1. Project Data:

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<th>Date Posted: 10/01/2014</th>
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<td><strong>Project Name</strong>: HIV/AIDS Prevention</td>
<td><strong>Appraisal</strong>: 38.5</td>
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<td>L/C Number: CH152</td>
<td><strong>Loan/Credit (US$M)</strong>: 35.0</td>
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Prepared by: Judyth L. Twigg
Reviewed by: Denise A. Vaillancourt Lourdes N. Pagaran

2. Project Objectives and Components:

a. Objectives:

According to the Development Grant Agreement (DGA, p. 14), the objective of the project was “to assist the Recipient in establishing and maintaining national, provincial and local policies and capacity to design, implement and evaluate information and service delivery programs designed to halt the transmission of HIV/AIDS among vulnerable populations and between vulnerable populations and the general population, thereby assisting the Recipient in the implementation of its National Strategy on HIV/AIDS Prevention and Control.”

The Project Appraisal Document (PAD, p. 4) stated the objective more concisely and with specification of vulnerable populations: “to support programs designed to halt transmission of HIV/AIDS among vulnerable populations (people living with HIV and AIDS (PLWA), injection drug users (IDUs), and commercial sex workers (CSWs) and their clients and sexual partners) and between these vulnerable populations and the general population.”

The project was initially implemented in 18 provinces and two cities. In April 2010, a restructuring (with additional financing from the UK Department for International Development, DfID) expanded the project to an additional 12 cities/provinces and revised several key outcome targets. In January 2013, another restructuring (with a second round of additional financing from DfID) added men having sex with men (MSM) as a target group, with a new indicator/outcome target.

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

Yes
If yes, did the Board approve the revised objectives/key associated outcome targets?
Yes
Date of Board Approval: 04/28/2010
c. Components:

The project contained three components. The project’s interventions were initially to be implemented in 18 provinces and two cities representing 42% of the total population and 55% of all known HIV/AIDS cases. They represented a balance of provinces with low to high numbers of HIV/AIDS cases, and donor presence ranging from minimal to intensive. The intent was for the project to learn lessons from this range of experience that could be effectively transferred to the remainder of the country (PAD, p. 31).

Both the PAD and the ICR provide costs by component without including the Recipient’s US$ 3.5 million contribution. The project team later stated that the Recipient provided 10% of each component’s cost, for a total contribution of US$ 3.5 million. Listed below are appraisal costs, net of contingencies, and actual costs, by component, as presented in the PAD and ICR.

1. Implementation of provincial HIV /AIDS action plans (appraisal, US$ 21.6 million; first additional financing, US$ 12.34 million; second additional financing, US$ 5.79 million; actual, US$ 40.1 million). This component was intended to provide sub-grants to 18 cities and two provinces to support the design and implementation of Annual Provincial HIV Action Plans, based on the approved national HIV strategy and adjusted for local contexts. These plans were typically to feature four elements: behavior change communication (BCC), harm reduction interventions, monitoring and evaluation (M&E), and capacity building.

2. National HIV/AIDS policy and program (appraisal, US$ 7.22 million; first additional financing, US$ 5.6 million; second additional financing, US$ 2.03 million; actual, US$ 13.7 million). This component contained three sub-components:
   (i) Strengthening capacity at national and provincial level and promotion of the development of innovative prevention and treatment approaches among vulnerable groups, through demonstration sites, policy studies and research, knowledge sharing and training, and other innovations;
   (ii) Development of a national HIV/AIDS M&E system and results framework; and
   (iii) Reduction of stigma and discrimination against vulnerable groups through support for a five-year nation-wide campaign.

3. Project management (appraisal, US$ 5.18 million; first additional financing, US$ 7.0 million; second additional financing, US$ 0.97 million; actual, US$ 13.1 million). This component was intended to address concerns about management capacity, particularly at the provincial level, by setting up and managing a Central Project Management Unit (CPMU) and Provincial Project Management Units (PPMUs) in the project’s 18 provinces and two cities.

   At the April 2010 restructuring and additional financing, the first component was expanded to cover an additional 12 provinces; the second component expanded coverage of harm reduction activities; and the third component added support for an additional 12 PPMUs in the 12 newly covered provinces.

