



UNITED NATIONS DEVELOPMENT PROGRAMME
GOVERNMENT OF MYANMAR

ATLAS NO. (UNDP)
ATLAS NO. (UNOPS)

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Project Number: MYA/01/003
Project Title: Enhancing Capacity of HIV/AIDS Prevention and Care

Start Year: 2002

End Year: 2005

Executing Agency: UNOPS - UN Office for Project Services

Budget Financing (in US\$)			
INPUTS	Current	Previous	VARIATION
UNDP			
01-UNDP-IPF / TRAC - (Trac 1.1.1 & 1.1.2)	2,382,903	1,982,903	400,000
TOTAL INPUTS	2,382,903	1,982,903	400,000
TOTAL	2,382,903	1,982,903	400,000

Implementing Agency: Department of Health (DOH)
Ministry of Health

Revision Type: Substantive Budget Revision

Brief Description:

This revision is prepared to increase the total project budget by \$400,000 to provide additional allocations for high priority townships and undertake more intensive pilot activities as per attached addendum. The project budget now totals \$2,382,903.

Approved by:	Signature:	Date:	Name/Title:
Government:		3 MAR 2005	DR. TIN WIN MAUNG ACTING DIRECTOR GENERAL DEPARTMENT OF HEALTH Director General, Department of Health
Executing Agent:		3-MAR 2005	Sunil Bhargava, Chief, UNOPS Asia Office
UNDP:		3-MAR 2005	Charles Petrie, Resident Representative

Addendum to the Project Document

MYA/01/003 – Enhancing Capacity for HIV/AIDS Prevention and Care Project

Preamble:

The HIV/AIDS Project Document (Enhancing Capacity for HIV/AIDS Prevention and Care – MYA/01/003) mentions on page 6 that the project coverage will be expanded to additional high priority townships and undertake more intensive pilot activities. This is in line with the National HIV/AIDS Strategy to expand coverage to all townships and give priority to those areas of the country where HIV/AIDS is spreading rapidly.

The document also mentions on page 7 that "The community based multi-sectoral response approach will be demonstrated in the HDI-IV townships, in collaboration with the other HDI –IV projects, which are implementing participatory community development interventions".

In this context, this addendum is prepared as additional notes to relevant sections of the original project document.

Strategies:

- Capacity building of community members: This will involve:
 - I. further strengthening the technical knowledge and skills of the CBOs and NGOs currently collaborating with HIV/AIDS project, working in HIV/AIDS education activities, and
 - II. developing the technical knowledge and skills of the Self Reliance Groups (SRGs), already established by the Integrated Community Development Project (ICDP) and the Community Development in Remote Townships (CDRT) Project, so that they can disseminate correct information, promote healthy behavior change and, educate communities to reduce stigma and discrimination for people with HIV and AIDS. A training program will be developed and conducted to the groups to enable them to gain skills in educating community members about HIV and AIDS. A package of communication materials will be developed to aid the SRGs during their education sessions. The following activities will be undertaken:
 - a. Develop training modules and guidelines for conducting HIV and AIDS education sessions in the communities;
 - b. Develop a package of educational tools for use of SRGs;
 - c. Conduct training for SRGs to build their skills on community HIV/AIDS education and how to use the educational tools.

- Target specific risk reduction and behavior change communication interventions for young migrant workers: Migrant workers are significantly transmitting HIV to their families. Programs to bring about behavior change are mostly for sex workers and injecting drug users. The HIV/AIDS project will design and pilot test programs to reduce HIV vulnerabilities of one sector of the poor - migrant workers – most of whom come from the remote rural communities in the dry zone. The following activities will be undertaken:
 - a. Subcontract an international consultant to work with a national researcher to conduct research on migrant patterns and HIV vulnerability of young migrant workers (in consultation with National AIDS Program and other concerned stakeholders);
 - b. Use research findings to design and pilot test an appropriate risk reduction and BCC intervention for migrant workers.

- Psycho-social support programs and credit assistance through the Micro Finance's Women's Credit Groups (WCGs): The cycle of infection is slowly expanding to the spouses and families, resulting in a loss of labor and earning, not only for people who die of AIDS but also from the caregivers who have to give up work or stop education in order to take care of the sick. PHA (People Living with HIV and AIDS) groups will be formed in the HDI townships where there are significant numbers of

PHAs. The PHA groups will be assisted to improve their income-earning capacities through the Micro Finance Project. The HIV/AIDS Project will also provide training to PHA groups to enable them to gain skills so that they can provide counseling and home based care services to other PHAs and their families. The following activities will be undertaken:

- a. Assist Micro Finance Project's implementing partners to form PHA groups
- b. Train PHA groups in counseling and home based care
- c. Assist PHA groups establish counseling services
- d. WCGs assist PHA groups to establish credit assistance

Description of inputs for expanded activities

Budget line	Description	2005 Additional expenditures (US\$)
29	Sub contracts	165,000
39	Training	30,000
49	Equipment	90,000
79	Grants	115,000
	Total	400,000

The additional budget and the start of expanded activities will come into effect upon approval of the proposed strategies and activities and necessary funds by UNDP and the Government of the Union of Myanmar.

GOVERNMENT OF THE UNION OF MYANMAR
UNITED NATIONS DEVELOPMENT PROGRAMME
UNITED NATIONS OFFICE FOR PROJECT SERVICES

MYA/01/003 : ENHANCING CAPACITY FOR HIV/AIDS PREVENTION AND CARE

Project Description:

The project will help prevent the further spread of HIV/AIDS and reduce the impact of the epidemic on individuals, families and communities in Myanmar.

In line with the UNDP Executive Board mandate on Myanmar, and consistent with the spirit of the UNGASS Declaration, the Myanmar National Health Plan and the United Nations Joint Plan of Action in Myanmar, the project will focus on increasing the scale and effectiveness of community-based responses for HIV/AIDS prevention and care, on strengthening the capacity of the National AIDS Programme to reduce the risk of HIV/AIDS transmission through unsafe blood transfusion and unprotected sexual intercourse, and on mobilizing additional resources for a multi-sectoral response to the epidemic. Special emphasis will be placed on raising the awareness of young adults and adolescents to the menace of the disease.

Date: 29 March 2002

TABLE OF CONTENTS

List of acronyms		Page
Part Ia.	Situation Analysis	4
Part Ib.	Strategy	5
Part II.	Results Framework	8
Part III.	Management Arrangements	20
Part IV.	Legal Context	21

ANNEXES

ACRONYMS

APM	: Agency Project Manager
CBO	: Community-based Organization
CSO	: Civil Society Organization
GDP	: Gross Domestic Product
GO	: Government Organization
HDI	: Human Development Initiative
HIV/AIDS	: Human Immuno-deficiency Virus/Acquired Immuno-Deficiency Syndrome
IEC	: Information, Education and Communication
MTP	: Medium Term Plan
NAC	: National AIDS Committee
NAP	: National AIDS Programme
NGO	: Non-Governmental Organization
NPD	: National Project Director
PLWHA	: People Living with HIV/AIDS
RBM	: Results-based Management
RPF	: Regional Project Facilitator
STI	: Sexually Transmitted Infection
UNDP	: United Nations Development Programme
UNGASS	: UN General Assembly Special Session
UNOPS	: United Nations Office for Project Services
WHO/GPA	: World Health Organization/Global Programme on AIDS

Part Ia. Situation Analysis

Despite its significant human potential and natural resources, Myanmar is still classified as a Least Development Country, with a GDP per capita of 300 dollars. In the year 2000, it was ranked 118 among 162 countries in the Human Development Index. The economy remains basically agrarian, with approximately 75% of a total population of some 50 million residing in rural areas. New migration patterns have recently emerged as a result of recent developments such as population growth and environmental degradation.

Myanmar is situated in close geographical proximity to a number of countries with high HIV/AIDS prevalence rates, viz., Thailand, China, and India. The infection rate in Thailand, at 1.2 percent, is reported to be the highest in the South East Asian region. Within this precarious situation, the HIV/AIDS epidemic is continuing to unfold in Myanmar. Recent national prevalence studies show increasing rates of infection among most of the "sentinel" groups: STI patients, sex workers, blood donors, new military recruits and pregnant women. Thirty percent of reported infections are attributed to intravenous drug use and 68% to other modes of transmission.

In June 2000, the number of HIV/AIDS infected persons reported by the National AIDS Programme was 29,636 with 4,063 confirmed cases of AIDS. UNAIDS/WHO estimates¹ (1999) suggest a total of more than 500,000 cases of HIV. By April 2000, HIV prevalence among pregnant women at sentinel sites was estimated at 2.15%, with even higher rates in border area sites. Mother-to-child transmission is also increasing.

The impact of the epidemic has been most visible along the North, Eastern and Southern areas of Myanmar which border China and Thailand (Kachin, Mon, Shan States, Thanintharyi Division), and in Yangon. Sentinel surveillance reports indicate that the epidemic may now be present, in varying degrees, in all parts of the country.

Important steps have been taken to address the epidemic but critical gaps remain, not least of which is that between the scale of the epidemic and the order of the response so far. Integrally related to the issue of scaling up, is the need for further improving the enabling environment for effective responses.

