



1. Project Data

Project ID

P116167

Project Name

NE-HIV/AIDS Support Project II (FY11)

Country

Niger

Practice Area(Lead)

Health, Nutrition & Population

L/C/TF Number(s)

IDA-49190

Closing Date (Original)

30-Jun-2016

Total Project Cost (USD)

20,000,000.00

Bank Approval Date

26-Apr-2011

Closing Date (Actual)

31-Dec-2016

IBRD/IDA (USD)
Grants (USD)

Original Commitment

20,000,000.00

0.00

Revised Commitment

20,000,000.00

0.00

Actual

18,743,582.11

0.00

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2. Project Objectives and Components

a. Objectives

The Financing Agreement (p. 5) states that the objective of the project was: "to increase access to HIV/AIDS and STI-related services by high-risk groups in the Recipient's territory." The PAD's statement of objectives is consistent with the Financing Agreement.

Note on ICR Acronyms in the objective statement:

HIV: Human Immunodeficiency Virus; AIDS: Acquired Immune Deficiency Syndrome; and STI: Sexually Transmitted Infection.



Note on the split evaluation performed by the ICR:

A level-2 restructuring in 2014 revised one outcome target for condom use upwards, from 90% to 95%, while revising the results framework. The small upward revision does not diminish the commitment of the project to its intended outcomes, but rather increases it. Therefore, this ICR Review does not apply a split evaluation.

b. Were the project objectives/key associated outcome targets revised during implementation?

Yes

Did the Board approve the revised objectives/key associated outcome targets?

No

c. Will a split evaluation be undertaken?

No

d. Components

No changes were made to the project components, and the project's scope was national.

1. Strengthening health services delivery for HIV/AIDS/STI (Appraisal US\$10.0 million; Actual US\$9.25 million) – implemented by the Health Sector Coordination Unit of the Ministry of Health (MOH). This component consisted of two subcomponents:

1.1: Improving the quality and availability of health service delivery:

(a) Improving the quality of services provided by HIV/AIDS and STI testing, care and treatment centers in the Recipient's territory, through the provision of tests, drugs and equipment, and the training of medical staff in said centers;

(b) Improving the management of the supply chain through: (i) carrying out of an assessment of MOH's strengths and weaknesses; and (ii) the provision of equipment, including information technology equipment and software, and training to address weaknesses identified by said assessment;

(c) Improving biosafety in HIV/AIDS and STI testing, care and treatment through the provision of training and equipment for the implementation of the Waste Management Plan;

(d) Strengthening the prevention of mother-to-child transmission, through the provision of contraceptive, tests, drugs and equipment to health centers involved in providing reproductive health services, and the training of their medical staff;

(e) Strengthening HIV/TB service integration, through the provision of tests, equipment and training to increase the percentage of TB patients tested for HIV, and the percentage of HIV-positive people screened for TB, and;

(f) Developing a second-generation surveillance of AIDS cases, new HIV infections, behaviors and characteristics of people at high risk, through: (i) carrying out an assessment of the strengths and



weaknesses of the current surveillance system, including a proposal to develop a second-generation surveillance system; (ii) identification of health centers for the collection of data; and (iii) development of tools, provision of equipment and training of staff in data collection and analysis.

1.2: Piloting an output-based financing of HIV/AIDS services:

A results-based financing (RBF) pilot would be undertaken for the delivery of the Minimum Package of Services (curatives consultations; skill birth attendance; use of contraceptive; HIV testing; prenatal consultation; post-natal consultation; nutrition of child under 5).

2. Prevention of HIV/AIDS/STI for high-risk groups (Appraisal US\$7.0 million; Actual US\$6.58 million) – implemented by the Inter-Sectoral Program Coordination Unit under the President Cabinet. This component consisted of carrying out activities for (i) the prevention of HIV/AIDS/STI targeting sex workers and/or their clients; and (ii) the provision of support to AIDS orphans, including children of sex workers.

