



Technical Assistance Report

Project Number: 54201-001
Transaction Technical Assistance Facility (F-TRTA)
May 2020

Support to Address Outbreak of COVID-19 and Strengthen Preparedness for Communicable Diseases in South Asia

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Asian Development Bank

ABBREVIATIONS

ADB	–	Asian Development Bank
COVID-19	–	coronavirus disease 2019
DMC	–	developing member country
OECD	–	Organization for Economic Cooperation and Development
PPE	–	personal protective equipment
SARD	–	South Asia Department
TA	–	technical assistance
TASF	–	Technical Assistance Special Fund
UNESCO	–	United National Educational, Scientific and Cultural Organization

NOTE

In this report, “\$” refers to United States dollars

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TRANSACTION TECHNICAL ASSISTANCE AT A GLANCE

1. Basic Data		Project Number: 54201-001	
Project Name	Support to Address Outbreak of COVID-19 and Strengthen Preparedness for Communicable Diseases in South Asia	Department/Division	SARD/SAHS
Nature of Activity	Project Preparation, Capacity Development, Policy Advice	Executing Agency	Asian Development Bank
Modality	Facility		
Country	REG (BAN, BHU, IND, MLD, NEP, SRI)		
2. Sector	Subsector(s)	ADB Financing (\$ million)	
✓ Health	Disease control of communicable disease		0.28
	Health system development		0.42
Education	Education sector development		0.24
	Education sector development - social protection initiatives		0.06
		Total	1.00
3. Operational Priorities		Climate Change Information	
✓ Addressing remaining poverty and reducing inequalities		GHG Reductions (tons per annum)	0
✓ Accelerating progress in gender equality		Climate Change impact on the Project	Low
✓ Strengthening governance and institutional capacity			
		ADB Financing	
		Adaptation (\$ million)	0.00
		Mitigation (\$ million)	0.00
		Cofinancing	
		Adaptation (\$ million)	0.00
		Mitigation (\$ million)	0.00
Sustainable Development Goals		Gender Equity and Mainstreaming	
SDG 1.5		Effective gender mainstreaming (EGM)	✓
SDG 3.3, 3.d			
SDG 4.1, 4.7			
SDG 5.1			
SDG 10.4			
4. Risk Categorization Low		Poverty Targeting	
5. Safeguard Categorization Safeguard Policy Statement does not apply		General Intervention on Poverty ✓	
6. Financing			
Modality and Sources		Amount (\$ million)	
ADB		1.00	
Transaction technical assistance: Technical Assistance Special Fund		1.00	
Cofinancing		0.00	
None		0.00	
Counterpart		0.00	
None		0.00	
Total		1.00	
Currency of ADB Financing: US Dollar			

I. THE TECHNICAL ASSISTANCE FACILITY

A. Justification

1. **Context.** The World Health Organization (WHO) announced the coronavirus disease 2019 (COVID-19) outbreak as a global pandemic on 11 March 2020.¹ As of 12 May 2020, a staggering 4,088,848 cases had been confirmed worldwide and the death toll was 283,153.² In South Asia region's developing member countries (DMCs), a total of 88,415 cases have been confirmed as of 12 May 2020. The outbreak has escalated in its severity in South Asian DMCs. Within a span of a month, the total number of confirmed cases in South Asia region increased by nearly 10 times.³ The region's large population, high population density, and regional and in-country migration flows place countries at increased risk of rapid transmission. In addition to the health risks, the COVID-19 outbreak has upended education systems and led to unprecedented loss of livelihoods. Learning has been disrupted for over 375 million learners in South Asian DMCs due to nationwide school closures that have been in place since March 2020.⁴ Global shutdown of most economic activities have led to earnings loss for domestic as well as overseas workers. The immediate risks and disruptions are likely to continue for the foreseeable future until a vaccine is developed and mass immunization is achieved. Immediate and continued support to South Asian DMCs to address COVID-19 spread and strengthen health, education and social systems response for future outbreaks is crucial as pandemics can have catastrophic short-term and long-term effects on human lives, critical service delivery for human capital development and the economy.

