Report Number : ICRR12779

IEG **ICR Review**
Independent Evaluation Group

1. Project Data:		Date Posted : 09/26/2007		
PROJ ID :	P072482		Appraisal	Actual
Project Name :	Hiv/aids Control Project	Project Costs (US$M):	50.0	56.19
Country :	Uganda	Loan/Credit (US$M):	47.50	53.36
Sector Board :	HE	Cofinancing (US$M):	0	0
Sector(s):	Health (77%) Central government administration (15%) Other social services (6%) General education sector (2%)			
Theme(s):	Participation and civic engagement (29% - P) HIV/AIDS (29% - P) Health system performance (14% - S) Child health (14% - S) Gender (14% - S)			
L/C Number :	C3459			
		Board Approval Date :		01/18/2001
Partners involved :		Closing Date :	12/31/2006	12/31/2006

Evaluator :	Panel Reviewer :	Group Manager :	Group :
Denise A. Vaillancourt	Kris Hallberg	Alain A. Barbu	IEGSG

2. Project Objectives and Components:

a. Objectives:

The objectives of the Project are to assist the Borrower in carrying out the National Strategic Framework to : (a) reduce the spread of HIV infection; (b) mitigate the health and socio-economic impact of HIV/AIDS at the individual, household and community levels; and (c) strengthen the national capacity to respond to the epidemic .
Key indicators
By 2006:

- Reduce from 49 to under 40 percent the proportion of 15-19 year old boys and girls that are sexually active
- Reduce from 14 percent to 10 percent the proportion of sexually active people reporting non -regular sexual partners
- Reduce from 15 percent to 5 percent the rate of reported sexually transmitted infections STIs (urethritis) in men aged 15-49 in the last 12 months
- Reduce by 30 percent the drop-out rate of orphaned children in primary school
- Increase from 30 to 50 percent the proportion of men/women aged 14-49 who report using a condom in their last act of sexual intercourse with a non-regular partner
- Reduce HIV prevalence from 9 percent to below 6 percent among women attending prenatal care services .

There was no revision to the PDO but key project indicators and targets were fine -tuned at the mid-term review (MTR) on the basis of better data available through the Uganda Demographic and Health Survey (UDHS 2001) and the Lots Quality Assurance Sampling (LQAS) survey as follows. By the end of 2006:

- Increase the proportion of sexually active persons who report using a condom during the last sexual act with a

non-regular partner from 3.5 percent to 20 percent for women (15-49) and from 42 to 60 percent for men (15-54).
- Reduce the proportion of 15-24 year olds who report sex with a non-regular partner in the past 12 months from 30 percent to less than 20 percent.
- Reduce the proportion of reported STIs in men aged 15-54 years in last 12 months from 19 percent to 10 percent.
- Reduce HIV prevalence to below 6 percent among women of child bearing age attending antenatal care
- Increase the proportion of orphans attending school 5 days in the preceding week from 72 to 80 percent
- Increase the proportion of people living with HIV/AIDS (PLWHAs) identified by civil society organizations (CSOs) that are receiving some form of psychosocial support to 90 percent.

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?

No

c. Components (or Key Conditions in the case of DPLs, as appropriate):

The project aimed to scale up the existing HIV/AIDS Control Program by mainstreaming program activities into line ministries and other non-health government agencies at national and district levels and by making better use of the capacity of community-led and CSOs, including churches, farmers associations, trade unions and private businesses.

1. Nationally Coordinated Initiatives (US$25 million, 50 percent of estimated cost; US$ 36.2 million, 65 percent of actual cost): This component was designed to support HIV/AIDS control activities coordinated by the UAC and directly carried out by different line ministries or central government agencies, or contracted out to CSOs or the private sector. Specific action plans already agreed at appraisal included those for: the Uganda AIDS Commission (UAC), and Ministries of Health (MoH); Education and Sports; Gender, Labor and Social Development; Agriculture, Animal Industry and Fisheries; Works, Housing and Communications; Defense; Internal Affairs; Local Government; Public Service; Justice. Other ministries were to be assisted to draft the respective HIV/AIDS action plans during the first year of implementation. Each plan was to include activities for Ministry staff and clients. Project support included civil works (for expanding MoH services), goods, training, technical assistance and operating costs.

