Asian Development Bank. 6 ADB Avenue, Mandaluyong City, 1550 Metro Manila, Philippines
Tel +63 2 632 4444; Fax +63 2 636 2163; evaluation@adb.org;
www.adb.org/evaluation

Independent Evaluation ADB

Evaluation Approach

Project Performance Evaluation Report for ADB Grants 0025/0026/0027: Greater Mekong Subregion (GMS) Regional Communicable Diseases Control Project (Cambodia, Lao People's Democratic Republic, and Viet Nam)

May 2014

Team Leader: Maya Vijayaraghavan, Senior Evaluation Specialist
(email: mvijayaraghavan@adb.org)
Contact: evaluation@adb.org

A. Introduction

1. The objective of this project performance evaluation report (PPER) is to assess the performance of the first phase of Asian Development Bank's (ADB) program of grants provided to Ministries of Health in Cambodia, Lao People's Democratic Republic (Lao PDR) and Viet Nam (the CLV countries). These grants aimed to improve communicable disease control (CDC) at the regional, national, and provincial levels, in partnership with the Western Pacific Regional Office (WPRO) of the World Health Organization (WHO).[1] This study will also assess to what extent the project contributed to the development of regional public goods for health. Lessons drawn from this evaluation will feed into the ongoing Thematic Evaluation Study on ADB's Efforts on Regional Cooperation and Integration.

2. The PPER has been scheduled for preparation two years after the completion of the project in October 2012 and one year after the completion of the project completion report (PCR) in October 2013.

B. Background

3. Since 1992, the Greater Mekong Subregion (GMS) has received ADB support to increase economic cooperation and integration between Cambodia, People's Republic of China (PRC), Lao PDR, Myanmar, Thailand, and Viet Nam. At the GMS summit meetings in 2002 and 2005, the six heads of government declared their vision of a subregion free from poverty which is able to provide sustainable development opportunities for their populations. In addition to promoting economic cooperation and integration, these leaders proposed stronger regional collaboration in CDC as part of national health systems development to reduce the risks from emerging infectious diseases.

4. In 2006, ADB approved the Regional Cooperation and Integration Strategy (RCIS) to transform support for regional cooperation and integration (RCI) in Asia and the Pacific from

[1] ADB. 2005. *Report and Recommendation of the President to the Board of Directors on a Proposed Grant to the Kingdom of Cambodia, the Lao People's Democratic Republic, and the Socialist Republic of Viet Nam for the Greater Mekong Subregion Regional Communicable Diseases Control Project.* Manila.

stand-alone programs to a coherent and strategically focused approach.[2] One of the four pillars of RCIS calls for cooperation in regional public goods (RPGs), which could lead to improved population health through strengthened collective action in the health sector. The most recent GMS strategic framework reconfirmed the importance of communicable disease control for subregional integration.[3]

5. ADB's GMS Regional Cooperation Strategy and Program 2004–2008 revolves around four main elements: (i) connectivity and cross-border facilitation; (ii) integration of national markets for economic efficiency and private sector development; (iii) environmental and natural resource management; and (iv) human development, including health systems development.[4] Further, the 2009 and 2013 action plans for human resource development in the GMS aimed to address cross-border issues directly linked to GMS integration, such as cross-border transmission of communicable diseases.[5]

6. Within this framework, the rationale for regional cooperation in the program for CDC is justified by (i) the nature of communicable disease transmission; (ii) technology transfer; (iii) economies of scale and greater leverage, and (iv) regional public goods for health.

C. Project Design and Implementation

7. The overall objective of the project was to develop capacity to contain emerging diseases, and reduce the burden of common neglected diseases in the CLV countries. The anticipated impact was to contain the spread of epidemic diseases at the local level, and reduce the burden of common endemic diseases in the targeted provinces. The intended outcomes of the project were: (i) timely and adequate control of epidemics that are likely to have a major impact on the region's public health and economy; (ii) improved coverage and prevention and care of communicable diseases in vulnerable populations, in particular for poor women and children living in border areas; and (iii) improved know-how, policies, standards, and coordination among countries to improve CDC, including HIV/AIDS control.

