

Quality at Entry Report for

PREVENT Community-based Emerging Infectious Disease Risk Reduction in the Mekong

A: AidWorks details completed by Activity Manager						
Initiative Name:	PREVENT Community-based Emerging Infectious Disease Risk Reduction in the Mekong					
Initiative No:	INJ704	Total Amount:	\$6.0 million			
Start Date:	31 May 2012	End Date:	31 December 2015			

B: Appraisal Pee	r Review meeting details completed by Activity Manager	
Initial ratings prepared by:	Royce Escolar, Senior Regional Program Manager - AusAID Bangkok	
Meeting date:	1 March 2012	
Chair:	Chris Elstoft, Assistant Director General – Mekong, Philippines, Burma & Regional (MPBR)	
Peer reviewers providing formal comment & ratings:	Jill Bell, Asia Health Specialist, Asia Strategy, Programs & Performance	
Independent Appraiser:	Dr Leslie Sims, Asia Pacific Veterinary Information Services Pty Ltd.	
Other peer review participants:	Laurence McCulloch, Manager - Working in Partner Systems Mika Kontiainen, Director - Health & HIV Thematic Group Renee Martin, Policy Officer - Health & HIV Thematic Group Michelle Sullivan, First Secretary – AusAID Bangkok Lissa Giurissevich, Senior Program Officer – AusAID Bangkok	

C: Safeguards and Commitments (completed by Activity Manager)					
Answer the following questions relevant to potential impacts of the activity.					
1. Environment	Have the environmental marker questions been answered and adequately addressed by the design document in line with legal requirements under the <i>Environmental Protection and Biodiversity Conservation Act</i> ?				
2. Child Protection	Does the design meet the requirements of AusAID's Child Protection Policy?	Not Applicable			

D: Initiative/Activity description completed by Activity Manager (no more than 300 words per cell)

What is it?

AusAID, through a delegated cooperation arrangement with USAID as the lead donor, will contribute \$6 million across three (3) years to support PREVENT, USAID's existing community-based emerging infectious disease (EIDs) risk reduction project. PREVENT applies a social and behavioural change approach in improving disease prevention practices at the individual, community, and policy levels. The project aims to build local capacities in reducing risks of disease transmission from dangerous pathogens in wildlife before they become significant threats to people's health.

3. Description of the Initiative/ Activity

PREVENT is one of the five component projects under USAID's global Emerging Pandemic Threats (EPT) Program which covers Africa, South Asia, South America, the Mekong, and parts of South East Asia. AusAID's contribution will be earmarked to PREVENT's implementation in Cambodia, Laos, and Vietnam. AusAID will engage with USAID to discuss the possible inclusion of Burma in PREVENT activities.

In the Mekong, the risk of a future pandemic from EIDs is heightened by increasing animal and human contacts fuelled by economic drivers such as regional connectivity, labour migration, land use conversion, livestock intensification and trade, and expansion of extractive industry activities. PREVENT targets groups within communities with the highest risk of being infected with emerging diseases from wildlife (e.g. farmers, housewives, market traders, hunters, small-scale miners, etc.)

PREVENT is implemented by FHI360, an international non-government organisation, from 30 September 2009 to 29 September 2014. AusAID's contribution will allow a one-year extension of PREVENT to September 2015. PREVENT is based on lessons learned from USAID's previous and extensive experience implementing community-based avian influenza interventions at the country, regional, and global levels.

4. Objectives Summary

What are we doing?

PREVENT's goal is to build local capacities in reducing risks of disease transmission from dangerous pathogens in wildlife before they become significant threats to people's health. Because behaviours are at the centre of the animal-human contact dynamics, PREVENT's project purpose is to apply a social and behavioural change approach in developing and introducing interventions for improved disease prevention practices across multiple levels (e.g. individual, community, policy).

By the end of its 6-year implementation, PREVENT expects to provide and deliver :

- a clearer evidence base for specific social and behavioural factors that affect the risk of emerging pandemic threats (e.g. characterisation of risky and protective practices and a better understanding of how specific policies and organisational choices create contexts that enhance or decrease risks);
- b) an evidence-based contribution to a global strategic framework for prevention and mitigation of emerging pandemic threats; and
- c) tested strategies for preventing emerging pandemic threats at the community-level.