2. District Initiatives (US$10 million, 20 percent of estimated cost; US$ 8.7 million, 15 percent of actual cost): This component aimed to support activities are directly carried out by district authorities or contracted out to CSOs or to the private sector, including activities to: (a) raise awareness of district leadership, teachers, school management teams and community leaders; (b) train and support district- and community-based staff and leaders, including teachers, home-care givers and counselors, traditional healers and traditional birth attendants, and rural extension workers; (c) provide HIV/AIDS related health promotion and prevention services at all district hospitals and clinics; and (d) provide HIV/AIDS related diagnosis, treatment and care at referral district hospitals; (c) promote community-led and civil society-led HIV/AIDS initiatives and manage the respective selection, contracting, financing and supervision; and (f) provide HIV/AIDS related information, education and communication (IEC) and condom distribution to the district work force. Support included goods, training, technical assistance and operating costs.

3. Community-Led HIV/AIDS Initiatives (CHAI)s (US$10 million, 20 percent of estimated cost; US$ 11.3 million, 20 percent of actual cost): This component supported community-led HIV/AIDS control activities directly carried out, or contracted out, by community-based organizations, such as: (a) targeted support to orphans, guardians of poor orphans and AIDS stricken impoverished households, conditional to families keeping school -aged children at school, and support to pre-school and out-of-school orphans to attend day care centers and vocational training; (b) community-based IEC; and (c) home-based care. Support included the award of grants to finance subprojects implementation, as specified in contracts.

4. Unallocated (US$5 million, 10 percent of total estimated costs): This amount will be allocated to Components 2 or 3 based on progress review and emerging needs.

The components were not changed during the project life. While initially the project was expected to cover all of Uganda's 56 districts, the district and community components covered a total of 30 districts, or 54 percent of Uganda's districts, the remaining districts ultimately receiving support from other financing sources (Global Fund, USAID and others). Component 1 maintained its nationwide coverage. The project also financed the first batch of antiretroviral (ARV) procurement for Uganda, as ARVs became much more affordable and the treatment agenda more prominent, helping jumpstart ART in the country.

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

Total project cost was US$56.2 million or 112 percent of the initial estimate. Of the credit amount of 37.3 million

SDRs, 37.2 million SDRs (or virtually 100 percent) were disbursed. Actual government counterpart financing amounted to US$2.83 million or 113 percent of its commitment. The project closed on December 31, 2006, as originally planned.

3. Relevance of Objectives & Design:

Overall relevance is *substantial.*

Relevance of Objectives . As of the time of the ICR, the PDOs are still highly relevant because (i) HIV/AIDS remains a significant threat to health and development in Uganda; (ii) addressing HIV/AIDS is part of the fifth pillar in the country's current Poverty Eradication Action Plan (PEAP) of 2004; and (iii) HIV/AIDS is one of the priorities of the current Uganda Joint Assistance Strategy prepared by IDA and other development partners .

Relevance of Design is *modest.* Among the positive aspects of project design are : its direct support of the National Strategic Framework for HIV/AIDS and its coherence with national decentralization strategy; clear and appropriate objectives; a realistic (five-year) implementation period, compared with typically shorter timeframes for MAPs; recognition that change in sexual behavior remains key to achieving prevention goals and the consequent setting of behavior change goals; the financing of MoH commodities on a declining basis with the balance to be picked up gradually by PRSC support; and a reasonable division of responsibilities between the UAC and MoH, with MoH continuing to carry out technical tasks for which it has the comparative advantage .

However, the design was weak on a number of important fronts . High-risk groups are included in the menu of community-driven projects, but (a) there is no analytic work inventorying and mapping these groups, documenting their behaviors and assessing their potential for high transmission of HIV; and (b) the risk that communities would not design interventions that would target these high -risk, high-transmission groups is neither raised nor addressed . The design is insufficiently strategic and selective and, as a consequence, does not ensure (a) the implementation of the highest-impact interventions; and (b) the use of the most qualified, experienced implementers for addressing the various target groups. Its emphasis, rather, is on "scaling up" and "mainstreaming" HIV/AIDS activities, albeit in an incremental fashion. While significantly increased social marketing of condoms is a project indicator, project support to social marketing is not clear (especially given already well -established social marketing initiatives in Uganda supported by other partners). The design document mentions the retrofitting of the Bank 's ongoing portfolio in Uganda which introduced HIV/AIDS components in all sector lending, but makes no mention of the complementarity between this support and support to the various sector work plans supported under this operation . Articulation of components emphasizes implementers and their individual work programs, rather than results -based interventions around which various implementers would collaborate and coordinate . Risk assessment was optimistic and failed to address risks of: complacency/inaction because of perceived "success" of Uganda's HIV/AIDS program; weak capacity of UAC; and neglect of high -risk groups. Finally, the contribution of the IDA credit to overall national goals, in light of total program costs and financing, is not spelled out .

