Report Number : ICRR0021018

1. Project Data

Project ID	Project Name
P102119	NG-HIV/AIDS Prog. Dev. II (FY09)
Country	**Practice Area(Lead)**
Nigeria	Health, Nutrition & Population

L/C/TF Number(s)	Closing Date (Original)	Total Project Cost (USD)
IDA-45960	31-Dec-2013	230,000,000.00
Bank Approval Date	**Closing Date (Actual)**	
16-Jun-2009	28-Feb-2017	

	IBRD/IDA (USD)	Grants (USD)
Original Commitment	225,000,000.00	0.00
Revised Commitment	207,114,264.00	0.00
Actual	186,000,623.86	0.00

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2. Project Objectives and Components

a. Objectives

The Financing Agreement (11/25/2010, p. 5) stated that the objective of the project was: “to reduce the risk of HIV infections by scaling up prevention interventions and to increase access to, and utilization of HIV counseling, testing, care and support services." The PAD’s statement of objectives is consistent with the Financing Agreement.

The statement of objectives remained unchanged, but key associated outcome targets were revised during project restructuring in 2011, at which point 2.9% of the credit had been disbursed.

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?
Yes

d. Components

1. Expansion of Public Sector Institutions' Response to the HIV/AIDS Epidemic (Appraisal US$68 million; Actual US$61.77 million).
(a) Strengthening the capacity and ability of selected line ministries and agencies endowed with a central role in fighting HIV/AIDS to scale up and expand the scope of their ongoing activities.
(b) Carrying out an institutional assessment aimed at strengthening the governance structures of the Federal Ministry of Health's division responsible for HIV/AIDS, and of the State Ministries of Health departments responsible for HIV/AIDS, so as to empower the said structures to achieve maximum impact in the use of resources and facilities granted to them, to deliver their mandate in the fight against HIV/AIDS.
(c) Provision of support, including technical advisory services, required to design and implement client-oriented and evidence-based action plans aimed at controlling and preventing the spread of HIV/AIDS across the country.

2. Expansion of Civil Society Organizations (CSOs) and Private Sector's Response to the HIV/AIDS Epidemic (Appraisal US$79 million; Actual US$53.24 million).
(a) Provision of support, including technical advisory services, required to revise the current HIV/AIDS Fund Guidelines with a view to expand and scale up the activities carried out by civil society and private sector organizations to contribute to government efforts to control the spread of HIV/AIDS.
(b) Provision of Grants to eligible Beneficiaries to assist them in the execution of eligible HIV/AIDS Subprojects.
Note: The modalities through which the project ensured that the civil society and private sector activities would adequately cover at-risk populations are noted in Section 4, Objective 1, Outputs.

3. Strengthening Mechanisms for Project Coordination and Management (Appraisal US$78 million; Actual US$71.03 million).
(a) Assessment of capacity building needs of selected public sector, civil society and private sector organizations engaged in the provision of services pertaining to controlling and stemming the spread of the HIV/AIDS epidemic in the country.
(b) Provision of logistical support and technical advisory services required to strengthen the operational capacity of selected organizations.

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

Project Cost and Financing. At appraisal, the project cost was estimated at US$230 million. The project was to be financed by an IDA credit of US$225 million and a Borrower contribution of US$5 million. The actual disbursed amount of the credit was US$186 million, and the actual Borrower contribution was US$4.35 million, aggregating at a total actual project cost of US$190.35 million. The project was unable to utilize the full credit commitment because of implementation delays, and the unutilized amounts of the credit were cancelled.

Note on other actors financing HIV/AIDS efforts in the country. During the same period, other HIV/AIDS interventions were supported by international partners, namely the UK Department for International Development--DFID, the Global Fund to Fight AIDS, Tuberculosis and Malaria--GFATM, the Joint United Nations Program on HIV/AIDS--UNAIDS, and the U.S. Government. These interventions provided substantial technical assistance, and services for treatment, prevention, and care (ICR, p. 2). The ICR notes that the Bank was the only partner to work with CSOs and non-health sectors as part of the national response (ICR, p.17).

Dates. The project was appraised on 12/02/2008, approved on 6/16/2009, and became effective on 2/25/2011 after a 20-month ratification delay by the Borrower. A mid-term review was undertaken on 10/30/2013. The project underwent three level-2 restructurings: (i) the first on 12/16/2011 to extend the closing date by 23 months, and to revise disbursement estimates, performance indicators, baselines and targets, including the downward revision of several outcome targets; (ii) the second on 5/23/2014 to reallocate resources and to introduce a contracting framework for the procurement of goods; and (iii) the third on 11/19/2015 to extend the closing date by 15 months, and to amend the results framework and financial management arrangements.