In 1989, the Government of Myanmar formed the National AIDS Committee (NAC) chaired by the Minister of Health. The WHO Global Programme on AIDS (WHO/GPA) provided assistance to develop a Medium Term Plan (MTP) for HIV/AIDS prevention and control. A National AIDS Programme (NAP) was subsequently established in 1990. Under the auspices of the UNAIDS, the Joint United Nations Programme on HIV/AIDS, a "United Nations Joint Plan of Action" has been formulated. In addition, a number of international NGOs are currently working on HIV/AIDS-related issues in Myanmar.

UNDP's earlier HIV/AIDS projects have worked with civil society organisations representing various segments of the civil society: religious, professional, academic/research, drug prevention groups, women's groups, local and international non-government organisations (NGO). Capacity building has increased their ability to design, implement and evaluate behaviour change development and communication interventions, for the community-based care of People Living with HIV/AIDS (PLWHAs), and to undertake relevant research. Through these projects also, the National AIDS

¹ UNAIDS/ WHO working group on global HIV/AIDS and STI Surveillance, June 2000

Programme has been able to increase the coverage of the national blood safety programme. UNDP has so far provided 70% of the HIV test kits needed to screen the national blood stock. While young adults in high incidence areas are being targeted and reached through peer education programmes and other communication campaigns, the broader population of young adults and adolescents have so far received only minimal exposure to information and knowledge about HIV/AIDS.

Annex IV is a map of Myanmar indicating the geographical locations of project interventions being carried by different implementing partners, viz., international NGOs, national NGOs, and Community-based organizations (CBOs). Annex V is a listing of all civil society organizations active in HIV/AIDS activities, including those cooperating with the ongoing project (marked by asterisk).

Benefits of this project will accrue with varying levels of intensity to a broad range of groups throughout Myanmar. The following are the specific intended beneficiaries of project activities:

- Women in reproductive age groups
- Border area communities especially of adolescent girls, ethnic groups and displaced populations
- Blood donors and recipients
- Mobile and migratory workers (e.g. workers in the transport, fishing, mining and trade industries)
- In and out of school youth and adolescents
- Injecting drug users and their sexual partners
- Female sex workers, hospitality girls and their sexual partners
- People with multiple sex partners (single and married males, businessmen, and men who have sex with men)
- People living with HIV/AIDS, their families and affected communities particularly of girls and women.

Through capacity building, the project will also benefit a broad group of key players (individuals, groups and organizations) involved in the national response to the epidemic.

Part Ib. Strategy

The United Nations General Assembly Special Session on HIV/AIDS (UNGASS) held 25-27 June 2001 has set the following agenda for combating HIV/AIDS:

- To ensure that people everywhere – particularly the young – know what to do to avoid infection;
- To stop perhaps the most tragic of all forms of HIV transmission – from mother to child;
- To provide treatment to all those infected;
- To redouble the search for a vaccine, as well as a cure; and
- To care for all whose lives have been devastated by AIDS, particularly more than 13 million orphans.

The current national strategy for HIV/AIDS prevention and control is subsumed within the National Health Plan, wherein HIV/AIDS is regarded as a national priority

concern along with malaria and tuberculosis. The general objectives of the national plan are to prevent infection with HIV/AIDS; to reduce the personal and social impact of HIV/AIDS infections; and to mobilize and unify national and international efforts against HIV/AIDS. In order to achieve these objectives, the following strategies are articulated:

- ◆ Prevent sexual transmission of HIV/AIDS
- ◆ Prevent blood borne transmission of HIV/AIDS
- ◆ Prevent perinatal transmission of HIV/AIDS
- ◆ Provision of proper care and clinical management
- ◆ Provision of counseling services
- ◆ Provision of social and economic support for HIV/AIDS patients

The national strategy attempts to expand coverage to all townships and gives priority to those areas of the country where HIV/AIDS is spreading rapidly. It also acknowledges the importance of a multi-sectoral response to the epidemic.

Within this national context, the UN Theme Group, under the leadership of the UN Resident Coordinator, has formulated a *UN Joint Plan for HIV/AIDS*, with the following objectives:

- To support the implementation of interventions which aim to decrease the spread of HIV and mitigate the impact of HIV/AIDS on individuals, families and communities
- To provide a coherent and commonly agreed framework for UN support to the national response to HIV/AIDS/STI and provide a point of reference for enhanced collaboration and co-ordination of the UN system (current and planned support)
- To maximize the utilization of UNAIDS Programme Acceleration Funds for 2001 and guarantee the implementation of key steps in each of the priority areas where funds are not available from other sources
- To address gaps and intensify action across selected priority areas, in line with objectives of the National Health Plan (HIV/AIDS/STI), over the next two years
- To build national capacity for decentralized responses to HIV/AIDS through a range of key stakeholders and partners (local and international)
- To garner increased resources for an intensified response to HIV/AIDS

Project activities are identified in accordance with the eight priority programme areas of UN Joint Plan of Action - the integrated UN Response to HIV/AIDS in Myanmar - which is an on-going and dynamic process to address the evolving and emerging scenario of HIV/AIDS in Myanmar. In the operationalization of project activities, the project will ensure synergistic links and strengthen partnerships with other UN agencies.

In support of the priorities identified above, the main strategic thrust of this project is to help prevent the further spread of HIV/AIDS, to reduce the impact of the epidemic on individuals, families and communities in Myanmar, and to mobilize resources for multi-sectoral action to address key development dimensions of the HIV/AIDS epidemic.

The project will adopt a two-pronged strategy – while project coverage will be expanded to additional high-incidence areas, the project will at the same time focus on a fewer number of selected high priority townships and undertake more intensive pilot activities.

The following major pilot activities, among others, are envisaged:

- (a) Field demonstration of the synergistic effect of community-based multi-sectoral response approach to the epidemic;
- (b) Support for implementing 100 percent condom use among high-risk groups, particularly female sex workers and hospitality girls and their clients.

The community-based multi-sectoral response approach will be demonstrated in the HDI-IV townships, in collaboration with the other HDI-IV projects which are implementing participatory community development interventions. The "100 Percent Condom Use" activities will be implemented within the framework of the UN Joint Plan for HIV/AIDS and in collaboration with other key partners (NAP, other UN agencies, INGOs, etc.), in high incidence townships.

The project will also organize a few key operational research activities, such as, a pilot scheme to test the use of anti retro-viral drugs.

The project will continue with the successful elements of previous and ongoing activities, including:

- participatory action research
- health promotion as a broader context for acceptance of HIV/AIDS related training and sensitization
- condom promotion targeting female sex workers, hospitality girls and their sexual partners
- STI management in order to minimize the risk of HIV transmission through sexual intercourse
- advocacy and liaison with strategic partners and stakeholders
- HIV/AIDS care and support
- training and capacity building for community members and a range of professional groups

The operational strategy of this project will therefore focus on:

- ◆ Building capacity among CSOs, CBOs, and NGOs to better undertake HIV/AIDS prevention and care activities among individuals, families and communities affected by the disease
- ◆ Increasing community support for people living with HIV/AIDS
- ◆ Enhancing understanding of the development dimensions of the epidemic, particularly among young adults and adolescents
- ◆ Capacity building and empowerment of women with emphasis on adolescent girls in prevention and care activities
- ◆ Demonstrating the efficiencies of multi-sectoral action on the epidemic
- ◆ Strengthening partnerships between NAP (at national and local level) and the project:
- ◆ Documenting the lessons learnt so as to contribute to knowledge and lessons learned for the benefit of UNDP and all partners
- ◆ Mobilizing additional resources for multi-sectoral activities responding to HIV/AIDS.

Equal gender representation will be ensured in training for community members in HIV prevention. More females will be recruited for training in home based care as the provision of care and support to PLWA and other members of the family usually fall on women.

Project staff will attend the training conducted by the regional project "Trafficking in Women and Children in the Mekong Sub-region". The information and knowledge received from this training will be incorporated in the HIV/AIDS prevention training, particularly for adolescents.

Targeted IEC materials for adolescent girls will be developed. In addition to the information on HIV prevention, adolescent girls will be provided with information on "pulling and pushing" factors related to trafficking of women and exploitation.

Part II. Results Framework

The **Objectives** of the project are:

1. To prevent the further spread of HIV/AIDS in Myanmar;
2. To reduce the impact of the disease on individuals, families and communities;
3. To mobilize resources and support for multi-sectoral action to address key development dimensions of the HIV epidemic in Myanmar.

