

**Kyrgyzstan: Programmes I and II to combat tuberculosis**

**Ex post evaluation report**

<b>OECD sector</b>	1223000 / Social infrastructure and services	
<b>BMZ project ID</b>	1.) 1997 65 520 2.) 1999 65 849	
<b>Programme executing agency</b>	Health Ministry of the Kyrgyz Republic	
<b>Consultant</b>	GITEC CONSULT GmbH	
<b>Year of ex post evaluation report</b>	2008	
	<b>Project appraisal (planned)</b>	<b>Ex post evaluation (actual)</b>
<b>Start of implementation</b>	1.) 1 <sup>st</sup> quarter 1998 2.) 3 <sup>rd</sup> quarter 2000	1.) 3 <sup>rd</sup> quarter 1998 2.) 3 <sup>rd</sup> quarter 2001
<b>Period of implementation</b>	1.) 48 months 2.) 48 months	1.) 58 months 2.) 60 months
<b>Investment costs</b>	1.) EUR 2.71 million 2.) EUR 2.76 million	1.) EUR 2.71 million 2.) EUR 2.76 million
<b>Counterpart contribution</b>	1.) EUR 0.15 million 2.) EUR 0.21 million	1.) EUR 0.15 million 2.) EUR 0.25 million
<b>Financing, of which FC funds</b>	1.) EUR 2.56 million 2.) EUR 2.56 million	1.) EUR 2.56 million 2.) EUR 2.51 million
<b>Other institutions/donors involved</b>	-	-
<b>Performance rating</b>	2	
• <b>Relevance</b>	1	
• <b>Effectiveness</b>	2	
• <b>Efficiency</b>	2	
• <b>Overarching developmental impact</b>	1	
• <b>Sustainability</b>	2	

**Brief description, overall objective and project objectives with indicators**

The programme objective for the two phases of the project was to provide drugs, devices for tuberculosis diagnosis, laboratory equipment etc. in order to help improve diagnosis and treatment of various types of tuberculosis (TB) in line with the DOTS strategy (directly observed treatment, short course) recommended by WHO. The first phase focused on Bishkek, the Kyrgyz capital, where the National TB Institute is based, and on the southern oblasts (provinces) of Osh, Batken and Jalal-Abad. The second phase covered the entire country. The programme objective was deemed to be achieved if from 2002 on a minimum of 70% of new smear-positive TB cases were detected through sputum analysis and no less than 85% of them were successfully treated through DOTS therapy, assuming that the first phase of the programme would cure at least 3,000 individuals per year. The overall objective was to help

improve the population's health. For the second programme, the overall objective was defined more specifically as breaking the TB chain of infection and containing the TB epidemics. The programme appraisal report defined the overall objective indicator as reducing the incidence of new TB cases by an annual 15%, starting from 2002. However, this would have meant resolving the TB issue in Kyrgyzstan within a couple of years, which from today's point of view does not seem realistic in view of persistent economic turmoil and its impact on society. Therefore, this ex post evaluation report uses the following indicators to evaluate the overall objective level: reduction of TB incidence, TB mortality and TB morbidity. The programmes were closely connected to the Health Sector Reform Project (MANAS) sponsored by the World Bank, and were part of the National TB Programme, which is also supported by USAID/Project HOPE, the Centers for Disease Control (US) and the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM).

### **Project design / major deviations from the original project planning and their main causes**

Both programmes provided for the nationwide supply of medical drugs (particularly modern combination drugs for short-term treatment). Other measures included the provision of supplementary laboratory equipment (supply of binocular microscopes etc. and laboratory expendables), of medical devices (e.g. x-ray units, bronchoscopes) for hospitals at the oblast (province) and raion (district) levels, of necessary non-medical supplies and advisory services, and the procurement and distribution of such supplies. Putting the initial focus on the densely-populated south and the National TB Institute as a regulatory agency, followed by a phase where the necessary foundation (in terms of drug supplies, laboratories and medical devices) for successful DOTS detection and treatment would be laid in the rest of the country proved to be a successful approach. At the time of programme appraisal, the National Institute was acting as executing agency for the Financial Cooperation project. Now it has also assumed the responsibilities of a leading TB agency which supervises all TB programmes.