2. **Health sector context and issues.** While the South Asia region has made significant gains in improving health indicators, DMCs face common health system challenges that could be exacerbated during periods of crisis such as the COVID-19 pandemic. Over the past 15 years, South Asian DMCs have registered improvements in average life expectancy, infant mortality rates and maternal mortality ratios. Despite these improvements, several challenges remain. On the supply side, challenges include lack of trained health personnel, poor physical infrastructure, and insufficient coverage. For example, the number of hospital beds per 1,000 people is below 1 in Bangladesh and India, 1.2 in Nepal, and 3.8 in Sri Lanka. These are well below the recommended number of 4 to 6 beds per 1,000 people.⁵ Moreover, many countries in the region also lack coordinated mechanisms, capabilities, and systems for emergency preparedness that are needed to prevent, detect, and respond to infectious disease outbreaks. In a recent index of global health security for preventing and responding to outbreaks, South Asian DMCs ranked low among 195 countries.⁶ On the demand side, social and gender barriers to healthcare utilization behavior and access to quality coverage also pose challenges across the region.

¹ World Health Organization (WHO). 2020. [Director-General's opening remarks at the media briefing on COVID-19](#). Geneva.

² WHO. 2020. [Coronavirus disease 2019 \(COVID-19\) Situation Report – 113](#). Geneva.

³ As of 12 May 2020, the total number of confirmed cases in Bangladesh, Bhutan, India, Maldives, Nepal and Sri Lanka was 88,415. As of 12 April 2020, this number was 9,209.

⁴ United Nations Educational, Scientific and Cultural Organization (UNESCO). 2020. *COVID-19 Educational Disruption and Response*. <https://en.unesco.org/covid19/educationresponse> (accessed 5 May 2020).

⁵ Organization for Economic Cooperation and Development (OECD)/WHO. 2018. *Health at a Glance: Asia/Pacific 2018: Measuring Progress towards Universal Health Coverage*, OECD Publishing, Paris.

⁶ Johns Hopkins Bloomberg School of Public Health. 2019. Ranks out of 195 countries were 113 for Bangladesh; 85 for Bhutan; 57 for India; 121 for Maldives; 111 for Nepal; and 120 for Sri Lanka. *Global Health Security Index: Building Collective Action and Accountability*. Maryland.

3. The COVID-19 outbreak threatens to further strain already stretched health resources and seriously undermine health systems in South Asian DMCs. Shortages of ventilators and personal protective equipment (PPE) have already been reported worldwide. Moreover, the outbreak threatens to disrupt continuity of quality health service delivery for conditions not related to COVID-19 due to issues such as potential overcrowding in healthcare facilities, shift in provision of emergency medical services away from other health conditions, and disruptions in supply of PPEs and prescription drugs. Failure to mitigate the impact of COVID-19 outbreak given these existing challenges could reverse the gains made in improving health outcomes and further have deleterious effects on countries' health and human capital.

4. **Issues in education and social inclusion.** The outbreak has imperiled access to education and learning due to closure of schools and educational facilities. While South Asian DMCs have made remarkable gains in education access, low learning outcomes, low quality and relevance of education, and inequities in access especially at the post-primary levels pose challenges. As of 2017, 96.7 million children were out of school in the South Asia region.⁷ Learning outcomes and competencies are low and not commensurate with the skills demanded in a changing global economy. The COVID-19 outbreak intensifies these challenges in two ways. First, disruptions in schooling threaten to put more learners out of school and impair learning. Second, uncertainties in the global economy and the future of work heighten the need for higher order competencies and ability to learn. These difficulties are compounded by poor digital infrastructure in the region rendering virtual modes of education infeasible for most learners which could widen educational inequality. About two-thirds or more of the population in Bangladesh, India, Nepal and Sri Lanka are estimated to be without internet access as of 2017.⁸ Even among the few who can access virtual education, the quality of instruction and learning may be subpar due to issues such as teacher inexperience with virtual teaching and absence of stimuli needed for cognitive development and learning. Moreover, inequality in education may continue to persist even after schools reopen due to increased opportunity costs of attending school for children from poor households that have suffered economic losses.

5. The outbreak has also enhanced the need for expanded social protection and support for gender, poor communities, migrants and vulnerable populations as its impact is likely to be more pronounced for vulnerable groups. While varying degree of social protection mechanisms are in place in South Asian DMCs, there is a need for greater investment and coverage. For example, public spending on social protection, excluding health, is less than 2% of the gross domestic product in countries such as Bangladesh, Bhutan, and India; and coverage needs to be diversified across different subgroups.⁹

6. The combined immediate and long-term risks to health, education and social inclusion threaten to stunt human capital development. Therefore, a two-pronged approach to support countries for enhancing their emergency response to manage the outbreak and strengthening service delivery systems capacity and preparedness for future shocks will be required.

7. **Asian Development Bank's assistance.** COVID-19 pandemic poses unprecedented challenges to many countries in the world, and most development partners are supporting developing countries. The Asian Development Bank (ADB) has also announced COVID-19 response program. In the South Asia Department (SARD) of ADB, new emergency support for response to COVID-19 outbreak in areas of health, social protection, and economic support has

⁷ UNESCO. 2018. [New Education Data for SDG 4 and More](#). (accessed 7 May 2020).