4. Achievement of Objectives (Efficacy):

Overall efficacy is *modest.*

Objective # 1: Reduce the spread of HIV infection -- *modestly achieved*

Progress on this objective is assessed on the basis of (a) 2001 data from the Uganda Demographic and Health Survey (*UDHS 2001*) (which provides a more accurate baseline than original [2000] estimates), and (b) 2004/5 data from the Uganda HIV/AIDS Sero-Behavioral Survey (*UHSBS 2005*). Lot Quality Assurance Sampling (LQAS) (local-level survey) data were collected during the later years of the project in the 30 districts that ultimately were supported under the project, and provided added perspective of project performance since the MTR . Progress against original and revised indicators is highlighted, but it is important to note that revised indicators were not formally approved by the Board .

- According to LQAS data, knowledge of HIV/AIDS (how to prevent it, the values of VCT and mother -to-child transmission services) increased between 2003 and 2006, but did not culminate in expected changes in behavior;
- The proportion of 15-19 year old girls who are sexually active decreased slightly from 52 percent to 46 percent, and actually increased for boys from 39 percent to 42 percent (*UDHS 2001 and UHSBS 2005*). Both outcomes *fall short of the target* to achieve levels under 40 percent and reveal a reversal of positive trends in this age group documented between 1995 and 2000 under the Sexually Transmitted Infections Project (Project Performance Assessment Report, 2005). Nevertheless, the proportion of secondary schools applying the secondary school curriculum that incorporates HIV /AIDS information increased from 0 to 100 percent, surpassing the target of 60 percent;
- The proportion of sexually active persons reporting non -regular sexual partners in the last 12 months actually increased among women (from 11 percent to 15 percent) and among men (from 21 percent to 37 percent) (*UDHS 2001 and UHSBS 2005*). LQAS data, on the other hand, indicate a decline in this risky behavior between the MTR and the project's end from 30 to 17 percent, reaching the goal set at the MTR of below 20 percent for the 30 districts supported under the project. The original goal of reducing this high risk behavior (from 14 to 10 percent) was *not achieved*;

- The rate of reported STIs (urethritis) in men aged 15-49 in the last 12 months increased from 6 percent (with STI, or genital discharge, or sore/ulcer) to 21 percent (with STI, genital discharge, or sore/ulcer) (*UDHS 2001 and UHSBS 2005*), *not achieving* the original target to reduce rates from 15 to 5 percent. (This indicator was replaced at the MTR w/ "percent of reported STIs [urethritis and urethral discharge] in men aged 15-54," but this target was *not achieved* either.)*;*
- The share of people aged 15-49 who reported using a condom in their last act of sexual intercourse with a non-regular partner increased for women by 9 percentage points (from 38 percent to 47 percent), but actually decreased for men (from 59 to 53 percent) (*UDHS 2001 and UHSBS 2005*). These levels *fall short of the goal* to increase this behavior by 20 percentage points (from 30 to 50 percent of men and women). These negative trends are corroborated by trends from LQAS data. *Not achieved;*
- The ICR reports that the number of condoms sold through social marketing or distributed in Uganda reached the goal of 120 million, up from 80 million at the project's start. However, it is not clear what the project's contribution was to this national program goal, given that other partners were also investing in social marketing;
- Actual reductions in mother-to-child transmissions were not tracked, but the proportion of mothers of young infants using prevention of mother to child transmission services increased from 14 percent to 35 percent. With project support the proportion of hospitals providing prevention of mother -to-child transmission services increased from 6 percent to 100 percent, *surpassing the target* of 50 percent; and
- Available estimates of adult incidence (new infection) rates through modeling indicate: (i) a steep fall in incidence in the late 1980s and early 1990s, long before the start of the project; (ii) stabilization of incidence during most of the project implementation period; and (iii) a small increase in the last two years. These data would indicate that *the goal of reducing new infections was not achieved*.