To achieve the above, PREVENT will:

- a) Develop a validated behaviour change and communication (BCC) strategic framework on risk reduction for emerging zoonotic diseases;
- Characterise high risk practices of individuals and organisations, including social and behavioural determinants, that enable transmission of novel diseases from animal hosts to humans and between humans;
- Identify high risk groups who are most vulnerable to exposure and infection by emerging zoonotic diseases;
- Develop and validate effective BCC interventions that raise awareness among the public and policy makers on risks and appropriate actions needed to minimise human infection by emerging zoonotic diseases; and
- e) Implement behaviour change activities among high risk populations that aim to lower the risk of transmission of novel pathogens from animals to humans and between humans.

E: Quality Asse	ssment and Rating (no more than 300 words per cell)		
Criteria	Assessment	Rating (1-6) *	Required Action (if needed) [‡]
	Why are we doing this? Seventy-five per cent of EIDs originate from animals and are the most likely source of a future pandemic. The risk of EID transmission in the Mekong is among the highest in the region and is fuelled by rapid economic development resulting to the growing frequency of animal-human contacts in rural, urban, and peri-urban areas. This risk is compounded by weak community health systems including lack of community awareness and access to health services. Community level EID prevention is a recognised gap in the global EID response.	6	None
	PREVENT is aligned with Mekong governments' plans, agendas, and national coordination bodies on EIDs. At the regional level, EIDs remain a priority East Asia Summit (EAS) agenda. USA joined the EAS in 2011. This partnership presents AusAID with a strategic platform to engage the region and the US on EIDs.		
1. Relevance	AusAID's support to PREVENT directly addresses the community-level objectives of the AusAID Pandemic and EID Framework (2010-15). PREVENT's operational research nature, targeted to the relatively unknown field of wildlife EID transmission, also contributes to the EID framework objectives of strengthening the evidence base for EID policies and activities. This partnership with USAID allows AusAID to strategically invest in tapping US technical expertise to generate new knowledge on EID transmission. Project findings will be used to inform		

AusAID's future focus and programming on EIDs.

PREVENT contributes to AusAID's strategic goal of saving lives through a stronger evidence-base and therefore more effective EID prevention strategies and policies at the community levels. PREVENT's work contributes to mitigating EIDs' health and socioeconomic impact amongst most vulnerable groups.

PREVENT is a concrete manifestation of the AusAID-USAID Partnership for International Development Cooperation. In a September 2011 joint statement,

opportunities for collaboration in the lower Mekong

underscored developing

and USAID

region to mitigate pandemic diseases.

AusAID

2. Effectiveness

Will it work?

PREVENT does not seek to achieve broad-scale sustainable behaviour change of target populations within its project life. Its operational research approach is focused on generating new knowledge on EID transmission from wildlife and in identifying and working through context-specific factors (e.g. socio, economic, political, cultural) that motivate people's and organisation's behaviours exposing them to higher risk of EID infection.

Development outcomes expected under PREVENT include:

- short-term prevention of EID transmission amongst high-risk groups;
- identification and development of relationships with local community and government stakeholders;
- inclusion of community groups in defining priorities and locally sustainable solutions to identified EID problems;
- building local capacity through community involvement in implementation, monitoring, and data gathering;
- more effective evidence-based EID prevention policies and activities at the community level

PREVENT's systematic community-level behavioural change work identifies factors and motivations that foster or hinder behavioural change of specific groups. PREVENT's bottom-up approach addresses the behavioural aspects of disease transmission at the community levels, an area not addressed by the top-down interventions of existing AusAID-funded EID regional programs implemented by WHO and OIE. Findings at community levels feed into the effectiveness of national and regional disease management work.

AusAID's contribution will extend PREVENT's impact through an extra year of implementation, expanding activities and geographic reach within Mekong countries. It will translate into more evidence gathered through more project sites and more target groups supported on EID prevention strategies.

This partnership avoids donor fragmentation including the significant transaction costs on both AusAID and partner governments already burdened by weak capacities.

EPT's programmatic approach provides a comprehensive and inter-linked package to pre-empt EIDs at their source (e.g. surveillance, rapid response, risk reduction, laboratory diagnosis, and pandemic preparedness). PREVENT has access to the various EPT components and technical implementers. Supporting PREVENT allows AusAID access to this programmatic approach and technical expertise.

AusAID Bangkok will discuss with USAID Washington and RDMA in Bangkok the inclusion of Burma in PREVENT activities. The drivers of EID transmission are becoming more relevant in Burma as the country is slowly opening its borders to external investments.

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AusAID Bangkok will seek, monitor, and report on development outcomes from PREVENT implementation. AusAID will coordinate with USAID RDMA and FHI360 on the extent that development outcomes are gathered in activity M&E and communicated in PREVENT quarterly progress reports.