⁸ International Telecommunication Union World. 2020. [Telecommunication/ICT Indicators Database](#). (accessed 4 May 2020).

⁹ International Labor Organization. 2017. *World Social Protection Report, 2017-2019*. Geneva.

been requested by the governments of Bhutan, Bangladesh, India, Maldives, Nepal and Sri Lanka. Given ADB's long-term engagement in supporting health sector development and health systems strengthening, ADB is well-positioned to urgently support governments' response and preparedness. Moreover, ADB's support to education sector initiatives in SARD countries will also be helpful as countries look to mitigate the impact of disruptions in the education sector. The countercyclical support facilities under the COVID-19 crisis response option provided to SARD DMCs are mainly geared to protect the poor and vulnerable populations from falling into destitution and saving lives from COVID-19 infection. ADB support to strengthen preparedness of health as well as education systems and protecting vulnerable groups in SARD countries in case of future shocks will be critical for mitigating impacts on health and overall human capital, and to safeguard the developmental gains made so far.

8. The proposed transaction technical assistance (TA) facility will (i) support the design of ongoing and ensuing SARD health and education sector projects in aligning project activities to address and mitigate the impact of the COVID-19 outbreak; (ii) provide analytical support to inform short-term and long-term actions, policy and ensuing projects to address the outbreak and strengthen health, education and social protection systems preparedness for future outbreaks or similar external shocks; and (iii) support assessments to learn from ongoing COVID-19 responses in health, education and social protection to identify gaps and opportunities for accelerated reform actions to mitigate impacts of the outbreak and strengthen resilience against future disruptions.

9. Given the rapidly evolving nature of the COVID-19 outbreak, health projects face previously unanticipated challenges. Therefore, support to identify gaps and reinforcement measures may be needed. The following ongoing and pipeline SARD projects will be supported (i) Sri Lanka's Health System Enhancement Project;¹⁰ (ii) Bhutan's Health Sector Development Program;¹¹ (iii) Bangladesh's Urban Primary Health Care Services Delivery Project (Additional Financing);¹² and (iv) India's Comprehensive Primary Health Care in Urban Areas (pipeline), as necessary.¹³ In addition to these projects, the TA facility will provide relevant support to inform programs and policies to the governments of South Asian DMCs in strengthening education and social protection service delivery and building system resilience.

10. **Rationale for a regional transactional technical assistance facility.** The regional TA facility approach is suitable as it will enhance project design and efficiency for health projects, and support policy-relevant activities across SARD countries by mobilizing consultant resources to address common issues faced by SARD countries in addressing the COVID-19 outbreak and strengthening preparedness for future potential outbreaks. The facility will bridge capability gaps by bringing in international expertise not available in-country in areas of emergency response needs assessments and planning, strengthening surveillance systems, education technology and planning during emergencies, and enhancing learning, to name a few. The facility will also foster knowledge transfer across countries by creating synergies from using common pool of experts. In addition, by supporting strengthening of a regional public good such as health surveillance and systems, the facility contributes to regional cooperation efforts. Overall, this TA facility will reduce transaction costs compared to resources required for separate stand-alone transaction TA

¹⁰ ADB. 2018. *Report and Recommendation of the President to the Board of Directors: Proposed Loan and Grant to Sri Lanka for the Health System Enhancement Project*. Manila.

¹¹ ADB. 2018. *Report and Recommendation of the President to the Board of Directors: Proposed Grant and Technical Assistance Grant to Bhutan for the Health Sector Development Program*. Manila.

¹² ADB. 2018. *Additional Financing: Urban Primary Health Care Services Delivery Project in the People's Republic of Bangladesh*. Manila.

¹³ ADB. Forthcoming *Report and Recommendation of the President to the Board of Directors: Proposed Result-Based Loan and Technical Assistance Grant to India for the Comprehensive Primary Health Care in Urban Areas*. Manila.

projects. The Sustainable Development and Climate Change Department (SDCC) recently approved a regional TA of \$48 million to support medium- to long-term health systems strengthening in ADB's DMCs.¹⁴ This TA facility will complement the said regional TA of the Sustainable Development and Climate Change Department by providing tailored support for project design and policy analysis to SARD DMCs considering regional and country-specific challenges related to (i) emergency response to outbreaks; (ii) healthcare supply and demand; (iii) health, education, and social protection systems strengthening; and (iv) managing disruptions in social sector service delivery.

