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| 1. Project Data: | | Date Posted : 08/21/2000 | |
| PROJ ID: P039643 | | Appraisal | Actual |
| Project Name: HIV/AIDS and STDs Prevention and Management Project | Project Costs (US\$M) | 35.2 | 5.77 |
| Country: Indonesia | Loan/Credit (US\$M) | 24.8 | approx. 4.5 |
| Sector(s): HIV/AIDS | Cofinancing (US\$M) | None | |
| L/C Number: L3981 | | | |
| | Board Approval (FY) | | 96 |
| Partners involved : | Closing Date | 09/30/1999 | 09/30/1999 |
| Prepared by : | Reviewed by : | Group Manager : | Group: |
| | | | |
| 2. Project Objectives and Components | | | |
| a. Objectives | | | |
| The ID STD/AIDS project was a three-year pilot project conducted in two provinces. It was designed to develop, test, monitor, and evaluate institutional mechanisms and interventions to reduce transmission and spread of STDs and HI V/AIDS. | | | |
| b. Components | | | |
| Project components at the central level and two provincial levels included: support of behavior change, STD service delivery, STD/HIV/AIDS surveillance, laboratory strengthening, NGO capacity building, monitoring and evaluation, and other management activities. Lessons learned and best practices were to be documented with a view to their subsequent nationwide replication. | | | |
| c. Comments on Project Cost, Financing and Dates | | | |
| Original project costs were estimated at \$35.2 M (IDA: \$24.8M, GoI \$10.4M). Final project costs were estimated at \$5.77M (IDA: \$4.51M, GoI \$1.26M). | | | |
| 3. Achievement of Relevant Objectives: | | | |
| Since there was no routine and standardized baseline data collected, nor was there any systematic monitoring of project performance in terms of indicators related to STD/HIV/AIDS, the effectiveness of most interventions was not measurable. Thus the value of this project as a potentially replicable pilot project was negligible. | | | |
| 4. Significant Outcomes/Impacts: | | | |
| Some activities can be cited, as the Borrower comments do in the ICR, such as establishment of standard operating procedures for HIV/AIDS/STD surveillance, treatment and management, development of IEC materials, training of (an unspecified number of) health workers, and an increased number of NGOs being involved in HIV/AIDS activities, however the absence of baseline, interim and final data collection makes quantification of achievements difficult. | | | |
| 5. Significant Shortcomings (including non-compliance with safeguard policies): | | | |
| The ICR contains a plethora of comments about poor performance, lack of measurable project outcome, policy impediments, management difficulties, lack of GoI support, failures of Bank supervision, and Bank-Borrower tension. In addition to the failure at the technical level, as noted above in section #3, the project received minimal GoI commitment as reflected in: 1) significant policy impediments to NGO involvement (despite that being an agreed-upon project feature), 2) only 11% of planned counterpart budget being allocated to the project, and, 3) failure to establish a strong, harmonious, senior project management team. The Asian economic crisis sharply reduced available counterpart funds, and government commitment was further undermined by a perception that AIDS was not yet a serious problem. Bank supervision was also generally unsatisfactory. Both the ICR and borrower comments suggest that tensions between the Bank team and MOH undermined project implementation and policy dialogue. | | | |

| 6. Ratings: | ICR | OED Review | Reason for Disagreement /Comments |
|-----------------------------|----------------|-------------------|--|
| Outcome: | Unsatisfactory | Unsatisfactory | Most project components failed to achieved their objectives, but the project contributed to the emergence of a framework for subsequent HIV/AIDS programs -- mitigating an otherwise highly unsatisfactory rating. |
| Institutional Dev .: | Negligible | Negligible | |
| Sustainability: | Unlikely | Unlikely | |
| Bank Performance: | Unsatisfactory | Unsatisfactory | |
| Borrower Perf .: | Unsatisfactory | Unsatisfactory | |
| Quality of ICR: | | Satisfactory | |

NOTE: ICR rating values flagged with '*' don't comply with OP/BP 13.55, but are listed for completeness.

7. Lessons of Broad Applicability:

- All projects--and certainly pilot projects potentially destined for national replication -- need agreed-upon baseline data against which to measure the results and efficacy of project interventions.
- NGO involvement in STD/HI V/AIDS activities is a critical part of a comprehensive national AIDS Prevention Program. Thus government procedural impediments to NGO involvement must be addressed at the appraisal stage, and removed, if possible, before project approval.
- Optimal consideration of PMU structure, composition, capabilities, and responsibilities must be given continuing Bank attention. Experience in Indonesia suggests that PMUs should focus on project administration, while responsibility for policy and technical issues should rest with line departments.
- The PMU needs to exercise leadership and facilitate communication to peripheral levels without becoming a bottleneck or a source of conflict and/or technical miscommunication.

8. Assessment Recommended? Yes No

9. Comments on Quality of ICR:

The ICR was admirably frank in laying out the dimensions of difficulty and poor performance encountered with this pilot project. The final project cost was not indicated in the text and is somewhat inconsistently presented in the tables of Annex 2. Some parts of the lessons-learned section recapitulated earlier descriptive sections rather than crisply laying out the lessons. The ICR might have usefully discussed whether and how the apparent tensions between the GOI and Bank team have been addressed.