1. Country and Sector Background

HIV/AIDS is a multisectoral challenge which affects many countries without being limited by national boundaries. The project addresses the multi-country nature of this challenge through a multisectoral, multi-country approach which targets specific hard-to-reach populations, who cannot easily be reached through HIV/AIDS programs that are limited by national boundaries. The project, therefore, targets a gap in traditional national HIV/AIDS programs by targeting the selected populations. Main issues to be addressed are outlined below.

Transport corridors and HIV/AIDS in West Africa

In West Africa, major regional travel routes extend along the north-south directions between land-locked and coastal countries on one hand, and east-west directions (mainly the Abidjan-Lagos corridor) between the coastal countries on the other. The ECOWAS policy on free movement of nationals of member countries further contributes to increased travel along the major travel routes. National borders often divide populations from the same ethnic group (e.g. Akan for Cote d'Ivoire/Ghana, Ewe for Ghana/Togo, Yoruba for Benin/Nigeria) and families frequently travel across borders to visit relatives. Travel takes place over both short and long distances. While travel along the major transport routes in the region is recognized as an essential requirement for the socioeconomic well-being of the region, it also offers opportunities for faster transmission of, among others, HIV/AIDS among the people in the region. Commercial vehicle drivers, commercial sex workers, migrants and the local
populations who live in border areas along the major transport routes, are among the vulnerable groups that may be adversely affected, if HIV/AIDS prevention, care and support services targeted at these transport routes are not provided. On the other hand, commercial vehicle drivers, commercial sex workers, migrants and others who travel along the corridor, offer opportunities for dissemination of HIV/AIDS prevention messages that can empower people to fight HIV/AIDS along the corridor. Well designed HIV/AIDS prevention messages, if disseminated through these groups, can be carried across boundaries, contributing to the fight against HIV/AIDS along the corridor.

The following table indicates the extent of movement of people between the countries along the Abidjan - Lagos transport corridor.

Percentage of nationals from neighboring countries along the transport corridor

<table>
<thead>
<tr>
<th>Destination</th>
<th>Côte d'Ivoire</th>
<th>Ghana</th>
<th>Togo</th>
<th>Benin</th>
<th>Nigeria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Côte d'Ivoire</td>
<td>-</td>
<td>4.9%</td>
<td>Not defined</td>
<td>Not defined</td>
<td>0.5%</td>
</tr>
<tr>
<td>Ghana</td>
<td>5.5%</td>
<td>-</td>
<td>17.0%</td>
<td>9.0%</td>
<td>19.6%</td>
</tr>
<tr>
<td>Togo</td>
<td>Not declared</td>
<td>39.9%</td>
<td>-</td>
<td>25.9%</td>
<td>12.2%</td>
</tr>
<tr>
<td>Benin</td>
<td>2.8%</td>
<td>3.3%</td>
<td>39.0%</td>
<td>-</td>
<td>25.1%</td>
</tr>
<tr>
<td>Nigeria</td>
<td>1.7%</td>
<td>9.5%</td>
<td>12.0%</td>
<td>19.6%</td>
<td>-</td>
</tr>
</tbody>
</table>

Source: UNAIDS/ICT

Commercial vehicle drivers and commercial sex workers along the transport corridor

Various studies have identified the correlation between the movement of populations and the propagation of disease and illness, particularly sexually transmitted infections (STIs) including HIV/AIDS. Situation analyses of travel in West Africa have identified well established commercial sex activities along major transport corridors in the region. Travel increases opportunities to have sexual relationships with multiple partners, thus creating an environment that is conducive to the transmission of HIV/AIDS. Reported high prevalence of HIV among truck drivers and commercial sex workers (both vulnerable groups for HIV/AIDS) in the countries along the Abidjan-Lagos corridor further supports the need for targeted HIV/AIDS prevention, care and support services along this transport corridor. In 1992 in Togo, 33% of the truck drivers and 80% of commercial sex workers in Lome were reported to be infected with HIV. Comparable prevalence rates for commercial sex workers in Cote d’Ivoire in 1990 was at 63% in Abidjan, in Ghana in 1997/8 was 74% in Accra/Tema, in Benin in 1996 was 85.4% in Cotonou and other cities, and in Nigeria in 1993/4 was 30% in Lagos. These prevalence rates are comparatively higher than the 1999 UNAIDS estimated population prevalence rates among the countries along the Abidjan-Lagos corridor (Togo 5.98%, Cote d’Ivoire 10.76%, Ghana 3.60%, Benin 2.40% and Nigeria 5.06%).

