> </tr> <tr> <td>Myanmar</td> <td>12</td> <td>3</td> <td>8</td> </tr> <tr> <td>Viet Nam</td> <td>245</td> <td>75</td> <td>200</td> </tr> <tr> <td>Total</td> <td>381</td> <td>106</td> <td>271</td> </tr> </tbody> </table>	Country	Baseline ^b	2023	Cambodia	3 of 8 areas	6 of 8 areas	Lao PDR	3 of 8 areas	6 of 8 areas	Myanmar	3 of 8 areas	6 of 8 areas	Viet Nam	6 of 8 areas	7 of 8 areas	Country	Target ^d	Baseline ^b	2023	Cambodia	42	12	26	Lao PDR	82	16	35	Myanmar	12	5	8	Viet Nam	245	50	125	Total	381	83	194	Country	Target ^d	Baseline ^b	2023	Cambodia	42	16	28	Lao PDR	82	12	35	Myanmar	12	3	8	Viet Nam	245	75	200	Total	381	106	271	<p>a. WHO APSED report and country APSED reports</p> <p>b. Cambodia, Lao PDR, Myanmar: IPC training and activity reports</p> <p>Viet Nam: Annual district hospital assessment reports against the National Standards on Hospital Quality (Decision No. 6858/QD-BYT dated 18/11/2016)</p> <p>c. Cambodia, Lao PDR, Myanmar: Laboratory quality and laboratory biosafety training and assessment reports</p> <p>Viet Nam: Annual district hospital assessment reports against the National Standards on Hospital Quality (Decision No. 6858/QD-BYT dated 18/11/2016)</p>	<p>Governments do not provide financial and administrative support to the health services.</p> <p>Political and economic instability create conditions leading to higher incidence of outbreaks.</p>
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Results Chain	Performance Indicators with Targets and Baselines	Data Sources and Reporting Mechanisms	Risks																								
Outputs 1. Regional cooperation and CDC in border areas improved	1a. By 2020, Cambodia, the Lao PDR, Myanmar, and Viet Nam apply harmonized standard case definitions, and reporting procedures for notifiable communicable diseases (baseline: NA), including disaggregation by sex and age 1b. By 2021, all border provinces, ^a states, or regions targeted by the project conduct two cross-border activities per year	1a. WHO standard case definition for infectious diseases ^f and International Health Regulations Annex 2 for standard reporting procedure for 7 priority notifiable diseases in the GMS 1b. Provincial, state, or regional reports	Provinces do not provide supplies and recurrent budget and staff to conduct the activities. Ministries do not allocate budget for staff and resources to implement regional cooperation.																								
2. National disease surveillance and outbreak response systems strengthened	2a. By 2021, 213 districts and/or townships send sex-disaggregated electronic report on communicable diseases as per national regulations <table border="1" data-bbox="423 810 911 982"> <thead> <tr> <th>Country</th> <th>Target^d</th> <th>Baseline^b</th> <th>2021</th> </tr> </thead> <tbody> <tr> <td>Cambodia</td> <td>42</td> <td>20</td> <td>28</td> </tr> <tr> <td>Lao PDR</td> <td>82</td> <td>37</td> <td>50</td> </tr> <tr> <td>Myanmar</td> <td>12</td> <td>2</td> <td>10</td> </tr> <tr> <td>Viet Nam</td> <td>245</td> <td>50</td> <td>125</td> </tr> <tr> <td>Total</td> <td>381</td> <td>109</td> <td>213</td> </tr> </tbody> </table> 2b. By 2021, 80% of major outbreak response reports indicate appropriate measure conducted (2015 baseline estimate: 60%) ^h	Country	Target ^d	Baseline ^b	2021	Cambodia	42	20	28	Lao PDR	82	37	50	Myanmar	12	2	10	Viet Nam	245	50	125	Total	381	109	213	2a. District and/or township disease surveillance electronic reports 2b. Annual provincial and/or township reports	The large number of implementing agencies may pose a significant challenge during project implementation.
Country	Target ^d	Baseline ^b	2021																								
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3. Laboratory services and hospital IPC improved	3a. By 2021, all targeted laboratories have been audited at least once for quality and biosafety 3b. By 2022, 80% of targeted districts and/or townships have developed SOPs for collection, packaging, and transport of biological samples 3c. By 2022, at least 2 staff members (one of them female) per targeted laboratory trained in national laboratory biosafety standards and practice.	3a. Laboratory audit reports 3b. District and/or township reports 3c. Laboratory biosafety training and assessment reports																									
4. Emergency preparedness and response capacity for COVID-19 strengthened	Lao PDR 4a. By Q4 2020, at least 80% of all provincial hospital health workers (at least 60% of whom are female) in the Lao PDR report having consistent adequate supply of PPE to manage incoming COVID-19 patients (Baseline: 0%, Q2 2020) 4b. By Q1 2021, the capacity for COVID-19 confirmation tests in Luang Prabang,	4a.–4c. Project quarterly reports	Market conditions and restrictions on cargo transportation delay the delivery of goods.																								