3. Management, monitoring and evaluation (Appraisal US\$3.0; Actual US\$2.91 million) - implemented by the Inter-Sectoral Program Coordination Unit. The planned activities aimed at strengthening monitoring and evaluation, and at further strengthening the capacities of the National Intersectoral AIDS Agency through the provision of administrative, managerial and fiduciary support, capacity building at the central, regional and local levels, and technical support to enhance policy and strategy development.

e. Comments on Project Cost, Financing, Borrower Contribution, and Dates

Project Costs. At appraisal, the project cost was estimated at US\$20 million, out of which US\$18.74 were disbursed.

Financing. The project was fully financed by an IDA credit. The Borrower was not expected to provide counterpart financing, and did not.

Dates. The project was appraised on 3/10/2011 and became effective on 9/09/2011. A Mid-Term review was undertaken on 3/17/2014, followed by a level-2 restructuring on 08/22/2014 to revise the results framework, reallocate proceeds and introduce institutional changes in implementation arrangements. A second level-2 restructuring on 3/13/2016 extended the closing date by 6 months to allow completion of remaining activities. The project closed on 12/31/2016.

3. Relevance of Objectives & Design

a. Relevance of Objectives

The country situation at appraisal showed multiple challenges, including meeting the needs of a young population estimated at 15.2 million (2010) with a high population growth rate of 3.7% per year and a total fertility rate of 7.1. Primary school enrollment was 68%, but the adult illiteracy rate was 71%, and 46.7% of



the population was living on less than US\$2 per day. While HIV/AIDS prevalence in the general population was low at 0.8% of adults, high prevalence was concentrated in high-risk groups, notably sex workers, their clients and partners. On average, one-in-four Nigerien sex workers and one-in-five persons with tuberculosis was HIV-positive, with variable rates among the regions. Therefore, containing the spread of the HIV epidemic from high-risk groups to the general population was a priority.

The project was and remains responsive to the country's HIV/AIDS situation, global priorities, Bank's Country Assistance Strategy (2008), and the Country Partnership Strategy for FY13-FY16 on reducing vulnerability. Addressing the HIV/AIDS epidemic remains central to the Sustainable Development Goals, including ending the HIV/AIDS epidemic by 2030. The Government of Niger prioritized the prevention, treatment, care and support of those affected, and most-at-risk groups as articulated in its 2013-2017 HIV National Strategic Plan, which sets the strategic direction to fight HIV. The plan builds on UNAIDS vision of zero new infections, zero AIDS-related deaths, and zero discrimination. The project objectives remain relevant to Bank priorities and its twin goals of ending extreme poverty and boosting shared prosperity for the bottom 40% of the population. The Bank's Health, Nutrition and Population Strategy aims to support countries' efforts to control communicable diseases, including HIV/AIDS, through health systems strengthening and a focus on results. The epidemic remains concentrated in high-risk groups in Niger. Therefore, the objective to increase access to HIV/AIDS and STI related services by high-risk groups remains relevant.

Rating
High

Revised Rating
Not Rated/Not Applicable

b. Relevance of Design

The design was sound and targeted high risk-groups as recommended by international good practice. The targeting process used socio-geographic mapping to identify hotspots for HIV transmission and focused on vulnerable groups in priority regions where the majority of new infections were generated. The design supported the preparation of technical tools, guidelines and training of staff involved in project interventions. The design laid out a results chain linking funding and planned activities to outputs and intermediate outcomes to outcomes for improved access to high-risk groups. Carrying out activities for the prevention of HIV/AIDS/STI in high-risk groups increases their access to interventions that prevent HIV transmission, including in sex workers, truckers, miners, migrant workers, and military personnel. Reaching HIV positive pregnant women, and providing them with preventive therapy, reduces vertical mother-to-child transmission. Improving the quality and availability of service delivery, and engaging community-based organizations and non-governmental organization (NGOs), would expand access to services. Developing a second-generation surveillance, which monitors HIV/AIDS as well as risk behaviors, would guide the targeting of services to vulnerable groups in an efficient and effective manner. Ultimately, increased access to HIV/AIDS and STI-related services by high-risk groups would contribute to curbing further transmission within the risk groups themselves and to the population at large.

