Project Data Sheet

Project 41507-012

Project Name	Second Greater Mekong Subregion Regional Communicable Diseases Control Project
Project Number	41507-012
Country / Economy	Lao People's Democratic Republic
Project Status	Closed
Project Type / Modality of Assistance	Grant
Source of Funding / Amount	**Grant 0232-LAO: Second Greater Mekong Subregion Regional Communicable Diseases Control Project** Asian Development Fund — US$ 12.00 million **Grant 0449-LAO: Second Greater Mekong Subregion Regional Communicable Diseases Control Project (Additional Cofinancing to Grant 232-LAO)** Regional Malaria and Other Communicable Disease Threats Trust Fund under the Health Financing Partnership Facility — US$ 3.00 million
Strategic Agendas	Inclusive economic growth
Drivers of Change	Gender Equity and Mainstreaming Governance and capacity development
Sector / Subsector	**Health** / Disease control of communicable disease - Health system development
Gender	Effective gender mainstreaming
Description	The project follows Strategy 2020, which realigns ADB's role in the health sector with emphasis on regional, intersector, and interagency cooperation, as also detailed in the operational plan for health. It is in line with ADB s Regional Cooperation and Integration Strategy, the GMS regional cooperation strategy and the country partnership strategies and country operations business plans of Cambodia, Lao PDR, and Viet Nam. The project supports regional public goods and capacity towards regional health and economic security and the Millennium Development Goals (MDGs) for reducing child mortality and malnutrition, halting the spread of communicable diseases, and others. In partnership with WHO, the Mekong Basin Disease Surveillance Cooperation, the Kenan Institute Asia and other partners, it addresses critical funding gaps for the roll-out of the International Health Regulations (2005) and APSED, as well as regional strategies for the control of dengue and NTDs. Under the leadership of WHO, regional and national aid coordination mechanisms are in place including regular meetings, surveys and publications for aid coordination, technical forums, community of practice groups, and websites.

Project Rationale and Linkage to Country/Regional Strategy	Emerging infectious diseases such as severe acute respiratory syndrome (SARS), avian influenza, and swine flu have had major economic impacts on productivity, trade, and tourism in the GMS, and continue to pose a major public health concern. New diseases, mostly of animal origin, also pose a constant threat. Dengue, chikungunya, cholera, typhoid, and HIV/AIDS fueled by better connectivity, urban development, and social and environment changes continue to spread in the GMS. Controlling these diseases requires strong surveillance systems, community prevention and preparedness, and quick system response capacities.
Impact	Improved health of the population in the Greater Mekong Subregion (GMS).

Project Outcome

Description of Outcome	Timely and adequate control of communicable diseases of regional relevance
Progress Toward Outcome	O1. Proportion of disease outbreaks reported within 24 hours increased from 50% to 80% Under EWARN, over 84% of outbreaks have been reported with 24 hours during the project. (EWARN database of NCLE. Includes 17 national notifiable diseases and other conditions) Target exceeded. 374/444 outbreaks were reported within 24 hours overall in the project, with regular annual improvements identified. Under EWARN, 69% of outbreaks were also investigated and responded to within 24-48 hours. O2. Proportion of border outbreaks reported within 24 hours increased from 20% to 50% 82.1% of outbreaks of notifiable diseases reported with 24 hours in border districts. (EWARN database of NCLE) Target exceeded. 152/185 outbreaks of notifiable diseases in project border areas were reported within 24 hours overall in the project, with regular annual improvements identified. O3. Proportion of populations in targeted villages that conduct proper CDC prevention and care increased from 40% to 60%. Composite indicator from the project Household Survey 2016 indicated 61.2% of households were practicing appropriate CDC prevention and care activities (Household Survey 2016) Target achieved. Composite indicator derived from the 8 cleans. Methodology set out in PCR documents dossier as ix. O4. Proportion of children <5yrs that sleep under bed nets increased from 60% to 80% 94.7% of children sleep under bed nets. This indicator was included in the original RRP from 2010. (Household Survey 2016) Bed net use needs to be surveyed in more detail " potential for in depth social research on this topic.