   At the January 2013 additional financing, core project activities were sustained, and the distribution of lubricants for MSM was added.

d. Comments on Project Cost, Financing, Borrower Contribution, and Dates:

Project Cost: Actual project costs were US$ 72.82 million, according to the ICR, about double the original estimate of US$ 38.5 million. A cost table (ICR, p. 37) comparing planned versus actual component costs, excluding Government financing, shows that Component 1 cost US$ 40.1 million or 188 percent of the appraisal estimate; Component 2 cost US$ 13.7 million, or 167 percent of the appraisal estimate; and Component 3 cost US$ 13.1 million, or 252 percent of the appraisal estimate.

Financing: The project was initially financed by an IDA grant in the amount of SDR 23.1 million (US$ 35.0 million equivalent), which was 100 percent disbursed. A UK Department for International Development (DfID) Trust Fund Grant of valued at US$ 24.94 million equivalent at the time of approval (April 2010) and a second DfID Trust Fund Grant, valued at US$ 9.38 million at the time of approval (January 2013), provided additional financing for which the Bank was administrator. Because of exchange rate fluctuations, US$ 35.5 million equivalent of the Trust Fund Grant was disbursed and US$ 0.7 million equivalent was cancelled.

Borrower Contribution: The Recipient’s planned contribution at appraisal was US$ 3.5 million, and the Government contributed this full amount.
In March 2007, the project’s M&E framework was revised to better define key performance indicators (without changing their targets or scope).

An April 2010 Level II restructuring extended the project’s closing date by one year, to December 31, 2012. This restructuring expanded implementation of the project to an additional 12 provinces, with additional financing from DFID. Several key outcome targets were revised. At this point, US$ 28.65 million (40.6%) of the total IDA Grant and DFID Trust Funds had been disbursed.

Another Level II restructuring in January 2013 extended the project’s closing date by another year, to December 31, 2013, to enable project sustainability and implementation of post-project transition arrangements. A focus on a new vulnerable population, men having sex with men (MSM), was added with a second additional financing from DFID. One project indicator was added to reflect the new focus on MSM. At this point, US$ 60.6 million (86.0%) of the total IDA Grant and DFID Trust Funds had been disbursed.

### 3. Relevance of Objectives & Design:

**a. Relevance of Objectives:**

Relevance of Objectives is rated High under the original project design and two restructurings that revised scope/targets. At appraisal, surveillance data indicated that HIV was rising rapidly among young injecting drug users (IDUs) and female sex workers (FSWs). Injecting drug use accounted for about 60% of reported HIV cases. Beginning in 2009, new sentinel surveillance indicated that HIV prevalence was also high and rising among MSM, particularly in urban areas. Experience and capacity for delivering harm reduction programs for hard-to-reach and vulnerable populations was lacking. The project’s objectives were highly relevant to country conditions at the time of appraisal, and their aims were appropriately complementary to efforts launched by other donors (see Section 4). The objectives are also highly relevant to the country’s current National Strategy for HIV/AIDS Prevention and Control to 2020, which stresses a range of harm reduction programs aimed at preventing the spread of infection among IDUs and FSWs. The Bank’s current Vietnam Country Partnership Strategy (CPS, 2012-2016) contains a pillar for broadening access to social and economic opportunity, addressing weaknesses in basic social service delivery and access (CPS, pp. 14-16). HIV/AIDS prevention is explicitly cited as support for this pillar (p. 27).

**b. Relevance of Design:**

Relevance of Design is rated Substantial under the original project design and two restructurings that revised scope/targets. The project’s planned activities were logically and plausibly connected to achievement of its objectives, particularly due to its explicit focus on prevention interventions among high-risk groups. Project design is also noteworthy for what it deliberately did not include: interventions involving mass screenings and education activities among the general population, which generally (in a concentrated epidemic like Vietnam’s) are not particularly efficient or effective; and a public sector component for internal HIV mainstreaming activities, which had been ineffective in many previously-implemented Multi-country AIDS Program (MAP) projects. The project appropriately prioritized activities among local government entities, given the need for extensive capacity building at that level and the newness of the harm reduction approach. The decentralized approach allowed for the development of innovative implementation strategies, including, for example, distribution of free sterile needles and syringes through fixed boxes at “secret” venues, substantially increasing coverage of key commodities. However, as the ICR (p. 11) indicates, it was a shortcoming that service delivery standards for harm reduction activity implementation were not developed earlier. In addition, it is not clear why MSM were not included as a target population under the original project design, given the explicit focus on high-risk groups and the known shape of the HIV/AIDS epidemic in Asia at the time. Also, the results chain for MSM under the second restructuring was weak, as it is unlikely that the single added activity aimed at MSM—the distribution of lubricant sachets—would have made a significant difference in HIV/AIDS outcomes.