8. To achieve these outcomes, the project comprised three output components: (i) strengthening national surveillance and response systems; (ii) improving CDC for vulnerable groups; and (iii) strengthening regional cooperation in CDC. These outputs would be generated by performing the following activities:

(i) Strengthening national surveillance and response systems, to support mechanisms for intra- and inter-sectoral collaboration to implement the IHR, planning and development of national surveillance and response systems, laboratory services, and human resource development in all three countries.

(ii) Improving CDC for vulnerable groups, targeting 26 provinces (5 in Cambodia, 6 in Lao PDR, and 15 in Viet Nam). These provinces had a high proportion of vulnerable groups including ethnic minorities, a high burden of communicable diseases, and are located along borders or transport corridors.

---

[2] ADB. 2006. *Regional Cooperation and Integration Strategy*. Manila.

[3] ADB. 2011. *The Greater Mekong Subregion Economic Cooperation Program Strategic Framework (2012–2022)*. Manila.

[4] ADB. 2004. *The Greater Mekong Subregion: Beyond Borders: Regional Cooperation Strategy and Program (2004–2008)*. Manila.

[5] ADB. 2009. *Strategic Framework and Action Plan for Human Resource Development in the Greater Mekong Subregion (2009–2012)*. Manila; and ADB. 2013. *Strategic Framework and Action Plan for Human Resource Development in the Greater Mekong Subregion (2013–2017)*. Manila.

(iii) Improving coordination among countries to control CDC, by supporting capacity development of the MOH in the three countries, regional policy dialogue and regional institutions, and project management.

9. The total project cost at appraisal was estimated at $38.75 million, with $11.25 million for Cambodia, $7.5 million for Lao PDR, and $20 million for Viet Nam. ADB grants worth $30 million comprised 77.4% of the total, with government contributions of $7.85 million equivalent and a WHO contribution of $0.9 million accounting for the remainder. At project closing, total costs were $34.4 million, inclusive of ADB contribution of $29.47 million. Counterpart country contributions were significantly lower than estimated at appraisal in Lao PDR and Viet Nam due to the tax-free importation of vehicles and lower than expected recurrent costs, and government mobilization of additional non-project resources for outbreak control.

10. With a start date of January 2006, the project was scheduled to be implemented over a four-year period. Project costs covered training courses and workshops at the regional, national, and provincial levels, and procurement of supplies and equipment for health facilities and laboratories in the CLV countries. Aside from *Indigenous Peoples*, there were no major issues related to safeguards, and other social or environmental risks; an Ethnic Minority Development Plan was prepared in accordance with ADB's *Policy on Indigenous Peoples* with specific actions in accordance with the policy.

11. The data collected by the project monitoring system is intended to provide the Governments, ADB, and WHO with the data and indicators to monitor (i) project inputs, processes, and outputs as provided in the project framework, and (ii) in key performance indicators to assess the technical, social, and economic impacts of the project. The project included plans to conduct baseline and evaluation surveys, drawing upon existing data wherever possible, and collecting new field data only where necessary. Annual reports submitted to the ADB and WHO were to include indicators of project completion, delivery, and benefits.

D. Issues Raised during Processing of the Project Grant

12. **Management Review Meeting (MRM):** The project was supported by all departments present at the MRM held in June 2005. Major points raised during the meeting were on financial sustainability beyond project completion, and the scope and risks of regional collaboration. Since Governments may be reluctant to spend funds on preventive services, a suggestion was made to include a loan covenant requiring the CLV countries to maintain project activities after project completion. Although the project focuses on the CLV countries, it was suggested at the MRM that the Mission should not exclude engagement with the other Mekong countries facing similar problems, particularly Thailand and PRC.

13. **Board Discussion:** There was no Board Discussion as Summary Procedure was used to approve the project.

E. Major Findings of the Project Completion Report

14. Based on the ADB criteria of relevance, effectiveness, efficiency, sustainability, and impact, the PCR prepared in October 2013 rated the project *successful*.[6] Launched in the wake

[6] ADB. 2013. *Completion Report: Greater Mekong Subregion Regional Communicable Diseases Control Project.* Manila.

of outbreaks of emerging diseases such as severe acute respiratory syndrome (SARS) in 2003, and avian and human influenza (AHI) in 2004, the project was rated *highly relevant* for regional public health security. The project aimed to implement strategic areas of WHO's revised International Health Regulations (IHR) approved in May 2005, and the Asia Pacific Strategy for Emerging Diseases (APSED).[7] The project was rated *effective* in achieving most of the targeted outcomes and outputs, and *efficient* in resource utilization in all three countries. The project is considered *likely sustainable* as the governments are highly committed to the control of emerging diseases, dengue, HIV/AIDS, and other infections of regional importance, and to stronger regional and cross-border cooperation under its IHR and APSED obligations. The project was assessed to have had a *substantial impact* in areas as the control of AHI, dengue, neglected tropical diseases (NTDs), Integrated Management of Childhood Illness (IMCI) that helped improve diagnostics for better case management of children, and regional networking to improve CDC.