AusAID Bangkok will participate in annual USAID work planning meetings to ensure relevance and effectiveness of PREVENT activities ideally building up from lessons learned of the previous year's activities. Annual EPT work planning meetings will also be used to monitor the effectiveness of the EPT programmatic approach. The extent of coordination among various EPT project components will impact on the effectiveness of PREVENT.

3. Efficiency

How will we do it?

A delegated cooperation agreement with USAID presents good value-for-money for the current available AusAID funding of \$6.0 million without compromising our aid effectiveness and EID objectives. It allows AusAID to support PREVENT's scale-up of existing activities without AusAID incurring initial start-up costs and lag time in hiring and establishing a new implementing team. A total amount of \$2.0 million can be made available for each of the three countries (e.g. Cambodia, Laos, Vietnam) to support PREVENT activities across three years (i.e. about \$670,000 per year per country).

In 2011, FHI360 obtained Memorandum of Understandings (MOUs) and agreements with the governments of Cambodia, Laos, and Vietnam to implement PREVENT activities. Obtaining MOUs is a requirement prior to commencing sub-national activities in the Mekong. AusAID's support to PREVENT will save us the time consuming process of obtaining government MOUs, a period of at least six months based on our own past experience and a key factor in previous AusAID implementation delays.

USAID has strong technical comparative advantage in community-based EID interventions. Amongst donors in the Mekong, USAID has the most extensive experience in community-level EID work building from its previous programs implemented in the region and elsewhere around the globe. PREVENT is the only existing donorfunded community-level EID program in the Mekong region.

PREVENT activities are managed by USAID Washington and technically supported by the USAID Regional Development Mission in Asia based in Bangkok, the US-Centre for Disease Control, and the United States Department of Agriculture. AusAID's support allows us access to this technical expertise which we otherwise would not have if we establish our own stand-alone project.

AusAID East Asia Regional in Canberra has started discussions to place a potential Mekong Regional Health Adviser position in the region. This technical adviser position will be a crucial and needed resource for AusAID Bangkok. The position will increase Post's technical, policy, and strategic capacity in managing the PREVENT investment and the partnership with USAID.

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4. Monitoring & Evaluation

How will we know?

PREVENT's monitoring and evaluation (M&E) Plan and indicators feed into the broader EPT program performance indicators. PREVENT activity and country-level indicators will be revised as needed based on findings of current scoping and research activities. Progress against existing PREVENT indicators will be reported annually against annual targets set during the work planning stages.

Given PREVENT's operational research agenda, a strong M&E system is required – one that can be refined regularly as lessons are learned from implementation. A robust M&E for community-level activities will enable PREVENT to improve (or abandon) approaches and document factors that led to or hindered behavioural change. M&E systems on-the-ground must not be siloed as these are the same systems used in preventing other communicable diseases.

FHI360's M&E tools include a mix of formative and qualitative research, quantitative research, and tracking behavioural change through the use of surveillance data, project data collection activities, and using mixed method approaches to evaluation. PREVENT is also partnering with FAO in using the latter's monitoring and data gathering tools at the country-level when these are available. PREVENT is not designed and implemented to build local capacity in M&E.

AusAID's role in regular project monitoring and evaluation will be through regular engagement with USAID Washington and RDMA, attendance in PREVENT and EPT meetings, inputs into progress reports, participation in quarterly and annual EPT programmatic meetings, and endorsement of the PREVENT workplan in the Mekong.

This delegated cooperation agreement will also be monitored internally by AusAID through an annual Quality at Implementation (QAI) report and a joint AusAID-USAID evaluation of project outcomes.

- In addition to reporting against identified quantitative performance indicators, AusAID Bangkok will also closely monitor whether PREVENT's M&E systems are able to:
 - a) assess whether behavioural change being promoted by the project are minimising the risk of EID transmission,
 - b) provide sex-disaggregated data and outcomes, and
 - communicate synthesised M&E data to its internal EPT and external partner government stakeholders.

AusAID Bangkok monitoring of the above will be through progress reports, meetings with USAID and FHI360, and visits to FHI360 country offices and field sites.

5. Sustainability

Will benefits last?