Objective # 2: Mitigate the health and socio -economic impact of HIV /AIDS at individual, household and community levels - *modestly achieved*

Orphans:

- The proportion of orphans who attended school 5 days in the preceding week (a proxy for measuring the drop-out rate of orphans in primary school) was 70 percent at the MTR and 71 percent at the project's end, *falling short of the MTR target of 80 percent*. (The original target was to reduce by 30 percent the drop-out rate of orphaned children in primary school, but no baseline was provided .);
- Measures of project contributions to this goal include the following;
- School-age orphans (6-18 years) receiving educational support from the project increased from 14 to 22 percent. This increase was from 19 percent to 30 percent for CHAI villages and from 14 percent to 21 percent for non-CHAI villages in project districts *(LQAS)*. The 50 percent coverage target was *not achieved;* and
- An estimated 301,129 orphans are reported to have benefited from care and support financed under the project, up significantly from 12,970 at the start of the project (*LQAS*).

Persons living with HIV /AIDS (PLWHA)

- Data on coverage of PLWHA with services is provided below, but there are no indicators of increased length, or improved quality of life (less suffering, higher productivity) those living with HIV/suffering with full-blown AIDS;
- The proportion of districts implementing TB DOTS increased from 13 to 100 percent, *achieving the target* of 100 percent. It is plausible to assume that the treatment of PLWHA afflicted with this opportunistic infection would have improved both in terms of quality and coverage of services;
- The proportion of PLWHA registered with service organizations benefiting from some form of support increased from a baseline of 30 percent in 2000 to 86 percent in the 30 project districts in 2006 (*LQAS*), falling slightly short of the target set during the MTR of 90 percent. Between 2003 and 2006 there was a six-fold increase in the number of PLWHA benefiting from care and support financed under the project : from 5,504 to 33,309 PLWHA (*LQAS)*; and
- Project support scaled up antiretroviral therapy (ART) significantly, covering 85,000 out of approximately 200,000 eligible patients. These services are assumed to have improved the length and quality of life of those living with full-blown AIDS, but there is no evidence to support this.

Impoverished households

- No information is available to indicate progress against the objective of mitigating the impact of HIV /AIDS on households, which have become impoverished due to HIV /AIDS, especially those headed by the elderly, women and children.

Objective # 3: Strengthen the national capacity to respond to the epidemic - *substantially achieved*

- Under the project a broad range of actors were mobilized and supported (technically and financially) to undertake expanded HIV/AIDS activities, including: 15 line ministries (and their HIV/AIDS Committees and focal persons); 30 districts (and their HIV/AIDS focal persons); 38 national and 233 district-level CSOs and 3,627 community groups. Civil society implementers supported/strengthened under the project are now reported to be engaged in other projects financed by other partners;
- The proportion of total project financing going to communities was 20 percent, falling short of the 25 percent target;
- The large majority of community interventions provided support to orphans . There were fewer projects in home-based care, community AIDS education and condom distribution. ICR tallies show no support to commercial sex workers and men who have sex with men, both cited as high -risk groups in the design

document;

- By the end of the project 15 line ministries had incorporated HIV/AIDS prevention or mitigation activities in their regular work plans and were implementing them, exceeding the target of 13 and up from the baseline of 5. However, in many cases work plans were limited to workplace interventions;
- The number of districts that are implementing integrated HIV/AIDS work plans increased from 5 to 30 (all 30 of the UACP districts) as opposed to the original target of 45 districts. This does not represent a shortfall in meeting the program objective, but is rather a phenomenon of increased funding and coverage of other districts by other financiers. A recent study shows that project-supported districts have better institutional arrangements for planning and reporting of their HIV/AIDS program than other districts (*citation not provided in ICR);*
- Training and on-the-job learning improved the capacities of public and non-governmental actors at central and decentralized levels in the design, implementation, monitoring and evaluation of HIV /AIDS action plans;
- Out of 23 reporting districts, 16 (or 70 percent) reported no stock-out of essential drugs for STIs in the last three months, falling short of the goal of 80 percent in the last six months;
- The proportion of districts that have HIV/AIDS voluntary counseling and testing centers increased from 20 percent to 100 percent, indicating improved capacity for this service; and
- Despite project-financed capacity building, the UAC's capacity for program coordination is still very limited.