Outcomes, Outcome Indicators

The outcome for the first objective is:

- 1.1. Positive changes in behavioral patterns among target population groups, through increased access to education and information on HIV/AIDS

Outcome indicators

- ◆ Percentage of eligible population, by gender, able to state correctly basic facts about HIV transmission, prevention and treatment
- ◆ Change in knowledge, attitude, practice, and behavior, measured through gender-wise KAPB surveys

The outcomes for the second objective are:-

- 2.1 Effective and ethical utilization of HIV test kits, STI treatment drugs and condoms
- 2.2 Increased availability of community and home based support for HIV-affected households

Outcome indicators

- ◆ At the minimum, the proportion of safe blood transfusion in Myanmar is maintained at the current level and does not decline
- ◆ HIV test kits utilized as per guidelines established in accordance with international norms
- ◆ Percentage increase in the number of women and men treated for STI between the start and end of the project

- ◆ Consistent availability of quality condoms in health and non-health outlets in all participating townships
- ◆ Availability at the level of targeted townships of a basic package of treatment and prevention services including condoms and STI treatment (with voluntary counseling/testing for HIV provided only where confidentiality can be guaranteed)
- ◆ Percentage of estimated affected households, by gender, receiving support (to an agreed standard) in participating townships

The outcome for the third objective is:-

3.1 Enhanced financial and policy commitment by Government and partners for multi-sectoral responses to HIV/AIDS

Outcome indicators

- ◆ Annual increase in resources mobilized for multi-sectoral HIV/AIDS activities
- ◆ Number and nature of new and existing partners providing support to the national response
- ◆ Start/end of project comparison of the proportion of NAP budget/expenditures devoted to multi-sectoral activities
- ◆ Start/end of project comparison of the proportion of the UN Joint Plan for HIV/AIDS budget/expenditures devoted to multi-sectoral activities

PROJECT RESULTS AND RESOURCES FRAMEWORK

<p>Intended Outcome: Capacity built to plan and implement multi-sectoral strategies to limit the spread of HIV/AIDS and mitigate its social and economic impact, particularly on women.</p> <p>Outcome indicator: (i) Proportion of poor households, disaggregated by gender, with access to information and support services on HIV/AIDS (ii) Multi-sectoral HIV/AIDS strategies formulated and implemented at community level</p> <p>Strategic Area of Support: Comprehensive strategies to prevent the spread and mitigate the impact of HIV/AIDS</p> <p>Partnership Strategy: The EB mandate requires UNDP to have only 'grassroot-level-impact' interventions. Thus, UNDP's main partners are communities and their local organizations. UNDP works with the support of national entities. UNDP's role is that of the key player and facilitator at community level.</p> <p>Project Title and No. : MYA/01/003 – Enhancing Capacity for HIV/AIDS Prevention and Care</p>			
Intended Outputs	Output Targets for 2002-2005	Indicative Activities	Inputs
<p>Output 1.1. Spread of HIV/AIDS reduced among high-risk groups and in specific geographic areas.</p> <ul style="list-style-type: none"> ◆ Six training workshops (two per year) conducted for both public and private sectors (fishing companies, industries, garments factories, distilleries, etc.) to establish AIDS prevention programmes in the workplace. ◆ Two training workshops on HIV/AIDS prevention for health care providers from private/public health care services in Yangon and Mandalay conducted and 100 persons trained. ◆ Sixteen community based AIDS support peer educators (ASPEs) training sessions conducted in 16 States/Divisions and 800 ASPEs trained. ◆ Six peer education trainings for seafarers conducted and 300 seafarers trained. ◆ Informal peer education training for sex workers conducted and 100 sex workers trained. ◆ Peer education training for IDUs conducted and 100 IDUs trained in coordination with drug treatment centers. ◆ Informal peer education training for men who have sex with men (MSM) conducted and 100 MSM trained. 	<p>Output 1.1 Organize and conduct trainings for specific high-risk groups for HIV/AIDS prevention and education.</p>	<p>1.1.1 Organize and conduct trainings for specific high-risk groups for HIV/AIDS prevention and education.</p>	<p>US\$385,000 (Comp. 10, 20 & 30)</p>
<p>Output 1.2 Increased knowledge on HIV/AIDS among the general population, particularly young adults and adolescents.</p>	<p>◆ Organize 3 video plays and 3 folk dramas as a medium to disseminate HIV/AIDS messages and enhance community awareness of the disease</p>	<p>1.2.1 Plan and implement a comprehensive set of behavioural change communication interventions especially for young adults and adolescents.</p>	<p>US\$ 70,000 (Comp. 10, 20, 30, 40)</p>

<p>Output 1.3 Assured availability and ethical use of HIV test kits, laboratory equipment and condoms.</p>	<ul style="list-style-type: none"> ◆ Three types of posters (150,000 Numbers) for the general public, and 3 types of posters (150,000 numbers) and 3 types of pamphlets (300,000) produced for specific target groups such as young adults and adolescents. ◆ One consultative workshop for IEC development and production conducted in collaboration with stakeholders. ◆ World AIDS Days and other events, commemoration activities launched and 10 partners GOs/NGOs/year funded for 3 years through National AIDS Programme. ◆ Key Informants Survey for KAPB (Knowledge, Attitude, Practice and Behaviour) conducted, and Qualitative Research on Focus Group Discussions (FGDs) with young adults and adolescents held, for developing operational strategies as well as for designing IEC material. ◆ One Training workshop conducted and 2 project staff from each HDI project trained at the very beginning of HDI IV. ◆ Technical support provided for information and distribution of IEC materials to other HDI projects for events such as fairs, festivals and special occasion days. ◆ National bicond safety programmes supported to Districts/Townships/ Rural Health Centers and 400,000 HIV tests provided for four years. ◆ Laboratory services strengthened in National Blood Banks of Yangon/ Mandalay and Enzyme Linked Immunosorbant Assay (ELISA) 4 sets, 4 microscopes and 4 centrifuges supplied. ◆ Support 100% condom use programme in targeted populations facilitated in 30 townships (10 Tsp./year) especially in border towns, mining areas and trade junctions (With the exception of 39 STDS teams) and 3 million condoms (50,000/1Tsp/year) supplied. ◆ Monitoring guidelines established for the utilization of test kits in accordance with international norms 	<p>1.3.1 Procurement and distribution of supplies. (Test kits, laboratory equipment, and condoms)</p> <p>1.3.2 Regular monitoring of the utilization of HIV test kits (bi-annually)</p>	<p>US\$ 300,000 (Comp. 40)</p>
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<p>Output 1.4 Built capacity of health and non-health personnel from public/private health sectors and CBOs for HIV/STI prevention</p>	<ul style="list-style-type: none"> ◆ One community based local group identified, organized, trained and supported for condom social marketing and safer sexual practices for HIV/STI prevention. ◆ Four training sessions on laboratory diagnosis for HIV and opportunistic infections (2/year) for laboratory technicians in Yangon and Mandalay conducted and 200 laboratory technicians trained. (50/trng) ◆ International exposure gained by project staff and persons from NGOs/CBOs at international conferences, events, e.g. World AIDS Conference, International Congress on AIDS in Asia and the Pacific, and other workshops relating to the project interventions. 	<p>1.4.1 Train staff members from CBOs, public/private sectors on HIV/STI prevention.</p>	<p>US\$20,000 (Comp. 30)</p>
<p>Output 2.1 Impact of HIV/AIDS reduced on families and communities in specific areas.</p>	<ul style="list-style-type: none"> ◆ Thirty (10 townships/year for three years) participatory HIV/AIDS problem-solving workshops conducted involving communities families and township leaders. ◆ Seven INGOs, 10 LNGOs and 30 CBOs (10/year) technically/financially trained and sub-contracted to undertake HIV/AIDS prevention, care and support. ◆ Two training workshops on HIV/AIDS care and treatment for health care providers from private/public health care services in Yangon and Mandalay conducted and 100 persons trained. ◆ One training for counseling/home-based care conducted for NGOs/CBOs and 50 persons trained. ◆ One training workshop on HIV/AIDS care, counseling and testing procedures for private health sector conducted followed by review study on proper application. ◆ Persons living with HIV/AIDS (PLWHA) (including affected family members) groups formed in 15 townships and care, counseling, treatment services provided. ◆ Informal training for PLWHA trained as AIDS Support Peer Educators (ASPEs) and integrated education dissemination activities taken place with existing Community Based AIDS Support Volunteers Project. 	<p>2.1.1 Strengthen capacities of communities and families to approach and solve problems.</p> <p>2.1.2 Provide continued support and training for NGOs/CBOs and public/private sectors on home-based care.</p> <p>2.1.3 Provide direct support to networks of PLWHA and create alternative income generation opportunities and livelihoods for affected families.</p>	<p>US\$3,000 (Comp. 30)</p> <p>US\$300,000 (Comp. 20, 30)</p> <p>US\$ 400,000 (Comp. 20,30,40)</p>

<p>Output 2.2 Capacity of health personnel from public/private sectors in HIV/AIDS/STI care and management strengthened</p>	<ul style="list-style-type: none"> ◆ Basic supplies such as medicines, nutritional supplements provided to 15 PLWHA groups yearly. ◆ Health care support (including psychosocial) provided to 3,000 families (1,000/year for three years) of those infected and affected. (Especially in border towns, mining areas and economically transit zones) ◆ Access to basic education provided to 3,000 children of HIV/AIDS infected and affected families. (100X10 township/year for three years) ◆ Income generating opportunities provided to 30 groups in 15 townships comprised of people at risk and family members of HIV/AIDS infected and affected. ◆ Vocational training provided to 30 groups (2 groups/1 township for 15 townships) (10 groups/year) comprised of people at risk and family members of HIV/AIDS infected persons. ◆ Community and home-based support for HIV-affected households consolidated and expanded to new sites ◆ Informal workshops on the reduction of stigmatization and discrimination for affected communities in 30 selected areas organized. 	<p>2.1.4 Activities relating to reducing stigma and discrimination</p>	<p>US\$6,000 (Comp. 30)</p>
<p>2.2.1 Procure and supply STI treatment drugs according to agreed plan</p>	<ul style="list-style-type: none"> ◆ STI treatment drugs supplied for 30 townships. (10 townships per yearx3years) 	<p>2.2.1 Procure and supply STI treatment drugs according to agreed plan</p>	<p>US\$170,000 (Comp. 40)</p>
<p>2.2.2 Train staff members of public/private sectors to build and strengthen capacity of HIV/STI management system</p>	<ul style="list-style-type: none"> ◆ Two training sessions on HIV/AIDS/STI care and counseling for medical and school social workers in Yangon and Mandalay conducted and 50 persons trained. ◆ 900 Basic Health Staff/Public Health Nurses trained on HIV/AIDS care and counseling in 30 remote townships (10 townships per year) ◆ 2 Symposia on clinical management and care of HIV/AIDS/STIs for 100 physicians in Yangon (Lower Myanmar) and Mandalay (Upper Myanmar) conducted. 	<p>2.2.2 Train staff members of public/private sectors to build and strengthen capacity of HIV/STI management system</p>	<p>US\$50,000 (Comp. 20, 30)</p>