PREVENT does not seek to achieve broad-scale sustainable behaviour change of target populations by 2015. PREVENT addresses sustainability through:

- a) activity work plans that are linked with national EID plans
- relevant Ministries of partner governments closely involved in annual work planning processes
- inclusion of community groups in defining priorities and locally sustainable solutions to identified EID problems
- d) building local capacity through community involvement in implementation, monitoring, and data gathering;
- e) developing and validating effective BCC interventions that raise awareness among the public and policy makers on risks and appropriate actions needed to minimise human infection by emerging zoonotic diseases

PREVENT activities include clear identification and analysis of context-specific factors and motivations that enabled behaviour change. This will then inform the development of a more effective BCC Framework of risk reduction for EIDs. A more relevant and effective framework to reduce risk of EID transmission is most likely to be sustained by governments and target population groups.

FHI360, and other EPT component implementers, are members of existing national government EID coordination mechanisms. The AusAID EID Framework had identified NGO's access to government policy platforms as an important factor in sustainability. This allows NGOs to influence government and technical agencies' policies and approaches on EID prevention.

EPT's investment in disease prevention under PREVENT (and in detection and response through other EPT components) will also benefit countries' management of more normative diseases such as malaria, cholera, and meningitis.

AusAID Bangkok will monitor 5 partner the extent of government and target community groups' involvement planning and for implementing **PREVENT** activities.

AusAID Bangkok will also need to report and assess FHI360's continuing access and engagement with partner government EID coordinating bodies.

AusAID Bangkok monitoring of the above will be through progress reports, meetings with USAID and FHI360, participation in annual work planning meetings, and visits to FHI360 country offices and field sites.

USAID has a focus on gender that is required to be addressed in USAID programs, including PREVENT. PREVENT will ensure that women are well represented in training courses and in the development and targeting of communication materials. Women play a major role in food preparation and had been identified as a high risk group for EID transmission and, therefore, a target of PREVENT's BCC efforts. Capacity of women's group in the community will also be strengthening during their participation in PREVENT's activities. For instance, FHI360 will commission the Lao Women's Union (LWU) to work on a wildlife consumption survey that will inform areas where human exposure to potential zoonoses through this route might be greatest.

AusAID Bangkok strategic inputs to PREVENT activities in the Mekong will include a focus on gender equality. These inputs will be provided during regular quarterly progress reports and annual work planning events. USAID confirmed that gender equality mainstreaming does not conflict with the PREVENT award.

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AusAID Bangkok will seek, monitor, and report on gender outcomes from PREVENT implementation. AusAID will coordinate with USAID RDMA and FHI360 on the extent that gender outcomes are gathered in activity M&E and communicated in PREVENT quarterly progress reports.

7. Analysis and Learning

6. Gender Equality

How well have we thought this through?

How will we achieve gender equality?

PREVENT recognises the important role of wildlife as unknown reservoirs of EIDs, an issue left unaddressed by the previous global focus on avian influenza. Furthermore, its community-level work addresses a critical gap in previous and existing donor-funded EID efforts which are mainly focused on strengthening regional and national health systems.

PREVENT focuses its BCC efforts not only on individuals but also on groups, communities, and organisations (the latter to increase awareness and influence organisational policies). This is a departure from previous avian influenza BCC work targeted only to individuals and which faced recurring challenges in translating awareness behavioural change.

PREVENT efforts are targeted at a limited number of regional resource-poor EID hot spots where new disease threats have emerged in the past. PREVENT is based on lessons learned from USAID's previous experience implementing BCC community-based avian influenza interventions at the country, regional, and global levels. PREVENT is implemented by the same party that implemented USAID's previous activities on EID This facilitates behavioural change communications. incorporation of lessons learned in current activities.

PREVENT is also consistent with lessons learned from previous AusAID EID implementation at the community level. In particular, PREVENT shifts away from a single disease focus toward emerging zoonoses in general. PREVENT adopts a systematic and stronger evidence base in their programming, another key objective of the AusAID EID Framework.

A delegated cooperation will allow cross-learning between AusAID and USAID in the area of EIDs and on approaches to program management, M&E, program evaluation, gender equality, partnerships, sustainability, communications.

5 AusAID Bangkok will focus on cross-learning and managing the partnership with USAID. AusAID Bangkok will report on these partnership outcomes regularly to Canberra broader agency-wide learning.

* Definitions of the Rating Scale:					
Satisfactory (4, 5 and 6)		Less than satisfactory (1, 2 and 3)			
6	Very high quality; needs ongoing management & monitoring only	3	Less than adequate quality; needs to be improved in core areas		
5	Good quality; needs minor work to improve in some areas	2	Poor quality; needs major work to improve		
4	Adequate quality; needs some work to improve	1	Very poor quality; needs major overhaul		