3. Relevance of Objectives & Design

a. Relevance of Objectives

Under both the original and revised outcome targets, relevance of objectives is rated Substantial, as the development objectives sought appropriately ambitious HIV risk reduction through complementary routes and reach in line with current Bank and country strategy. Nigeria is Africa's most populous country, and at appraisal, the country had a population of 144 million. While oil revenues constituted an important economic resource, the Gross National Income per capita amounted to US$660, and poverty was widespread with 70% of the population living on less than US$1 per day. The HIV/AIDS epidemic was mixed, characterized by a combination of a generalized epidemic in the population at large, along with high prevalence sub-epidemics in particular geographic areas (six states with HIV prevalence above 6%) and social groups involved in high-risk practices (e.g. female sex workers with HIV prevalence above 30%). Nigeria accounted for the second highest burden of the disease in the world, according to UNAIDS. Previously, between 2001-2010, the Bank

had supported an initial HIV/AIDS Program Development Project, which created the institutional framework to confront HIV/AIDS in the public sector. Given the disease burden, the government and the Bank agreed to collaborate on a Second HIV/AIDS Program Development Project.

At appraisal, the objectives were consistent with the Bank's Country Partnership Strategy (2005-2009 CPS) to improve service delivery in the human development sector, with the 2010-2013 CPS for combating HIV and providing adequate care, and with the President's Comprehensive Response Plan (2013-2015). At closing, the objectives remained consistent with the 2014-2017 CPS to increase access and utilization of services for high-burden infectious diseases, including HIV/AIDS, and to reduce HIV mother-to-child transmission, and with the National Strategic Framework for HIV/AIDS (2017-2022) to focus on high-impact services, promote complementarity between sectors, and expand utilization and delivery options.

Rating	Revised Rating
Substantial	Substantial

b. Relevance of Design

Under both the original and revised outcome targets, relevance of design is rated Substantial. Planned activities were plausibly linked to outputs, intermediate outcomes, and outcomes. In particular, expanding the response of the public sector, private actors, and CSOs was expected to scale up preventive interventions, reduce the risk of HIV infections, and increase access to counseling, testing, and care. The project built on the capacities of several sectors and CSOs to extend its reach, and, as stated in Section 2e, the Bank was the only partner to work with CSOs and sectors beyond health as part of the national response. While the project was designed with a focus on risk groups (and some outcome indicators related to risk groups), geopolitical sensitivities in the country at the time of appraisal - as well as the fact that the epidemic in many areas had already spread to the general population - made it difficult for the government to advance a project with an exclusive focus on risk groups (ICR, p. 7). Hence, this ICR Review concludes that design aspects for dealing with risk groups were suited to local circumstances, and, under an incremental approach, the government subsequently revised its 2010-2015 National HIV/AIDS Strategic Plan at the mid-term review in 2013 to provide an additional focus on preventive interventions specific to the key drivers of the epidemic (ICR, p. 17). However, the project could have pursued a more selective geographic coverage to facilitate effective implementation and oversight.

Rating	Revised Rating
Substantial	Substantial

4. Achievement of Objectives (Efficacy)

Objective 1

Objective

Reduce the risk of HIV infections.

Rationale

Outputs

Ministry of Health

- Strategic plans, linked to national objectives and priorities, were developed by State Action Committees on AIDS (SACAs), and state and federal organizations. The number of plans increased from a baseline of 18 in 2009 to 37 in 2017, attaining the target.
- The percentage of SACAs and public sector organizations that hold quarterly partner forums to report on planning, decisions, and progress increased from a baseline of 30% in 2009 to 86% in 2017, short of the original target of 100%, but achieving the revised target of 80%.
- Coordinating agencies were supported with direct budgetary allocations in 35 states.
- The number of Local Action Committees on HIV/AIDS implementing HIV/AIDS workplans reached 600, exceeding the target of 272 Local Action Committees.
- Condoms, consumables, HIV test kits, and supplies were provided, and facilities were renovated.
- 54 extension workers were trained on coordination of HIV/ AIDS prevention activities, from three geo-political zones: North Central, South-East, and South-South.
- National implementation guidelines for female sex workers were produced and adopted. Implementation guidelines for other risk groups were also adopted.
- The National HIV Strategy for Adolescents and Young People was launched in March 2016. Capacity building and dissemination workshops for the implementation of the Strategy for Adolescents and Young People were held in 5 priority states (Taraba, Benue, Federal Capital Territory, Rivers, and Lagos).
- A Sexual Ethnography Study was undertaken for the characterization of sexual activities and typology, including a protocol for the assessment of sexual behavior patterns and influences among women and men in venues that facilitate sexual networking in urban areas in Nigeria.
- A web-based system and a mobile District Health Information System to strengthen M&E were deployed, with 1500 health facilities reporting service delivery data directly to the system's platform through mobile phones. The reporting rate improved from 0.3% in 2013 to 72.8% in 2015.