15. The PCR identified key lessons in the following areas: (i) the feasibility of collecting indicators and monitoring targets on aspects such as gender and ethnic minorities should be taken into consideration, given the limited capacity of the executing agencies and the project's partial compliance with loan covenants in these areas; (ii) provinces have insufficient capacity to plan and coordinate training activities; (iii) although participation in regional dialogues and other knowledge management activities has resulted in more competent, cooperative and competitive CDC leaders, internet-based learning is still at a nascent stage; (iv) mainstreaming project implementation through existing structures helped speed up implementation, and (v) for better financial management, provincial staff need to be trained, and annual operational plans approved and advances liquidated on time.

F. Evaluation Scope and Approach

16. The proposed PPER will assess various aspects of project formulation, design, implementation and sustainability, and assess project performance taking into account impact, outcome, and output indicators realized by the project. The PPER will reevaluate the project in detail to confirm/update the findings of the PCR using the evaluation criteria of: (i) relevance, (ii) effectiveness, (iii) efficiency in achieving its outputs and outcomes, (iv) sustainability of outcomes achieved to date, and (v) impact.[8] An indicative evaluation framework is presented in Appendix 1. In addition to issues that come up during the course of assessing the evaluation criteria, the PPER will specifically focus on:

(i) **Harmonized criteria and guidelines for detection and control of communicable diseases:** The case definitions, guidelines on when to report cases of a particular disease and how to respond to an outbreak will be reviewed to determine the extent to which they are harmonized within and across the CLV countries.

(ii) **Collection and use of disease surveillance data:** Disease surveillance data systems will be reviewed for data standardization across the CLV countries. Current policies on data access and sharing within and between the CLV countries will also be reviewed.

[7] WHO. 2005. *International Health Regulations*. Geneva; and WHO, WPRO. 2010. *Asia Pacific Strategy for Emerging Diseases (APSED)*. Manila.

[8] ADB. 2006. *Guidelines for Preparing Performance Evaluation Reports for Public Sector Operations*. (amended in March 2013). Manila.

(iii) **Coordination with disease control activities supported by other partners:** The extent to which project activities were coordinated with disease control activities supported by other partners will be examined.

17. The PPER will use a mix of the following methods to collect data: (i) desk review of project documents/reports; (ii) discussions with ADB project staff in Southeast Asia Department (SERD), Cambodia Resident Mission (CARM), Lao Resident Mission (LRM), and Viet Nam Resident Mission (VRM); (iii) discussions with staff in WHO WPRO; and (iv) discussions with government agencies and other stakeholders in the CLV countries.

G. Resource Requirements, Schedule, and Knowledge Dissemination

18. The evaluation will be undertaken by a team led by a Senior Evaluation Specialist (IED Team Leader) and supported by an IED Senior Evaluation Officer, IED Senior Evaluation Assistant, an international health/evaluation consultant with expertise in control of communicable diseases, and three in-country national consultants with expertise in the health sector.

19. The independent evaluation mission (IEM) is proposed to be undertaken for 15 working days beginning late July or early August. In addition to discussions with government agencies and other stakeholders in the capital cities of the CLV countries, the IEM plans to visit at least one targeted province and one non-targeted province in each country.

20. The proposed schedule for the PPER is subject to clearance of the mission by the Governments of Cambodia, Lao PDR, and Viet Nam as well as the engagement of suitable consultants:

Milestone	**Tentative Date**
Approval of evaluation approach paper	IV May 2014
Recruitment of consultants and desk review	June-July 2014
Discussions with ADB operations staff and WHO staff in Manila	II-III July 2014
Independent Evaluation Mission	IV July 2014–III August 2014
Analysis and Report Writing	September 2014
IED internal peer-review	IV September 2014
Draft PPER Interdepartmental Circulation	II October 2014
Draft to Editor	II November 2014
Submission to Director, IED2	IV November 2014
Submission to Director General	I December 2014

21. The PPER will be peer reviewed by Marco Gatti (Principal Evaluation Specialist, IED2) and Joanne Asquith (Senior Evaluation Specialist, IED1), and will be available to the public after approval by the Director-General, IED. The report will be uploaded on ADB's external and internal websites and will provide inputs to ADB's evaluation information system.