Results Chain	Performance Indicators with Targets and Baselines	Data Sources and Reporting Mechanisms	Risks
	<p>Savannakhet, and Champasak, the Lao PDR, scaled up to 150 tests per day (Baseline: 0 tests per day, Q2 2020)</p> <p>4c. By Q4 2021, COVID-19 clinical guidelines and protocols, with gender-sensitive risk communications guidelines, are in place and utilized in provincial and district hospitals. in the Lao PDR (Baseline: NA).</p> <p>Myanmar</p> <p>4d. By Q4 2021, 31 district and township hospitals have isolation capacity ^l for COVID-19 patients (Baseline: 0, Q2 2020)^{m, n, o}</p> <p>4e. By Q3 2021, 31 district and township hospitals have facilities that ensure the privacy of female and male patients and staff^p (Baseline: 0, Q2 2020)</p> <p>4f. By Q1 2022, at least 80% of doctors and nurses^q in each of the 31 district and township hospitals have improved knowledge on clinical management and IPC for COVID-19, including the prevention of hospital-acquired infection among pregnant women and children (Baseline: NA, Q2 2020)</p> <p>4g. By Q2 2022, at least 75% of health care workers in 31 district and township hospitals have increased knowledge on how to respond to persons affected by GBV, with appropriate support and referral options (Baseline: NA, Q2 2020)</p>	<p>4d.-4e. Health facility assessment checklist^r</p> <p>4f. Pre- and post-training assessments for all project trainings</p> <p>4g. KAP survey for health care workers</p>	

Key Activities with Milestones

1. Regional cooperation and CDC in border areas improved

- 1.1 Organize annual national and regional steering committee meetings and workshops for project review and guidance from Q4 2017 to Q4 2021
- 1.2 Conduct annual technical forums and draw up a country operation plan on GMS CDC priorities from Q4 2017 to Q4 2021
- 1.3 Conduct annual regional, cross-border, and intersectoral events such as joint outbreak investigations, technical assistance projects, and training consensus on regional databases, and establish an information exchange of notifiable communicable diseases by Q2 2018
- 1.4 Conduct mapping and survey of MEVs in border areas by Q3 2017
- 1.5 Conduct participatory planning with target groups and local staff members to improve CDC coverage by Q4 2017
- 1.6 Design studies of innovative strategies to improve CDC among MEVs by Q4 2017
- 1.7 Mobilize national program resources for CDC and use project resources to extend services in