Ministry of Youth and Sport Development

- 22 National Youth Service Corps and State Ministry of Youth officers were trained on coordinating out-of-school youth HIV prevention activities.
- 263,000 condoms were distributed.

Ministry of Education

- A Family Life HIV/AIDS Education Curriculum was developed and integrated into primary and secondary schools. 1,969 schools implemented the Family Life curriculum. Fact sheets and peer education manuals were printed for the Federal Unity Colleges and State Schools on Family Life HIV/AIDS education.
- 37 state education officers were trained on Family Life HIV/AIDS education coordination and delivery.
- 66 Unity College head teachers were sensitized on Family Life delivery. 2080 Unity College Family Life teachers were sensitized on curriculum delivery.
- 18,000 out-of-school youths from 18 states were reached.
- 1,244 schools provided life-skills HIV education.
- Supportive supervision was conducted to HIV desk officers in all the State Ministries of Education
- The percentage of schools providing life skills-based HIV education in the previous academic year increased from a baseline of 22.8% in 2009 to 30% in 2017, attaining the target.

Civil society and private sector

- 564 CSOs implemented HIV/AIDS Fund activities in 33 states and the Federal Capital Territory.
- The percentage of private sector organizations and CSOs that submitted quarterly financial monitoring and procurement reports according to specified guidelines reached 92% in 2017, exceeding the target of 80%.
- The number of new most-at-risk populations reached with a minimum prevention package intervention involved 110,196 persons in 2017, exceeding the target of 10,000 persons.
- Sexual Prevention Learning Sites were developed, including the following: Learning Site Model for HIV prevention programs identified; gap analysis conducted; capacity building provided to SACAs and Local Action Committees on HIV/AIDS; and two consultants engaged to develop Learning Sites curriculum and methodology.
- Note on facilitating the reach to risk groups: The project financed State Epidemic Appraisals that mapped the locations of such groups, estimated their sizes, and provided profiles of venues for high-risk activities. The state assessments aimed to strengthen prevention programs and to better direct the grants provided to CSOs (ICR, p. 12). At mid-term, the project reduced the original number of CSOs from 2,000 to 564, retaining the CSOs that dealt with risk groups and with the prevention of mother-to-child transmission, and dropping the CSOs that were engaged in activities that were not considered to be cost-effective, such as general awareness (TTL clarifications, 12/20/2017).

Outcomes

The reported results indicated behavior change that would plausibly be associated with a reduction in infection risk. Also, the reported results indicated a reduction in the infection rate in female sex workers.

- The percentage of young women aged 15-24 reporting the use of a condom during the last sexual

intercourse with a nonregular partner increased from a baseline of 34.3% in 2009 to 46.6% in 2017, exceeding the original target of 45.4%.

- The percentage of young men aged 15-24 reporting the use of a condom during the last sexual intercourse with a non-regular partner increased from a baseline of 52.2% in 2009 to 61.4% in 2017, a significant increase but still short of the original target of 69.2%.
- The percentage of brothel-based female sex workers reporting consistent condom use with a casual partner in the last 12 months increased from a baseline of 68% in 2009 to 92.5% in 2017, exceeding the original target of 72%. Also, HIV prevalence in brothel-based female sex workers declined from 27.4% in 2010 to 19.4% in 2014.
- The percentage of non-brothel-based female sex workers reporting consistent condom use with a casual partner in the last 12 months increased from a baseline of 61% in 2009 to 87% in 2017, exceeding the original target of 75%. Also, HIV prevalence in non-brothel-based female sex workers declined from 21.1% in 2010 to 8.6% in 2014.
- However, there was no reduction in the percentage of men aged 15-49 who have had sexual intercourse with more than one partner in the last 12 months. There was no progress in indicators on knowledge about transmission and prevention in some risk groups. The percentage of men who have sex with men (MSM) and who both correctly identify ways of preventing sexual transmission of HIV and who reject major misconceptions about HIV transmission was 33% at project completion, short of the original target of 57%, and the percentage in injectable drug users was 33%, short of the original target of 47%. These indicators were dropped in 2015 at the third restructuring because of difficulties in tracking progress. In contrast with female sex workers who were adequately reached, the ICR highlights the challenges in dealing with MSM because of social stigma and conflicting government messages (see Section 9a), which made the group harder to reach, and therefore less likely to benefit from prevention strategies. The ICR concludes that future interventions will need to further address how best to reach these vulnerable groups, including efforts to resolve legal barriers that underpin social stigma and discrimination (ICR, p. 19).

Rating
Substantial

Objective 1 Revision 1
Revised Objective
Reduce the risk of HIV infections.

Revised Rationale
As stated above, the objective did not change, but associated outcome targets were revised.

