



1. Project Data:		Date Posted : 03/27/2002	
PROJ ID: P001333		Appraisal	Actual
Project Name: Sexually Transmitted	Project Costs (US\$M)	65.5	55.5
Country: Kenya	Loan/Credit (US\$M)	40	36.94
Sector(s): Board: HE - Health (91%), Central government administration (9%)	Cofinancing (US\$M)		
L/C Number: C2686			
	Board Approval (FY)		95
Partners involved :	Closing Date	06/30/2001	06/30/2001
Prepared by :	Reviewed by :	Group Manager :	Group:
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2. Project Objectives and Components			
a. Objectives			
<p>The project sought to support the government's strategy to address the STI /HIV/AIDS epidemic. The three major project objectives were to:</p> <ul style="list-style-type: none"> • Strengthen institutional capacity at the national and district levels to design, implement, monitor and evaluate interventions; • Promote preventive measures to reduce the risks of STI transmission; • Enhance both health sector and community provision of physical and psychological care and develop strategies to mitigate the session economic consequences of AIDS . <p>The following targets were to be achieved by the end of project implementation :</p> <ul style="list-style-type: none"> • 75 percent of target population able to cite 2 ways to protect themselves from HIV/AIDS • 30 percent increase in reported condom use among the target population; • 20 percent decrease in reported sexual partners; • Increase appropriate case management of STIs to 70 percent. 			
b. Components			
<p>The project had three components, corresponding to the major objectives :</p> <ul style="list-style-type: none"> • <u>Strengthen institutional capacity</u> (\$13.1 million) at national and district levels to design, implement, and evaluate interventions; • <u>Promote preventive measures to reduce risk of STI transmission</u> (\$26.7 million), including through (i) improved clinical management of STDs; (ii) information, education, and communication (IEC) activities; (iii) supply and distribute condoms. • <u>Enhance physical and psychological care</u> (\$19.4 million) at both community and health sector levels, including through: (i) support for TB control; (ii) treatment of opportunistic infections; (iii) support for home-based care; and (iv) minimize risk of HIV exposure for health workers . 			
c. Comments on Project Cost, Financing and Dates			
<p>According to the ICR, the IDA credit provided \$22 million for drugs (for STIs and opportunistic infections), \$7 million for IEC materials, \$4.5 million for technical assistance and training, and \$ 1.5 million for vehicles. \$0.9 million of the undisbursed credit balance was cancelled at project closing .</p>			
3. Achievement of Relevant Objectives:			
<p>The Project design was relevant, but was placed too much emphasis on curative interventions, and not enough attention to implementation arrangements. Following the midterm review (1997), the Bank gave increased attention to building political support for a comprehensive HIV/AIDS control program, and to resolving implementation bottlenecks at the national and district level. The project was part of a larger program, with bilateral donors (USAID, DfID, Belgium) providing over \$20 million in grant financing for STIs/HIV over the same time period, making it difficult to differentiate the project's contributions to achievement of the stated targets . In addition, project monitoring and</p>			

evaluation was weak, such that although project objectives were stated in terms of quantitative benchmarks for sexual behavior and STI treatment, no baselines were established, and progress toward stated objectives was not regularly tracked. (Behavior trends can be inferred from various surveys, including 1993 and 1998 DHS, a project completion/baseline survey (2000), and a USAID-sponsored knowledge, attitudes, and practices (KAP) survey (2001).)

- Various surveys suggest improved knowledge of HIV/AIDS and a reduction in high risk behaviors since the mid-1990s -- but risky behavior and significant misconceptions remain widespread. The project and Bank dialogue appear to have contributed to increased visibility and political support for AIDS issues, strengthened capacity at national and district levels, and supported workshops and media campaigns to encourage behavior change. The project financed substantial IEC activities, including national media campaigns and support for establishing a curriculum in reproductive health in all schools. But there is little evidence on the output or impact of these campaigns. It seems plausible, however, that the project contributed to positive behavior trends, and laid the groundwork for further strengthening of the national and district-level response.
- Despite initial delays in drug procurement and distribution, the project improved the availability of drugs for treating sexually transmitted infections. But continued difficulties in the drug distribution system contributed to periodic shortages of drugs at the facility level, despite adequate central financing. As such, 80% of health centers surveyed for the ICR reported adequate supply of STI drugs in previous 3 months, and 94 % of clinics sampled had received STD drugs. Some staff in each district have received training in STD case management, but there are no reliable trend data on appropriate case management of STDs, so it is unclear if the 70 % target for appropriate case management has been met. (The ICR asserts that 88% of STI cases were appropriately diagnosed, but this figure is based only on the percentage of STI patients returning for treatment -- not a reliable indicator of treatment effectiveness). The project did not finance condoms due to availability of grant financing from donors.
- Consistent with the decentralization process underway in the health sector, the project eventually succeeded in allowing districts to directly incur project expenditures, which allowed district officials -- for the first time -- to finance their own programs and that of local NGOs (for both prevention and community care activities). This was an important step in improving local program autonomy and flexibility. The project also financed various training and capacity building activities in STI treatment and program management at the national and district level.
- The project set a target of maintaining adult HIV prevalence below 15%. According to sentinel surveillance, adult HIV prevalence increased from 7.5 percent in 1995 to 14.9% in 1999 (the change in the annual incidence (new infections) of HIV is not known). It is possible that HIV prevalence is lower than would have occurred in the absence of the project -- particularly if project-financed IEC contributed to behavior change -- but this is difficult to assess. STI treatment can reduce the likelihood of HIV transmission, but recent studies suggest that the impact of STI treatment on HIV incidence in mature epidemics may be less than previously thought.

