



1. Project Data:		Date Posted : 08/13/2002	
PROJ ID: P035601		Appraisal	Actual
Project Name: Population & Aids Control	Project Costs (US\$M)	27.2	24.2
Country: Chad	Loan/Credit (US\$M)	20.4	18.5
Sector(s): Board: HE - Health (62%), Other social services (22%), Central government administration (16%)	Cofinancing (US\$M)	4.4	4.7
L/C Number: C2692; CP859			
	Board Approval (FY)		95
Partners involved : KfW, UNFPA	Closing Date	06/30/2001	12/31/2001
Prepared by:	Reviewed by:	Group Manager :	Group:
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2. Project Objectives and Components			
a. Objectives			
The project's two objectives were to: (i) assist the government in implementing its long-term strategy for population and family planning; and (ii) assist the government in implementing its second Medium-Term Plan for HIV/AIDS control and to slow the spread of the HIV/AIDS epidemic by informing the general population and decision makers, and by promoting behavioral changes.			
b. Components			
The project had four components:			
1. <u>Reinforcing national capacity to implement the National Population Policy</u> (US\$8.0 million). Subcomponents included strengthening the capacity of the newly created Division of Population (under the Ministry of Planning and Economic Development) through facility rehabilitation, training, technical assistance, and study tours; contraceptive supplies; implementing a community awareness program; and supporting population-related research.			
2. <u>Strengthening national capacity to contain the spread of HIV/AIDS/STDs</u> (US\$6.6 million). This component sought to reduce HIV transmission by lowering the prevalence of STDs (through development of treatment protocols, provider training, and provision of drugs), promoting behavior change (including through development and dissemination of IEC materials), and mitigating the impact of AIDS on individuals, families, and communities. Subcomponents included institutional strengthening of the Ministry of Public Health, and supporting epidemiological, operational, and socio-economic research.			
3. <u>Social marketing to promote condom use</u> (US\$7.1 million). This component assisted the government in establishing a social marketing program for condoms, which sought to increase the availability and use of male condoms in Chad. At the midterm review, KfW agreed to fund all the costs of the condom social marketing component. Credit savings were reallocated to two new sub-components: social marketing of child oral rehydration therapy (ORT), and microcredit activities for women.			
4. <u>Promoting participation of the private sector and NGOs in family planning and HIV/AIDS</u> (US\$5.5 million). Activities included establishing a social fund to provide grant financing for local HIV and family planning activities, and support for several national NGOs to guide applicants in sub-project preparation, implementation, and evaluation.			
c. Comments on Project Cost, Financing and Dates			
The original closing date of June 2001 was extended by six months to December 2001. US\$1.9 was cancelled at project close.			
3. Achievement of Relevant Objectives:			
Overall, the project contributed to modest progress in implementing the government's family planning program, but appears to have made substantial contributions to strengthening the national HIV/AIDS response -- albeit starting from a very low level. The original targets for family planning and HIV/AIDS indicators were unrealistic, however, and few baseline data were available. Contraceptive prevalence increased slightly from very low levels (1% in 1990) to an estimated 3.3% in 2001 (against a target of 10% for 2000). Awareness of HIV/AIDS has increased among men and			

women, and there are some signs of behavior change -- although misinformation and risky behavior remains widespread. HIV prevalence continued to increase from about 3% in 1994 to estimated at about 7% in 2000, indicating that the number of new infections continues to exceed AIDS mortality and the number of people living with the virus has likely doubled. The change in incidence (new infection) is not known. In terms of specific components:

1. Only limited progress was made in strengthening the Division of Population and implementing the national population policy. The policy itself was not fully owned by the government, and capacity building was undermined by staff turnover. Research (including support for the first Demographic and Health Survey in 1996/7) and IEC activities helped raise awareness among opinion leaders, however, which may contribute to future progress.
2. The project helped to decentralize HIV/AIDS activities to the prefecture level, involve other sectors in the HIV/AIDS response, establish additional sentinel surveillance sites for a total of nine, and conducted several studies. (Sentinel surveillance apparently covers only women in antenatal care, while some of the studies focussed on behavior of risk groups). The project also trained 90 doctors and 60 nurses in STD management, supported dissemination of STD protocols, supplied drugs and equipment for treating STDs.
3. The project established the first male condom social marketing program in Chad, which may have contributed to increased awareness of HIV/AIDS and a modest increase in condom use. The program currently distributed about 1.5 condoms per capita annually, which supplements condoms distributed through government and private sector channels.
4. The project successfully established a social fund to support community-based HIV/AIDS and population activities, though the majority of sub-projects focussed on HIV/AIDS. The ICR reports that this component was very successful, and contributed to raising awareness at the community level and strengthening the civil society response. Six NGOs were recruited to support communities in preparation of subprojects. The total population reached by subprojects was not reported.

The ICR provides no specific data on the outcome of the ORT or women's microcredit components.