Outputs

Outputs are the same as described above under Objective 1.

Outcomes

In addition to outcomes discussed above under the original objective 1, the following revised outcome targets were achieved:

- The percentage of young women aged 15-24 reporting the use of a condom during the last sexual intercourse with a nonregular partner increased from a baseline of 34.3% in 2009 to 46.6% in 2017, above the revised target of 40%.
- The percentage of young men aged 15-24 reporting the use of a condom during the last sexual intercourse with a non-regular partner increased from a baseline of 52.2% in 2009 to 61.4% in 2017, above the revised target of 60%.
- The percentage of non-brothel-based female sex workers reporting consistent condom use with a casual partner in the last 12 months increased from a baseline of 61% in 2009 to 87% in 2017, exceeding the revised target of 65%.

Revised Rating
Substantial

Objective 2
Objective
Increase access and utilization of HIV counseling and testing.

Rationale
Outputs

Ministry of Health:

- The project supported 1,639 health facilities to provide HIV counseling and testing services.
- 649,005 persons were counselled, tested, and received results.
- 1.6% of the women screened in the public sector were enrolled and completed prevention therapy for the prevention of mother-to-child transmission (PMTCT). In all sectors -- public, private, and civil society - the project facilitated the screening of 5.2 million pregnant women.
- 1,320 health facilities provided services for PMTCT.
- The project provided for the training of 3,710 health workers on counseling and testing, and 3,939 workers on PMTCT.
- 25 health care workers were trained on the management of sexually transmitted infections.
- 25 prison health facilities implemented HIV counseling and testing in prisons.
- The project provided condoms, consumables, HIV test kits, and supplies, and renovation of facilities.

Ministry of Youth and Sport Development

- 18 states implemented outreach services for HIV counseling and testing for out-of-school youths.
- 84 state HIV desk officers were trained.
- 27,562 persons were counselled, tested and received results from the ministry's outreach work, and positive cases were referred to healthcare facilities for treatment and care. Also, 15,848 persons were counselled, tested and received results from the community development services group outreach.
- Coordination mechanisms were developed between the ministry and the National Youth Service Corps for out-of-school youth and youth-related activities.

Civil society and private sector

- 564 CSOs implemented HIV/AIDS Fund activities in 33 states and the Federal Capital Territory. 2.4 million people were counselled, tested, and received results, and CSOs reached 161,000 most-at-risk people to provide a minimum package of interventions.
- 94 CSOs in 21 states undertook demand creation for PMTCT among pregnant women.
- CSOs reached 646,513 pregnant women for preventive services and ante-natal care referral, distributed 16.7 million condoms to targeted beneficiaries, delivered care to 323,510 people living-with-HIV, and provided support to 274,815 vulnerable children and orphans.
- 376 private health facilities were engaged in counseling and testing, close to the planned 390 facilities. This output is noteworthy, as the national HIV response did not include the formal private sector prior to this project.
- Four implementing partners were engaged to provide services for PMTCT in private health facilities across 13 states through performance-based financing, and eight firms were engaged as Independent Verification Agents to verify results.
- 206,243 pregnant women were counselled, tested and received results, and HIV-positive women were referred for treatment for PMTCT.

Outcomes

The outcomes reflect increased access and utilization of HIV testing and counseling services over the life of the project, as also displayed by the outputs.

- The number of women and men aged 15-49 who received an HIV test in the last 12 months, and who know their results, increased from a baseline of 2.3 million people in 2010 to 10.7 million people in 2017, above the target of 10 million people.
- The percentage of female sex workers, both brothel and non-brothel based, who were tested for HIV, increased from a baseline of 38.8% in 2011 to 90.1% in 2017, exceeding the target of 43%.

Rating
Substantial

Objective 3
Objective
Increase access and utilization of HIV care and support services.

Rationale
Outputs

The outputs here are closely interlinked with the outputs described above under objective 2: Tested persons were referred for care and treatment; a minimum package of interventions was provided by CSOs to risk groups; CSOs provided care to people living with HIV and support to orphans and vulnerable children; and pregnant women who tested positive received treatment after their referral. It should be noted, however, that the ICR does not provide details on the 161,000 at-risk persons reached by CSOs with a minimum package of interventions (specification of risk group, and contents of the package provided).

In addition, the Ministry of Women Affairs contributed to the following:

- 7,482 orphans and vulnerable children (OVC) were reached with at least one support service.
- 2,148 OVC care givers were enrolled in long-term income-generating training.
- 47,565 people living-with-HIV were provided with a minimum of one care.
- Capacity building was conducted for 85 OVC officers and HIV/AIDS focal persons on national standards for Improving the Quality of Life of OVC, and on the National Priority Agenda for coordinating the national OVC response.
- 32 officers were trained on coordination and service provision using national standards for programming related to OVC, caregivers, and people living with HIV.