The high and rising prevalence levels among the transport sector workers represents a major erosion of social capital that none of the corridor countries, in both public and private sectors can afford to ignore. Whereas in some countries efforts are being made to raise awareness and provide support to HIV/AIDS activities in the transport sector, this is too little and too diffuse. Scaling up and sharing of good practices across borders may allow the burgeoning HIV/AIDS-related social and
economic issues to be addressed more effectively. This in turn could lead to stronger and more effective national policies and practices.

UNAIDS Inter-Country Team for West Africa estimates that about three million people cross the borders along the Abidjan Lagos transport corridor each year. Assuming an HIV prevalence rate of 10% among these people (the population that travels along the corridor is vulnerable and is most likely to have higher HIV prevalence than the general population), an estimated 300,000 people infected with HIV/AIDS travels annually along the corridor, with the associated potential for transmission of HIV/AIDS along the corridor, to uninfected individuals.

Migrant populations along the transport corridor
In West Africa, migrant populations who frequently use, among others, the Abidjan-Lagos transport corridor, often live in an economic and social environment which hampers them from obtaining similar information on HIV/AIDS as the local populations. Migrants generally do not benefit systematically from the social welfare system of the country where they are residing and thus may not receive social services (sometimes in any case quite limited) that may be available to local populations. Furthermore, upon their return to their homeland, most often to rural areas, migrants may generally not have access to adequate formal social services. There is, therefore, only limited opportunity for the migrants to obtain adequate information on HIV/AIDS and to get access to HIV/AIDS support and care unless there are specific services that are targeted at the migrants. Consequently, migrants merit priority consideration as an HIV/AIDS vulnerable group in the West African context, that could benefit from HIV/AIDS prevention, care and support services provided along the Abidjan-Lagos transport corridor.

Local populations at border crossings along the transport corridor
The border towns are the points of entry to the foreign country by travelers. While the resident population of the border towns is relatively small - estimated at about 90,000 in all areas combined - the transient population is many times larger in view of the cross border movements of people estimated at 250,000 per month (the Ghana/Togo and Togo/Benin crossings handling the most traffic). Because of the usually long distances from the capital city, border towns have generally not been adequately provided with HIV/AIDS prevention, care and support services and other social services. Information dissemination efforts on HIV/AIDS have generally been insufficient and condom availability is limited in these border towns. There is a potential risk that insufficient HIV/AIDS prevention, care and support services at the border towns can be an opportunity for the spread of HIV/AIDS along the transport corridor. National HIV/AIDS programs have so far not been successful in providing sufficient HIV/AIDS prevention and care services at these border towns. Collaboration of national HIV/AIDS programs across the border towns, a requirement for a coherent program at these border towns, has also been limited.

Regional Governments’ coordination
In a stakeholders’ workshop in Cotonou, Benin in July 2001, it was recognized that specific institutional arrangements would have to be put in place in view of the regional dimensions of HIV/AIDS along the Abidjan-Lagos transport corridor. The transitional working group (TWG)
formed at this meeting was given the mandate to review a number of institutional options to carry out the basic intentions of the project. The TWG was composed of representatives of the national AIDS commissions or ministries and the transport ministries of the five countries. The following basic structure was agreed in October 2001:

A governing body of the project will be formed with the membership of the ministers of the five countries responsible for National HIV/AIDS programs and the transport sector. The President of the governing body will be from Nigeria while the vice-president will be from Ghana;

An Executive Secretariat (having project coordination responsibility) will be located in Benin and the Executive Secretary will be a national of Cote d’Ivoire;

An inter-country advisory committee will have members from five transport corridor countries (representing both the public sector and civil society organizations);

The recipient of the proposed World Bank grant to help fight HIV/AIDS along the transport corridor will be the Government of Benin on behalf of the five country governments.

This structure and the resulting allocation of responsibility between countries was subsequently endorsed at high level in each case and is contained in a joint presidential declaration issued April 30, 2002.

Linkage between the project and the National HIV/AIDS Programs
Each of the five countries along the Abidjan-Lagos corridor project is either in the process of preparing, or already has, a national HIV/AIDS project supported by the World Bank under MAP1 or MAP2. Effort has been made, during the preparation of the project, to ensure that there is coordination between the team preparing the project and the teams responsible for the national HIV/AIDS projects. This coordination between the corridor project and the national HIV/AIDS projects will continue into the implementation of the project. Leaders of the ministries responsible for national HIV/AIDS programs and Transport, in the five countries, are members of the Governing Body of the corridor project, ensuring that corridor project HIV/AIDS activities are consistent with the respective national needs and complement those of the national HIV/AIDS programs. At country level, coordination will be through the respective ministries responsible for HIV/AIDS programs and Transport. The corridor project will focus on HIV/AIDS activities aimed at the targeted vulnerable groups along the transport corridor, with particular attention to the border crossing areas, while the national HIV/AIDS projects will mainly work on national HIV/AIDS activities while maintaining coordination mechanisms with the corridor project. The corridor project is therefore a vital complement to, rather than a substitute for, the national programs.