Rating

Revised Rating



Substantial

Not Rated/Not Applicable

4. Achievement of Objectives (Efficacy)

Objective 1

Objective

Increase access to HIV/AIDS and STI-related services by high-risk groups

Rationale

As project interventions focused on prevention, and as the services for HIV/AIDS and STI were operationally integrated as a package of services, access to these services is assessed under one objective. While there were other actors independently involved in HIV/AIDS prevention and control, the project outputs constituted the main response to confront HIV/AIDS in the country.

Outputs

Training:

- Training of 8,483 health personnel (exceeding the target of 7,500 workers).
- 5,402 health workers trained on STI syndromic approach and care for people living with HIV.
- 4,057 peer educators trained in behavior change communication.
- 18,056 sex workers and their clients participated in at least five prevention awareness sessions (exceeding the target of 5,000 sex workers)
- Training of two national trainers on medical waste management.
- 3,081 health workers trained in medical waste management.
- Training and awareness activities to civil society actors, local elected officials and traditional leaders in all regions on the management of health care waste.
- 50 trainers trained on data collection tools for the Prevention of Mother-to-Child Transmission, and 1,134 health workers trained on data collection tools.
- 105 sentinel surveillance agents trained, and 16 agents in charge of epidemiological surveillance trained on a new software.
- 12 orientation workshops in the eight regions of the country.
- 19 consultation meetings organized at the central level; and stakeholder meetings held at both central and regional levels.

Activities and Interventions:

- 16,558 sex workers referred to health facilities by NGOs for HIV/AIDS screening (exceeding the target of 10,000 sex workers).
- 12,907 sex workers seen at health facilities after referral for HIV/AIDS screening (exceeding the target of 7,500).
- 70,990 sex workers referred by NGOs and received by health facilities for STI screening and treatment.
- Mapping of the prostitution sites in the eight regions of the country.



- RBF pilot design validated by the government; 27 contracts signed with health centers; and 100% verified by an independent third party.
- Provision of 1,556 kits of personal protection equipment (boots, gloves, masks, insulation gowns); reproduction of 15,000 posters on medical waste management and 6,000 copies of guidelines and procedures; and commissioning of 14 hydro-claves and 36 power generators at health facilities.
- Provision of reagents, consumables, STI drugs, office equipment and vehicles.
- 3,410,286 condoms distributed.
- Studies and surveys, including the following: development of the National Strategic National Plan 2013-2017; AIDS-related expenditures review titled as REDES 2015; HIV epidemiological trends reviews; second-generation surveillance surveys on HIV/AIDS in Niger (2015), HIV Allocative Efficiency and Financial Sustainability Study (2014); and a Customer Satisfaction Survey (2014).

Outcomes

The reported results show increased access to HIV and STI services. Direct project beneficiaries reached 125,521 persons (exceeding the target of 45,000), and the percentage of female beneficiaries reached 66% (exceeding the target of 65%).

- Sex workers using a condom at their most recent sexual encounter increased from a baseline of 84.66% in 2008 to 88.6% in 2016, short of the target of 95%.
- The number of sex workers treated for STIs increased from a baseline of zero in 2011 to 12,621 in 2016, surpassing the target of 5,000.
- The percentage of HIV positive pregnant women who received a complete prophylaxis treatment for mother-to-child transmission increased from a baseline of 10.4% in 2011 to 35% in 2016, exceeding the target of 25%.
- The percentage of migrant workers with more than one partner in the past 12 months who used a condom the last time they had sex, increased from a baseline of 45.2% in 2011 to 92.4% in 2015, exceeding the target of 80%.
- The percentage of military and security forces men and women aged 15-49, who had more than one partner in the last 12 months and used a condom the last time they had sex, increased from a baseline of 50.9% in 2011 to 91.5% in 2015, exceeding the target of 80%.
- The percentage of miners, men and women aged 15-49 who had more than one partner in the last 12 months and who used a condom the last time they had sex, increased from a baseline of 43.2% in 2011 to 97.2% in 2015, exceeding the target of 80%.
- The percentage of truckers aged 15-49 who have had more than one partner in the past 12 months and who have used a condom during the last intercourse, increased from a baseline of 63.5% in 2011 to 80.7% in 2015, attaining the target of 80%.