B. Outputs and Activities

11. Output 1: Design of projects and activities to address COVID-19 outbreak strengthened. This output will support the design of new health sector projects and activities under ongoing health sector projects to adjust for the effects of the outbreak (para 9). The activities will include (i) health system assessments including supply side assessment of gaps in emergency response at the national and local service delivery levels based on global or regional benchmarks in countries that have successfully responded to epidemics or pandemics; the assessment will also explore how the private sector could provide health infrastructure and operations support; (ii) healthcare demand assessments taking into account any effect of the COVID-19 outbreak as well as social norms and gender barriers to seeking care; (iii) identification of gaps in maternal and child health, and nutrition due to the outbreak; and (iv) identification of key areas for investment in health and ADB support.

12. Output 2: Preparedness of health, education, and social protection systems in SARD developing member countries to respond to outbreaks strengthened. This output will provide inputs to ensuing health, education and social sector projects to strengthen preparedness of health, education, and social protection systems in providing effective emergency response in case of future potential outbreaks in SARD DMCs. For health sector, activities will include (i) review of risks and health resources mapping; (ii) assessments of procurement capacity and recommendations for developing flexible systems for procuring necessary supplies; (iii) technical support for strengthening response plans and mechanisms including systems for maintaining stockpiles of essential drugs and PPE, strengthening reporting, and improving surveillance systems; and (iv) strategic advice for containing cases and managing treatment, including a gender-sensitive approach to providing treatment. This output will also support data analytics to explore use of existing telecommunications data in managing testing logistics and treatments in epidemiological clusters. The data analytics will be implemented in Sri Lanka and Nepal. For education and social protection sectors, activities will be related to (i) identifying approaches to ensure continuity in learning across subsectors including examples from low infrastructure settings or countries in crises; (ii) ways to improve learning, building self-direction, and nurturing socioemotional skills in context of altered learning environments; (iii) informing strategies for increasing trained health personnel in the medium to long-term; and (iv) enhancing social protection activities and systems to curb inequities due to disruptions such as COVID-19.

13. Output 3: Knowledge on evidence-based approaches for effective operations in health, education and social protection promoted. This output will support production and exchange of knowledge in health, education and social protection sectors gathered from ongoing responses to COVID-19. Assessments of ongoing operations will be supported to inform ensuing projects, and country-specific design and implementation of accelerated actions to mitigate the

¹⁴ ADB. 2020. *Regional Support to Address the Outbreak of Coronavirus Disease 2019 and Potential Outbreaks of Other Communicable Diseases*. Manila.

outbreak's impact and strengthen systems against future shocks. Knowledge exchange activities will be encouraged through seminars, workshops, and policy dialogues in DMCs, as appropriate.

C. Cost and Financing

14. The TA facility is estimated to cost \$1,000,000 which will be financed on a grant basis by ADB's TA Special Fund (\$666,667 from TASF-6 and \$333,333 from TASF-Others). The key expenditure items are listed in Appendix 1. The relevant governments will provide counterpart support in the form of counterpart staff, office space, office supplies, secretarial and coordination assistance, and other in-kind contributions. The governments have been informed that approval of the TA does not commit ADB to finance any ensuing projects.

D. Implementation Arrangements

15. ADB will administer the TA and will be the executing agency. In close coordination with the resident missions, the South Asia Human and Social Development (SAHS) Division will implement the TA and be accountable for the outputs. The division will carry out TA administration, supervision, implementation oversight, coordination with concerned government agencies, and communication with consultants and stakeholders.

16. The implementation arrangements are summarized in the table below.

Implementation Arrangements			
Aspects	Arrangements		
Indicative implementation period	May 2020–May 2023		
Executing agency	ADB		
Consultants	To be selected and engaged by ADB		
	Firm: CQS	29 person-months	\$405,000
	Individual: ICS	International (40 person-months)	\$458,000
Disbursement	The TA resources will be disbursed following ADB's <i>Technical Assistance Disbursement Handbook</i> (2010, as amended from time to time).		

ADB = Asian Development Bank, TA = technical assistance, CQS = Consultant Qualification Selection, ICS = Individual Consultant Selection

Source: Asian Development Bank.