Consistency of the project with MAP2 eligibility criteria for subregional projects
The following outlines how the project is consistent with the MAP2 eligibility criteria for subregional projects.
(a) The project addresses a sub-regional or cross-border HIV/AIDS issue, promotes a public good of multinational scope, provides services to populations beyond the reach of national programs, or realizes economies of scale that would not be practicable to attain through cooperative country-level action: This project addresses in a targeted fashion HIV/AIDS issues of travellers, migrants and the population having contact with them along the Abidjan- Lagos transport corridor, that have proved to be difficult to reach with regular national programs. Commercial vehicle drivers spend long periods of time away from their homes travelling across many countries and are not easily reached by their home national HIV/AIDS programs. Commercial sex workers in the region normally prefer to travel away from their home communities, where they are well known, to live for long periods of time in distant and sometimes unfamiliar communities, where they may not easily have access to the local HIV/AIDS programs. Migrants are the foreign population to the hosting countries and do not systematically benefit from the social welfare systems, including HIV/AIDS services, of the hosting countries. Populations of border towns, which in most cases are far away from the capital cities, often get inadequate public services, including HIV/AIDS services from national programs and are often left out by national programs. The national programs of the five countries have not yet been successful in addressing HIV/AIDS issues among the groups identified above. Economies of scale are also expected to be attained, along the transport corridor, on such issues as the social marketing of condoms as an outcome of stronger policy and program coordination.

(b) No other alternative for achieving the project goals would be as practicable or economic: The alternative approach would have been to address the issue through the national HIV/AIDS programs of each country. As outlined above, the national programs have not yet had success in addressing HIV/AIDS across the entire Abidjan-Lagos transport corridor and targeting the populations identified above. This project is considered to be an essential but complementary effort to the national HIV/AIDS programs.

(c) The project has been endorsed by the governments of the countries concerned or a relevant public international or regional organization: The representatives from the governments of Cote d'Ivoire, Ghana, Togo, Benin and Nigeria have already made a joint declaration to develop the multisectoral HIV/AIDS program along the Abidjan-Lagos transport corridor. The countries have also agreed on the formation of the Governing body, the Executive Secretariat, and the Inter-country advisory body.

(d) The project is consistent with the HIV/AIDS strategies, policies and program of the affected countries and with any relevant sub-regional and international strategy and policy: The representatives of the national HIV/AIDS programs of the five countries will have decision making powers within the institutional arrangements for the project and will thus ensure consistency of the project with member country HIV/AIDS strategies, policies and programs. These representatives have taken an active part in the preparation of the project - as members of the TWG - and in ensuring consistency of the preparation process with their own national HIV/AIDS requirements. UNAIDS and USAID have been involved in the preparation of the project and UNAIDS will ensure consistency of the project with any relevant regional and international technical requirements. The
declaration of the representatives of the five governments dated August 2001 stipulates that the countries along the Abidjan-Lagos transport corridor will adopt a common strategy and policy on HIV/AIDS along the transport corridor.

(e) A high-level coordinating body has been established to oversee the implementation of the project: A decision has been made by the five countries to form a Governing body with representatives from the five countries to ensure the implementation of the project. The Governing body will have an Executive Secretariat to ensure day to day activities of the project. An Inter-country advisory Committee with representatives from civil society organizations (including representatives of People Living With HIV/AIDS (PLWHA)) has also been agreed upon by the five participating countries along the corridor. The Governing body’s ultimate authority is vested with the ‘conference of the ministers’ of the five countries nominated by the highest political offices of the countries along the transport corridor.

(f) Appropriate institutions, policies, procedures and regulations are in place to enable concerned subregional and national stakeholders to participate effectively in project implementation: As outlined in above (see (e)), the five countries have agreed on institutional arrangements which include the formation of a Governing body, an Executive Secretariat, and an Inter-country advisory Committee. The participation of stakeholders, including civil society organizations, particularly People Living With HIV/AIDS (PLWHA) is incorporated into the institutional arrangements for the project. The project’s operational manual, a draft of which is available ahead of project appraisal, will outline in more detail the procedures for implementation of the project. A legal document is also being prepared to provide the underpinning of the institutional arrangements for the project.