4. Significant Outcomes/Impacts:

- While the government was reluctant to openly address HIV/AIDS in the early 1990s, the Bank and its partners used the project as a platform for dialogue on the need for a stronger national response. The government has since finalized a national HIV/AIDS policy, approved a Parliamentary Sessional Paper on AIDS (1997), and established a National AIDS Control Council (2000). The President also has declared AIDS a national emergency. The Project and Bank dialogue may have contributed to this improved political climate and policy framework.
- Although condom use remains low among married couples (6%), it has increased among unmarried couples, casual partners, and commercial sex workers. The percentage of sexually active men who have ever used a condom increased steadily from one-third in 1993 to half in 2001. More importantly, men using condoms with non-regular partners increased from 43% in 1997 to 63% in 2001, and both commercial sex workers and their customers report use of condoms in over three-quarters of encounters.
- The number of men reporting more than one sexual partner declined from 27% in 1997 to 19% in 2001 (women reporting >1 sexual partner remained low and unchanged at less than 4%). National and district level awareness campaigns, which this project helped support, may have contributed to this progress. (The project's specific contributions to these changes in condom use and sexual behavior are difficult to assess, however).
- Prevalence of syphilis (a treatable STI) among women attending antenatal clinics declined from 7% (1995, 1997) to 5% in 2000. This could be attributable to improved STI treatment, although behavior change may also have played a role.

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

- Planned operational research, monitoring, and evaluation activities were not completed (HIV surveillance was supported by other donors). Moreover, documentation on specific project outputs, activities, and expenditures are inadequate because of poor record keeping.
- Improving AIDS care and mitigation was mostly unsuccessful. The project planned to disburse substantial resources for care and prevention activities by communities and NGOs, but the government's disbursement system made it very difficult to get authorization to incur expenditure for these activities (except for a few activities sponsored by districts), despite a Memorandum of Understanding developed at the beginning of the

project.

- Because of various bottlenecks in transferring project resources to districts, only 10% of project resources went directly to districts (against a planned 20%). The ICR reports that districts implemented most of their planned activities despite the funding shortfall. Despite progress in training, less than a quarter of district health team members received training in management skills, and only 20 % of sampled health facilities had work plans for HIV/AIDS.
- Risky sexual behavior also persists, particularly among youth. In Mombassa, for example, only 12 % of sexually active girls (15-19) reported using condoms -- and half of women 18-19 reported becoming sexually active before age 18, with no apparently change since the early 1990s.

6. Ratings :	ICR	OED Review	Reason for Disagreement /Comments
Outcome :	Satisfactory	Moderately Satisfactory	The project made little progress on the third component/objective.
Institutional Dev .:	Substantial	Modest	Project appears to have contributed to substantial progress at the district level, but skill gaps persist, and the project made limited contributions to strengthening NGO capacity, research and M&E.
Sustainability :	Likely	Non-evaluable	A number of project activities are being continued through subsequent projects, but drug procurement will not be sustained. The PPAR mission will further assess sustainability prospects .
Bank Performance :	Satisfactory	Satisfactory	
Borrower Perf .:	Satisfactory	Satisfactory	
Quality of ICR :		Satisfactory	

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

7. Lessons of Broad Applicability:

- Reducing the incidence and prevalence of HIV requires a shift from a narrow medical focus to an emphasis on changing behavior -- particularly among youth and high-risk groups -- and improving the socio-political environment.
- A strong monitoring and evaluation program requires clear and measurable indicators that are systematically collected over time. This includes tracking project outputs, as well as program outcomes .
- Decentralizing project activities to district level can improve local implementation, but needs to be matched by giving districts sufficient authority to incur expenditures, strengthen accountability, and capacity building for planning and management.
- Project planning to finance NGO/community activities needs to develop clear modalities for doing so .

8. Assessment Recommended? ☒ Yes ☐ No

Why? To provide lessons on the Bank's early efforts in addressing STIs /HIV/AIDS, as part of a possible OED thematic study. An OED mission is scheduled for February, 2002.

9. Comments on Quality of ICR:

The ICR provides a good overview of the project activities, and discusses strengths and shortcomings . But it contains some inconsistencies, and should have been more explicit about problems in the quality some of the data on which it based its assessment of project impact . It does note that there were methodological problems in the evaluation survey conducted following project completion . But the ICR reports without qualification that 88 percent of STI cases were appropriately diagnosed (based on questionable facility data) and that condom use was 100% among survey respondents who admitted visiting commercial sex workers (even though only 4 men acknowledged seeing CSWs).