<p>hotspots using government services and community-based organizations by Q1 2018</p> <p>1.8 Implement CDC extension program from Q2 2018 onwardsⁱ</p> <p>1.9 Conduct specific disease control campaigns in border areas as needed from Q4 2017 to Q4 2021</p> <p>1.10 Evaluate CDC among MEVs through survey and study by Q2 2020</p>
<p>2 National disease surveillance and outbreak response systems strengthened</p> <p>2.1 Review surveillance and response systems by Q3 2017</p> <p>2.2 Strengthen monitoring of surveillance and response systems by Q1 2018</p> <p>2.3 Plan and prepare surveillance and response system improvements by Q4 2017</p> <p>2.4 Procure or upgrade information technology (IT) equipment by Q1 2018^l</p> <p>2.5 Support geographic information system software application for surveillance in coordination with the Asia eHealth Information Network by Q1 2018^k</p> <p>2.6 Provide IT connection by Q1 2018^l</p> <p>2.7 Provide IT training to focal points, IT users, and field epidemiology training program scholars by Q1 2018</p> <p>2.8 Harmonize surveillance indicators and systems for CDC by Q1 2019</p> <p>2.9 Provide outbreak investigation funds from project and government sources by Q3 2017</p> <p>2.10 Train outbreak response teams using simulation exercises in Q1 2018</p> <p>2.11 Provide separate trainings for risk analysis and risk communication in Q3 2017</p> <p>2.12 Procure vehicles and outbreak response gear by Q4 2017</p> <p>2.13 Conduct public information campaigns in Q4 2017</p>
<p>3 Laboratory services and hospital IPC improved</p> <p>3.1 Procure laboratory supplies by Q1 2018</p> <p>3.2 Review laboratory strategy, plan, guidelines, standards, and SOPs by Q3 2017</p> <p>3.3 Conduct detailed assessments of laboratory staff development by Q4 2017</p> <p>3.4 Conduct detailed assessment of laboratory performance by Q4 2017</p> <p>3.5 Conduct workshops to review findings and develop standards by Q1 2018</p> <p>3.6 Prepare comprehensive laboratory improvement plan for targeted laboratories as part of annual operational plans by Q2 2018</p> <p>3.7 Improve in-service training of laboratory staff members by Q3 2018</p> <p>3.8 Strengthen laboratory quality improvement program by Q3 2018</p> <p>3.9 Procure equipment for laboratories in 2018 and 2019</p> <p>3.10 Conduct laboratory studies during 2019–2020</p> <p>3.11 Perform detailed hospital IPC and case management assessments by Q4 2017</p> <p>3.12 Prepare detailed hospital IPC and case management plans by Q1 2018</p> <p>3.13 Establish IPC focal point and committee by Q1 2018</p> <p>3.14 Conduct training of hospital staff from Q2 to Q4 2018</p> <p>3.15 Provide equipment and supplies in 2018 and 2019</p> <p>3.16 Strengthen IPC monitoring in hospitals from Q1 2018 onward</p>
<p>4. Emergency preparedness and response capacity for COVID-19 strengthened</p> <p><u>Lao PDR</u></p> <p>4.1 Engage the consultants (procurement, laboratory diagnostics, case management, gender, and social development) by June 2020</p> <p>4.2 Engage the procurement agent by June 2020</p> <p>4.3 Sign contract for PPE and disinfectants by June 2020, with due consideration of the needs of the frontline male and female health workers</p> <p>4.4 Sign contract for supplies and equipment for screening, laboratory, and supportive treatment by July 2020</p> <p>4.5 Assess training needs and develop an inclusive training plan for COVID-19 clinical guidelines and protocols by July 2020</p> <p>4.6 Conduct training on COVID-19 testing and clinical management by Q4 2021</p> <p>4.7 Develop gender-sensitive risk communication guidelines and conduct related activities by Q4 2021</p> <p><u>Myanmar</u></p> <p>4.8 Sign contract between the MOHS and UNOPS by Q4 2020</p> <p>4.9 Assess training needs and develop an inclusive training plan for all project trainings by Q4 2020</p> <p>4.10 Complete minor upgrade works in 31 facilities by Q1 2022</p> <p>4.11 Conduct KAP survey and information campaign on GBV prevention by Q3 2022</p>