(g) The implementing body has an adequate fiduciary framework in place to comply with IDA requirements and safeguards: The fiduciary framework of the implementing body is being developed as part of project preparation and will comply with the relevant IDA requirements before the effectiveness of the grant. Specialists in financial management, disbursements and procurement are assisting in ensuring that an adequate fiduciary framework is in place for the implementing body. Contracting out arrangements for financial management functions of the Executive Secretariat will further enhance the fiduciary framework.

(h) The implementing body has agreed to use exceptional implementation arrangements: The high level representatives of the five transport corridor countries, who have participated in the preparation of the project have agreed to the subcontracting of key project activities including financial management and M & E through the appointment of a management consultants to assist the Executive Secretariat in carrying out its functions. The project further envisages substantial subcontracting arrangements for other activities of the project including procurement and audits. The five countries agree that such exceptional implementation arrangements are necessary in order to accelerate the implementation of the project.

2. Objectives
The project’s objective is to increase access, along the Abidjan-Lagos transport corridor, to HIV/AIDS prevention, basic treatment, support and care services, by underserved vulnerable groups. Particular attention is to be given to the transport sector workers, the migrant population and the local populations living in the corridor with whom they interact. It is expected that the project will contribute to the reduction of the spread of HIV/AIDS and to the mitigation of the adverse social and economic impact of HIV/AIDS along the transport corridor.

3. Rationale for Bank’s Involvement

One of the priority areas for World Bank support to the development of Sub-Saharan Africa is helping to fight against HIV/AIDS. The Bank’s support brings a number of added values: a) global knowledge on policies on the overall development agenda; b) expertise from various sectors that can be combined in a multi-country and multi-sector approach as required in the fight against HIV/AIDS in a regional context; c) experience with project implementation to help expedite project launch but not at the expense of fiduciary and other safeguards; and d) bridging the resources gap which is critical in many African countries which are committed to fighting HIV/AIDS. In this project, the World Bank was instrumental in putting together the WAI which has been a pioneer in developing regional approaches to combating HIV/AIDS in West Africa. The World Bank has developed a strong working relationship with UNAIDS (The World Bank is a member of UNAIDS), leveraging UNAIDS’ technical resources and expertise for the proposed project.

4. Description

The project has the following three components: (i) HIV/AIDS prevention services for the targeted population (ii) HIV/AIDS treatment, care and support services for the targeted population (iii) Project coordination, capacity building and policy development. Given that the capacity to implement the project will be built over time, sequencing of activities of the project will be the basis of project implementation, with priority activities being matched with capacity. The first year of the project will put emphasis on laying down the essential analytical, institutional and human resources foundation for expansion in the following years of the project.

Component 1: HIV/AIDS prevention services for the targeted population

This component will support: (a) the implementation of an integrated HIV/AIDS IEC/BCC policy along the transport corridor; and (b) the social marketing of condoms in the 8 geographic border communities and along the entire corridor. Both public sector and civil society organizations including NGOs and the private sector will participate in the implementation of both parts of this component.

a) Implementation of an integrated HIV/AIDS IEC/BCC policy along the transport corridor

The component will finance information, education and communication (IEC)/behavioral change communications (BCC) activities to be targeted at different target groups in the border areas. These target groups will include: (i) the providers of transport services (the workers, including in particular commercial vehicle drivers and the management of transport companies); (ii) the users of transport services, (iii) the local
population having contact with travelers and migrants (iv) commercial sex workers along the corridor (v) the migrant population; and (vi) the locally based government border employees (immigration, police, customs). Different approaches will be used that will be tailored to the requirements of each target population but there will be coherence along the corridor in terms of quality and technical content of IEC/BCC. National HIV/AIDS programs of the five countries along the corridor will be involved in the development of the corridor IEC/BCC policy.

b) Social marketing of condoms along the corridor

While condoms are an effective prevention tool to fight HIV/AIDS, populations frequently need to be assisted to develop a culture of using them. Social marketing of condoms has been shown to be an effective method of increasing use of condoms in different communities. The component will support activities associated with the entire social marketing effort for condoms along the transport corridor, including procurement and distribution of the condoms. In addition to the general social marketing of condoms along the corridor, particular attention will be paid to social marketing of condoms among the most vulnerable populations along the corridor, that includes commercial sex workers and commercial vehicle drivers. Contracting-out arrangements for social marketing of condoms, as with many other activities of the project, will be encouraged.