Outcomes

- The number of pregnant women living with HIV who received a complete course of antiretroviral prophylaxis to reduce the risk of mother-to-child transmission increased from a baseline of 26,133 women in 2010 to 53,677 in 2017, exceeding the target of 40,000 pregnant women.

The ratio of school attendance between orphans and non-orphans was not measured, as this indicator was

dropped in 2011 because of data collection complexities (ICR, p. xi). Likewise, and although there were reasonably adequate outputs related to OVCs as shown above, the intermediate indicator on the number of orphans who receive a basic package of support from CSOs was also dropped because of monitoring difficulties.

Rating
Substantial

5. Efficiency

The PAD's Economic and Financial Analysis (PAD's Annex 9, p. 90) was inadequate as it consisted of only one paragraph that listed four generic benefits. First, the majority of Nigerians will directly and indirectly benefit from increased access to HIV/AIDS prevention, treatment, care and mitigation activities. Second, new HIV infections will be reduced due to an expansion in coverage of prevention activities. Third, people living with HIV/AIDS can lead a longer and more productive life, leading to reduced loss of productivity and income, and reduced costs for treatment and care. Fourth, orphans will have improved economic prospects with increased schooling.

By contrast, the ICR provides a thorough analysis, concluding that the costs involved in the project were reasonable in comparison with expected benefits and international norms. The economic impact is estimated based on the infant mortality and morbidity averted through the PMTCT program. Each infant death averted is valuated at one times GDP per capita per year, over 35 years. The averted cost of the treatment of opportunistic infections for 5 years is added to the economic benefits. The analysis estimates that the expansion of mother-to-child transmission activities prevented about 13,300 new pediatric infections and about 4,500 infant deaths. The cost of preventing one death was about US$32,160, and the cost of preventing one vertical transmission was about US$10,800. Counting only infant deaths prevented, the analysis estimates that the prevention of mother-to-child transmission has averted over 111,400 disability-adjusted life years (DALYs), discounted at 3%, with a cost per DALY averted of about US$800. The ICR concludes that child infections and deaths that were prevented would translate into gains to the Nigerian economy with a net present value of about US$576 million. The IRR estimate is limited to the prevention of mother-to-child transmission, where the investment had an annual IRR of 5% and a benefit-cost ratio of 4.0.

As for most-at-risk populations, the analysis estimates that the project may have prevented between 17,800 and 192,000 new infections, and between 14,900 and 161,000 DALYs, with a cost per DALY averted ranging between US$141 and US$1,530. The estimates are favorably below the cost-effectiveness threshold set by the World Health Organization Commission on Macroeconomics and Health. However, it is unlikely that all of the observed reductions were directly attributable to the project.

Significant shortcomings were reported in the efficiency of implementation. While the project utilized existing infrastructure, it faced extensive delays, including a 20-month delay in project effectiveness due to a prolonged signing of the Financing Agreement, extended implementation delays, and slow disbursements, notably during the initial years. Extensions aggregating at 38 months were necessary to pursue project activities. Project interventions were affected by delays in the delivery of key inputs, supplies, testing kits, and reagents. The project was able to disburse only 82.7% of the original credit commitment because of implementation delays. Covering all the states created implementation inefficiencies, given the time required to respond to all the requests for implementation support and provision of quality technical assistance. Prior to 2013, focal persons for safeguards were not identified at the state and national level to facilitate implementation and compliance.

Efficiency Rating
Modest

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 ☐Not Applicable
ICR Estimate		0	0 ☐Not Applicable

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

6. Outcome

Under both the original and revised outcome targets, relevance of objectives is rated Substantial as the project sought an ambitious HIV risk reduction through a wide stakeholders' reach, and because of consistency with government and Bank strategies. Under both the original and revised outcome targets, relevance of design is rated Substantial, as the design was technically sound and based on a reasonably explicit results chain that linked planned activities to outcomes, although a more selective geographic approach could have been pursued. Under both the original and revised outcome targets, the objective to reduce the risk of HIV infections was achieved and is rated Substantial. The objective to increase access and utilization of HIV counseling and testing was achieved and is rated Substantial. The objective to increase access and utilization of care and support services was also achieved and is rated Substantial. Efficiency is rated Modest because of significant shortcomings in the efficiency of implementation. The information provided by the ICR supports the conclusion that the project achieved its intended outcomes, but with efficiency concerns. These ratings are indicative of moderate shortcomings in the project's preparation and implementation, and therefore an Outcome rating of Moderately Satisfactory under both the original and revised outcome targets.