4.12 Conduct training for female and male health staff members on clinical management for COVID-19, laboratory, IPC (including for pregnant women), and GBV by Q3 2022	
4.13 Install equipment in target facilities by Q3 2022	
Project Management Activities	
<ul style="list-style-type: none"> • Advertise the recruitment of chief technical advisor; deputy chief technical advisor; and experts for gender and social development, laboratory biosafety and quality management, project implementation, procurement, and financial management by Q4 2016 • Identify and track parameters of effectiveness, efficiency, integration, sustainability, and other qualities for results-based project management by Q3 2017 • Organize a workshop to plan for a results-based participatory project planning and implementation process to ensure project criteria are met by Q3 2017 • Conduct assessment of CDC baselines in border areas and identify and link milestones and actions to be taken to achieve implementation plans by Q4 2017 • Train all provinces, states, and regions in integrating investments in annual health plans by Q1 2018 • Provinces, regions, and states develop annual action plans and implementation plans by Q2 2018 	
Inputs	
Asian Development Bank: SDR15,012,000 (loan) for Cambodia SDR2,856,000 (loan) for the Lao PDR \$20 million (loan) for the Lao PDR SDR8,616,000 (loan) for Myanmar \$30 million (loan) for Myanmar SDR56,946,000 (loan) for Viet Nam \$8 million (grant) for the Lao PDR	Governments: Cambodia: \$1.8 million Lao PDR: \$2.2 million (\$1.6 million additional) Myanmar: \$2.97 million (\$2.17 million additional) Viet Nam: \$4.0 million
Assumptions for Partner Financing: NA	
<p>APSED = Asia Pacific Strategy for Emerging Diseases, CDC = communicable disease control, COVID-19 = coronavirus disease, GBV = gender-based violence, GMS = Greater Mekong Subregion, IPC = infection prevention and control, KAP = knowledge, attitude, and perception, Lao PDR = Lao People's Democratic Republic, MEVs = mobile populations, ethnic minorities, and other vulnerable groups, MOHS = Ministry of Health and Sports, NA = not applicable, PPE = personal protective equipment, Q = quarter, SDR = special drawing right, SOP = standard operating procedure, UNOPS = United Nations Office for Project Services, WHO = World Health Organization.</p> <p>Note: The status of "Activities with Milestones" and "Project Management Activities" differ for each country and were therefore not reflected.</p> <p>^a Defined by the project.</p> <p>^b Baseline 2015. In Cambodia, the baseline was confirmed in 2017.</p> <p>^c Criteria for Cambodia, the Lao PDR, and Myanmar: (i) project-installed equipment functioning, (ii) SOPs defined and implemented, (iii) staff trained, and (iv) one IPC focal point and committee appointed. Criteria for Viet Nam: hospitals achieve three of the six criteria defined by the IPC national action plan (Ministry of Health. 2016. <i>Decision 2518 on Infection Prevention and Control Guidelines</i>. Hanoi).</p> <p>^d Targeted districts or townships.</p> <p>^e Defined nationally.</p> <p>^f WHO. 2005. <i>Case Definitions for the Four Diseases Requiring Notification in all Circumstances under the International Health Regulations (2005)</i>. Geneva. Modified for the country context.</p> <p>^g For Viet Nam, 12 border provinces with project districts bordering project districts of neighboring countries.</p> <p>^h Major outbreak response report includes detailed technical aspects, including risk assessment, risk communication, specimen collection, confirmation of diagnosis, mitigation measures, and community actions, among others.</p> <p>ⁱ For Viet Nam, this includes study tours to observe the CDC systems of other countries to align with relevant government decisions (Joint Circular No.51/2015/TTLT-BYT-BNV dated 11 December 2015 and Circular No. 26/2017/TT-BYT dated 16 June 2017).</p> <p>^j Not applicable to Viet Nam.</p> <p>^k Not applicable to the Lao PDR and Viet Nam.</p> <p>^l "Isolation capacity" here refers to the availability of single rooms and/or areas to segregate patients, appropriately equipped with PPE for contact and droplet precautions. This indicator and its operational definition are aligned with the key performance indicators from WHO's Strategic Preparedness and Response Plan for COVID-19. WHO. 3 February 2020 (Draft). <i>2019 Novel Coronavirus (2019 nCoV): Strategic Preparedness and Response Plan</i>. Geneva.</p> <p>^m The indicator will assess OP1: Indicator 1.1.2—Health services established or improved by measuring the number of township and district hospitals with isolation capacity for COVID-19.</p>	

- ⁿ The indicator will assess OP2: Indicator 2.2.2—Health services for women and girls established or improved by measuring number of township and district hospitals with isolation wards renovated to ensure privacy of female patients (at minimum, appropriate sectioning between beds and separate female and male hygiene facilities).
 - ^o The indicator will assess OP7: Indicator 7.3.3—Measures to improve regional public health and education services supported in implementation by measuring number of border area referral hospitals with triage and isolation capacity for COVID-19.
 - ^p Isolation wards have, at minimum, appropriate sectioning between beds and separate female and male hygiene facilities. Staff members have separate female and male changing rooms and hygiene facilities.
 - ^q 65% of health care workers in Myanmar are women.
 - ^r To be developed by the project.
- Source: Asian Development Bank.