Rating
Substantial



5. Efficiency

Economic and Financial Efficiency. Targeting preventive interventions among key vulnerable groups is known to be more cost-effective and efficient than waiting to intervene after HIV/AIDS infection has spread in the general population. A widespread HIV/AIDS epidemic, such as seen in a number of Southern African countries, can have devastating effects on economic growth. Targeted interventions and fostering health-seeking behaviors are known to be more efficient than general information campaigns. These aspects of design are especially important in assessing the efficiency of HIV/AIDS interventions. Also, the project used existing systems and NGO capacities in its implementation. The second-generation surveillance further contributed to enhanced targeting by providing information on the size of vulnerable groups and their behavior. In 2014, an "HIV allocative efficiency and financial sustainability study on the prevention of new HIV infections" was prepared in collaboration with the Bank using the optima model. It concluded that resources spent on the prevention of HIV for these sub-populations represented favorable investments (ICR, p. 38). The ICR also compared cost-effectiveness ratios of similar programs, such as in Thailand and Vietnam, and concluded that the program in Niger falls in the middle of the spectrum. The ICR (Economic and Financial Analysis, Annex 3) provides an estimate of Net Present Value of US\$8.9 million, based on a 10% discount rate, and the Economic Rate of Return at 18.3% over 10 years. However, this analysis used estimates of HIV incidence modeled in 2014 based on data from 2010 and earlier. If more recent HIV surveillance data was available, the analysis could have been strengthened by the use of such data. The economic analysis presented could have provided assumptions for different years gained in the different socio-economic subgroups of the population, instead of the average national pensionable age. The analysis did not discuss whether the assumptions used were considered pessimistic, reasonable, or optimistic. Sensitivity analysis was not presented.

Operational and Administrative Efficiency. There were moderate shortcomings in the efficiency of implementation, including initial delays in the implementation of community interventions pending contracting of NGOs, and procurement delays affecting health services delivery under Component 1.

Considering all the above, overall efficiency is rated Substantial.

Efficiency Rating

Substantial

a. If available, enter the Economic Rate of Return (ERR) and/or Financial Rate of Return (FRR) at appraisal and the re-estimated value at evaluation:

Rate Available?

Point value (%)

*Coverage/Scope (%)



Appraisal	0	0 <input type="checkbox"/> Not Applicable
ICR Estimate	0	0 <input type="checkbox"/> Not Applicable

* Refers to percent of total project cost for which ERR/FRR was calculated.

6. Outcome

Relevance of objectives is rated High as the objectives are responsive to country's HIV prevention needs and strategies and are aligned with the Bank's Partnership Strategy and global priorities. Relevance of design is rated Substantial as the design was sound in targeting high-risk groups, and presented a causal chain linking funding, outputs and intermediate outcomes, to outcomes. The objective to increase access to HIV/AIDS and STI-related services by high-risk groups was achieved and is rated Substantial. Efficiency is rated Substantial in view of the cost-effectiveness of preventive interventions. Taken together, these ratings are indicative of minor shortcomings in the project preparation and implementation, and outcome is rated Satisfactory.

a. Outcome Rating

Satisfactory

7. Rationale for Risk to Development Outcome Rating

The risk that development outcomes would not be maintained is rated Substantial. Despite the progress made, HIV/AIDS remains a threat to overall human and economic development in Niger. The influx of refugees and migrants due to civil unrest in neighboring countries contributes to increased prostitution and HIV transmission. Sustaining low prevalence of HIV/AIDS may be challenging, as Niger is undergoing rapid socio-economic changes and urbanization, under which the relocation of young males and females from rural to urban areas is linked to increased numbers of sex workers. Economic growth, in turn, allows men to have more disposable income, which is associated with a higher demand for transactional sex. The development of the mining sector promotes further internal migration and mobility, which usually contribute to an increased risk of HIV transmission (Niger Allocative Efficiency and Financial Sustainability Study, 2014). Discrimination remains prevalent and may affect adherence and behavior (ICR, p. 25). External and domestic financing constraints also constitute long term issues. Given budgetary limitations, low capacities, and medical waste challenges, there is a risk that the country may not be able to sustain the momentum built by the project, or to maintain the core group of professionals who implement the National Strategic Plans for HIV/AIDS (ICR, p. 24). However, in the short-term, there is continuity in HIV/AIDS interventions financed by the Global Fund, starting in 2017. According to the ICR, the Global Fund is using mapping tools which were developed by the project.