According to IEG/OPCS guidelines, when a project's objectives or its key associated outcome targets are revised, the final outcome is determined by the weight of Bank disbursements under each set of objectives. However, since the outcome ratings are the same for both, a formal calculation is unnecessary, and the overall outcome is rated as Moderately Satisfactory.

a. Outcome Rating
Moderately Satisfactory

7. Rationale for Risk to Development Outcome Rating

The risk that development outcomes will not be maintained is rated Substantial. Capacity challenges in core institutions, i.e., the National Agency for the Control of AIDS (NACA) and SACAs, still persist. The nature of the mixed epidemic, the size of the country, and social determinants are challenging. Financing is also a persistent issue. While the states have committed to allocating between 0.5-1% of their budgets towards HIV/AIDS programs, they remain dependent on international funding, which accounts for about two-thirds of HIV/AIDS expenditures in the country, even though donor support has been on a downward trend. This makes federal and state commitments to funding NACA and SACAs even more critical, especially in the face of fiscal constraints and decreasing oil prices. Nonetheless, the Government remains engaged with the Bank and has requested a follow-on project. The government has also mobilized resources from the US Government in the 2017 Country Operation Plan.

a. Risk to Development Outcome Rating
Substantial

8. Assessment of Bank Performance

a. Quality-at-Entry
The strategic approach was appropriate and relevant to the country context at appraisal. It emphasized partnerships and was responsive to the Client's needs. Both the Bank and the government coordinated with other development partners on the scope of work for each stakeholder. Technical interventions were sound and consistent with good international practices, including for reaching female sex workers. Past lessons related to the importance of the role of civil society and complementarity in service delivery were incorporated in the design. Poverty, gender, and discrimination aspects were considered. Project preparation incorporated measures from the national waste management plan.

While implementation arrangements were adequately prepared, there were some shortcomings, notably insufficient preparatory measures to address the overall weak public capacities in financial management, including the federal level's capacity to handle the increased pressure of financial oversight for

a project covering 36 states, and limited expertise at the state level. The Bank Team proposed that financial management be strengthened through technical support and training (ICR, p. 8); however, the Team could have taken a more proactive approach to alleviate financial management and procurement weaknesses that the project ultimately experienced (ICR, p. 27). Experts were assigned to NACA from the start, but six sub-regional levels did not have upfront technical assistance (TTL clarifications, 12/20/2017). Also, the initial M&E framework was complex (ICR, p. 27).

Quality-at-Entry Rating
Moderately Satisfactory

b. Quality of supervision
The Bank Team was pro-active in restructuring the project three times in 2011, 2014, and 2015; in strengthening the contracting of NGOs; and in leveraging the expertise of the University of Manitoba and the Bank's Global HIV/AIDS Program to assist in the development of targeted interventions in sex workers, and which allowed the states to scale-up these interventions. The Bank Team coordinated a joint Government-Bank QER prior to the mid-term review in 2013. Joint bi-annual supervision missions were organized with key partners, including NACA and the Federal Ministry of Finance (ICR, p. 11). The Team was reportedly well engaged with stakeholders through technical support and training.

The ICR, however, notes that the capacity of Bank staff designated to provide implementation support to the project did not match the scope, size, and needs of the project. The Team was stretched thin to respond promptly to the Client's requests, and the Team requested the hiring of consultants to assist in the daily management of the operation. According to NACA, Bank responses on 'No Objections' were late and contributed to delayed implementation (ICR, p. 27). There was a lack of follow-up on safeguards prior to the 2013 mid-term review, and the ICR notes that related obstacles could have been eased with the early provision of intensive technical support (ICR, p. 27). The Borrower's comments highlight this gap as well as the importance of an early engagement of a safeguard specialist to guide project implementers and to provide training (ICR, p. 49). The Bank Team introduced monthly review meetings with the national project team to facilitate timely review and clearance of project requests; however, according to the Borrower's comments, this arrangement was adequately undertaken in the early stages of the project, but subsequently the meetings became irregular, and the same issues were re-visited during the meetings. In most instances, the written comments of the Bank Team were not obtained, and the required follow up actions were not clear to the project (ICR, 53). In conclusion, the quality of supervision is rated Moderately Unsatisfactory, indicative of significant shortcomings in supervision.

Quality of Supervision Rating
Moderately Unsatisfactory

Overall Bank Performance Rating
Moderately Satisfactory

9. Assessment of Borrower Performance

a. Government Performance

The federal government and the states showed ownership through subsidiary agreements, operational plans, and financial contributions to the national response. The federal government and the states were reportedly closely engaged with the Bank, and were responsive to resolving issues that were identified at the mid-term review. Relationships and coordination with stakeholders were adequate. The government endorsed the findings of the epidemic appraisals that resulted in strategic and operational adjustments reflecting the centrality of risk groups as the main drivers of the HIV epidemic in the country. The two requests for project extensions reflected the federal government's desire to fulfill project commitments, and the new request for a third HIV/AIDS Program Development Project showed its intent to continue HIV prevention efforts according to the project's trajectory.