B. Monitoring

146. **Project performance monitoring.** The project will be monitored regularly against the proposed Design and Monitoring Framework. Project specific data collection will be used for monitoring inputs, activities and outputs, whereas outcome measures will be monitored using existing data collection systems when possible. Disaggregated baseline data for output and outcome indicators gathered during project processing will be updated and reported quarterly through the executing agencies' quarterly progress reports and after each ADB review mission. These quarterly reports will provide information necessary to update ADB's project performance reporting system.³³

147. Within two months of GMS HS loan and grant effectiveness, the EAs will, through their respective PMUs, design a comprehensive project performance monitoring and evaluation system (PPMES) and submit to ADB for approval. Given the importance of this element of the Project, and experiences under the previous project, ADB will give the PPMES special attention.

148. All program covenants will be monitored monthly by the PMU and PIUs, and discussed during ADB review mission. PMU will include information on GAP and social dimensions in all project progress, monitoring and evaluation reports. National staff responsible for gender and social issues will specifically build up capacity at province level to monitor and report on social and gender impacts. All project data will be gender and ethnic group-disaggregated to the extent possible.

149. ADB will conduct grant review missions at least twice a year, including inspection of financial management. ADB will conduct an inception mission within 3 months after project effectiveness. The midterm review mission will occur within 36 months of project implementation. Within 6 months after the physical completion of the project, the PMU will submit to ADB a project completion report analyzing project implementation, project performance and achievements against the targets, and expected project impacts.³⁴

150. **Compliance monitoring.** Each MOH will submit an inception report with the work plan for the first year before loan/grant effectiveness and a review with proposed updates of the PAM. Each MOH will prepare a project midterm review after 36 months of implementation to assess the project performance against agreed indicators and scope of work, and propose any adjustments in scope, implementation arrangements, and allocations.

³³ ADB's project performance reporting system is available at <http://www.adb.org/Documents/Slideshows/PPMS/default.asp?p=evaltool>

³⁴ Project completion report format available at: <http://www.adb.org/Consulting/consultants-toolkits/PCR-Public-Sector-Landscape.rar>

151. Each PMU will prepare quarterly and annual reports for submission to MOH and ADB. PMUs will organize quarterly meetings of the steering committee to review project performance, and will also report project performance in workshops and events sponsored by other partners.

152. Each report will be in English and in a format consistent with the agreed PPMEs. The consolidated annual report will include (a) progress as measured through the indicator's performance targets, (b) key implementation issues and solutions, (c) updated procurement plan, (d) updated work plan for the next 12 months, and (e) GAP monitoring update table.

153. **Safeguards monitoring.** Two types of environmental monitoring are proposed to be implemented:

- (i) Environmental effects monitoring is conducted to estimate the impacts of the sub-project on ambient environmental conditions.
- (ii) Project environmental performance monitoring is conducted to evaluate compliance with environment-related operating procedures, national standards, and/or contractor specifications including the requirements of the EMP.

154. During the procurement stage, the supplier and contractors will self-monitor environmental effects of minor repairs and improvement works against identified environmental risks and report to MOH. During the operation stage, MOH would monitor compliance with EMP on a regular basis, and report to ADB (quarterly reports in the 1st year and bi-annually reports in subsequent years).

155. With regard to IPDP, monitoring, reporting and evaluation of the project for the IPDP will follow the overall project monitoring, reporting and evaluation arrangements. PMU and provincial implementation teams, in consultation with beneficiaries, will ensure that appropriate IPDP sensitive indicators are collected at community and health facility levels. PMU will prepare comprehensive quarterly reports based on agreed indicators. The reports will be submitted to ADB within the next quarter.

156. Each implementing agency will carry out assessment of all training activities, and baseline and end-of-project data collection for assessing trends in the use of CDC services by EMG in border areas. Community and health facility records will be used to assess trends. Project evaluation will include an assessment of the effectiveness of IPDP, in terms of enhancing positive impacts. The evaluation will also assess the participation of stakeholders in project implementation. Beneficiaries will be informed about various reports. Social Monitoring reports discussing progress in implementing the IPDP will be disclosed on ADB's website.

