ICR Review

Operations Evaluation Department

Report Number : ICRR11566

1. Project Data:		Date Posted : 11/20/2003		
PROJ ID :	P002963		Appraisal	Actual
Project Name :	Sexually Transmitted Infections	Project Costs (US$M)	73.4	69.2
Country :	Uganda	Loan/Credit (US$M)	50.0	48.7
Sector(s):	Board: HE - Health (93%), Other social services (6%), General public administration sector (1%)	Cofinancing (US$M)	16.0	17.2
L/C Number :	C2603			
		Board Approval (FY)		94
Partners involved :	KfW, ODA, SIDA	Closing Date	12/31/2000	12/31/2002

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2. Project Objectives and Components

a. Objectives

The following objectives and sub-objectives were identified for the project :

1. To prevent sexual transmission of HIV by :
   - Promotion of safer sexual behavior
   - Provision of condoms
   - Promotion of sexually-transmitted disease (STD) care-seeking behavior
   - Provision of effective STD care
2. To mitigate the personal impact of AIDS by :
   - Provision of support for community and home based health care and social support for people with AIDS
   - Briefing of staff and provision of drugs for opportunistic infections and protective supplies for district health facilities (government and non government)
   - Provision of TB diagnosis and case management
3. To support institutional development to manage HIV prevention and AIDS care by :
   - Strengthening the districts capacity to plan, coordinate, implement, monitor and evaluate integrated AIDS related activities
   - Strengthening the national capacity to provide adequate technical support on health issues related to AIDS

The following program targets were to be achieved :

- Ability of 50% of the target population to cite at least two acceptable ways of protecting themselves from HIV by the end of the project (The target population was not specified.)
- Increase by 50% of reported condom use among the target population. (The population to be targeted was not specified.)
- Decrease by 20% of reported non-regular sexual partners
- Increase of appropriate STD case management to 70% of those individuals seeking STD care

The targets established in the SAR only pertained to the first objective. None were established for the second or third objectives.

b. Components

The project had three components, corresponding to the major objectives :

1. Prevention of sexual transmission of HIV ($35.0 million of base costs): Including increased awareness, community mobilization, targeted behavioral interventions and services, provision of condoms, provision of STD care, promotion of STD care-seeking behavior, drugs for STDs, training in effective STD care.
2. Mitigation of the personal impact of AIDS ($22.4 million of base costs): Including provision of support for community and home-based health care and social support, provision of drugs against opportunistic infections (OIs) and staff orientation, provision of clinical and protective supplies, diagnosis and case management of tuberculosis.

3. Institutional Development ($10.7 million of base costs): Including activities in district strengthening, national strengthening, surveillance, operational research, monitoring and evaluation, innovative NGO activities, and project management.

c. Comments on Project Cost, Financing and Dates

The disbursement rate as of 1/13/03: 99.66%. Total project cost was revised downward in 1997 from $73.4 million to $71.85 million. Co-financing from GoU ($3.34 mil) fell short of revised appraisal amount ($5.21 mil). Actual expenditures on drugs and equipment ($9.2 million) was only 40% of appraisal estimate; Funding for monitoring and research and training ($14.9 million) was 173% of appraisal estimates and included foreign training, which was not in the appraisal document. The original closing date was extended two years.

3. Achievement of Relevant Objectives:

The first objective was partially achieved; however, this is primarily based on outcome indicators, with little evidence on project outputs associated with those outcomes There is insufficient evidence provided on the achievement of the second and third objectives.

1. Prevention of sexual transmission of HIV: HIV prevalence dropped over the time period of the project, but the share of the decline due to reduced incidence of HIV (the objective of the project) and the share due to AIDS mortality is not known.
   - According to the Uganda 2000/01 Demographic and Health Survey (UDHS), 78% of women and 90% of men are able to identify two methods of HIV prevention, *when prompted*. The percent who could *spontaneously* cite three main methods (individually) was much lower: Condoms (men: 72%, women: 54%); Abstinence (men: 65%, women: 50%); One partner (men: 49%, women: 43%). The percentages spontaneously citing two or more methods (especially among women) would likely be less than the target of 50%.
   - There was an increase in the availability of condoms (155 million condoms supplied by the project plus 45 million through social marketing).
   - The actual *usage* of condoms, particularly by high risk groups, is not known. The ICR cites knowledge, attitudes, practices and behavior (KAPB) studies that indicate condom use with a non-regular sex partner increased from 34.3% to 66.7%, but this data covers only 3-5 districts for 1995-98 (the project ended in 2002). The 2000/01 DHS shows 53.3% of women know a source of male condoms, only 36.2% could get one, and only 7% used one during last intercourse with any partner. One survey cited in the ICR indicated that 30% of commercial sex workers (CSW) in Kampala had never used a condom.
   - The ICR cites a report on selected KAPB sites that indicates a decline in reported casual sex partnerships (not gender disaggregated) from 14.3% in 1996 to 6.6% in 2001, which exceeds the target of a 20% decrease. However, according to the 2001 UDHS, 12% of married men and 34% of unmarried men had a *non-spousal, non-cohabiting partner* in the previous twelve months (p. 184-185).
   - A cross-sectional study in 85 primary health care facilities in 12 districts showed an increase from 14.3% in 1996 to 20% in 1998 of individuals seeking STD care receiving appropriate STD case management. This falls far short of the target of 70%. No data are available for the endpoint of the project (2002) four years later, which conceivably might have been higher.