### **Key results of the impact analysis and performance rating**

The success of the programmes is reflected in the good performance of the objective indicators. For instance, the programme objective indicator target of curing 85% of all persons that had been diagnosed as sputum positive was achieved in 2004 (85.8%) and 2005 (84.6%). The target of curing 3,000 persons per year compares to an actual 4,500 people cured. In total, approximately 41,000 persons have been cured since the introduction of the programmes in 1999, most of them hailing from the poorer strata of society.

The investment made as part of the German Financial Cooperation (FC) programmes laid the foundation for a DOTS strategy in Kyrgyzstan, and as such they have had important structural effects. As a result of the programmes, combating TB is now recognised as an important issue. What is more, the programmes paved the way for other donors, including the GFATM, to get involved in the development of structures to combat TB, e.g. by providing further training.

As part of a summary evaluation, we have arrived at the following conclusions regarding the programme's overall performance (i.e. its developmental effectiveness):

Ongoing FC support has helped develop important components of the National TB Programme. Today, the fight against TB is one of the national priorities of the Kyrgyz government, contributing to better health, particularly in the poor strata of society. From the outset, the two programmes were closely linked to the MANAS programme supported by the World Bank. Donor coordination worked well, synchronising priorities in an intelligent manner. This means that the conceptual approach of the programmes was appropriate and in line with the health sector concept of the German government. Particularly by contributing to Millennium Development Goal (MDG) 6, the programmes helped achieve one of the development policy goals of the German government. Overall, the relevance of the programmes is rated as very good (sub-rating 1).

The two programmes were an integral part of the National TB Programme, and although credit for achieving the objectives is, therefore, due to a number of partners, this success would not have been possible were it not for the two programmes. The first supplies of medical drugs and equipment, e.g. for sputum microscopy, were decisive for developing a modern DOTS programme in Kyrgyzstan. It is true that the WHO target of curing 85% of all new cases which are diagnosed as sputum positive was achieved only in certain years, but this compares to a worldwide average that is as low as 82%. In Kyrgyzstan, this standard indicator, ranging between 85.8% in 2004 to 82.3% and 2006, is basically on target, and deviations may be ascribed to statistical inaccuracies. As regards the DOTS detection indicator (i.e. the ratio of the number of sputum-positive cases to the total number of registered lung TB cases), the 1997 programme appraisal report set a target of 20.4%. According to WHO, the indicator was running at 42% in 2000 and continued to rise to 63.2% in 2006, which is close to the international target of 70%. Overall, the effectiveness of the programmes is rated as good (sub-rating 2).

The two programmes paved the way for implementing a nationwide DOTS programme with a view to reducing the costs of treatment per TB patient by providing simpler and more efficient diagnostic tools (sputum diagnostics instead of regular x-ray examinations) and treatment options (standard drugs). Shorter hospitalisation periods in accordance with DOTS standards resulted in a reduction in the number of hospital beds and staff. TB treatment also produces considerable benefits for the country's economy by saving treatment costs, avoiding production losses (by saving other people from contracting this fatal disease) and reducing the sufferings of the affected families. A World Bank study published in 2005 concludes that TB morbidity and mortality might reduce GDP in the Central Asian region by up to 0.5%. The study also provides evidence that any US dollar spent on TB treatment yields two dollars in expected benefits from reducing TB morbidity and mortality. The efficiency of the programmes is rated as good (sub-rating 2).