<p>◆ One pilot programme in one selected area to provide anti-retroviral drugs for persons with HIV/AIDS launched.</p> <p>◆ One pilot research on Cluster Differentiation 4 (CD4) count for Persons Living With HIV/AIDS in selected area conducted to determine the progress of the disease and its response to treatment. (In connection with above anti-retroviral drugs programme)</p>			
<p>Output 3.1 Resources mobilized for multi-sectoral HIV/AIDS activities</p> <p>◆ One advocacy sensitization workshop for policy makers (National Health Committee Members) level</p> <p>◆ Two resource mobilization workshops conducted (one per year) with partners and stakeholders (working partners – INGOS and private sectors).</p> <p>◆ Five donor resource mobilization initiatives organized</p> <p>◆ 3 Coordination meetings conducted (one/year) with UN thematic group for UN joint plan of action on HIV/AIDS.</p> <p>◆ 6 Technical sub groups (2/year) meeting hosted.</p> <p>◆ Monthly task force meeting with NAP organized.</p> <p>◆ Partnership developed with private sector, media and business groups.</p> <p>◆ Support and involvement of local celebrities in HIV/AIDS mass communication activities</p> <p>◆ Joint visits organized with donors and local celebrities.</p> <p>◆ Documentation of best practices done and disseminated.</p> <p>◆ Life histories documented and published.</p>	<p>3.1.1 Conduct advocacy meeting and events</p> <p>3.1.2 Launch resource mobilization activities</p> <p>3.1.3 Organize five missions to Bangkok</p> <p>3.1.4 Organize regular consultation/ coordination meeting with UNAIDS and NAP</p> <p>3.1.5 Activities organized to share information with private sector media and business sector and to actively solicit their support</p> <p>3.1.6 Field visits of donors (local and international) and local celebrities to successful UNDP project activities sites.</p> <p>3.1.7 Undertake research on best practices and life histories of high-risk groups.</p>	<p>◆ Annual plans of action prepared and shared with working partners.</p> <p>◆ Collection and retrieval system set up at community level.</p> <p>◆ Biannual reviews conducted with partners</p> <p>◆ A broad internal review of programme conducted annually.</p> <p>◆ A final review of programme conducted in 2005</p>	<p>US\$ 10,000 (Comp. 30)</p> <p>US\$ 2,000 (Comp. 30)</p> <p>US\$ 5,000 (Comp. 10)</p> <p>US\$ 5,000 (Comp. 30)</p> <p>US\$ 20,000 (Comp. 20)</p> <p>US\$ 4,000 (Comp. 20, 30)</p> <p>US\$ 20,000 (Comp. 20, 30)</p> <p>US\$ 5,000 (Comp. 10)</p> <p>US\$ 20,000 (Comp. 10)</p>
<p>Output 3.2 Effective monitoring and evaluation system established.</p>	<p>3.2.1 Consult with implementing partners and prepare and coordinate work plan.</p> <p>3.2.2 Design system to improve M & E</p>		

	<ul style="list-style-type: none"> ◆ 2 sessions on best practices (year 1 and 2) organized and all NGOs/CBOs participated and involved. ◆ Joint field visits organized with working partners. 	3.2.3 Initiate joint field visits with working partners.	US\$5,000 (Comp. 10)
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**PROJECT RESULTS AND RESOURCES FRAMEWORK
ANNUAL INPUT-OUTPUT TARGET**

YEAR 1 – Conditions for success

- ◆ Increasing commitment on the part of Government and donors
- ◆ Capacity continues to exist within NAP/MoH to distribute commodities in a timely and efficient manner

WORKPLAN FOR YEAR 2002

ACTIVITY DESCRIPTION	INPUTS DESCRIPTION	Component	BUDGET (US\$)
1.1.1 Organize and conduct training for specific high-risk groups for HIV/AIDS prevention and education	International Consultant, Sub-contracts, Training and Workshops	10, 20, 30	80,000
1.2.1 Plan and implement a comprehensive set of behavioural change communication interventions for young adults and adolescents	International Consultant, Sub-contracts, Training and Workshops	10, 20, 30, 40	20,000
1.3.1 Procurement and distribution of supplies (Test kits, laboratory equipment and condoms)	Procurement	40	100,000
1.3.2 Regular monitoring of the utilization of HIV test kits (bi-annually)	M & E		
1.4.1 Train staff members from CBOs, public/private sectors on HIV/STI prevention	Training	30	3,000
TOTAL Output 1			203,000
2.1.1 Strengthen capacity of communities and families to approach and solve problems	Workshops	30	1,000
2.1.2 Provide continued support and training for NGOs/CBOs and public/private sectors on home-based care	Sub-contracts, Training	20, 30	90,000
2.1.3 Provide support to networks of PLWHA and alternative livelihoods to its affected communities	Sub-contracts, Training, Procurement	20, 30, 40	70,000
2.1.4 Activities relating to reducing stigma and discrimination	Workshops	30	1,200
2.2.1 Procure and supply STI treatment drugs according to agreed plan	Procurement	40	30,000
2.2.2 Train staff members of public/private sectors to build and strengthen capacity of HIV/STI management system	Training, Sub-contracts	20, 30	20,000
TOTAL Output 2			212,200
3.1.1 Conduct advocacy meeting and events	Meetings	30	2,000
3.1.2 Launch resources mobilization activities	Workshops	30	500
3.1.3 Organize five missions to Bangkok	Meetings	10	1,000
3.1.4 Organize regular consultation/coordination meeting with UNAIDS and NAP	Meetings	30	1,000
3.1.5 Activities organized to share information with private sector media and business sector	Sub-contract	20	4,000
3.1.6 Field visits of donors (local and international) and local celebrities to successful UNDP project activities sites.	Sub-contract, Workshops	20, 30	1,000
3.1.7 Undertake research on best practices and life histories of high risk groups	Sub-contracts, Workshops	20, 30	6,000
3.2.1 Consult with implementing partners and prepare and coordinate work plan.	M & E	10	1,000
3.2.2 Design system to improve M & E	Evaluation	10	5,000
3.2.3 Initiate joint field visits with working partners.	M & E	10	1,250
TOTAL Output 3			22,750

**PROJECT RESULTS AND RESOURCES FRAMEWORK
ANNUAL INPUT-OUTPUT TARGET**

YEAR 2 – Conditions for success

- ◆ Increasing commitment on the part of Government and donors
- ◆ Capacity continues to exist within NAP/MoH to distribute commodities in a timely and efficient manner

WORKPLAN FOR YEAR 2003

ACTIVITY DESCRIPTION	INPUTS DESCRIPTION	Component	BUDGET (US\$)
1.1.1 Organize and conduct training for specific high-risk groups for HIV/AIDS prevention and education	International Consultant, Sub-contracts, Training and Workshops	10, 20, 30	150,000
1.2.1 Plan and implement a comprehensive set of behavioural change communication interventions for young adults and adolescents	International Consultant, Sub-contracts, Training and Workshops	10, 20, 30, 40	23,000
1.3.1 Procurement and distribution of supplies (Test kits, laboratory equipment and condoms)	Procurement	40	100,000
1.3.2 Regular monitoring of the utilization of HIV test kits (bi-annually)	M & E		
1.4.1 Train staff members from CBOs, public/private sectors on HIV/STI prevention	Training	30	5,000
TOTAL Output 1			278,000
2.1.1 Strengthen capacity of communities and families to approach and solve problems	Workshops	30	1,000
2.1.2 Provide continued support and training for NGOs/CBOs and public/private sectors on home-based care	Sub-contracts, Training	20, 30	100,000
2.1.3 Provide support to networks of PLWHA and alternative livelihoods to its affected communities	Sub-contracts, Training, Procurement	20, 30, 40	150,000
2.1.4 Activities relating to reducing stigma and discrimination	Workshops	30	2,400
2.2.1 Procure and supply STI treatment drugs according to agreed plan	Procurement	40	70,000
2.2.2 Train staff members of public/private sectors to build and strengthen capacity of HIV/STI management system	Training, Sub-contract	20, 30	20,000
TOTAL Output 2			343,400
3.1.1 Conduct advocacy meeting and events	Meetings	30	3,000
3.1.2 Launch resources mobilization activities	Workshops	30	500
3.1.3 Organize five missions to Bangkok	Meetings	10	2,000
3.1.4 Organize regular consultation/coordination meeting with UNAIDS and NAP	Meetings	30	2,000
3.1.5 Activities organized to share information with private sector media and business sector	Sub-contract	20	7,000
3.1.6 Field visits of donors (local and international) and local celebrities to successful UNDP project activities sites.	Sub-contract, Workshops	20, 30	1,500
3.1.7 Undertake research on best practices and life histories of high risk groups	Sub-contracts, Workshops	20, 30	7,000
3.2.1 Consult with implementing partners and prepare and coordinate work plan.	M & E	10	2,000
3.2.2 Design system to improve M & E	Evaluation	10	6,000
3.2.3 Initiate joint field visits with working partners.	M & E	10	1,250
TOTAL Output 3			32,250