EVALUATION FRAMEWORK

Evaluation Criteria	Evaluation Questions	Indicators/Information Required	Source of Information	Methods/Analysis to be used
Relevance	Was the project relevant to national priorities in Cambodia, Lao PDR, and Viet Nam (CLV countries)? How does the project fit with similar projects implemented by the Government, bilateral, and multilateral organizations? Was the project aligned with ADB's policies and strategies? Was the project's objective of improving regional communicable disease control in the CLV countries appropriate to address the development needs of the countries? Were the project components adequate to meet the objective of the project? Was the project design appropriate in addressing the envisaged impact, outcome, and outputs? Did the project inputs, outputs and outcomes follow the logical results chain to achieve the project's objective? Were the project outputs and outcomes measurable and achievable within the project	Socioeconomic indicators for Cambodia, Lao PDR, Viet Nam Government development policies ADB's country operational strategy and sector strategy Project design and monitoring framework	RRP, grant documents, project administration manual, PCR, and BTORs Minutes of Staff review committee meetings, Management review meetings Relevant government documents Relevant documents from other bilateral and multilateral organizations Discussions with project staff, government officials, and other key stakeholders	Desk review Key informant interviews Analysis of program design indicators

Evaluation Criteria	Evaluation Questions	Indicators/Information Required	Source of Information	Methods/Analysis to be used
	timeframe? Were the relevant lessons learned from similar interventions earlier included in the design of the project? Was the choice of provinces in the CLV countries appropriate for the objective of the project?			
Effectiveness	To what extent were project outputs and outcomes achieved as indicated in the DMF? What are the factors that contributed to the achievement or non-achievement of expected outputs and outcomes? To what extent did the project help in developing regional public goods for health? What were the roles of stakeholders in the project?	Realized project outputs and outcomes in relation to the targets set Project monitoring framework Implementation process Involvement and participation of stakeholders Issues and challenges related to achieving outputs and outcomes	RRP, grant documents, project administration manual, PCR, and BTORs Discussions with project staff, government officials and other key stakeholders (WHO, MOH) Monitoring reports of outputs and outcomes	Desk review Key informant interviews Analysis of program design indicators
Efficiency	How well were the project's resources used in achieving the expected outcomes? How efficient were procurement and use of equipment and materials obtained during the project? Were there any delays in implementation or changes in scope? If yes, what were the reasons?	Loan disbursement and fund utilization data Implementation and procurement arrangements Monitoring data on inputs and outputs	RRP, grant documents, project administration manual, PCR, and BTORs Discussions with project staff, government officials, and ADB procurement staff	Desk review Key informant interviews

Evaluation Criteria	Evaluation Questions	Indicators/Information Required	Source of Information	Methods/Analysis to be used
Sustainability	What is the likelihood that project benefits will be sustained beyond the life of the project? Has there been adequate integration of CDC in provincial health systems? Are staffing and funding arrangements adequate to maintain the program after the completion of the project? Are there adequate incentives for continued stakeholder participation beyond the duration of the project?	Assessment of provincial ownership and continuity of arrangements Assessment of ability to respond to outbreaks of communicable diseases Assessment of progress in agreements between countries in the region	Discussions with project staff, government officials, stakeholders Published documents Legislation to support implementation of IHR	Key informant interviews
Impact	To what extent was the spread of epidemic diseases contained at the local level? To what extent was the burden of endemic diseases reduced in the provinces targeted by the project? To what extent did the project contribute to progress towards the health-related Millennium Development Goals for 2015 in the three countries? Are there any unintended or adverse project impacts on society or the economy?	Assessment of changes in prevalence of targeted epidemic and endemic diseases before and after the project	Government reports and statistics, such as national demographic and health surveys, health statistics, and data from surveillance systems. Discussions with project staff, government officials, stakeholders	Desk review Key informant interviews Direct observation through field visits