a. Risk to Development Outcome Rating

Substantial

8. Assessment of Bank Performance

a. Quality-at-Entry

The strategic relevance is high and the approach for dealing with the country's concentrated epidemic to prevent further spread was appropriate. The design focused on risk and vulnerable groups, notably commercial sex workers and their clients, as also recommended by the QER Panel (February 2011) and international good practices. Project preparation was participatory, and included consultations with a wide range of stakeholders such as government officials, civil society organizations, NGOs, and development partners. Project preparation built upon lessons learned from the previous HIV project, IEG recommendations on Bank's assistance for HIV/AIDS Control (2005), and international experience. Key lessons noted in the previous project and reflected in the project design were related to strong leadership, clarity of institutional arrangements, and the importance of reliable baseline data. Technical, financial, and environmental aspects were adequately prepared. Preparation and appraisal were consistent with the Bank's fiduciary role. The key risks were identified and were mainly related to implementation and coordination capacity.

However, there were some shortcomings which had a negative impact on the pace of implementation. The procurement capacity of MOH was overestimated, and this contributed to persistent delays in the implementation of component 1 for strengthening the delivery of services. MOH procurement performance was known to be weak under the previous project, where procurement responsibilities were re-assigned to the National Intersectoral AIDS Agency -- as was subsequently repeated under this project through the 2014 restructuring. Monitoring arrangements were adequately prepared, but the Bank did not sufficiently address the project specific context and the nature of its interventions in preparing fully relevant monitoring and evaluation, as preparation was influenced by the generic MAP program model (See Section 10) which included HIV/AIDS treatment indicators, even though the project was not involved in providing anti-retroviral treatment. These deficiencies were rectified during the 2014 project restructuring. Given these moderate shortcomings, the Quality at Entry is rated Moderately Satisfactory.

Quality-at-Entry Rating

Moderately Satisfactory

b. Quality of supervision

The project was supervised by a proactive task team. The country presence was an advantage to continued access to the client. There was continuity in team membership with different expertise provided as needed. The Team reportedly developed an effective working relationship with the country counterparts. The team was pro-active in restructuring the project in 2014, and in developing a suitable results framework. Supervision processes and inputs were adequate, and implementation support missions and reporting were regular. Reporting, and monitoring of safeguards and fiduciary compliance were adequate.



Quality of Supervision Rating

Satisfactory

Overall Bank Performance Rating

Moderately Satisfactory

9. Assessment of Borrower Performance

a. Government Performance

The government's leadership, ownership and commitment to the development objectives were clear through its institutional support, as also stressed in high-level public statements, specifically by the President of the country. The government provided a supportive policy and legislative environment for the project, and appointed two senior coordinators to the National Intersectoral AIDS Agency under the Presidential Cabinet, and to the Health Sector Coordination Unit at MOH to manage and oversee the project. Consultations with key stakeholders were extensive (ICR, p. 7).

Government Performance Rating

Satisfactory

b. Implementing Agency Performance

The two main implementing agencies were the Health Sector Coordination Unit of MOH and the National Intersectoral AIDS Agency which was under the Presidential Cabinet. The ICR reports that they were committed to overseeing the project. MOH focused on strengthening health services delivery for HIV/AIDS/STI as it had a comparative advantage in health personnel, equipment and facilities, while the National Intersectoral AIDS Agency focused on contracting NGOs/Associations, monitoring and coordinating implementation. While MOH had performance shortcomings, notably in procurement, the Intersectoral Agency had, according to the ICR, adequate capacities gained from past investments. It effectively carried out NGO contracting for HIV and STIs prevention activities. The Agency coordinated the preparation and adoption of strategic documents on HIV/AIDS such as the National Strategic HIV Plan 2013-2017, AIDS-related expenditures (REDES, 2015), the Second-generation Surveillance Surveys (2011 and 2015), reviews of HIV epidemiological trends, the Customer Satisfaction Survey (2014), and HIV Allocative Efficiency and Financial Sustainability Study in 2014. Monitoring and evaluation activities were adequate, and both institutions participated in all supervision missions in collaboration with the Bank team, and contributed to reporting. Both agencies teamed up to coordinate the project Mid Term Review by organizing meetings, site visits, and workshop with stakeholders. They also participated in studies, training, and capacity building with development partners. Capacity-building activities were developed jointly with the Global Fund to ensure continuity in program coordination after the closing date of the project, as the Global Fund financing started in 2017.