**PROJECT RESULTS AND RESOURCES FRAMEWORK
ANNUAL INPUT-OUTPUT TARGET**

YEAR 3 – Conditions for success

- ◆ Increasing commitment on the part of Government and donors
- ◆ Capacity continues to exist within NAP/MoH to distribute commodities in a timely and efficient manner

WORKPLAN FOR YEAR 2004

ACTIVITY DESCRIPTION	INPUTS DESCRIPTION	Component	BUDGET (US\$)
1.1.1 Organize and conduct training for specific high-risk groups for HIV/AIDS prevention and education	International Consultant, Sub-contracts, Training and Workshops	10, 20, 30	150,000
1.2.1 Plan and implement a comprehensive set of behavioural change communication interventions for young adults and adolescents	International Consultant, Sub-contracts, Training and Workshops	10, 20, 30, 40	23,000
1.3.1 Procurement and distribution of supplies (Test kits, laboratory equipment and condoms)	Procurement	40	100,000
1.3.2 Regular monitoring of the utilization of HIV test kits (bi-annually)	M & E		
1.4.1 Train staff members from CBOs, public/private sectors on HIV/STI prevention	Training	30	10,000
TOTAL Output 1			283,000
2.1.1 Strengthen capacity of communities and families to approach and solve problems	Workshops	30	1,000
2.1.2 Provide continued support and training for NGOs/CBOs and public/private sectors on home-based care	Sub-contracts, Training	20, 30	100,000
2.1.3 Provide support to networks of PLWHA and alternative livelihoods to its affected communities	Sub-contracts, Training, Procurement	20, 30, 40	150,000
2.1.4 Activities relating to reducing stigma and discrimination	Workshops	30	2,400
2.2.1 Procure and supply STI treatment drugs according to agreed plan	Procurement	40	70,000
2.2.2 Train staff members of public/private sectors to build and strengthen capacity of HIV/STI management system	Training, Sub-contracts	20, 30	10,000
TOTAL Output 2			333,400
3.1.1 Conduct advocacy meeting and events	Meetings	30	3,000
3.1.2 Launch resources mobilization activities	Workshops	30	500
3.1.3 Organize five missions to Bangkok	Meetings	10	2,000
3.1.4 Organize regular consultation/coordination meeting with UNAIDS and NAP	Meetings	30	2,000
3.1.5 Activities organized to share information with private sector media and business sector	Sub-contract	20	7,000
3.1.6 Field visits of donors (local and international) and local celebrities to successful UNDP project activities sites.	Sub-contract, Workshops	20, 30	1,500
3.1.7 Undertake research on best practices and life histories of high risk groups	Sub-contracts, Workshops	20, 30	7,000
3.2.1 Consult with implementing partners and prepare and coordinate work plan.	M & E	10	2,000
3.2.2 Design system to improve M & E	Evaluation	10	6,000
3.2.3 Initiate joint field visits with working partners.	M & E	10	1,250
TOTAL Output 3			32,250

**PROJECT RESULTS AND RESOURCES FRAMEWORK
ANNUAL INPUT-OUTPUT TARGET**

YEAR 4 – Conditions for success

- ◆ Increasing commitment on the part of Government and donors
- ◆ Capacity continues to exist within NAP/MoH to distribute commodities in a timely and efficient manner

WORKPLAN FOR YEAR 2005

ACTIVITY DESCRIPTION	INPUTS DESCRIPTION	Component	BUDGET (US\$)
1.1.1 Organize and conduct training for specific high-risk groups for HIV/AIDS prevention and education	International Consultant, Sub-contracts, Training and Workshops	10, 20, 30	5,000
1.2.1 Plan and implement a comprehensive set of behavioural change communication interventions for young adults and adolescents	International Consultant, Sub-contracts, Training and Workshops	10, 20, 30, 40	4,000
1.4.1 Train staff members from CBOs, public/private sectors on HIV/STI prevention	Training	30	2,000
TOTAL Output 1			11,000
2.1.2 Provide continued support and training for NGOs/CBOs and public/private sectors on home-based care	Sub-contracts, Training	20, 30	10,000
2.1.3 Provide support to networks of PLWHA and alternative livelihoods to its affected communities	Sub-contracts, Training, Procurement	20, 30, 40	30,000
TOTAL Output 2			40,000
3.1.1 Conduct advocacy meeting and events	Meetings	30	2,000
3.1.2 Launch resources mobilization activities	Workshops	30	500
3.1.5 Activities organized to share information with private sector media and business sector	Sub-contract	20	2,000
3.2.2 Design system to improve M & E	Evaluation	10	3,000
3.2.3 Initiate joint field visits with working partners.	M & E	10	1,250
TOTAL Output 3			8,750

Part III. Management Arrangements

The National AIDS Programme (NAP) will be the National Counterpart Agency². It will facilitate and assist the project staff in identifying as well as monitoring priority intervention programmes and sites. Similar to the earlier phases of the project, the NAP Manager will act as the National Project Director (NPD) of the project. In his other role as Manager of the NAP, he will be coordinating activities undertaken by various key players including the UN agencies. This coordination role ensures that activities implemented under this project also fall within the scope of the national strategy for the prevention and control of HIV/AIDS in Myanmar. Activities that address key important issues related to HIV/AIDS will be discussed in partnership with the national counterparts (NAP and the National AIDS Committee) and UNDP.

The project will be executed by the United Nations Office for Project Services (UNOPS) which will be responsible and accountable for the overall use of resources and achievement of project objectives. UNOPS will assign an Agency Project Manager (APM) to serve as the overall manager of the project responsible for delivering outputs set forth in the project document. In addition, the APM will have to initiate and manage activities related to resource and community mobilization, policy development, advocacy and regional activities. The APM will also assist UNDP in its interaction and collaboration with other partners in the UNAIDS Theme Group. Two national Sectoral Specialists will assist the APM in the implementation of project activities and ensure that a local context to project activities is applied. Three Regional Project Facilitators will be responsible for coordination, monitoring and reporting of field activities in their respective geographical regions. The project will continue to participate in the overall HDI coordination strategy in order to ensure a common, coordinated and integrated approach across the HDI-IV projects. For areas outside the HDI townships, the project will work closely with the National AIDS Programme (NAP) in the implementation of HIV/AIDS activities at local levels, including special security areas. The project will also collaborate closely with the UNAIDS Theme group, and will ensure operational and strategic coherence with the UN Joint Plan of Action on HIV/AIDS.

In order to build long term linkages for technical support, NGOs and other institutions (national, regional and international) will be sub-contracted to provide technical assistance. These sub-contractors will also work in collaboration with the National AIDS Programme and will be sensitive to the national requirements established by the NAP. The project management will issue a request for technical proposals to interested organisations and will require all sub-contractors to describe in their proposals how their interventions will impact on the goals of this project document. Regular meetings between the project staff, NAP and sub-contractors and field visits to project sites will serve as a forum to review programmes and strategies.

UNDP will continue to be responsible for arranging common premises, storage facilities and administrative, financial and logistic support at the township level in HDI townships. Standard procedures are already instituted which are followed by UNDP and UNOPS. This will result in more efficient use of human and financial resources, and greater uniformity among projects in terms of administrative, operational and logistic services.

² The terms "National Counterpart/Implementing Agency" and "National Project Director" are to be used in the context of the UNDP Governing Council and Executive Board mandate currently governing UNDP activities in Myanmar.

Support will also be provided in the area of human resources/personnel, including, inter alia, the identifying, selecting and contracting of national project staff as well as of local persons or institutions as needed by the projects.

Financial services, including the processing of transactions and payments, will also be provided by the UNDP country office.

The Information and Communications section of the UNDP Country Office will provide support to the projects in setting up information systems hardware and software, and in the coordination and management of such hardware and software. In addition to supporting and supervising the functioning information systems, the Country Office will also provide training to project staff on information and communications matters.

Details of specific support to be provided by the UNDP Country Office to the project for the implementation of inputs will be discussed with the UNDP, Yangon and the relevant cost to the executing agency finalized and agreed to in writing prior to the signing of the project document.

The project will be monitored in accordance with standard UNDP Monitoring and Evaluation guidelines. In addition to the normal internal project monitoring system, the project will incorporate the new electronic Results-based Monitoring (RBM) system being developed by UNDP for all HDI-IV projects, and which is linked to the UNDP corporate *Strategic Results Framework (SRF)* reporting mechanism. This system will include regular results reporting to UNDP based on performance indicators previously agreed to by all parties, in accordance with a pre-established schedule of reporting. The project will be evaluated towards the middle of its lifetime through a rigorous, external and participatory project evaluation.