5. Efficiency (not applicable to DPLs):

Efficiency is *modest* for various reasons. First, there is little prioritization (in the national program and in the project) of interventions on the basis of cost-effectiveness. As a result, prevention was not as vehemently supported, relative to care, treatment and social support. Second, within prevention, there was little targeting of the drivers of the epidemic and geographical "hot spots." Third, the integration of HIV/AIDS activities was limited, especially among CHAIs. For example, many community subprojects tended to focus on narrow aspects of care or support, while other interventions, such as behavior change communication and condom promotion, could have been added without significant marginal costs. Fourth, the government's weak harmonization and coordination of various HIV/AIDS resources and inputs for different sources also made the project less efficient.

a. If available, enter the Economic Rate of Return (ERR)/Financial Rate of Return (FRR) at appraisal and the re-estimated value at evaluation :

	Rate Available?	Point Value	Coverage/Scope*
Appraisal		%	%
ICR estimate		%	%

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

6. Outcome:

Based on *substantial* relevance, *modest* efficacy and *modest* efficiency.

a. Outcome Rating : Moderately Unsatisfactory

7. Rationale for Risk to Development Outcome Rating:

Without the PCT the UAC will not be capable of providing implementers with the same level of oversight and support. Financial support for the multi-sectoral public sector response and community response is not fully secured. There is a risk that needed prevention efforts will suffer as a consequence of (a) complacency about the perceived "success" of Uganda's HIV/AIDS efforts and (b) failure to target the drivers of the epidemic. There is no mechanism to ensure financial sustainability for treatment.

a. Risk to Development Outcome Rating : Significant

8. Assessment of Bank Performance:

Despite a short preparation time and a good dialogue with Government, a moderately satisfactory rating for quality at entry is warranted because of the technical design flaws, noted in Section 3. There was good pro-activity to address and resolve implementation issues, such as procurement, disbursement and financial management, and the design and implementation of a locally-generated and locally used M&E system, but inadequate focus on encouraging, promoting, and guiding the design and implementation of highest-impact interventions.

a. Ensuring Quality-at-Entry: Moderately Satisfactory

b. Quality of Supervision : Satisfactory

c. Overall Bank Performance : Moderately Satisfactory

9. Assessment of Borrower Performance:

The Government prepared for this project well, most notably with the development of the national strategy . All covenants and agreements were complied with and counterpart obligations were fulfilled . Areas where performance could have been better include: infrequent meeting and inadequate guidance of the project steering committee; the failure of the GoU to act more aggressively to address the abstinence only movement, which advocated against the use of condoms as a key strategy . Although somewhat strengthened, UAC is still facing a major challenge in coordinating various funding sources for HIV/AIDS. The Project Coordination Team gave a strong performance, but cannot be factored into UAC performance as it is only a temporary support .

a. Government Performance : Moderately Satisfactory

b. Implementing Agency Performance : Moderately Satisfactory

c. Overall Borrower Performance : Moderately Satisfactory

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

Design . The project logframe had clear objectives and the indicators and targets were reasonable, although incomplete (as specified below). M&E arrangements were specified in the design document, including methodologies and strategies for data collection . Roles and responsibilities of the different implementers for M&E were well defined. Despite its clear objectives and the choice of some useful indicators, the logframe did not permit the rigorous or full assessment of progress towards the achievement of the three PDOs . With regard to *prevention*, (a) indicators for preventive interventions targeting high-risk groups were missing, and (b) indicators and their baselines and targets should have been disaggregated by gender . With regard to *mitigation*, there were no measures of outcomes of interventions (quality/length of life, decreased poverty levels of households impoverished by AIDS, especially those headed by women, children and the elderly …). Neither did indicators for *capacity building* capture intended improvements .

Implementation . Similar to most MAP projects, M&E implementation was a challenge, especially during the first half of implementation. The MIS only became functional two years into the project and the M&E specialist was only recruited after the MTR, after which data collection, information flow and the timeliness and completeness of reporting by most implementers did improve . Baseline data were supplemented by higher quality information from population-based surveys (e.g., UDHS 2001) during project implementation . The LQAS survey, a relatively low-cost and simple household survey instrument, was not included in the original M&E design, but was successfully introduced as a measuring tool, with one carried out before the MTR and a second one before the end of the project, allowing the assessment of trends in coverage of key HIV interventions at the subdistrict level . After the MTR the project fine-tuned its key indicators and targets with availability of better data from the UDHS and LQAS surveys . This was a commendable effort to make the indicators easier to monitor and targets more realistic, although the revision did not go through formal approval procedures . The ICR notes that the LQAS has been considered a best practice for M&E and shared in various international fora . Shortcomings of project M&E were due to the fact that it was not strongly linked with the national HIV/AIDS M&E system and, as a consequence, capacity building and experience accrued to the PCT (local consultants) rather than to the UAC .