4. Significant Outcomes/Impacts:

- The social funds subcomponent sponsored more subprojects than originally planned, including over 70 HIV/IEC subprojects (59 for youth, six for commercial sex workers, and six for migrants/truck drivers); 25 providing medico-social support, and about 30 sub-projects encouraging contraception and birth spacing. Although no data are available on impact of these activities, the project appears to have been more successful in stimulating community HIV/AIDS sub-projects than many similar HIV/STI projects implemented during the late-1990s.
- According to preliminary results from a 2001 behavior study, over 80% of men and women have heard of AIDS, up from 60% of women in the 1996/7 DHS. The percentage of women reporting ever having used a condom also appears to have increased (from around 3% in 1996/97 to about 10% in 2001). (The trends for men are contradictory, however, suggesting possible flaws in the preliminary data analysis for the 2001 survey).
- The condom social marketing campaign is reported to have overcome initial resistance from the traditional society, and has contributed both to increased availability of condoms as well as exposure to IEC messages. This component is being continued with KfW funding.
- Despite the pro-natalist stance of many governmental and religious leaders, the IEC and workshops sponsored by the project appear to have contributed to support for family planning. For example, the government insisted on including a population component in the subsequent project, and the "Grand Imam of N'Djaména" now mentions birth spacing in sermons.

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

- The population component in particular was prepared without sufficient government involvement and "buy in" -- many officials considered the country to be under-populated. The President was initially named chairman of the High Commission on Population. This was intended to increase political support, but proved ineffective. The Commission did not meet until 2001. A decree appointing the Prime Minister rather than the President as chairman has still not been signed.
- Plans for monitoring and evaluation were not implemented until the end of the project (although the project helped support the first DHS in Chad, which may serve as a baseline against which future progress can be measured).
- Despite delivery of various inputs, there is no evidence that the project contributed to improved STD treatment effectiveness and no data on trends in STD prevalence. It is also unclear the extent to which STI treatment was used as an entry point for partner tracing and behavior change counseling.
- Shortages of government counterpart funds (common to most projects in Chad) undermined implementation of several components, and staff turnover and vacancies reduced the impact of capacity building activities, particularly in the population division.

6. Ratings:	ICR	OED Review	Reason for Disagreement /Comments
Outcome:	Satisfactory	Moderately Satisfactory	The OED rating reflects substantial progress in HIV/AIDS, condom social

			marketing, and local community projects, but unsatisfactory outcome of the population objective.
Institutional Dev .:	Modest	Modest	
Sustainability :	Likely	Likely	This rating reflects likely sustainability for components 2-4. The ICR suggests that government commitment to family planning has increased, but the sustainability of the population component appears to be uncertain.
Bank Performance :	Satisfactory	Satisfactory	The ICR rates QAE as unsatisfactory (because of overambitious outcome targets, lack of baseline data, and inadequate assessment of government commitment for family planning) but notes that a 1998 QAG review rated supervision as "highly 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:

The ICR lists several lessons, many of which are common to similar projects :

- Monitoring and evaluation arrangements need to be put in place early in the project and continually assessed by Bank and borrower.
- Achieving social change in a traditional society, particularly in matters related to sexuality and reproduction, is a long-term process, but a multi-faceted strategy incorporating IEC, social marketing, stakeholder workshops, and community-based activities may help increase awareness eventually contribute to behavior change .
- The extent of borrower commitment to policy goals (family planning or HIV/AIDS) need to be clearly assessed, and a strategy of policy dialogue, research, and stakeholder consultation put in place to help strengthen commitment. Appointing high-level political officials to chair multi-sectoral commissions (e.g., for population) does not guarantee political support, and may make it more difficult to implement activities .
- The first population project in this extremely poor, sparsely populated, post-war country with low health indicators and high fertility should have focused first on gaining acceptance of family planning to promote birth spacing and improved maternal and child health, rather than on promoting smaller families and slower population growth

8. Assessment Recommended? Yes No

Why? A review of this project could be a useful building block toward a larger OED evaluation of the Bank's support for HIV/AIDS.

9. Comments on Quality of ICR:

The ICR provides a useful overview of project activities and outcomes, as well as the challenges faced in a difficult country context such as Chad . It deserves to be commended for including an annex with additional data broken down by income groups -- given the Bank's mandate to focus on the poor . The ICR appears to take the data from a 2001 behavioral survey at face value, however, despite some possible flaws and questionable results . For example, the finding that over two-thirds of men and women have modified their behavior in response to HIV /AIDS appears suspect (though may result from the vague wording of the question). Also, the ICR emphasizes apparently positive behavioral trends for women (for AIDS awareness and condom use), without noting that the same data would imply worsening trends for men (e.g, a comparison with the 1996/7 DHS would suggest reduced condom use among some groups of men). This probably reflect flaws in the data or the preliminary analysis in the 2001 study. In addition, no data are presented on the change in the percentage of adults who know at least two means of avoiding HIV (a key project indicator, and a more useful one than the percentage "aware" of AIDS).