In conjunction with other donors and the National TB Programme, the two programmes attempted to break the TB chain of infection and contain the TB epidemic in Kyrgyzstan. While TB morbidity first rose from 114.4 per 100,000 inhabitants in 1999 to 121.8 in 2000, this increase appears to be a merely statistical effect resulting from improved diagnostics. A marked improvement to 113.6 was recorded in 2004, followed by a clearly positive trend leading to a morbidity rate of 109.7 per 100,000 inhabitants in 2007. TB mortality decreased from 13.6 per 100,000 inhabitants in 1999 to 9.7 in 2007, which is clear evidence of the progress made in TB detection and treatment. We consider this a great success. In summary, the overarching developmental impact is rated as very good (sub-rating 1).

The sustainability of the programmes is strengthened by a rising number of commitments from other donors and from Kyrgyz players too. For instance, improvements to the patients' diet were made at the oblast TB clinic in Chui, as the oblast's administration declared TB a priority, after recognising the dimension of the international efforts to contain this epidemic. And judging from the increase in funds to improve the situation of TB patients, city governments, which are in charge of hospital administration, seem to be paying more attention too. All told it is fair to say that the FC programme played a crucial role in developing the underlying structures required to combat TB, by creating a modern TB control programme. However, in view of the dimension of TB as a health issue that cannot be tackled by the Kyrgyz budget alone, the TB programme will, for a long time, continue to depend on support from international donors. The sustainability of the programmes is rated as good (sub-rating 2).

Assessing the individual evaluation criteria discussed above, the overall performance of the programmes is rated as good (overall rating 2).

## Notes on the methods used to evaluate project success

### Assessment criteria

Projects are evaluated on a six-point scale, the criteria being relevance, effectiveness, overarching developmental impact and sustainability. The ratings are also used to arrive at a final assessment of a project's overall developmental efficacy. The scale is as follows:

Developmentally successful: ratings 1 to 3	
Rating 1	Very good result that clearly exceeds expectations
Rating 2	Good result, fully in line with expectations and without any significant shortcomings
Rating 3	Satisfactory result – project falls short of expectations but the positive results dominate
Developmental failures: Ratings 4 to 6	
Rating 4	Unsatisfactory result – significantly below expectations, with negative results dominating despite discernible positive results
Rating 5	Clearly inadequate result - despite some positive partial results, the negative results clearly dominate
Rating 6	The project has no impact or the situation has actually deteriorated

Sustainability is evaluated according to the following four-point scale:

Rating 1	Very good sustainability	The developmental efficacy of the project (positive to date) is very likely to continue undiminished or even increase.
Rating 2	Good sustainability	The developmental efficacy of the project (positive to date) is very likely to decline only minimally but remain positive overall. (This is what can normally be expected.)
Rating 3	Satisfactory sustainability	The developmental efficacy of the project (positive to date) is very likely to decline significantly but remain positive overall. This rating is also assigned if the sustainability of a project is considered inadequate up to the time of the ex post evaluation but is very likely to evolve positively so that the project will ultimately achieve positive developmental efficacy.
Rating 4	Inadequate sustainability	The developmental efficacy of the project is inadequate up to the time of the ex post evaluation and an improvement that would be strong enough to allow the achievement of positive developmental efficacy is very unlikely to occur. This rating is also assigned if the developmental efficacy that has been positively evaluated to date is very likely to deteriorate severely and no longer meet the level 3 criteria.

### Criteria for the evaluation of project success

The evaluation of the developmental effectiveness of a project and its classification during the ex-post evaluation into one of the various levels of success described in more detail above focus on the following fundamental questions:

Relevance	Was the development measure applied in accordance with the concept (developmental priority, impact mechanism, coherence, coordination)?
Effectiveness	Is the extent of the achievement of the project objective to date by the development measures – also in accordance with current criteria and state of knowledge – appropriate?
Efficiency	To what extent was the input, measured in terms of the impact achieved, generally justified?
Overarching developmental impacts	What outcomes were observed at the time of the ex post evaluation in the political, institutional, socio-economic, socio-cultural and ecological field? What side-effects, which had no direct relation to the achievement of the project objective, can be observed?
Sustainability	To what extent can the positive and negative changes and impacts by the development measure be assessed as durable?