Part IV : Legal Context

This project document shall be the instrument referred to as such in Article 1 of the Standard Basic Agreement of the United Nations Development Programme signed by the parties on 17 September 1987.

The following types of budget revisions may be made to this project document with the signature of the UNDP Resident Representative only, provided he or she is assured that the other signatories of the project document have no objections to the proposed changes:

- a) Revisions in, or in addition of, any of the annexes of the project document
- b) Revisions which do not involve significant changes in the immediate objectives, outputs and activities of the project, but are caused by rearrangements of the inputs already agreed to or by cost increases due to inflation.
- c) Mandatory annual revisions that rephrase the delivery of agreed inputs or increased expert or other costs due to inflation or take into account agency expenditure flexibility.



**UNITED NATIONS DEVELOPMENT PROGRAMME
GOVERNMENT OF MYANMAR
Project Budget**

Project Number: MYA/01/003
Project Title: Enhancing Capacity for HIV/AIDS Prevention and Care

Start Year: 2002
End Year: 2005
Executing Agent: UNOPS - UNDP Office for Project Services

Budget Financing (in US\$)	
INPUTS	REV "A"
UNDP	
01-UNDP-IPF / TRAC - (Trac 1.1.1 & 1.1)	2,500,000
TOTAL	2,500,000

Implementing Agent: UNOPS - UNDP Office for Project Services

Revision Type: INI - INITIAL

Description:

The project will help prevent the further spread of HIV/AIDS and reduce the impact of the epidemic on individuals, families and communities in Myanmar. In Line with the UNDP Executive Board mandate on Myanmar, and consistent with the spirit of the UNGASS Declaration, the Myanmar National Health Plan and the United Nations Joint Plan of Action in Myanmar, the project will focus on increasing the scale and effectiveness of community-based responses for HIV/AIDS prevention and care, on strengthening the capacity of the National AIDS Programme to reduce the risk of HIV/AIDS transmission through unsafe blood transfusion and unprotected sexual intercourse, and on mobilizing additional resources for a multi-sectoral response to the epidemic. Special emphasis will be placed on raising the awareness of young adults and adolescents to the menace of the disease.

Approved by:	Signature:	Date:	Name/Title:
UNDP:
Executing Agent:
Government:

ANNEXES

- Annex I. Budget
- Annex II. Indicative Work Plan
- Annex III. Terms of Reference
 - IIIa. Agency Project Manager
 - IIIb. Sectoral Specialist (Communication and Training)
 - IIIc. Sectoral Specialist (Bio-medical)
 - IIId. Regional Project Facilitators
- Annex IV. Map indicating interventions implemented in partnership with INGOs, LNGOs and CBOs
- Annex V. List of INGOs, LNGOs and CBOs



Main Source of Funds: 01 - UNDP-IPF / TRAC - (Trac 1.1.1 & 1
 Executing Agency: UNOPS - UNDP Office for Project Services

SBLN	Description	Implementing	Funding	Total	2002	2003	2004	2005
010.	PERSONNEL							
011.	International Consultants	UNOPS	UNDP					
011.01	Agency Project Manager			432,000	96,000	144,000	144,000	48,000
	W/M			36.0	8.0	12.0	12.0	4.0
	AOS			43,200	9,600	14,400	14,400	4,800
	Total			475,200	105,600	158,400	158,400	52,800
011.99	Line Total			432,000	96,000	144,000	144,000	48,000
	W/M			36.0	8.0	12.0	12.0	4.0
	AOS			43,200	9,600	14,400	14,400	4,800
	Total			475,200	105,600	158,400	158,400	52,800
013.	Administrative Support							
013.01	Project Assistant	UNOPS	UNDP	14,400	3,200	4,800	4,800	1,600
	W/M			36.0	8.0	12.0	12.0	4.0
	AOS			1,440	320	480	480	160
	Total			15,840	3,520	5,280	5,280	1,760
013.02	Project Secretary	UNOPS	UNDP	10,600	2,400	3,600	3,600	1,000
	W/M			36.0	8.0	12.0	12.0	4.0
	AOS			1,060	240	360	360	100
	Total			11,660	2,640	3,960	3,960	1,100
013.03	Temporary Assistant	UNOPS	UNDP	2,600	800	800	800	200
	W/M			26.0	8.0	8.0	8.0	2.0
	AOS			260	80	80	80	20
	Total			2,860	880	880	880	220
013.04	Drivers	UNOPS	UNDP	14,720	2,880	4,320	4,320	3,200
	W/M			72.0	16.0	24.0	24.0	8.0
	AOS			1,472	288	432	432	320
	Total			16,192	3,168	4,752	4,752	3,520
013.99	Line Total			42,320	9,280	13,520	13,520	6,000
	W/M			170.0	40.0	56.0	56.0	18.0
	AOS			4,232	928	1,352	1,352	600
	Total			46,552	10,208	14,872	14,872	6,600



Main Source of Funds: 01 - UNDP-IPF / TRAC - (Trac 1.1.1 & 1
Executing Agency: UNOPS - UNDP Office for Project Services

Budget "A"

SBLN	Description	Implementing	Funding	Total	2002	2003	2004	2005
015	Monitoring and Evaluation							
015.01	Monitoring and Evaluation	UNOPS	UNDP					
015.99	Line Total							
	Net Amount			52,000	10,000	18,000	18,000	6,000
	AOS			5,200	1,000	1,800	1,800	600
	Total			57,200	11,000	19,800	19,800	6,600
	Net Amount			52,000	10,000	18,000	18,000	6,000
	AOS			5,200	1,000	1,800	1,800	600
	Total			57,200	11,000	19,800	19,800	6,600
016	Mission Costs							
016.01	Mission Cost	UNOPS	UNDP					
	Net Amount			11,300	2,500	4,000	4,000	800
	AOS			1,130	250	400	400	80
	Total			12,430	2,750	4,400	4,400	880
016.02	Evaluation Missions	UNOPS	UNDP					
	Net Amount			20,000			20,000	
	AOS			2,000			2,000	
	Total			22,000			22,000	
016.99	Line Total							
	Net Amount			31,300	2,500	4,000	24,000	800
	AOS			3,130	250	400	2,400	80
	Total			34,430	2,750	4,400	26,400	880
017	National Consultants							
017.01	Sectoral Specialists (2)	UNOPS	UNDP					
	Net Amount			35,200	4,400	13,200	13,200	4,400
	W/M			72.0	16.0	24.0	24.0	8.0
	AOS			3,520	440	1,320	1,320	440
	Total			38,720	4,840	14,520	14,520	4,840
017.02	Regional Programme Facilitators (3)	UNOPS	UNDP					
	Net Amount			54,000	12,000	18,000	18,000	6,000
	W/M			108.0	24.0	36.0	36.0	12.0
	AOS			5,400	1,200	1,800	1,800	600
	Total			59,400	13,200	19,800	19,800	6,600
017.03	Graphic Designer	UNOPS	UNDP					
	Net Amount			14,400	3,200	4,800	4,800	1,600
	W/M			36.0	8.0	12.0	12.0	4.0
	AOS			1,440	320	480	480	160
	Total			15,840	3,520	5,280	5,280	1,760
017.04	IEC Assistant	UNOPS	UNDP					
	Net Amount			14,400	3,200	4,800	4,800	1,600
	W/M			36.0	8.0	12.0	12.0	4.0
	AOS			1,440	320	480	480	160
	Total			15,840	3,520	5,280	5,280	1,760
017.99	Line Total							
	Net Amount			118,000	22,800	40,800	40,800	13,600
	W/M			252.0	56.0	84.0	84.0	28.0



Main Source of Funds: 01 - UNDP-IPF / TRAC - (Trac 1.1.1 & 1
 Executing Agency: UNOPS - UNDP Office for Project Services

SBLN	Description	Implementing	Funding	Total	2002	2003	2004	2005
017.99	Line Total			11,800 129,800	2,280 25,080	4,080 44,880	4,080 44,880	1,360 14,960
019	PROJECT PERSONNEL TOTAL			675,620 458.0 67,562 743,182	140,580 104.0 14,058 154,638	220,320 152.0 22,032 242,352	240,320 152.0 24,032 264,352	74,400 50.0 7,440 81,840
020	CONTRACTS							
021	Contract A							
021.01	Research	UNOPS	UNDP	87,000 8,700 95,700	25,000 2,500 27,500	30,000 3,000 33,000	30,000 3,000 33,000	2,000 200 2,200
021.99	Line Total			87,000 8,700 95,700	25,000 2,500 27,500	30,000 3,000 33,000	30,000 3,000 33,000	2,000 200 2,200
022	Contract B							
022.01	IEC	UNOPS	UNDP	205,000 20,500 225,500	45,000 4,500 49,500	70,000 7,000 77,000	70,000 7,000 77,000	20,000 2,000 22,000
022.99	Line Total			205,000 20,500 225,500	45,000 4,500 49,500	70,000 7,000 77,000	70,000 7,000 77,000	20,000 2,000 22,000
023	Contract C							
023.01	Clinical/Aspects	UNOPS	UNDP	83,000 9,300 91,300	20,000 2,000 22,000	30,000 3,000 33,000	30,000 3,000 33,000	3,000 300 3,300
023.99	Line Total			83,000 9,300 91,300	20,000 2,000 22,000	30,000 3,000 33,000	30,000 3,000 33,000	3,000 300 3,300

Terms of Reference

NAME OF POSITION: Agency Project Manager

DURATION OF ASSIGNMENT: 36 w/m (The duration of the post will initially be for six months with the contract renewable subject to satisfactory performance, on an annual basis).