In contrast with the performance of the National Intersectoral AIDS Agency, there were some shortcomings



in the performance of MOH. There was a persistent delay in procurement (ICR, p. 14) related to strengthening health services delivery for HIV/AIDS/STI, and which led to a delay in the implementation of related service delivery activities. The issue was alleviated at the 2014 restructuring, which shifted procurement responsibilities from MOH to the National Intersectoral AIDS Agency, as the Agency had qualified procurement specialists. Overall, fiduciary aspects were in compliance with Bank policies, but with shortcomings in financial management as noted in Section 11. The Implementation Status & Results Reports (ISRs) rated financial management, procurement, and compliance with safeguards as Moderately Satisfactory throughout the life of the project (ICR, pp. 13-14).

Considering the combined performance of both agencies, and the extent of implementation of project activities, the implementing agencies' performance is rated Moderately Satisfactory.

Implementing Agency Performance Rating

Moderately Satisfactory

Overall Borrower Performance Rating

Moderately Satisfactory

10. M&E Design, Implementation, & Utilization

a. M&E Design

Arrangements for data collection and measurement of indicators were appropriate, and baselines were available. The project built on existing and institutionalized M&E arrangements supporting the government's strategic plan. The objectives were clear and measurable. Not all of the indicators were relevant to measure the intended outcomes because, at entry, the results framework was similar to the ones used under the MAP program, and it did not take into consideration the project specific context, which focused on prevention. As an example, the results framework included indicators on treatment despite the fact that the project was not involved in providing anti-retroviral treatment (ICR, p. 12).

b. M&E Implementation

The M&E team collected data and produced information to monitor the project and to support the national HIV/AIDS response in a satisfactory manner. Monitoring of the HIV epidemic and the behavior of targeted groups was done through studies conducted every two years. The Second-Generation Surveillance Survey was conducted in specific groups in 2011 and 2015. Surveillance necessitated the collection of additional HIV data outside the national information system, such as for the medical follow-up of sex workers, and active monitoring of people living with HIV/AIDS. The restructuring of 2014 revised the results framework, and unrelated indicators were dropped. The new results framework was re-designed to report on indicators directly related to what the project was doing, concentrating on prevention activities, to better measure progress towards achievement of objectives.



c. M&E Utilization

Data generated by the project allowed the measurement of intended outcomes. Data were used in conjunction with the results of the Demographic and Health Survey and with the mapping of professional sex workers to develop targeted interventions reaching a higher percentage of key populations at high risk for HIV transmission. The Second-Generation Surveillance Survey pointed out the need to conduct other specific studies to identify more at-risk groups and their behaviors. As an example, HIV in prisons was studied in 2013, and the level of infection and lack of the awareness in prisons led the national program to implement specific activities for this group, and which resulted in a decrease in HIV prevalence in prisons from 2.7% in 2011 to 1.9% in 2015. M&E also allowed the monitoring of HIV prevalence in the general population, where the prevalence rate remained stable under 1 percent.

M&E Quality Rating

Substantial

11. Other Issues

a. Safeguards

The project triggered OP/BP 4.01 Environmental Assessment. It was classified as an environmental category B project because it was expected that increased utilization of HIV-related services would result in additional medical waste that needed to be safely disposed in laboratories and health facilities. The country's Medical Waste Management Plan of 2004 was updated in 2010, and publicly disclosed in 2011. Project appraisal identified additional areas for strengthening medical waste management, including training of health care workers in handling medical waste, capacity building for stakeholders, and upgrading the medical waste collection system.