### 4. Achievement of Objectives (Efficacy):

The ICR (p. 4) reports that Vietnam was also receiving HIV/AIDS support from the Global Fund to Fight AIDS, Tuberculosis, and Malaria, the United States (PEPFAR), DFID, the Japan International Cooperation Agency, and Australia. While PEPFAR and the Global Fund focused on providing antiretroviral treatment, this Bank project focused on complementary prevention efforts. Most project provinces relied exclusively on this project for harm reduction financing (ICR, p. 23). It is therefore reasonable to attribute observed results, at least in large part, to
Bank-financed interventions.

**Halt the transmission of HIV/AIDS among vulnerable populations and between vulnerable populations and the general population is rated Substantial under the original scope /targets, Substantial under the first revised scope /targets, and Substantial under the second revised scope /targets.** The PAD specifically defined vulnerable populations as PLWHA, IDUs, and FSWs and their clients and sexual partners. MSM were added as a target group at the project’s January 2013 restructuring. While outcomes for MSM were not documented and were not likely to have been significant given the single intervention (distribution of lubricant sachets), the strong outcomes for other target groups still merit a Substantial rating under the second revised scope /targets. While project interventions did not focus on the general population, the most efficient means of preventing spread to the general population in a concentrated epidemic like Vietnam’s is to focus prevention efforts on the risk groups most likely to spread infection. The project’s outcome indicators, which focus on behavior change among key risk groups, are therefore appropriate for measuring not only transmission among vulnerable populations but also transmission between vulnerable populations and the general population. The project delivered on the planned outputs, although a number of these outputs fell short of targets. Nevertheless, the project achieved most of its outcome targets. Outcomes are likely attributable in part to this project’s contribution and also to the support of other development partners’ efforts.

**Outputs:**

A capacity building needs assessment was undertaken, and a resultant capacity building plan prepared, adopted, and implemented. Several study tours were undertaken, 83 persons were trained (56 of these overseas) in epidemiological analysis and action plan design and implementation, and 12 academic papers were published. 60 staff, many from the regional/provincial levels, received master of public health degrees. A national M&E framework/system was developed and is still in use.

The Central Project Management Unit (CPMU) and Regional Institutes provided technical assistance to provinces. As a result, 91% of provinces prepared HIV/AIDS plans judged to be of high quality, surpassing the target of 90%. These action plans included harm reduction activities for FSWs and IDUs, behavior change efforts, mobile services for testing and treating sexually transmitted infections, care and support for people living with HIV/AIDS, and HIV counseling and testing services (mostly for FSWs and IDUs). Harm reduction programs largely followed a peer outreach, peer education, and peer distribution network system, with peer educators paid a stipend. 85% of provinces met targets specified in these plans, exceeding the original target of 80% but not the revised target of 90%. All provinces established M&E systems considered to be adequate, including appropriate biological and behavioral surveillance, effectiveness research, and program activity/financial monitoring; this exceeded the target of 90% of provinces. AIDS M&E nuclei were established at Regional Institutes, and AIDS M&E staff were trained. Several rounds of Integrated Bio-Behavioral Surveys were undertaken with support from the Regional Institutes, but there was inconsistency between project surveillance and national surveillance that was not addressed during the project’s lifetime (ICR, p. xi). M&E meetings and national conferences for data dissemination took place, but a 2008 Government assessment indicated that the use of these data was not optimal.

61 Innovation Grants were awarded, surpassing the target of 60. 33 activities emerging from these Grants have been sustained with support from other sources, exceeding the target of 20.

Seven provinces were offering methadone maintenance therapy services by the end of the project, surpassing the target of six. 1,927 IDUS were enrolled in these services in 2012, not quite meeting the target of 2,000.

Across the 32 project provinces, an estimated 168,000 IDUs and 52,000 FSWs were reached, accounting for over 80% of the estimated total numbers of IDUs and FSWs in Vietnam.