However, the government could have avoided the initial delay in facilitating project effectiveness by requiring the attendance of representatives with relevant competencies at the first meeting with the Federal Executive Council, to explain the objectives and the design of the project (ICR, p. 28). Anti-discrimination policies were inconsistent. The government passed the HIV/AIDS Anti-Discrimination Act of 2014 aimed at eliminating discrimination towards people living with HIV, but the law maintained homosexuality as a punishable offense that carried a 14-year prison term (ICR, p. 19). Government changes in 2015 caused temporary delays following the introduction of new financial policies that combined accounts from all donors, thus slowing disbursements to specific projects. The issue was subsequently resolved by redirecting the funds back to the respective programs. Therefore, government performance is rated Moderately Satisfactory, indicative of moderate shortcomings in its performance.

Government Performance Rating

Moderately Satisfactory

b. Implementing Agency Performance

NACA and SACAs were the main implementing agencies, also coordinating implementation with other sectors, line ministries, the private sector, and CSOs. The implementing agencies developed an effective public-private partnership that, according to the ICR, was the first public-private health partnership of its kind in Nigeria. NACA and SACAs were reportedly highly committed, and at the technical level, their performance was adequate overall, including in scaling up the prevention of mother-to-child transmission, devising interventions to most-at-risk populations, organizing training at the federal and state level in various sectors, and following up on M&E. However, there were some shortcomings in procurement, financial management, and safeguard compliance in the initial years, before the mid-term review in 2013. Therefore, the performance of implementing agencies is rated Moderately Satisfactory, indicative of moderate shortcomings in their performance.

Implementing Agency Performance Rating

Moderately Satisfactory

Overall Borrower Performance Rating
Moderately Satisfactory

10. M&E Design, Implementation, & Utilization

a. M&E Design
The objectives were well specified and the indicators reflected the objectives, although the choice of indicators was influenced by UNAIDS generic indicators (TTL clarifications, 12/20/2017), some of which required elaborate surveys. The design built on existing M&E arrangements to collect data consistent with the National Strategic Framework for HIV/AIDS, 2005-2009, the United Nations General Assembly Special Session on AIDS, Millennium Development Goals, and the Logistics and Health Program Management Information Platform for data reporting at the local facility level. Data were to be compiled into the National District Health Information System. Particular data points on HIV prevention, care and support services were to be tracked using periodic population surveys, including the Integrated Bio-Behavioral Surveillance Survey to monitor progress in coverage, particularly for HIV/AIDS counseling and testing, antiretroviral therapy, and reproductive health. Hence, the design of the project M&E included routine surveillance data and population surveys to assess progress.

b. M&E Implementation
M&E activities were implemented, but with minor shortcomings, including delayed surveys. In the context of late project effectiveness, the 2011 restructuring updated several baselines and revised a few outcome targets. Two consultants were hired to strengthen M&E. The results framework was further amended in 2015, when the project dropped indicators that were difficult to monitor. Mobile reporting was implemented at the facility level, including non-health sector and CSOs, leading to better reporting. An assessment of the HIV/AIDS Fund in 18 states and the Federal Capital Territory was conducted. The project conducted state epidemic appraisals that mapped the locations of most-at-risk populations and the venues for risk activities. Reaching female sex workers was adequate overall, but there were difficulties in reaching MSM because of social stigma and inconsistent government policies (see Section 9a). Project M&E also included a Multi-indicator Cluster Survey, which was undertaken in 2017 in collaboration between NACA, the Bank, and UNICEF; and a Key Population Assessment, which was conducted at the end of the project to provide updated data.

c. M&E Utilization
Utilization of M&E was significant. In addition to the measurement of intended outcomes, the following were noted:

- M&E findings provided a greater understanding of the HIV/AIDS epidemic in the country and highlighted

the importance of using epidemiologic data to drive evidence-based policy. M&E results confirmed that most-at-risk populations drove Nigeria's epidemic, mainly in high-burden states, accounting for 70% of the HIV burden in the country. Accordingly, the government placed additional emphasis on the most-at-risk groups in 2013; emphasized the prevention of mother-to-child transmission; prioritized states according to the burden of HIV; and provided less attention to ineffective general awareness-raising interventions (ICR, p. 13). These shifts were incorporated into the revised 2010-2015 National HIV/AIDS Strategic Plan, and the project retained only the CSOs that were directly involved with vulnerable groups and the prevention of mother to child transmission (TTL clarifications, 12/20/2017). The findings also helped in generating state-specific epidemiological summaries, which were used by the states to strengthen prevention programs for the most-at-risk populations.