Utilization . The use of M&E for decision-making was good, especially of the LQAS information . For the first time in Uganda, districts had solid information on their performance to inform decision-making, which was reflected in all project districts' HIV/AIDS work plans. This is a good example of decentralized M&E to generate local information for local decision-making. LQAS as well as other M&E data were also used by the stakeholders to make tactical changes to the project activities at the MTR .

a. M&E Quality Rating : Substantial

11. Other Issues (Safeguards, Fiduciary, Unintended Positive and Negative Impacts):

The project was given a C rating for environmental safeguards and therefore no environmental assessment was required. On the other hand, an environment assessment (including health) was conducted under the PRSC and

environmental safeguards were fully complied with in the context of PRSC .

12. Ratings:	ICR	IEG Review	Reason for Disagreement /Comments
Outcome:	Moderately Satisfactory	Moderately Unsatisfactory	Based on *substantial* relevance, *modest* efficacy and *modest* efficiency. IEG rates efficacy as *modest* (as opposed to the ICR rating of *substantial*) because data clearly show that prevention objectives were not met and outcomes related to mitigation and capacity building objectives are not well documented.
Risk to Development Outcome:	Significant	Significant	
Bank Performance :	Satisfactory	Moderately Satisfactory	Technical design flaws (Section 3) and inadequate focus during implementation on encouraging and guiding the design and implementation of highest-impact interventions were two weak aspects of an otherwise strong Bank performance.
Borrower Performance :	Moderately Satisfactory	Moderately Satisfactory	
Quality of ICR :		Exemplary	

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.
- The "Reason for Disagreement/Comments" column could cross-reference other sections of the ICR Review, as appropriate .

13. Lessons:

A multi-sectoral approach to the fight against HIV /AIDS is most likely to be effective when: (a) sectors with the largest potential impact on the epidemic are prioritized, (b) sector plans encompass not only workplace interventions, but also interventions aimed at the clients they serve; (c) central- and lower-level sectoral implementers are provided needed technical and pedagogical support .

- Demand-driven community responses are likely to focus on community priorities (orphans and PLWHAs) and not necessarily activities that would have the highest impact on prevention goals (targeting of high-risk groups, behavior change communication and condom promotion . This can be addressed by guidance on "what works", integration of various community-level interventions, user-friendly technical tools and guidance, and mobilization and technical support of CSOs .
- The risk of scaling up care and treatment at the expense of prevention is real .
- The value added and effectiveness of any financial support is difficult to assess and enhance in the absence of the overall costs, financing and financing gaps in the context of the national program .
- The success of the LQAS demonstrates the importance of the principle "local information for local decision-making." It also greatly facilitates the "learning by doing" approach. The strategic addition of measures related to high-transmission groups may have influenced the choice and focus of community interventions.

14. Assessment Recommended? ○ Yes ● No

15. Comments on Quality of ICR:

This ICR is comprehensive and systematic in the documentation and use of evidence . The analysis of evidence, of project design and implementation is well developed and appropriately distilled and the ratings are well substantiated. The ICR is results-based, appropriately organized around the three PDOs, which are well developed . The lessons are highly relevant to other HIV/AIDS operations and are logically and insightfully drawn from the analysis of the ICR. It is internally consistent and fully responsive to the guidelines .

There is one caveat to an otherwise excellent report . Data on the number of women aged 15-49 who reported using a condom in their last act of sexual intercourse with a non-regular partner are presented in three different parts of the report with three different values and there is no explanation of these differences :

P. iii (*UDHS 2001 and UHSBS 2004/5*)
- Women: 38 percent to 47 percent
- Men: 59 percent to 53 percent

P. 14: (*UDHS 2001 and UHSBS 2004/5*)
- Women: 28 percent to 47 percent
- Men 59 percent to 53 percent

P. 16: (*LQAS data from MTR to end*)
- Women: 3.3 percent (MTR) and 3.8 percent (2006)
- Men: 46.2 percent (MTR) 24.0 percent (2006)

a.Quality of ICR Rating : Exemplary