Component 2: HIV/AIDS treatment, care and support services for the targeted population

This component will support: (a) strengthening of public and private health care facilities identified along the corridor to provide services in the areas of VCT, treatment of STIs and HIV/AIDS opportunistic infections; and (b) the provision of grants to Civil Society Organizations (CSOs), including NGOs and the private sector, to undertake community based initiatives in HIV/AIDS care and support and; (c) support the disposal of medical waste related to the project.

a) Strengthening of public and private (where applicable) health care facilities identified along the corridor to provide services in the areas of VCT, treatment of STIs and HIV/AIDS opportunistic infections:

A number of public and private health facilities have been identified along the transport corridor. The component will support the strengthening of these facilities so that they become centers where VCT and other basic HIV/AIDS related treatment and care can be carried out. This support will include the financing of basic equipment, pharmaceuticals, and renovation of facilities. The component will support development and distribution of HIV/AIDS related treatment and care guidelines with relevant training to the health care staff along the corridor. The above mentioned activities will be carried out in close collaboration with the local and national authorities responsible for provision of health services.

b) The provision of grants to CSOs (including NGOs and the private sector) to undertake community based initiatives in HIV/AIDS care and support:

CSOs have an important role in the provision of community based HIV/AIDS care and support services. This component will support civil society organizations by channeling funds directly to these organizations so that they can quickly provide community based HIV/AIDS support and care services. Particular attention will be given to any organizations of People Living With HIV/AIDS (PLWHA) along the transport corridor.
(c) Support the disposal of medical waste related to the project. The health care facilities and other stakeholders, that will be involved in the implementation of project activities, will be supported by this component to implement medical waste disposal requirements as outlined in the medical waste management plan.

Component 3: Project coordination, capacity building and policy development.
This component will support: (a) the development of strong HIV/AIDS inter-country coordination and partnerships among the governments and other project stakeholders of the five participating countries; and (b) the implementation of transport sector policies favorable to arresting the erosion of social capital, including for smooth movement of commercial traffic along the corridor; and (c) capacity building among implementing partners.

a) The development of strong HIV/AIDS inter-country coordination and partnerships among the governments and other project stakeholders of the five participating countries:
The component will support the coordination and facilitation activities of the Executive Secretariat of the project. It will also finance activities aimed at increasing collaboration between the five countries fighting HIV/AIDS along the Abidjan-Lagos transport corridor. The activities of the Governing body that are related to the achievement of the objectives of the project, including advocacy, the development of policies, including those that encourage the respect of human rights of people living with HIV/AIDS (PLWHA) and partnerships will also be supported by this component. The monitoring and evaluation (M&E) functions of the project, including biological, behavioral and financial, will as well be financed from this component of the project.

b) The implementation of policies for smooth movement of commercial traffic along the corridor:
The component will support the agreement among the countries in the corridor to adopt policies and actions to expedite formal customs clearance and immigration procedures as well as to address informal barriers to the movement of people and goods. This will help in reducing the development of commercial sex markets at the border towns and the associated HIV/AIDS risks. The project will work closely with the regional economic integration policy of ECOWAS, and will identify necessary measures either to develop simplified procedures or to enforce the implementation of the existing legislature for fast track customs and immigration clearance. This work will build on comparable exercises on addressing barriers to smooth flow of commercial traffic along the Abidjan-Ouagadougou and Lome-Ouagadougou corridors. The project may also provide support for the development of appropriate national level responses to the HIV/AIDS costs being imposed on the transport sector. The development and implementation of well designed transport sector HIV/AIDS policies will complement physical investments and IEC activities in the corridor.

c) Capacity building among implementing partners:
The component will support capacity building measures amongst the various implementers of the project, including the public sector and civil society organizations. Many NGOs will need significant capacity building, especially in financial management and procurement, in order for them to be able to effectively deliver on project objectives while providing
acceptable accountability. The newly formed Executive Secretariat may also need capacity building to deliver on its coordination and facilitation role. Most of the health facilities in the corridor do not presently have the capacity to deal with the proposed HIV/AIDS related services envisaged in the project. It will be necessary to train the health professionals working in these facilities in order for them to effectively carry out project related functions. Training will also be extended to various other service providers who will be expected to provide services during project implementation.

1. HIV/AIDS prevention services for the targeted population
2. HIV/AIDS treatment, care and support services for the targeted population
3. Project coordination, capacity building and policy development.

5. Financing
   Total (US$m)
   BORROWER/RECIPIENT $1.00
   IBRD
   IDA
   IDA GRANT FOR HIV/AIDS $15.00
   Total Project Cost $16.00

6. Implementation

There are four tiers of institutional arrangements agreed between the 5 countries for the duration of project implementation: (i) establishment of a governing body with the participation of the heads of national HIV/AIDS programs and the ministries of transport in each country; (ii) establishment of an Executive Secretariat of the governing body to coordinate project implementation; (iii) establishment of an inter-country advisory committee to advise the governing body on policy and implementation issues, and (iv) involvement of public and non-public sector implementing agencies. A detailed description of the roles of these institutions is presented in the operational manual for the project.