17. **Consulting services.** The TA facility will provide a total of 69 person-months of international consultant inputs to support the design of ensuing and ongoing projects and provide support to address the impacts of COVID-19 outbreak and strengthen preparedness. The consultants will be recruited using individual consultant selection method. The TA facility will also recruit two firms for a total of 29 person-months to conduct immediate data analytics to support identification and management of epidemiological clusters in Sri Lanka and Nepal. The firm will be recruited using consultant qualification selection. ADB will engage the consultants following the ADB Procurement Policy and Regulations (2017, as amended from time to time) and its associated project administration instructions and/or staff instructions.¹⁵

II. THE PRESIDENT'S DECISION

18. The President, acting under the authority delegated by the Board, has approved the provision of technical assistance not exceeding the equivalent of \$ 1,000,000 on a grant basis for Support to Address Outbreak of COVID-19 and Strengthen Preparedness for Communicable Diseases in South Asia, and hereby reports this action to the Board.

¹⁵ Terms of Reference for Consultants (accessible from the list of linked documents in Appendix 3).

COST ESTIMATES AND FINANCING PLAN
(\$'000)

Item	Amount
A. Asian Development Bank^a	
TASF-6	
1. Consultants	
a. Remuneration and per diem	
i. International consultants	321
b. Out-of-pocket expenditures	
i. International and local travel	47
ii. Surveys or studies ^b	243
2. Training, seminars, and conferences	
a. Venue rental and related facilities	15
b. Participants	10
3. Contingencies	31
Sub-total	667
TASF-Others	
1. Consultants	
a. Remuneration and per diem	
i. International consultants	137
b. Out-of-pocket expenditures	
i. International and local travel	15
ii. Surveys or studies ^b	162
2. Contingencies	19
Sub-total	333
Total	1,000

TASF = technical assistance special fund.

Note: Cost-sharing disbursement arrangements between the two funding sources will be followed.

^a Financed by the Asian Development Bank's Technical Assistance Special Fund (TASF-6 and TASF- other sources).

^b Cost estimate includes engagement of firms, including international and national consultant position within the firms, who will carry out the surveys or studies.

Source: Asian Development Bank estimates.

PROJECTS UNDER TECHNICAL ASSISTANCE FACILITY

Indicative Consultants' Input Allocation (person-month)

Item	Total	Ensuing and ongoing projects				E	F	G	H	I	J
		A	B	C	D						
		Low risk	Low risk	Low risk	Low risk						
A. Individual consultants - International											
Senior data scientist	2.0	1.0				1.0					
Senior health security expert	3.0			1.0	1.0					1.0	
Health information technology expert	2.0			0.5	0.5				0.5	0.5	
Maternal, child health and nutrition specialist	2.0		0.5	0.5	0.5					0.5	
Health economist- demand side research	2.0		0.5	0.5	0.5					0.5	
Pool of international experts	15.0					3.0	2.0	6.0	2.0	2.0	
Senior education specialist – education systems	3.0					0.5	0.5	0.5	0.5	0.5	0.5
Senior education specialist - learning support	3.0					1.0		1.0		1.0	
Teacher development specialist	3.0					1.0	0.5		0.5	1.0	
Education technology specialist	3.0					1.0	0.5		0.5	1.0	
Social protection specialist	2.0					0.5	0.5	0.5		0.5	
Subtotal A	40.0	1.0	1.0	2.5	2.5	8.0	4.0	8.0	4.0	8.5	0.5
B. Firm consultants											
International positions											
Team leader/management expert	3.0									1.5	1.5
Healthcare management expert	3.0									1.5	1.5
Medical professional (epidemiologist)	2.0									1.0	1.0
Statistician/ data analytics expert	3.0									1.5	1.5
Information and telecommunications expert	2.0									1.0	1.0
GIS and mapping expert	2.0									1.0	1.0
National positions											
Pool of consultants	14.0									7.0	7.0
Subtotal B	29.0	0	0	0	0	0	0	0	0	14.5	14.5
Total (A + B)	69.0	1.0	1.0	2.5	2.5	8.0	4.0	8.0	4.0	23.0	15.0

A. India - Comprehensive Primary Health Care in Urban Areas; B. Sri Lanka - Health Systems Enhanced Project; C. Bhutan Health Sector Development Program; D. Bangladesh - Urban Primary Health Care Services Delivery Project – Additional Financing; E. Bangladesh; F. Bhutan; G. India; H. Maldives; I. Nepal; J. Sri Lanka.

Note: Risk category refers to the risk rating of the project being supported (indicative for ensuing projects) per OMD 12: Staff Instruction on Business Processes for TRTA.

LIST OF LINKED DOCUMENTS

<http://www.adb.org/Documents/LinkedDocs/?id=54201-001-TAReport>

1. Terms of Reference for Consultants
2. Report and Recommendation of the President (RRP): Health System Enhancement Project
3. RRP: Health Sector Development Program
4. RRP: Urban Primary Health Care Services Delivery Project