157. **Gender and social dimensions monitoring.** PMU will include information on GAP and social dimensions in all project progress, monitoring and evaluation reports. National staff responsible for gender and social issues will specifically build up capacity at province level to monitor and report on social and gender impacts. All project data will be gender and ethnic group-disaggregated to the extent possible. All GAP targets will be integrated in the project M&E framework and reported quarterly to ADB.³⁵

³⁵ ADB's Handbook on Social Analysis: A Working Document, is available at: <http://www.adb.org/Documents/Handbooks/social-analysis/default.asp>, *Staff Guide to Consultation and Participation*: <http://www.adb.org/participation/toolkit-staff-guide.asp>, and, *CSO Sourcebook: A Staff Guide to Cooperation with Civil Society Organizations*: <http://www.adb.org/Documents/Books/CSO-Staff-Guide/default.asp>

C. Evaluation

158. Project evaluation will be carried out in three phases: (i) Project inception: capacity building, participatory assessment and planning, identification of sites, planning implementation details; (ii) Mid-term evaluation: assessment of progress of project implementation and adjustments, after 2.5 years; and (iii) End-of-Project evaluation and impact assessment after 5 years. The inception report, mid-term evaluation and project evaluation will be made available. Within 6 months of physical completion of the project, the executing agencies will submit a project completion report to ADB.³⁶

D. Reporting

159. The MOH in each country will provide ADB with (i) quarterly progress reports in English and in a format consistent with ADB's project performance reporting system; (ii) consolidated annual reports including (a) progress achieved by output as measured through the indicator's performance targets, (b) key implementation issues and solutions, (c) updated procurement plan, and (d) updated implementation plan for the next 12 months, and (e) GAP monitoring update table; and (iii) a project completion report within 6 months of physical completion of the project. To ensure that projects will continue to be both viable and sustainable, project accounts and the executing agency audited financial statement together with the associated auditor's report, should be adequately reviewed.

E. Stakeholder Communication Strategy

160. During project preparation, there were notable consultations with potential beneficiaries, village health workers, community-based organizations, health staff, provincial and district health managers, provincial governments, central ministries, development partners and NGOs. Reaching isolated communities constitutes a challenge, but provinces will use well-tested existing channels to reach them, such as village health communities, village health workers/volunteers, and grassroots networks existing in the project sites. A variety of communication media that have been proven effective will be utilized which include public awareness campaigns, community outreach, targeted group discussions, thematic workshops at the national and regional levels, and cross-border meetings. Relevant communication materials and knowledge products will be developed for targeted audience and a project website will be maintained throughout the project duration with links to existing MOH websites. In addition, the provincial preventive health centers (in Viet Nam), the provincial health offices in Cambodia and Lao PDR, and the township health offices (in Myanmar), will inform the project stakeholders (including beneficiaries, local nongovernmental organizations, women's and youth unions) on the project activities and progress. Direct links with the communities will be provided by the existing networks of village health volunteers and community health workers.

161. The MOHs as executing agencies will undertake information disclosures on the Project and its benefits, including but not limited to information related to the RRP, EMMPs and GAP. Public disclosure of the project financial statements, including the audit report on the project financial statements, will be guided by ADB's Public Communications Policy (2011).³⁷ After review, ADB will disclose the project financial statements for the project and the opinion of the auditors on the financial statements within 30 days of the date of their receipt by posting them

³⁶ Project completion report format is available at: <http://www.adb.org/Consulting/consultants-toolkits/PCR-Public-Sector-Landscape.rar>

³⁷ Available from <http://www.adb.org/site/disclosure/public-communications-policy>

on ADB's website. The Audit Management Letter will be not be disclosed. A matrix on the communications strategy is provided below.

162. The MOHs current website on CDC shall contain a page on the Health Security project which is accessible to the public to disclose various information concerning the project, including general information about the project, public procurement related to the project, project progress and contact details in English and their national language. The webpage shall also provide a link to ADB's Integrity Unit (<http://www.adb.org/Integrity/complaint.asp>) for reporting to ADB any grievances or allegations of corrupt practices arising out of the project and project activities. For each contract, the webpage shall include information on among others the list of participating bidders, name of the winning bidder, basic details on bidding procedures adopted, amount of contract awarded, and the list of goods/services, including consulting services, procured.

Communication Strategy Matrix

Communications Context: Prevention, control and treatment of communicable and emerging diseases that threatens health security at the country and GMS levels would entail effective implementation of IEC campaigns, particularly for ethnic communities and geographically isolated areas. Apart from beneficiaries, the IEC will likewise focus on health service providers and health management officers at central, provincial and village levels. It will likewise target non-health agencies and officials who are involved in migrant health particularly in cross-border areas.