- The findings are expected to influence future interventions in Nigeria.
- M&E for this project also allowed the monitoring of HIV prevalence in the general population, where the national prevalence in adults, aged 15-49 years, decreased from 3.3% to 2.9% between 2011 and 2016.

M&E Quality Rating

Substantial

11. Other Issues

a. Safeguards

The project triggered one safeguard policy: Environmental Assessment (OP/BP 4.01). The project was classified under environmental category B, as it could generate hazardous medical waste in testing centers. The National Medical Waste Management Plan and the project-specific medical waste management plan provided guidance on the management of medical wastes. An Environmental and Social Management Framework was also prepared, and included consultations with stakeholders from various sectors.

Initially, however, implementation was deficient and was not reported by NACA or by the Bank until the preparatory activities for the 2013 mid-term review, which recommended an expanded safeguard audit that covered all the states and Federal Capital Territory. The audit recommended mitigation measures, including the designation of environmental and social safeguards officers, focal persons, training, procurement of protective equipment for staff, integration of data with the M&E framework, and the establishment of a grievance redress and beneficiary feedback mechanism. These measures were complied with, along with enhanced supervision.

b. Fiduciary Compliance

Financial Management. Financial management was the responsibility of NACA's finance department and the project financial management units in each state. Most states submitted Interim Financial Reports in a timely manner. However, the review of financial reports revealed deficiencies, including inadequate documentation

and adherence to Bank and NACA guidelines. An in-depth financial review was undertaken in eight states. It identified ineligible expenditures and insufficient documentation. Eighty-two percent of all ineligible or questionable expenses, amounting to US$1,738,956, originated from Borno, Sokoto, and Niger States. Remedial actions were taken, as recommended by the Bank, to improve financial management arrangements, internal control, and accountability in the states. Ineligible expenditures were refunded. Remedial actions included the establishment of a Financial Management Accountability Framework that was operational for the remaining life of the project, capacity building of internal auditors to conduct risk-based internal audits, quarterly Interim Financial Reports, and annual state-specific audited financial statements in lieu of consolidated financial statements.

Procurement. The project faced delays in procurement packages. A Bank Post Procurement Review of approved procurement plans from the states showed inadequate compliance with Bank procurement guidelines. Additional technical assistance was provided to the states, and the Bank approved the hiring of two procurement specialists to fast-track procurement, leading to improved results. Also, a review by NACA and SACAs showed that bidders manipulated the bidding process and colluded to share contracts for the supply of test kits and reagents at high prices. In response, NACA and the Bank put in place hands-on mentoring, and developed a framework contract for the procurement, delivery, and distribution of test kits and reagents that promoted cost-effectiveness and quality. NACA signed agreements with UNICEF to provide test kits and drugs to treat sexually-transmitted infections and opportunistic infections, and with UNFPA to provide condoms and lubricants. The purchase and supply of commodities through UN agencies provided an accountable and streamlined process that also reduced transaction costs and staff burden. The ICR stated that compliance with Bank procurement guidelines and procurement performance improved, and procurement was rated satisfactory during the last supervision mission in February 2017.

c. Unintended impacts (Positive or Negative)

None reported.

d. Other

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12. Ratings

Ratings	ICR	IEG	Reason for Disagreements/Comment
Outcome	Moderately Satisfactory	Moderately Satisfactory	---
Risk to Development Outcome	Substantial	Substantial	---
Bank Performance	Moderately Satisfactory	Moderately Satisfactory	---

Borrower Performance	Moderately Satisfactory	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. 29-30) offers several useful lessons, including the following lessons edited by IEG:

- Engaging local civil society organizations and private providers enhances opportunities to extend the reach of interventions to vulnerable populations, notably when such local organizations are already providing services to populations not typically reached by government agencies. This approach was pursued by the project.
- Rather than covering all the states, a more selective area approach might facilitate technical and implementation support. The project experienced difficulties in the provision of effective and timely implementation support to all 36 states.
- The institutionalization and empowerment of local agencies enhance the relevance of responses to the local situation. Under the project, the transitioning of State Action Committees on AIDS to the status of agency provided them with jurisdiction to make their own decisions in the prevention of HIV. The institutionalization of these entities also promoted their sustainability.

14. Assessment Recommended?

No

15. Comments on Quality of ICR

The ICR provides a clear narrative on the project experience. It is results-oriented, and provides quality analysis and candor. Its discussion of the results framework is thorough, and the evidence is well presented, which provides a basis for drawing conclusions. The report explains the value of M&E findings for future strategic directions towards more focused approaches in preventing HIV. The report offers useful lessons derived from project experience. The ICR is internally consistent and follows guidelines, although it should have included actual costs in its description of project components, and could have provided more information about most-at-risk groups reached by CSOs with a minimum package of interventions.

a. Quality of ICR Rating
Substantial