Each FSW in the targeted provinces received an average of 326 free condoms each year of the project; this exceeds the Bank target of 240 condoms per year per FSW. The percentage of female sex workers receiving condoms in the previous six months increased from 10% in 2005 to 63.2% in 2012, not meeting the target of 80%. The percentage of female sex workers receiving IEC materials in the previous six months increased from 10% in 2005 to 66% in 2012, not meeting the target of 80%. The percentage of female sex workers receiving treatment for sexually transmitted infections in the previous six months increased from 10% in 2005 to 52.3% in 2012, not meeting the target of 80%. The percentage of female sex workers who received information from peer educators in the previous six months increased from 10% in 2005 to 74% in 2012, not meeting the target of 80%. The percentage of female sex workers receiving HIV testing in the previous months increased from 10% in 2005 to 47.8% in 2012, not meeting the original target of 80% or the revised target of 60%. Baseline values were estimated rather than measured.
Each IDU in the targeted provinces received an average of 152 clean needles and syringes each year of the project; this is considered mid-level coverage according to global technical guidelines (ICR, p. 22). The percentage of IDUs receiving clean needles and syringes in the previous six months increased from 10% in 2005 to 65.3% in 2012, not meeting the target of 80%. The percentage of IDUs receiving IEC materials in the previous six months increased from 10% in 2005 to 59.1% in 2012, down from 69.7% in 2010, not meeting the target of 80%. The percentage of IDUs receiving information from peer educators in the previous six months increased from 10% in 2005 to 74.6% in 2010, not meeting the target of 80%. The percentage of IDUs receiving condoms in the previous six months increased from 10% in 2005 to 28.3% in 2012, not meeting the original target of 80% or the revised target of 60%. The percentage of IDU receiving HIV testing in the previous six months increased from 10% in 2005 to 40% in 2012, not meeting the original target of 80% or the revised target of 50%. Baseline values were estimated rather than measured.

No outputs are reported for MSM, other than that the project did not achieve its target of distributing 468,000 lubricant sachets to MSM (ICR, p. 22).

**Outcomes:**

The percentage of injecting drug users reporting consistently using clean syringes and needles over the last month increased from 20% in 2005 to 82.7% in 2012, surpassing the original target of 70% but not quite meeting the revised target of 85%. The baseline value was estimated rather than measured. 2013 data were not available for the ICR.

The percentage of female sex workers reporting condom use with their most recent casual clients increased from 40% in 2005 to 85.2% in 2012, meeting the original target of 80% and the revised target of 85%. The percentage of female sex workers reporting condom use with their most recent regular clients increased from 40% in 2005 to 84.8% in 2012, meeting the original target of 80% and the revised target of 85%. The baseline values were estimated rather than measured. 2013 data were not available for the ICR.

The ICR (p. 22) reports that HIV prevalence declined at the national level among IDUs from 21.3% in 2003 to 9.6% in 2012, and among FSWs from 3.7% in 2003 to 2.6% in 2012. However, without mortality and other population data, it is impossible to determine to what extent these prevalence data demonstrate a decline in the number of new infections. HIV prevalence in the general population has remained under 0.3%.

No outcomes are reported for MSM, and the project team confirmed that no data are available.

**5. Efficiency:**

*Efficiency is rated Modest.*

The project’s explicit overall focus on prevention interventions among key risk groups most likely to contract and spread HIV is, in itself, an indication of strong efficiency. The ICR (p. 25) estimates that every dollar spent on needle and syringe programs returned US$ 1.93 in health care costs saved; the estimated required cost of US$ 486 to avert one new HIV infection through needle and syringe programs is comparable to that found in other developing country settings (China, US$ 560 – 810). A behavior change communication program begun with FSW under the project was deemed not to be cost-effective and therefore was dropped, which was an economically efficient decision. According to the ICR (p. 76), the level and quality of the Bank’s collaboration with DfID effectively harnessed comparative advantage and reduced transaction costs for both the Government and the financing agencies. Although the project’s program management/administration and other indirect costs were relatively high (55.7% of total Bank and DfID financing), some of these investments are justifiable given the substantial amount of capacity building that took place (ICR, p. 24).