The figure below is an illustration of the institutional arrangement mentioned above.

Institutional arrangements for the project

The Governing Body of the project
The ultimate authority is vested in a "conference of the ministers" of the five countries - nominated by the highest political offices of the member countries. The Ministers responsible for HIV/AIDS and Transport in the five countries or their designated representatives will comprise this body. The Governing Body is responsible for overseeing (a) the preparation
and execution of the multi-country HIV/AIDS transport corridor strategy and plan of action; (b) reviewing progress on implementation jointly with the key donors and stakeholders; and (c) implementation of overall sub-regional coordination, policy review and adoption. It will endorse the annual work plans developed and presented through the Executive Secretariat. The five countries have agreed that, Nigeria holds the presidency of the governing body and Ghana the vice presidency, while Benin will host the Executive Secretariat with the Executive Secretary being a national of Cote d’Ivoire (who will be located at the Secretariat in Benin). Togo is expected to be asked to lead the Inter-Country Committee (ICC), as outlined below. This allocation of roles may be subject to further review once the project is underway.

The Executive Secretariat
The Executive Secretary, who will lead the Executive Secretariat, will report to the President of the governing body and will prepare and submit quarterly progress reports for the project. The Executive Secretary will be responsible for the daily management and coordination of the project - implemented through both public and private sector implementing partners. The Secretariat will be a small institution staffed with mainly core staff, which may include, among others, an office assistant and a professional translator to cater for the two official languages (French and English) used among corridor member countries. Many of the functions that the Secretariat will be responsible for, including financial management and procurement review, will be contracted out to a Management Consultant. The Management Consultant will be expected to have staff with strong financial management, procurement, monitoring and evaluation skills, including skills in epidemiological monitoring and evaluation or the capability to manage any of such services which may be contracted out. Each National HIV/AIDS Council/Commission (or its Secretariat or similar Ministry responsible for HIV/AIDS) will appoint a liaison officer to oversee collaboration with the Executive Secretariat (from their respective countries) and to ensure the integration and coordination of the national HIV/AIDS programs with the regional effort along the transport corridor. A liaison officer with similar responsibility will be appointed by each Ministry responsible for Transport to ensure collaboration and ensure integration and lesson learning in regard transport sector specific HIV/AIDS issues.

The Inter-Country Committee (ICC)
An Inter-Country HIV/AIDS advisory committee (ICC) has been established under the Governing body with members selected from the 5 countries. The committee will provide technical and policy advice, on the implementation of the project, to the Governing Body. The committee members are the representatives of civil society and the public sector in equal numbers. The composition includes key ministries, representatives of the national HIV/AIDS programs, civil society organizations including NGOs (associations of PLWHA or consortia of the NGOs), and the private-for-profit sector. The chairperson of the committee will be selected among the members from Togo, but then it is expected to rotate on a periodic basis. The Secretary of the Committee will be the Executive Secretary of the project. The project will encourage civil society organizations in the 5 countries to form a consortium or coalition to have a representation in the ICC, so as not to overload the membership of the committee.
Cross Border HIV/AIDS committees
HIV/AIDS committees with membership from both local civil society and local public sector representatives will be formed at border areas along the corridor, for purposes of coordinating local response to HIV/AIDS at the border areas. The border HIV/AIDS committees will be responsible for coordinating local initiatives that are to be financed by the project. Such initiatives will be transformed into proposals that are forwarded to the Executive Secretariat of the corridor project for approval and financing. In due course it is expected that these committees may evolve into cross-border committees to ensure the liaison of interventions of both sides of a given frontier. Small proposals, the magnitude of which will be specified in the operational manual, may be approved by the Border HIV/AIDS committees and will be sent to the Executive Secretariat for financing. To improve the capacity of border HIV/AIDS committees to prepare proposals and facilitate the speedy delivery of the proposals to the Executive Secretariat, it is expected that an NGO with a proven record of working with local communities, may be contracted out to support these committees.

The implementing agencies
(a) Civil Society Organizations (CSOs)
CSOs will be key implementing partners for the project. They will carry out two distinct implementation tasks: (i) mobilization and empowerment of communities along the corridor to address HIV/AIDS; and (ii) providing HIV/AIDS related services to various community groups along the corridor. Eligibility criteria for the CSOs, and mechanisms in which CSOs will be able to obtain and account for project funds will be detailed in the operational manual of the project.
(b) Public-sector implementing partners
The project will be implemented in close collaboration with public sector partners. National ministries, in order to ensure coordination with their respective branches along the transport corridor, responsible for health, transport, police, immigration and customs are the key ministries the project will target. Local Governments at border towns/districts will also be targeted as potential public sector implementers for the project.