Implementation Progress

Description of Project Outputs	1. Enhanced regional CDC systems 2. Improved CDC along borders and economic corridors 3. Integrated project management

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

Target was 350 MHVs. At December 2015, project achieved 304 MHVs (87% of target) (Project MHV reports)
MHV roll out proceeded in all project provinces. Two provinces Huaphan and Champasack - achieved 100% target MHV coverage.
Data available on MHV coverage per district over 5 years
80.7% of VHWs assessed as capable and competent Project Competency Survey
(Project Competency Reports, 2015 and 2017)
Refer to Competency Reports developed by the project
Project Household Survey 2016 indicated 44.6% of WRA and 51.8% of children under 5 had been dewormed in the last year
73.1% of children <5 received Vitamin A (up from 65% in 2014)
78.3% of women had received Iron during pregnancy (up from 68% in 2014) (Household Survey 2016)
Provinces were appraised of the low rates for follow up action.
Project on target to achieve 2 joint activities annually. New cross border arrangements in place to continue cooperation and coordination of activities
(Project report on cross border meetings)
Cross border cooperation and joint activities increased under the project from 2013-2016 (2 forums in 2013; 19 in 2014; 28 in 2015; and 7 in 2016).
Details available include: participating districts, number and gender, objectives and outcomes (MOUs etc)
Project research (2016) indicated 50% of new VHWs since 2102 were female (453/916)
(Project Competency Reports, 2015 and 2017)
Project conducted surveys on provincial staffing and competency/ training to derive the estimates.
100% of VHWs (total 4416/3670) trained to date.
(Project Competency Report, 2017 and VHW Training report)
Overall, data indicate more than the total VHWs trained (due to potentially multiple trainings). But data do not confirm that all VHWs in all target provinces were trained. Additional research would have been needed. VHW training in x
76.4% of CDC staff trained (2135/2796)
(Project Staff Training and Gender Report, 2017)
Refer to Project Staff Training and Gender Report
65.3% of trained staff female (1395/2135)
(Project Staff Training and Gender Report, 2017)
Refer to Project Staff Training and Gender Report
52% of trained staff is female
Being reviewed as part of current Provincial and Competencies Surveys
87% of CDC staff assessed as capable and competent
(Project Competency Report, 2017)
Refer to Competency Report. Rates varied between staff groups with for example, lab staff reporting high levels of training and capability.
Seven provinces identified cross border plans with neighbouring Cambodia and Vietnam provinces and activities included joint monitoring and evaluation; simulation exercises; and surveillance and response. Activities were focused not solely on malaria and included other processes and diseases.
Estimated that at least 50% of project districts are involved in cross border activity and malaria is defined as one of the conditions to be reported by all Lao provinces as part of the Disease Information sharing arrangement.
Partially achieved.
Details of cross border plans and activities are included in xi in the accompanying dossier.
Focal point for CDC established with senior officer assigned and operating. From 4th quarter 2012 (Project PMU)
Focal Point with TORs functioning, with designated staff and regular meetings and exchanges with CLV and other countries. MOUs, outcomes from regional meetings and joint agreed protocols available.
Joint strategies and plans (e.g. Schisto; IHR; Dengue; APSED) were developed and reviewed at various Regional Workshops and Forums. Regional coordination enhanced through the Focal Points (Regional Workshop reports)
Regional technical forums (Regional Workshops and national technical workshops) allowed joint review and strategy development across a range of CDC areas. Workshop reports involved follow up actions and interventions for each CLV country.
Lao organised and hosted five regional technical workshops, a Knowledge Management forum and two Regional Annual Workshops (KM product reports on project website)
Schisto; Laboratory Services; Dengue; APSED; and Malaria Workshops were organised in Lao PDR and attended by regional and other international participants.
Knowledge products (survey results, reports and guides/manuals etc) presented on the project website