However, the dual administrative structures that were created in 2010, with the simultaneous and sometimes conflicting roles of the PPMUs and PACs (Global Fund implementing entities; see Section 9b), were inefficient at best. Occasional discontinuities in the transfer of funding from central to provincial to district levels may have interrupted service delivery, and there was an eight-month gap in the supply of condoms from January to October 2013 (ICR, p. 25). Also, some more specific aspects of project implementation indicate lower than optimal value-for-money. The unit costs of two of the most common commodities procured by the project, condoms and HIV test kits, were higher than those purchased under Global Fund grants in the region. Condoms bought under the project cost an average of US$ 0.069, while those bought with Global Fund financing cost an average of US$ 0.03; HIV test kits under the project cost an average of US$ 2.90, but under Global Fund grants cost US$ 1.30. The ICR (p. 24) points out that it would have been more technically efficient to pursue pooled procurement options with the local Global Fund grant.
6. Outcome:

Under the project’s original scope and targets, relevance of the project’s objective is rated High, relevance of design is rated Substantial, achievement of the project’s objective is rated Substantial, and efficiency is rated Modest, resulting in an overall Outcome rating of Moderately Satisfactory.

Under the first revised scope/targets, relevance of the project’s objective is rated High, relevance of design is rated Substantial, achievement of the project’s objective is rated Substantial, and efficiency is rated Modest, resulting in an overall Outcome rating of Moderately Satisfactory.

Under the second revised scope/targets, relevance of the project’s objective is rated High; relevance of design is rated Substantial, notwithstanding the weak results chain for the additional target group (MSM); achievement of the project’s objective is rated Substantial, with well-documented outcomes for all target groups except MSM; and efficiency is rated Modest, resulting in an overall Outcome rating of Moderately Satisfactory.

Under harmonized IEG/OPCS guidelines, when there is restructuring that changes a project’s scope and/or key outcome targets, the final Outcome rating is determined by weighting the outcome ratings under each set of targets by the percentage of Bank funds disbursed under those targets. In this case, the Outcome under all three sets of scope/targets was rated Moderately Satisfactory, resulting in an overall Outcome rating of Moderately Satisfactory.

7. Rationale for Risk to Development Outcome Rating:

According to the ICR (p. 18), harm reduction efforts will continue to be funded through the government’s own allocations (albeit at lower levels than project financing), the United States Centers for Disease Control and Prevention LifeGap program, and the Global Fund. However, the country’s HIV response remains highly dependent on foreign aid. The project contributed to changes in the legal and policy frameworks governing harm reduction in the country, and the provincial planning process for harm reduction has been expanded from project provinces to all provinces in the country. The project’s considerable investments in M&E are likely to be sustained through the planned development of a harmonized HIV surveillance system. Most HIV counseling and testing sites and methadone maintenance treatment sites have been successfully transitioned to the Global Fund, and the government plans to expand methadone services considerably by 2015 (including to prisons)(ICR, p. 27). However, there is still not a stable distribution network or steady supply arrangements for clean needles and syringes, and it is not clear that the government’s plans for social marketing of condoms will sustain current availability of condoms at key locations like guest houses and hotels. The peer outreach/education network at the heart of project activities “faces major cuts across the 32 project provinces” (ICR, p. 80). The HIV epidemic among MSM is accelerating (by 2020, up to two-third of new infections could be attributable to sex between men), but effective harm reduction efforts aimed at this group are not in place (ICR, p. 28).

8. Assessment of Bank Performance:

a. Quality at entry:
Detailed project preparation took place over a period of 22 months, including epidemiological analysis to determine appropriate focus populations (geographic and risk groups; the omission of MSM from the original project design, however, may have been a shortcoming). At appraisal, several risks were rated as high or substantial (PAD, pp. 10-11): that local officials would focus inadequately on vulnerable or marginalized groups; that the Bank would suffer reputation risks if it supported treatment/rehabilitation services that were perceived to be inadequate; that the national legal environment would constrain the implementation of harm reduction strategies; that behavior change communication with vulnerable groups would not be effective; that province-level implementers would not have the absorptive capacity to spend project resources; and that the provinces would not develop sufficient capacity to implement and monitor harm reduction and behavior change programs in a timely manner. Proposed risk mitigation measures were appropriate. The project built on key lessons learned from prior experience in the region, including the need to emphasize reduction in HIV transmission among IDUs, the importance of removing implementation obstacles through capacity building, and the need to reduce stigma and discrimination as an essential component of information and service delivery (PAD, pp. 4-5).