Strategic Elements						Work Plan Elements			Evaluation
Objectives	Risks	Audiences/ Stakeholders	Current and Desired Attitudes/ Behavior	Messages/ Information	Activity/ Channel	Timing	Responsibility	Resources needed	Expected Outcomes
Develop an informed and supportive stakeholder community for effective project implementation and outcome	Key stakeholder groups are not well-informed of the project	Health policymakers and officials at central, state/provincial, district and village levels	Deep understanding at level appropriate to role in the project	Project background, key activities and outcomes	Website with content translated in English and local language	1 st Q, Year 1	EA/IA – Project Management Unit Project implementation units in the provinces and townships	Website development/maintenance	Target groups' support and participation to the project Increased level of awareness of the project (relevant government ministries and agencies, development partners, MMP organization, etc) Policy support for project sustainability
		Health service providers at various levels and health facilities	Support and active participation in project implementation and monitoring	Project timeline and milestones	Public awareness campaigns (i.e. community outreach, group discussions, cross-border meetings)	2 nd Q Year 2		Staff time	
		Border officials		Role of each stakeholder	News releases	2 rd Q Year 3		Publicity materials	
		Village chiefs, ethnic communities, migrant and mobile populations	Support for the development of sound policy environment for the project	Procurement Opportunities		2 nd Q Year 4		Social media updates	
		Non-health agencies and officers involved in migrant health		ADB Policies		4 th Q Year 5		Briefing kits	
		National media		Anticorruption measures	Periodic stakeholder meetings organized at provincial or township level.		Meeting costs		
Increased utilization of improved health	Target beneficiaries are not aware of presence	Target beneficiaries, particularly ethnic communities,	Openness to access services of health facilities	Info on services offered, including	Community outreach activities	1 st Q, Year 1	EA/IA – Project Management Unit	Website development/maintenance	Target beneficiaries accessing services of

Strategic Elements						Work Plan Elements			Evaluation
Objectives	Risks	Audiences/ Stakeholders	Current and Desired Attitudes/ Behavior	Messages/ Information	Activity/ Channel	Timing	Responsibility	Resources needed	Expected Outcomes
facilities and laboratories	and services provided by health facilities and laboratories Poor quality of services of health facilities and laboratories deter people's access	border areas, MMPs	and laboratories Appreciation of improvement in the quality of services	location of nearest facilities/service providers Info on improvement of services and facilities	Public information materials News releases Radio information	2 nd Q Year 2 2 rd Q Year 3	Provincial Project Implementation Units Community health workers and village health volunteers	Staff time Publicity materials Social media updates Briefing kits Meeting costs	improved health facilities and laboratories Increased number of beneficiaries treated
Increased regional collaboration among GMS countries on health security	Governments not willing to take on regional cooperation on health security initiatives particularly in border areas Policy incoherence between and among GMS countries on health security	MOHs and their relevant agencies Provincial border officers Regional development partners	Willingness of GMS countries (esp project DMCs) to discuss regional collaboration initiatives on health security Regional development partners supportive of health security initiatives at the regional level Border officers willing to dialogue and agree on cross-border initiatives	Health Security as a regional public good Benefits of regional collaboration in strengthening regional health security	Cross-border meetings Policy briefs Regional workshops News releases Briefing kits Researches	2 nd Q, Year 1 2 nd Q Year 2 2 rd Q Year 3 2 nd Q Year 4 2 nd Q Year 5	EA/IA – Project Management Unit Provincial Project Implementation Units ADB project team	Staff time Publicity materials Social media updates Briefing kits Meeting costs	Agreements on regional cooperation on health security Regional policies on cross-border initiatives Agreed actions on regional collaboration and coordination

X. ANTICORRUPTION POLICY

163. ADB reserves the right to investigate, directly or through its agents, any violations of the Anticorruption Policy relating to the project.³⁸ All contracts financed by ADB shall include provisions specifying the right of ADB to audit and examine the records and accounts of the executing agency and all project contractors, suppliers, consultants, and other service providers. Individuals and/or entities on ADB's anticorruption debarment list are ineligible to participate in ADB-financed activity and may not be awarded any contracts under the project.³⁹

164. To support these efforts, relevant provisions are included in the loan agreements or grant agreement and the bidding documents for the project.

