Infrastructure Investment
Construction of Rural Health Centers (RHC) and sub-RHC, Myanmar

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Overview

• Construct **50 RHC** and **50 sub-RHC** within 42 townships

• Three-year project; construction activities scheduled only in the dry seasons

• Extensive consultation and coordination with MoH to be undertaken

• Capacity development potential at MoH: exposure to best practices in physical infrastructure development, procurement, contracting and project management
Rationale

• Need to improve access to rural primary healthcare facilities

• Address key infrastructure priorities of MoH and extend support to the local authorities

• Supplement 3MDG’s ability to provide and sustain essential maternal and child health services and HIV, TB and malaria interventions
Outputs and Outcomes

- **Beneficiaries:**
  - All population groups living within catchment areas of newly constructed health facilities, including:
    - Women of reproductive age
    - New-borns and children under 5 years of age
    - People living with HIV, TB or malaria

- **Outputs:**
  - Improved MoH designs for RHC and sub-RHC
  - Constructed RHC, sub-RHC and other priority infrastructure
  - Provision of furniture and other basic equipment at the new health centres
  - Trained personnel as well as improved operations and maintenance methods

- **Outcomes:**
  - An improved and sustainable RHC and sub-RHC model
  - Positive, long term primary healthcare impact
Processes and Activities

- Design review and sustainability of infrastructures in consultation with MoH, with extensive participation of local enterprises

- Procurement of work, national and local

- Assessment of sites in coordination with MoH

- Supervision of construction in coordination with MoH and local authorities

- Installation of furniture and other basic equipment

- Training of maintenance committees
Management

• **Ministry of Health:**
  o Planning, coordination and implementation
  o Involved at all levels of healthcare provision
  o Supports on-site assessments and the development of coordinated infrastructure plans through Township Health Authorities

• **3MDG Fund Management Office (FMO):**
  o Project implementation, including procurement and contracting
  o Adherence to the Fund Board’s priorities and on-time, on-budget results
  o Senior user to the Project Board

• **Project Board:**
  o FMO, UNOPS Director & Representative in Myanmar, UNOPS Infrastructure Practice Unit and MoH
  o Operational oversight of the project
  o Overall direction, resource allocation, resolve issues and communication
Key Principles

• **Coordination with MoH:**
  - National/State/Region level: site selection, design review and tendering
  - Township level: site assessment and construction supervision
  - Village level: ownership and maintenance
  - Capacity development: design review, procurement and project management

• **Flexibility in prioritization of sites, design and scope**

• **Sustainability:**
  - Environment: Promotion of green technologies (e.g. emphasis on natural light, ventilation, orientation, construction materials, drainage, waste disposal)
  - Maintenance: Training of local maintenance committees

• **Gender and Community Engagement:**
  - Strengthen community infrastructure with focus on informing and involving communities
  - Ensure mechanisms to promote women’s representation and voice

• **Conflict**
  - Sensitive approach- ‘do no harm’ best practices
Timeline

- Total duration is estimated to be 36 months
- Construction work scheduled only during the dry seasons
- Key Assumptions:
  - Prioritized locations
  - Access to sites
  - Security
  - Availability of land
  - Commitment to sustainability
Budget and Resources

• Total estimated budget: USD 15.0 million

• Key components:
  o Design review
  o Construction and supervision
  o Training for building maintenance
  o Project management and operations
  o Indirect cost
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