Quality-at-Entry Rating: Satisfactory

b. Quality of supervision:

The Task Team Leader (or co-TTL) was located in-country during the project’s entire duration, ensuring consistency and local/institutional knowledge. Implementation Status Reports were detailed and clear, and their recommendations resulted in follow-up (ICR, p. 29). Coordination with other donors was strong. The Bank team was not afraid to take appropriate risks and try new strategies, and to change course when the evidence warranted a new direction. However, there were shortcomings. According to the ICR (p. 29), the Bank team could have acted earlier to address weaknesses in the Ethnic Minority Policy Framework (see Section 11), in the condom social marketing strategy, and in the sustainability of the harm reduction network of peer educators and harm reduction commodities.

Quality of Supervision Rating: Moderately Satisfactory

Overall Bank Performance Rating: Moderately Satisfactory

9. Assessment of Borrower Performance:

a. Government Performance:

Government commitment at the central and provincial levels was strong throughout. At appraisal, the government issued a new directive to expand HIV services to the provinces. The central government’s strategy on harm reduction was quite progressive, as many governments pursue a more punitive approach to vulnerable groups (particularly IDUs); however, education and advocacy on harm reduction was necessary with some provincial governments throughout the project period. The government invested heavily in capacity building, particularly at decentralized levels. Government spending on HIV/AIDS per capita increased steadily over the project period, and total HIV/AIDS spending per capita remained high compared to other countries with concentrated epidemics. It remains to be seen whether local governments will sustain the supply of commodities (especially injecting equipment) that form the backbone of harm reduction programs and will maintain the supply chain network through peer educators.

Government Performance Rating: Moderately Satisfactory

b. Implementing Agency Performance:

The project was implemented by a Central Project Management Unit (CPMU) and Provincial Project Management Units (PPMUs). Overall, this management framework was efficient and flexible (ICR, p. 30), allowing annual project planning to be adjusted to suit local needs. The CPMU demonstrated effective and participatory leadership throughout the project’s lifetime. The performance of the PPMUs was varied. The creation of PACs (Global Fund implementing entities) resulted in PPMU/PAC mergers in 25 project
provinces, while PPMUs remained separate from PACs in the remaining seven provinces. According to the ICR (p. 14), collaboration among these entities was “neither automatic nor always positive.” Financial management and procurement were smooth overall (see Section 11).

Implementing Agency Performance Rating: Moderately Satisfactory

Overall Borrower Performance Rating: Moderately Satisfactory

10. M&E Design, Implementation, & Utilization:

a. M&E Design:

The PAD (pp. 23-30) contained a complete results framework with specification of appropriate outcome and intermediate indicators. Baselines were estimated for most key indicators. M&E was included explicitly as a project subcomponent. However, some of these initial indicators were “composites” combining several sub-populations and HIV/AIDS services. After the national HIV M&E system was developed in 2007 (with project support) and its indicators specified, project indicators were adjusted to align with those in the national system and to disaggregate indicators/data by risk group. Initial targets were set “aspirationally high” (ICR, p. 14).

b. M&E Implementation:

Project efforts dovetailed with national M&E efforts. The Vietnam Administration for AIDS Control (VAAC) and its Department for HIV/STI Surveillance and M&E played the lead role in M&E implementation, providing guidance and technical assistance to all Provincial AIDS Centers. The CPMU and every PPMU allocated funding for an M&E officer position to ensure that adequate resources were in place. In 2008, the CPMU evaluated the effectiveness of M&E support it was providing to the provinces, and as a result of its findings, it scaled up support to some provinces. Numerous Sentinel Surveillance+ surveys and province-level Integrated Bio-Behavioral Surveys (IBBSs) were undertaken. According to the ICR (p. 15), despite significant technical support from the project, these surveys have not always been carried out using comparable sampling methods or at equal time intervals, hindering comparisons and trend analyses. There were some concerns during implementation about the quality of condom distribution data and self-reported behavioral data (ICR, pp. 15-16).

c. M&E Utilization:

The ICR (p. 16) provides a mixed assessment of M&E utilization. Field visits to several provinces indicated that IBBS results were used to inform project interventions. Twelve academic papers were published using project data. However, some changes clearly indicated by program data, such as the amount of time peer educators spent with FSWs as opposed to marketing condoms, were not implemented.

M&E Quality Rating: Substantial

11. Other Issues

a. Safeguards:

The project triggered the Environmental Assessment (OP/BP 4.01) and Indigenous Peoples (OP 4.10) safeguard policies.