LOCATION OF ASSIGNMENT: Based in Yangon with frequent field visits. At least 50% of the time should be spent in the field.

RESPONSIBILITIES: Under the general guidance of the UNDP Representative and under the direct supervision of UNOPS, the Agency Project Manager will be responsible for the following:

A. Managerial Responsibilities

1. Manage and provide technical expertise/inputs required for the implementation of project activities;
2. Be accountable for the project management and effective utilization of all project resources;
3. Advocate, introduce, and maintain a gender sensitive approach/balance in project implementation;
4. Ensure that all project activities and project personnel in particular, understand and practice participatory approaches in all interventions throughout the project cycle.

B. Technical Responsibilities

5. Prepare and update regularly, a detailed work-plan of the project;
6. Prepare a planning matrix that indicates connectivity/justification between activities and project objectives (for example, inputs of consultancies towards outputs of training, towards development of community-based mechanisms, institutionalisation of these mechanisms, ultimately leading to the achievement of project objectives);
7. Based on the above matrix, identify and prepare a training plan for the entire project cycle;
8. Based on the above matrix and in close consultation with UNDP, develop a procurement plan;
9. Prepare budgetary revisions and monitor expenditures as required with utmost accountability exercised at all time;
10. Maintain close collaboration and regular information sharing with the National AIDS Programmes, national counterparts in all government and non government sectors, communities, religious organisations, academic institutions, the private sector, UNAIDS partners, other UN agency colleagues;
11. Develop an advocacy tool to be used in advocacy session with the above mentioned partners as well as high level policy makers, both national and international;
12. In consultation with UNDP, develop a RBM monitoring and evaluation system for all activities;

13. Based on the above RBM monitoring and evaluation system, supervise the work of all project staff and consultants recruited under the project;
14. Maintain close working linkage with UNDP Regional Project, the UNAIDS Asia-pacific Inter-country Team, and other Regional Partners such as World Vision Thailand;
15. Assist UNDP in mobilising extra-budgetary funds using the above advocacy tool;
16. Prepare progress reports and organise research teams to conduct policy/programmes linked research, in close consultation with the National AIDS Programme;
17. Prepare other reports, proposals and documents as required.
18. Participate in UN wide substantive exercises, including UN Thematic Working Groups;
19. Participate in HDI-IV wide common programmes, monitoring, and evaluation exercises.

DUTY STATION: Yangon with frequent travels to project sites. Regular visits to HDI Townships to ensure integration in other projects. 50% of the time to be spent in the field. Should be prepared to work under pressure and long hours.

QUALIFICATIONS: The incumbent shall have a postgraduate in the social sciences and/or health sciences. Shall have relevant working experience in HIV/AIDS for a minimum of 5 years. The incumbent shall have strong interpersonal skills. Ability to establish congenial relationship with government counterparts, international and local NGOs and communities in different settings is essential. Working experience with UN agencies is highly desirable.

Terms of Reference

Name of Position **Sectoral Specialist (Communication and Training)**

Duration of the assignment : 36 w/m (The appointment will initially be for six months, with contracts renewable subject to satisfactory performance on an annual basis)

Responsibilities : Under the direct supervision of the APM, the Sectoral Specialist will work in coordination with the Sectoral Specialist (Bio-medical) and the RPFs. The incumbent will also assist the APM in the overall management and coordination of project activities. His/her specific responsibilities are as follows:

Managerial responsibilities

- Manage and supervise the inventory list of the project procured equipment and supplies related to the field of training and communications.
- Liaise with various government ministries/departments and NGOs/CBOs in collaborating and coordinating project related activities with a view to support their work within the resources available to the project.
- Initiate, organize and manage activities related to resource and community mobilization for funding programmes with stakeholders.
- Responsible for assisting APM with the overall administrative and financial management, planning, monitoring and supervision of the project.

Technical functions

- Develop detail work plan on capacity building, behavioral change communication, care and support activities in line with the project document.
- Establish monitoring mechanism and supervision guidelines for all activities that these he/she has to be taken.
- Identify and initiate NGOs/CBOs in programming, implementing, advising, supervising, monitoring and evaluating Community Based HIV/AIDS intervention programmes.
- Facilitate research related to Sentinel Surveillance of HIV/AIDS infection and Behavioural Monitoring Survey with National AIDS Programme and assist in tracking down information for the Social, Behavioural and Economic Research Studies on HIV/AIDS infection and AIDS.
- Initiate, organize and facilitate communication and training activities related to conduct in enhancing capacity for health and non-health personnel from both public and private sector for STIs/HIV/AIDS prevention and care.
- Disseminate up-dated information to GOs, NGOs and CBOs on global strategies and innovative approaches of STI/HIV/AIDS prevention, care, treatment and support through different media.
- Responsible for Information, Education and Communication (IEC) activities in planning, designing, pre-testing, developing, producing, disseminating and distributing effective, appropriate and culturally acceptable IEC strategies, materials and training tools for both general public and targeted specific population groups.

- Provide technical guidance and facilitate in designing messages, scripts, stories and plays for educational campaigns/video-plays/documentations/pop-concerts/folk media, etc. in coordination with government and private sectors, CBOs and NGOs.
- Monitor, supervise and provide technical and administrative guidance in implementing communication and training activities in relation with community-based education programmes implemented by Regional Project Facilitators (RPFs).
- Participate and involve in UNAIDS Theme Group/sub-working groups and HDI wide common programming, monitoring and evaluation exercises.
- Provide technical assistance for training and IEC programmes undertaken by community, CBOs and NGOs to enhance community capacity in the prevention and care of STIs/HIV/AIDS.
- Coordinate and conduct education and communication campaigns with other HDI projects in fairs, festivals and on special events.
- Deliver quarterly progress report to the APM.

Duty station : Yangon with frequent travel to project sites.

Qualifications

1. Must have a Post-Graduate in Social Science
2. Minimum 10 years experience in HIV/AIDS prevention and care and with at least 5 years experience in social/behavioural science component of HIV/AIDS Prevention and Care
3. Must have excellent communication and inter-personal skills particularly in interaction with national counterparts and the communities.
4. Experience with NGOs/CBOs preferable
5. Must have good oral/written presentation skills, both in Myanmar and English
6. Experience with UN is an asset.

Terms of Reference

Name of Position : **Sectoral Specialist (Bio-medical)**

Duration of the assignment : 36 w/m (The appointment will initially be for six months, with contracts renewable subject to satisfactory performance on an annual basis)

Responsibilities : Under the direct supervision of the APM, the Sectoral Specialist will work in coordination with the Sectoral Specialist (Communications and training) and the RPFs. The incumbent will also assist the APM in the overall management and coordination of project activities. His/her specific responsibilities are as follows:

Managerial responsibilities

- Responsible for ensuring financial accountability at all times especially in the clinical matters such as the procurement of test kits, laboratory equipments and drugs for opportunistic infections.
- Monitor the national blood safety programmes and assess its requirement within the resources available to the project.
- Manage and supervise the inventory list of the project procured equipment and supplies related to the field of clinical aspects.

Technical functions

- Develop detail work plan on capacity building, behavioural change communication, care and support activities with regard to clinical and bio-medical aspects for those involved in the respective field.
- Establish monitoring mechanism and supervision guidelines for all activities that these he/she has to be taken.
- Initiate, organize and facilitate activities related to conduct in enhancing capacity of medical professionals (Medical Physicians, Dental Surgeons, Nurses) in clinical management with advanced treatment guidelines for STIs/HIV/AIDS.
- Facilitate research related to Sentinel Surveillance of HIV/AIDS infection and Behavioural Monitoring Survey with National AIDS Programme.
- Disseminate up-dated information to GOs, NGOs and CBOs on global strategies and innovative approaches of STIs/HIV/AIDS prevention, care, treatment and support through different media.
- Provide suggestions and recommendations for the future plans and guidelines regarding the management in treatment and care of People Living with HIV/AIDS (PLWHA).
- Monitor, supervise and provide technical and administrative guidance in implementing project activities in relation with clinical aspects implemented by Regional Project Facilitators (RPFs).
- Facilitate in conducting clinical research studies and reviewing current HIV/AIDS screening procedures including policy and practices in both and private sectors together with medical research institutions and National AIDS Programme.
- Identify indicators to measure the success of National Blood Safety Programmes in Myanmar.

- Participate and involve in UNAIDS Theme Group/sub-working groups and HDI wide common programming, monitoring and evaluation exercises.
- Provide technical assistance for training and IEC programmes undertaken by community, Civil Society Organizations (CSOs), NGOs to enhance community capacity in the prevention and care of STIs/HIV/AIDS.
- Deliver quarterly progress report to the APM.

Duty station : Yangon with frequent travel to project sites.