XI. ACCOUNTABILITY MECHANISM

165. People who are, or may in the future be, adversely affected by the project may submit complaints to ADB's Accountability Mechanism. The Accountability Mechanism provides an independent forum and process whereby people adversely affected by ADB-assisted projects can voice, and seek a resolution of their problems, as well as report alleged violations of ADB's operational policies and procedures. Before submitting a complaint to the Accountability Mechanism, affected people should make an effort in good faith to solve their problems by working with the concerned ADB operations department. Only after doing that, and if they are still dissatisfied, should they approach the Accountability Mechanism.⁴⁰

XII. RECORD OF CHANGES TO THE PROJECT ADMINISTRATION MANUAL

166. All revisions and/or updates during the course of implementation should be retained in this section to provide a chronological history of changes to implemented arrangements recorded in the PAM, including revision to contract awards and disbursement s-curves.

PAM Version	Created/ Revision Date	Reasons for Change	Main Contents of Change
1.0	November 2013	NA	NA
2.0	July 2017	Updated information Minor Change Memo approved on 26 July 2017 (As described in paras 48 (CAM) and 50 (VIE) of the MOU of the project inception missions)	Key persons involved EA name in Lao PDR Fund flow arrangements Disbursement arrangements for ADB funds (CAM and VIE)
3.0	September 2018	Updated information Reference to the requirement to submit audited entity financial statements was	Key persons involved V. FINANCIAL MANAGEMENT, D. Auditing and Public Disclosure: deleted para 67

³⁸ Anticorruption Policy: <http://www.adb.org/Documents/Policies/Anticorruption-Integrity/Policies-Strategies.pdf>

³⁹ ADB's Integrity Office web site: <http://www.adb.org/integrity/unit.asp>

⁴⁰ Accountability Mechanism: <http://www.adb.org/Accountability-Mechanism/default.asp>.

PAM Version	Created/ Revision Date	Reasons for Change	Main Contents of Change
		deleted. This is not in the loan and financial agreements of the project.	
4.0	January 2020	<p>Updated information</p> <p>Revised contract awards and disbursement (CAD) projections approved on 26 November 2019</p> <p>Minor Change Memo approved 10 January 2020 (changes agreed during MTR missions)</p> <ul style="list-style-type: none"> • Revised Design and Monitoring Framework • Additional provinces and sub-account (Cambodia and Lao PDR) • Gender Action Plan (GAP) • Ethnic Groups Development Plan (EGDP) 	<p>Key persons involved in implementation</p> <p>Revised CAD projections recorded in eOperations</p> <p>Project Design and Monitoring Framework</p> <p>paras. 12, 20, 21, 47, 43, Footnote 11, Project Organizational Structure (CAM and LAO), and Fund Flow Diagram (CAM and LAO),</p> <p>Changes in the GAP and EGDP are incorporated in each country's monitoring table/matrix</p>
5.0	May 2020	<p>Minor Change Memo approved 10 January 2020 (changes agreed during MTR missions)</p> <ul style="list-style-type: none"> • Revised Gender Action Plan (GAP) <p>Minor Change Memo approved 2 April 2020 (CAM reallocation)</p> <p>Minor Change Memo approved 8 May 2020 (MYA reallocation)</p>	<p>GAP Table</p> <p>Cambodia Allocation and Withdrawal of Loan Proceeds Table</p> <p>Myanmar Allocation and Withdrawal of Loan Proceeds Table</p>
6.0	June 2020	Minor Change Memo approved 28 May 2020 (LAO reallocation)	Lao PDR Allocation and Withdrawal of Loan and Grant Proceeds Table
7.0	December 2020	<p>Minor Change Memo approved 10 December 2020</p> <ul style="list-style-type: none"> • Revised Design and Monitoring Framework • Gender Action Plan (GAP) 	<p>Project Design and Monitoring Framework</p> <p>GAP Table</p>

PAM Version	Created/ Revision Date	Reasons for Change	Main Contents of Change
		<ul style="list-style-type: none"> <li data-bbox="597 300 963 394">Ethnic Groups Development Plan (EGDP) – Cambodia only 	Change in EGDP is incorporated in Cambodia's monitoring table/matrix
8.0	March 2021	<p data-bbox="597 426 963 489">Minor Change Memo approved 15 March 2021</p> <p data-bbox="597 510 963 636">Reduction of target districts in Viet Nam from 250 to 245 due to merging and reclassification of districts</p>	Para 39, Table 8, and Project Design and Monitoring Framework
From time to time	The Procurement Plans will be updated, revised and posted on the ADB website separately from time to time (as needed).		