2. Mitigation of personal impact of AIDS: Guidelines were adopted and district officials and NGOs were trained in caregiving and counseling, expanding the availability of care. However, drug procurement was extremely difficult, so it is not known to what extent the training improved the quality of care and outcomes for AIDS patients. The ICR presents scant evidence on the achievement of this objective; for example: the number or percent of people trained, the percent of districts covered, the number of communities with home visits and care counselors, the cost-effectiveness of interventions.

3. Support to institutional development: The project financed a number of research studies, decentralized implementation of the project to districts, training of NGOs, and development of public sector strategies. However, no information is provided in the ICR on the planned cost-effectiveness studies, the process of vetting NGOs, the number of NGO sub-projects financed, the results of sub-projects, the types of interventions among high-risk groups implemented by NGOs, or the types of innovative interventions delivered by NGOs.

4. Significant Outcomes/Impacts:

- The project achieved substantial training and capacity-building of central and district officials and NGOs (replacement of expatriate by national staff, extensive training of district officials and NGOs, preparation of 21 strategies and guidelines).
- Project funds comprised half or more of spending in the districts, in support of decentralized project implementation.
- Civil society, which had already been engaged in the fight against HIV/AIDS, was further institutionalized as a government partner in designing and implementing interventions in both prevention and care.
- The project made condoms more widely available, including through social marketing implemented by cofinanciers.
- Capacity to implement HIV/AIDS programs was increased at the district level and for civil society organizations.

5. Significant Shortcomings (including non-compliance with safeguard policies):

- The ICR does not provide sufficient information on project outputs (aside from the number of condoms procured) to account for the use of funds, to substantiate claims that the STIP had a large influence on the national

program, or to link the national program's (and project's) outputs to changes in behavior or HIV. According to the ICR, project staff failed to track outputs.

- Significant procurement delays and slow flow of funds often led to shortages of critical supplies, such as STD drugs and condoms, that other donors had to fill. This raises the question of whether staff trained in syndromic management of STDs had sufficient access to STD drugs to be effective.
- Weak procurement and logistics management capacity improved, but remained a serious issue throughout the life of the project. Procurement and financial management were not assessed as part of project preparation. It was assumed that the MOH had enough familiarity with IDA procedures based on its experience with the First Health Project that, with some additional capacity building activities, it could effectively manage the project. The capacity needs of districts to undertake decentralized activities, in particular, was seriously underestimated. The parallel District Health Services Pilot project was intended to address some of these capacity issues, but the STD project was not well coordinated with it.
- While the SAR emphasized targeting prevention to high risk groups (in addition to interventions for the general population), the project apparently did not do this.

6. Ratings:	ICR	OED Review	Reason for Disagreement /Comments
Outcome:	Satisfactory	Moderately Unsatisfactory	The project's relevance is substantial. The first objective was partially achieved with modest efficiency (given the shortages in drugs & procurement problems). Available evidence on objectives two and three suggests, at best, modest efficacy and efficiency.
Institutional Dev .:	High	Substantial	There was substantial training and development of new strategies. However, there is insufficient specific evidence in the ICR to justify a higher rating.
Sustainability:	Likely	Non-evaluable	There is insufficient information provided to assess the likely sustainability.
Bank Performance:	Satisfactory	Unsatisfactory	The Bank performed satisfactorily in project design and quality at entry, but unsatisfactorily in supervision. While adequate supervision resources were provided, the teams were not effective enough in addressing M&E and procurement/financial management problems and could not account for the project's outputs.
Borrower Perf .:	Satisfactory	Satisfactory	
Quality of ICR:		Unsatisfactory	

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

7. Lessons of Broad Applicability:

- Commitment to monitoring and evaluation, including linkages to operational effectiveness, should be secured early on. Both output and outcome indicators need to be tracked.
- Government commitment and leadership is an important factor in creating an enabling environment, including one in which non-state actors can be fully engaged. The inclusion of non-state actors from the beginning - the design phase - contributed to the success of the partnership.
- IEC is necessary but not sufficient to induce behavior change.
- Fiduciary and procurement assessments are critical, particularly in the context of a newly decentralized institutional infrastructure. The procurement assessment should take into account the fact that the MOH was inexperienced in procuring drugs and medical supplies under Bank procedures.
- The capacity of government and NGOs to implement the project was greatly over -estimated at appraisal; there's a need for substantial training and capacity building at the outset for a project that relies on decentralized implementation by district government and civil society. Further, if there is a parallel project focused on institutional development efforts, there should be better coordination between the projects.

8. Assessment Recommended? ● Yes ○ No

Why? Data/evidence provided in the ICR on key project outputs is thin. Also, a PPAR would provide information on one of the Bank's first HIV/AIDS lending operations in a country that is widely acclaimed as having had a successful program, though without much evidence on attribution.

9. Comments on Quality of ICR:

The ICR failed to provide sufficient evidence on how project funds were spent to substantiate the ratings or to suggest plausible attribution to the outcomes of the project . ICR also failed to provide explanations on shift in project allocations: downward adjustment in counterpart funds (from $7.4 million to $5.2 million); actual expenditures on drugs and equipment ($9.2 million) only 40% of appraisal estimates ($22.9 million). The High rating for Institutional Development Impact on page 1 of the ICR is inconsistent with the Substantial rating of institutional objectives on page 44.