The Indigenous Peoples safeguard was triggered primarily because of limited awareness of health/HIV risks among some ethnic minority communities. As a result, an Ethnic Minority Policy Framework (EMPF) was developed to ensure that ethnic minority groups would be informed, consulted, and mobilized to participate in project activities. A 2009 review of EMPF implementation revealed that it had not been properly disseminated, that it was not referenced in the Project Operations Manual, and that there was no provision for ethnic minority
representation at the PPMU level to ensure EMPF implementation. In response, the government appointed appropriate personnel and provided training, including the designation of a CPMU staff member to be in charge of supporting and monitoring EMPF implementation. The Bank also included a Social Safeguard Specialist to support EMPF implementation in every supervision mission beginning in 2010. As a result, HIV/AIDS surveillance was undertaken among ethnic minority populations, and a decline in HIV prevalence among ethnic minorities has been observed (ICR, p. 17).

A health care waste management plan was prepared and implemented to ensure proper handling and disposal of needles and syringes. The VAAC and Ministry of Health enhanced their guidelines to ensure appropriate management of health care waste, and PPMUs trained staff on monitoring and supervising health waste management. Peer Educators were trained and provided with equipment for collecting used needles and syringes (safe boxes and pincers) and with personal protective equipment. Safe boxes containing used needles and syringes were transported to commune health stations or higher-level health facilities for treatment. According to the ICR (p. 18), by the end of the project an estimated 64% of distributed needles were collected, transported, and treated against a service standard of 70%.

b. Fiduciary Compliance:

Financial management was the responsibility of the CPMU and PPMUs. The CPMU was the focal point for budget approval, financial reporting, and audit, with all other financial management functions performed by the PPMUs. According to the ICR (pp. 18, 31), financial management was moderately satisfactory to satisfactory throughout the project’s lifetime and was in full compliance with Bank procedures. Financial audits were conducted annually by an independent firm. The ICR does not state whether all audits were unqualified; the project team later confirmed that all audits were clean.

Procurement was slow at project start but improved during 2007-2008, only to slow again in later 2008-2009 because of high turnover of procurement staff. Performance once again improved in mid-2010 and remained satisfactory until project closure (ICR, p. 18). There were no cases of misprocurement, and 100% of procurement packages had been processed by the end of the project period.

c. Unintended Impacts (positive or negative):

None reported.

d. Other:

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<th>ICR</th>
<th>IEG Review</th>
<th>Reason for Disagreement / Comments</th>
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**NOTES:**
- 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.
13. Lessons:

The following lessons are derived from the ICR (pp. 33-35):

Innovative strategies and tactics are worth trying, even if they don’t pan out in specific contexts. In this project, new approaches - including integrating methadone maintenance with needle/syringe exchange/provision, the use of social media to reach FSWs, and the use of secret spots /hidden locations for needle/syringe provision - produced tangible benefit.

Parallel and duplicative program management arrangements at decentralized levels can lead to conflict and inefficiencies. In this case, provincial authorities would have been better served through more streamlined and less duplicative program management institutions.

A supportive legal and policy environment is essential for effective implementation of harm reduction programs. In this case, the commitment of the central government to sometimes controversial approaches was crucial both to overall program success and to changing attitudes among provincial authorities.

Assumptions about what works must continue to be tested. In this case, long-held beliefs about the importance of condom distribution programs among FSWs were countered by evidence that their epidemiological impact was not significant.

14. Assessment Recommended?  ☐ Yes  ● No

15. Comments on Quality of ICR:

The ICR is unusually sophisticated and comprehensive in its presentation of context, activities, and outcome-oriented evidence and analysis. The quality of analysis and evidence is high. The ICR’s comprehensive economic and financial analysis includes data not only from a variety of sources relevant to Vietnam, but across the entire region. Although this was not a learning ICR, the ICR team conducted a series of lessons-learned workshops to capture data from a large array of stakeholders. The ICR’s lessons, based on evidence and analysis, are unusually well crafted and draw important conclusions from a wide range of project experiences. The ICR’s approach is consistently results-oriented, and the document is internally consistent. However, the derivation of the Outcome rating does not follow IEG/OPCS guidelines for a project with revised objectives and/or key associated outcome indicators.

a. Quality of ICR Rating: Satisfactory