New agreed protocols (2015) between CLV countries and Focal Points ensures regular weekly, monthly - exchange of information on 13 notifiable diseases and conditions covering check points, health centres and health facilities (RCU Information Sharing form and database)
Standard exchange forms agreed by all three CLV countries
IHR compliance increased from 28% in 2012 to 80% in 2015
Under the new WHO Joint External Evaluation process, extensive review in February 2017 indicated an overall 67% compliance.
IHR Compliance Reports shows calculation of a composite IHR compliance score. Scores were:
- 61.3% in 2014
- 55.6% in 2013
- 28.6% in 2012
(Project IHR Compliance Report, 2017 and JEE report, 2017)
Annual WHO reviews assess status and progress in IHR compliance. Using a weighted composite indicator, overall compliance (excluding Radiation and Chemical components under the IHR core areas) was assessed annually from 2012 2015, indicating progressive improvement. External assessment in February 2017 indicated significant progress. JEE report available.
New CLV protocols will ensure regular exchange of information on 13 diseases and conditions covering check points, health centres and health facilities (RCU Information Sharing form and database)
Standard exchange forms agreed by all three CLV countries operational from 2016.
Project emphasised gender including training places for females in all province planning (Project Training Reports)
At project end, of the 28,000 staff trained under CDC II 36% were female. Gender disaggregated data on training and persons affected by outbreaks were reported monthly
Project has conducted numerous neighbouring cluster province cross border meetings (Supplementary Appendix C provides details of results of meetings) involving Phongsaly, Oudomxay, Huaphan, Xieng Kuang, Bolikhamsay, Khammuane, Attapeu and Champasack provinces as well as Luang Prabang. Joint plans developed with these provinces and Cambodia, Vietnam and Thai provinces. Plans cover: joint simulation, training, referrals, joint outbreak investigation, RRTs and disease reporting. Malaria is included as a priority communicable disease in these plans.
Achieved.
Regular cluster province workshops develop joint plans activities malaria is one focus in these plans
Regional Workshop on Malaria conducted in June 2017.
Achieved.
Over 150 participants from CLV countries, Myanmar, Malaysia and Thailand attended the workshop.
Project conducted initial training in procurement, financial management and planning (2012)
(Project provinces' AOPs)
Provincial staff developed annual plans and budgets competently and built on year to year experience
Household (baseline) Survey conducted in March 2014. Follow up survey (outcome) conducted in March-April 2016
(Household Surveys, 2014 and 2016)
Household Surveys enabled project impact assessment i.e. improvements in a range of indicators attributable to project interventions
Project AOPs were produced annually and consistent with the overall project AOP. AOPs addressed gender, IP and training issues
(Project provinces' AOPs)
Project ensured consistent annual plans according to a standard format. AOPs were produced following project annual review workshops to identify priority issues and specific interventions for each province.
AOPs available
Project developed GAP and ethnic groups plan and monitored results regularly. Gender experts were involved in setting targets and compiling data (GAP and IPAP, 2017)
Project GAP and IP plans available indicating achievements in many GAP/IP Action Plan targets
All 27 project QRs to date produced and submitted to ADB within 20 days after quarter end
(Project QRs)
ADB commended the project on the prompt and comprehensive QRs submitted consistently in the target timeframe.
Additional Financing:
All provinces identified malaria targets and activities. Targets included:
Improved malaria surveillance and response and preparedness
Increased cross border collaboration for malaria prevention and control
Improved lab capacity in diagnosis and malaria case management
Increased IEC on malaria prevention and control
Increased community mobilisation for malaria (and dengue) prevention, including vector control, community surveillance and health education
Achieved.
Overall targets are decreased incidence of new cases and improved surveillance and reporting in target districts.
Provincial malaria activities and related funding set out in AOPs