The recipient of the grant:
The Government of Benin, on behalf of the five governments along the transport corridor, has been agreed upon by the five Governments, as the recipient of the grant.

Operational Arrangements
An operations manual for the project is being prepared (a first draft is available) in close collaboration with the Governments and civil society representatives of the five countries. The manual includes the project’s institutional and implementation arrangements, the respective responsibilities and mandates of each participating entity, and the functional relationships between actors. It defines procedures and eligibility criteria for review and approval of project proposals, as well as providing guidelines for the preparation, implementation, and supervision of project proposals. It includes the contractual arrangements between the Executive Secretariat and implementing agencies and standard contracts for a broad range of activities. It contains procurement arrangements and financial management requirements, including accounting norms and reporting requirements for both public sector and civil society
implementers. The financial management arrangements will be further
developed to ensure adequate management of the project. Its use and
contents as well as modalities for any future amendments will be to a
level satisfactory to IDA, and will be part of the grant agreement.
Disbursement of funds for civil society organizations will be in
accordance with the eligibility criteria and terms specified in the
operations manual.
Monitoring and evaluation arrangements:
Project monitoring and evaluation (M&E) arrangements will be based on a
broad range of measures, including specified indicators and process and
output measures to capture project performance. These are however still in
the process of elaboration. An M&E manual will be produced within six
months of project effectiveness and thereafter, implementation of the
manual will be in form and substance satisfactory to IDA.

Project outcomes will be measured employing data from the HIV
surveillance, baseline, and end-point population-based surveys on
knowledge, attitudes, practices, and behavior. Service utilization and
special studies commissioned to assess outcome in specific areas not
easily addressed by population-based surveys will also be used. Monitoring
of the project will be carried out using project-based data, beneficiary
inputs, and program reviews. The baseline survey to generate inter alia
the agreed baseline indicator data is expected to be carried out prior to
effectiveness but in no case later than six months after the projected
launch date for the project, planned for January 2003.

The Executive Secretariat (through contracting) will monitor overall
project implementation, assessing the performance of project
implementation as well as the effectiveness and efficiency of
implementation. The activities of civil society organizations and
community-based organizations will be monitored based on their contract
performance.

The Executive Secretariat will, on behalf of the Governing Body, supervise
overall project implementation. Staff from the Secretariat will make
regular visits to the field to monitor the performance of the project in
the five countries. The Executive Secretariat will organize annual project
reviews and project completion review to assess the performance of the
project, its components and its contribution to the achievement of project
objectives. Project reviews will be carried out in a participative manner,
under the coordination and facilitation of the Executive Secretariat and
will culminate in stakeholder meetings that will form a basis for planning
for the next project period. Much of the required activities will be
carried out by the Management Consultant under terms of reference which
have already been developed and agreed with the TWG.

The Executive Secretariat and IDA will organize a joint project launch
workshop within a month of project effectiveness. One main purpose of the
workshop will be to make further progress on project monitoring and
reporting requirements.

Procurement Procedures
The Executive Secretariat will procure works, goods and services in
relation to the project, in accordance with the Bank’s "Guidelines:
Procurement under IBRD Loans and IDA Credits" (January 1995 and revised in
January and August 1996, September 1997, and January 1999), in particular Section 3.15, Community Participation in Procurement. Consulting services by firms, organizations, or individuals financed by IDA will be contracted in accordance with the Bank's "Guidelines: Selection and Employment of Consultants by World Bank Borrowers" (January 1997, revised in September 1997, January 1999 and April 2002). In the event of co-financing of the project activities, the procedures of these specific agencies will have to be employed and the ES capacity enhanced accordingly.

The Executive Secretariat will ensure that services of a Procurement Specialist are at its disposal prior to drawing up the first year program, in order to effectively oversee the procurement process. Such a specialist is included in the core team to be provided by the Management Consultant, the contract with whom is expected to be concluded by negotiations.

Communities will use the Bank's simplified "Procurement and Disbursement Procedures for Community-Based Investments" to procure goods or services needed to implement their respective community HIV/AIDS initiatives. Communities and NGOs are expected to use 'local shopping' as a standard procurement method.

To facilitate expeditious import of goods valued at less than a threshold amount to be determined and which may be urgently for diagnosis/treatment and institutional strengthening, contracts may be made based on international shopping and national shopping procedures, respectively, or through procurement from the United Nations system. Otherwise, a national competitive bidding (NCB) procedure - with advertisement in all corridor countries - will be employed.