Qualifications :

1. Must have a Post-Graduate in Medical Science/Public Health Science
2. Minimum 10 years experience in HIV/AIDS prevention and care with at least 5 years experience in clinical management of STIs/HIV/AIDS
3. Must have excellent communication and inter-personal skills particularly in interaction with national counterparts and the communities
4. Experience with NGOs/CBOs preferable
5. Must have good oral/written presentation skills, both in Myanmar and English
6. Experience with UN is an asset.

Terms of Reference

Name of Position : **Regional Project Facilitators (Upper Myanmar, Lower Myanmar and Southern (Coastal))**

Duration of assignment : 36 w/m (The appointment will initially be for six months, with contracts being renewable subject to satisfactory performance on annual basis)

Responsibilities : Under the supervision of the Agency Project Manager and Sectoral Specialists the Regional Project Facilitator (RPF) will work in coordination with other project staff members for implementation of the project activities in responsible geographical region. His or her specific responsibilities are as follows:

Managerial responsibilities:

- Coordinate field activities in responsible geographical regions,
- Ensure financial accountability for field activities implemented in responsible geographical region,
- Monitor the assigned project activities implemented in responsible geographical region and submit periodic and ad-hoc reports,
- Maintain record/inventory of project equipment and supplies related to his/her assigned project activities and report on their utilization.

Technical functions

- Develop detail work plan on capacity building, behavioural change communication, care and support activities with regard to the work plan of project document.
- Interact at all stages of project planning and implementation with State/Division, District, Township Health Department, AIDS Committees, AIDS/STIs teams and Civil Society Organizations (CSOs).
- Facilitate NGOs/CBOS in programming, implementing, advising, supervising, monitoring and evaluating Community Based HIV/AIDS intervention programmes.
- Assist research related to Sentinel Surveillance of HIV/AIDS infection and Behavioural Monitoring Survey with National AIDS Programme.
- Coordinate and facilitate project interventions activities including training, behavioural change communication, media campaigns related to conduct in enhancing capacity for health, non-health personnel and community volunteers in coordination with both public and private sector for STIs/HIV/AIDS prevention and care.
- Support in providing assistance with regard to the management in treatment and care of People Living with HIV/AIDS (PLWHA).
- Assist and facilitate in conducting both social/behavioural and clinical research studies.
- Identify and pre-test IEC materials (Information, Education and Communication materials) and review existing materials for the appropriateness and the acceptance of the local communities.
- Support and assist, as required, UNAIDS Theme Group/sub-working groups and HDI wide common programming, monitoring and evaluation exercises.
- Provide technical assistance for training and IEC programmes undertaken by community, Civil Society Organizations (CSOs), NGOs to enhance community capacity in the prevention and care of STIs/HIV/AIDS.

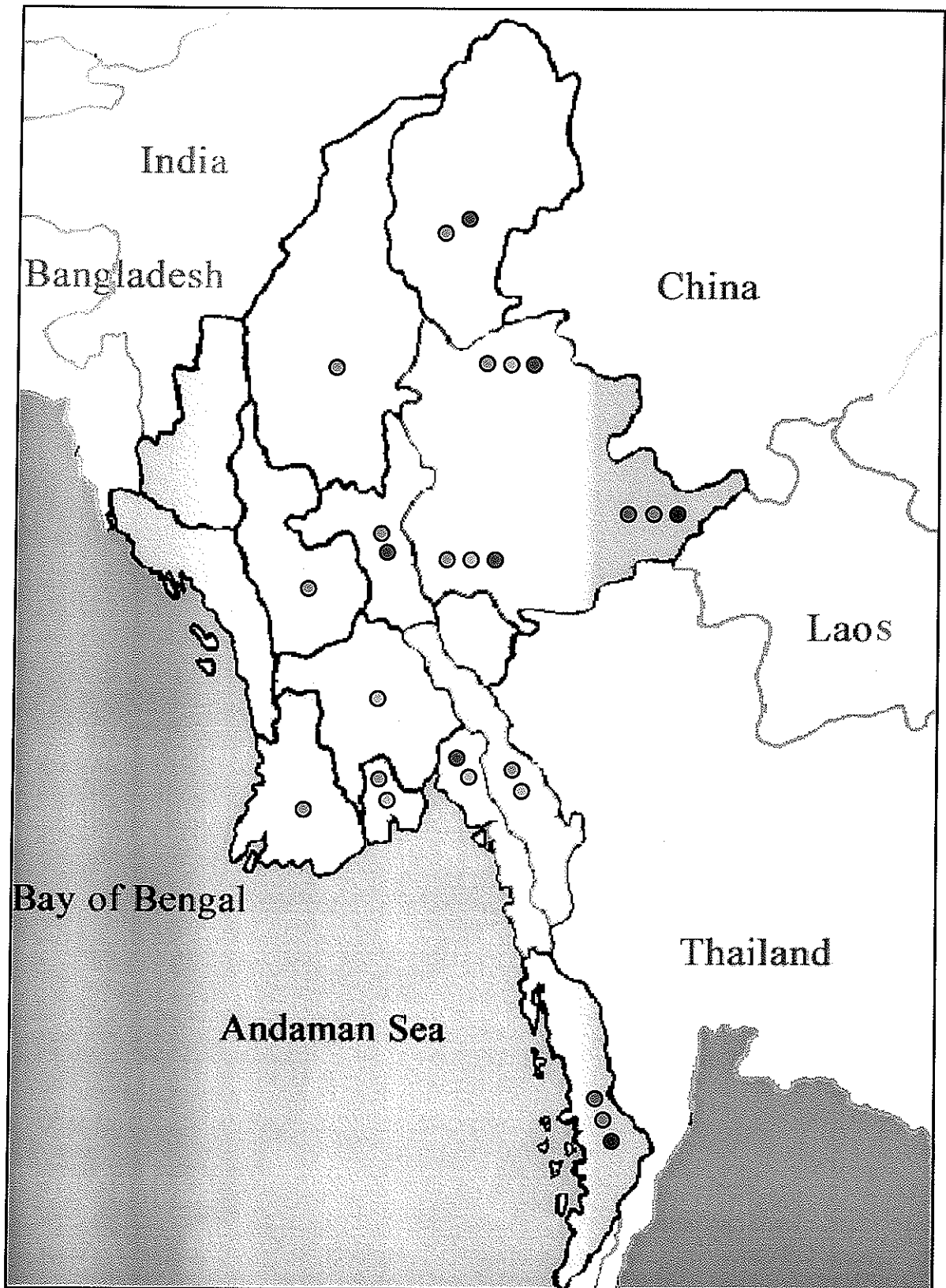
- Identify and initiate community based organizations/social interest groups in responsible geographical regions as core and represent for their localities in preventing HIV/AIDS transmissions and caring AIDS based on community participatory approach, financed by the project in consulting with local authorities and health institutions.
- Coordinate and conduct regular meetings of the AIDS Committees in support to the project activities implemented in consultation with local health institutions.
- Deliver quarterly progress report to the APM.

Duty station : Yangon with frequent travel to responsible geographical regions according to the work plan.

Qualifications :

1. Must have a Bachelor's Degree in Social Science or Medical Science
2. Minimum 10 years experience with at least 5 years experience in social/behaviour or clinical management of HIV/AIDS Prevention and Care
3. Must have excellent communication and inter-personal skills particularly in interaction with national counterparts and the communities.
4. Experience with NGOs/CBOs preferable
5. Must have good oral/written presentation skills, both in Myanmar and English
6. Experience with UN is an asset.

MYA/99/003: Enhancing Capacity for HIV/AIDS Prevention and Care:
Interventions implemented in partnership with INGOs, LNGOs and CBOs in
Myanmar



- INGOs
- LNGOs
- CBOs

List of INGOs, LNGOs/CBOs in Myanmar active in the fight against HIV/AIDS**A. INGOs**

1. Association of Medical Doctors of Asia (AMDA)
2. CARE Myanmar*
3. International Committee of The Red Cross (ICRC)
4. Medecins Du Monde (MDM)
5. Medecins Sans Frontieres (MSF FRANCE)
6. Medecins Sans Frontieres (MSF HOLLAND – AZG)*
7. Marie Stopes International (MSI)
8. Population Council
9. Population Services International (PSI)*
10. Save The Children UK (SCF UK)*
11. Save The Children USA (SCF USA)
12. World Concern
13. World Vision*

B. LNGOs/CBOs

1. Myanmar Baptist Convention (MBC)
2. Myanmar Young Crusaders (MYC)
3. Myanmar Medical Association (MMA – CENTRAL)
4. Myanmar Medical Association (MMA – MANDALAY)
5. Myanmar Medical Association (MMA – MEIKHTILA)*
6. The Salvation Army
7. Myanmar Council of Churches (MCC)
8. Myanmar Health Assistants Association (MHAA)*
9. Myanmar Anti-Narcotic Association (MANA)
10. Myanmar Nurses' Association (MNA)*
11. Pyi Gyi Khin Women's Development Cooperative Society (PGK)*
12. Myanmar Maternal & Child Welfare Association (MMCWA)
13. National Council of YMCAs in Myanmar (YMCA)*
14. Myanmar Red Cross Society (MRCS)
15. Young Women Christian Association (YWCA)
16. Thirimay Women's Development Cooperative Society Ltd.*
17. Sandidawei Health Care (Women) Cooperative Ltd.*
18. Myanmar Dental Association (MDA)

* Working with HIV/AIDS Prevention and Care project (MYA/99/003)