Geographical Location	Nation-wide, Attapu, Bolikhamxai, Champasak, Houaphan, Khammouan, Khoueng Bokeo, Khoueng Oudomxai, Khoueng Phongsali, Khoueng Xekong, Louangnamtha, Salavan, Xiangkhouang

Safeguard Categories

Environment	C
Involuntary Resettlement	C
Indigenous Peoples	B

Summary of Environmental and Social Aspects

Environmental Aspects	The project is assessed category C for environment.
Involuntary Resettlement	The project is assessed category C for involuntary resettlement.
Indigenous Peoples	Ethnic groups constitute 31% of the population in the targeted border districts, most of them in the Lao PDR. They suffer disproportionately from common communicable diseases, and have less access to health care because of physical, financial, language, and cultural barriers. The project is assessed category B for indigenous people and is expected to have positive impacts on ethnic groups. The accrual of benefits to ethnic groups is discussed in the ethnic groups plan, and included in the project design. Under the sub-output for community based CDC, the aim is that 50% of 1,160 targeted villages belong to ethnic groups. This includes training of village health workers and support for healthy village development. The project will also provide scholarships for ethnic group members to become health workers.

Stakeholder Communication, Participation, and Consultation

During Project Design	Included: (i) group discussions with potential beneficiaries, village health workers, and community-based organizations; (ii) consultation of health staff, provincial and district health managers, provincial governments, central ministries and partners; and (iii) workshop with ministries, partners, and NGOs.
During Project Implementation	Level of consultation and participation envisaged are information sharing, Consultation,Collaborative decision making and empowerment. Existing organizational structures down to the village level will be used, no need for a separate system. However, participation will be monitored.

Business Opportunities

Consulting Services	All consultants will be recruited according to ADB's Guidelines on the Use of Consultants. Nine positions of individual consultants and one consulting firm are provided for the duration of the project.
Procurement	All procurement of goods and works will be undertaken in accordance with ADB's Procurement Guidelines.(2010, as amended from time to time). International Competitive Bidding procedures will be applied for any packages valuing more than $0.5 million. Any bid packages of goods and civil works valuing less than $ 0.5 million will be procured through national competitive bidding. Smaller goods and civil works packages costing less than $0.1 million may be procured through shopping procedures.

Responsible ADB Officer	Sato, Azusa
Responsible ADB Department	Southeast Asia Department

Responsible ADB Division	Human and Social Development Division, SERD
Executing Agencies	*Ministry of Health*

Timetable

Concept Clearance	30 Mar 2010
Fact Finding	06 Apr 2010 to 23 Apr 2010
MRM	06 Sep 2010
Approval	22 Nov 2010
Last Review Mission	-
PDS Creation Date	15 Apr 2010
Last PDS Update	20 Sep 2018

GrantÂ 0232-LAO

Milestones

Approval	Signing Date	Effectivity Date	Closing		
			Original	Revised	Actual
22 Nov 2010	08 Dec 2010	22 Mar 2011	30 Jun 2016	31 Dec 2017	29 Aug 2018

Financing Plan

	Total (Amount in US$ million)
Project Cost	13.00
ADB	12.00
Counterpart	1.00
Cofinancing	0.00

Grant Utilization

Date	ADB	Others	Net Percentage
Cumulative Contract Awards			
17 Jun 2022	11.99	0.00	100%
Cumulative Disbursements			
17 Jun 2022	11.99	0.00	100%

Status of Covenants

Category	Sector	Safeguards	Social	Financial	Economic	Others
Rating	Satisfactory	Satisfactory	Satisfactory	-	-	Satisfactory

GrantÂ 0449-LAO

Milestones

Approval	Signing Date	Effectivity Date	Closing		
			Original	Revised	Actual
26 Oct 2015	17 Nov 2015	04 Jan 2016	31 Dec 2017	-	29 Aug 2018

Financing Plan

	Total (Amount in US$ million)
Project Cost	3.15
ADB	0.00

Grant Utilization

Date	ADB	Others	Net Percentage
Cumulative Contract Awards			
17 Jun 2022	0.00	2.93	98%

Counterpart	0.15	Cumulative Disbursements			
Cofinancing	3.00	17 Jun 2022	0.00	2.93	98%

Status of Covenants

Category	Sector	Safeguards	Social	Financial	Economic	Others
Rating	Satisfactory	Satisfactory	Satisfactory	-	-	Satisfactory

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