Safeguards were complied with, but with delays. There were delays in the procurement of equipment and the protection kits for staff. Compliance with Safeguards was rated as Moderately Satisfactory in the ISRs. However, it is reported that all planned activities were successfully completed by project closing (ICR, p. 13).

b. Fiduciary Compliance

Financial Management. Financial management arrangements built on existing capacity and systems. At appraisal, the National Intersectoral AIDS Agency was assessed to have adequate financial management capacity. The Agency co-assumed financial management responsibilities with the Health Sector Coordination Unit. In addition, the position of Internal Controller was established within the National Intersectoral AIDS Agency to strengthen regular monitoring and consistency of the transactions with Bank policies and procedures. External audit reports were regularly submitted on a timely basis and deemed acceptable, and the auditors' opinions were always unqualified (ICR, p. 14).



Some financial management issues were noted during implementation in terms of accounting, budgeting, flow of funds, internal control and reporting, with financial management being rated as Moderately Satisfactory almost throughout the entire life of the project (ICR, p. 13). Related issues included the following: (i) the project's Annual Work Plans and Budgets were not prepared and approved on a regular basis; (ii) the Interim Financial Reports submitted to the Bank on a quarterly basis were not received in due time; and (iii) the project's financial management procedures manual was not periodically revised and was not appropriately disseminated among all users (ICR, p. 14). The ICR noted that financial management performance improved considerably during the last year of project implementation and disbursement reached 97.4% that led to a satisfactory rating by the last ISR of November 2016.

Procurement. Project procurement was undertaken according to Bank Guidelines. It was also consistent with the country's Public Procurement Code. However, as noted previously, there were delays in procurement under Component 1 (Strengthening health services delivery for HIV/AIDS/STI) due to weak capacities within MOH. The issue was alleviated at the 2014 restructuring, which shifted procurement responsibilities from MOH to the National Intersectoral AIDS Agency, which had qualified procurement specialists.

c. Unintended impacts (Positive or Negative)

None noted.

d. Other

12. Ratings

Ratings	ICR	IEG	Reason for Disagreements/Comment
Outcome	Satisfactory	Satisfactory	---
Risk to Development Outcome	Substantial	Substantial	---
Bank Performance	Satisfactory	Moderately Satisfactory	If the ICR had correctly aggregated its sub-ratings of Moderately Satisfactory for the Quality at Entry and Satisfactory for the Quality of Supervision, as per guidelines, the ICR's Bank Performance rating would also have been Moderately Satisfactory.
Borrower Performance	Satisfactory	Moderately	This Review rates



	Satisfactory	Government Performance as Satisfactory and the Implementation Agencies Performance as Moderately Satisfactory because of shortcomings in procurement and financial management, and implementation delays. When aggregating these two sub-ratings, per guidelines, the appropriate rating to assign to overall Borrower Performance is Moderately Satisfactory.
Quality of ICR	Substantial	---

Note

When insufficient information is provided by the Bank for IEG to arrive at a clear rating, IEG will downgrade the relevant ratings as warranted beginning July 1, 2006.

The "Reason for Disagreement/Comments" column could cross-reference other sections of the ICR Review, as appropriate.

13. Lessons

The ICR (pp. 27-28) offers several useful lessons, including the following lessons edited by IEG:

- **The mapping of sites frequented by HIV/AIDS vulnerable population groups facilitates access of such groups to a package of combined preventive activities** such as sensitization, condom use, and referral to health facilities, as was observed under the project through a socio-geographic mapping of hotspots for HIV transmission.
- **The involvement of community-based organizations and NGOs in communication activities for behavioral change, and referral of key vulnerable groups such as commercial sex workers to health facilities for screening, are important strategies to promote synergy of actions between the public sector and the community to promote HIV/Aids prevention.** An important catalyst was good working partnerships with the civil society and NGOs.
- **The timely implementation of community interventions is facilitated by early recruitment of NGOs.** Under the project, community interventions were initially delayed pending the contracting of NGOs.

14. Assessment Recommended?

No



15. Comments on Quality of ICR

The ICR is clear and results-oriented. It provides quality analysis and candor. Its discussion of the results framework is thorough. The evidence is well presented, which provides a basis for drawing conclusions. The report offers useful lessons derived from project experience and is consistent both internally and with the guidelines. The ICR, however, did not appropriately aggregate some sub-ratings, and its narrative could have been more concise.

a. Quality of ICR Rating Substantial