Minor civil works will be included under the project and these will be carried out depending on the value under: either a national competitive bidding (NCB) procedure - with advertisement in all corridor countries; or for works under a specified threshold at least three quotations received for a given specification.

Consultancy services will generally be procured on the basis of quality and cost based (QCBS) selection procedure employing the Bank guidelines, with specified exceptions applying to the procurement of particular services (selection on the basis of consultant’s qualifications). Below a specified threshold, selection may be form short lists composed only of nationals or firms of the corridor countries.

A procurement plan will be prepared for the first year of project operations, to be included in the project operational manual before credit effectiveness, and procurement plans will subsequently be prepared annually.

Procurement performance (including sub-project procurement activities) will be assessed on an annual basis (in the form of procurement and physical audits by an external agency). In addition to the formal annual audits, ad-hoc procurement reviews will be conducted periodically.

Accounting, Financial Reporting and Auditing Arrangements
The Executive Secretariat of the Governing Body, through contracting out arrangements with the Management Consultant, will be responsible for
project financial management, including the preparation and production of
the annual financial statements in accordance with internationally
accepted accounting principles. The Secretariat will make arrangements for
certification of financial statements by an audit firm under terms and
conditions acceptable to IDA. The Executive Secretariat, through the
Management Consultant, will monitor all disbursements under the project
and ensure that they conform to IDA requirements. Implementing agencies
will submit annual and quarterly reports on the progress of implementation
of their respective activities. Before effectiveness, the project
financial management system will be reviewed for compliance with Bank
procedures. The financial management system will allow for the proper
recording of all project-related transactions as well as timely monitoring
of expenditures per category, implementing agency, and component.
Internal accounting controls for the project will be set out in detail in
the financial procedures of the project’s operational manual, which is
available in draft form, and will be satisfactory for providing reasonable
assurances that accounts will be properly recorded and resources
safeguarded. The chart of accounts for the project will be designed to
allow reporting to requirements of any other donors who may eventually
participate in the financing of the project.

The records and accounts of all the components of the project will be
audited annually in accordance with international audit standards by
experienced and internationally recognized audit firms acceptable to IDA.
In addition to a standard short form report with the audit opinion, the
auditors will be required to comprehensively review all the SOEs and the
management and utilization of the accounts as well as the internal control
procedures governing preparation of accounts for the relevant period under
audit, to express a separate opinion thereon, and to review the management
and utilization of the special accounts and express a separate opinion
thereon as well. The auditor will complete an in-depth review of the
internal control system of the program with a view to identify the major
weaknesses and shortcomings and proposing practical recommendations for
improvement. The results of this review will be documented in a management
letter to be submitted along with the audit reports. The appointment of
the project auditor according to terms of reference acceptable to IDA will
be included in the conditions of effectiveness.

The Executive Secretariat will prepare the following reports: (a)
semi-annual progress reports; (b) an annual report and a proposed
financing plan no later than the last month of the current year; (c) a
detailed progress report on technical and financial program activities
(not later than four weeks before the end of the second year of project
effectiveness); (d) relevant sections of the implementation completion
report (ICR) three months before the closing date; and (e) a report on a
plan designed to ensure future achievement of objectives of the project,
not later than six months after the closing date of the project or such
later date as may be agreed upon with IDA. The implementing agencies will
submit consolidated quarterly financial reports with supporting
documentation to the Executive Secretariat which will consolidate the
financial reports of the operational components. The first FMR shall be
furnished to IDA not later than 45 days after the end of the calendar
quarter after the effective date of the project. Thereafter, each FMR
shall be furnished to the association not later than 45 days after each
subsequent calendar quarter, and shall cover such calendar quarter. The
annual financial statements of the project will include at least a statement of sources of funds, a statement of reconciliation of the special accounts, a balance sheet, and required notes to the financial statements.

7. Sustainability
The project is a first attempt within MAP, to address HIV/AIDS from the regional perspective. MAP supported national programs in each of the countries in the corridor have just been started or are about to start letting this project to selectively address vulnerable locations and populations across the borders of the five countries. As far as financial sustainability is concerned, it is unlikely that the Governments along the transport corridor will be able to fully finance the program in the medium term. It is realistic to expect that bilateral and multilateral development agencies will continue to finance HIV/AIDS activities along the corridor beyond the three year implementation period of the project. However, to ensure commitment of the corridor countries to the institutional arrangements which are being set up, contributions will be made by each to help cover a portion of operating and overhead costs. The basis for these contributions and how much will be paid are going to be determined before negotiations. This contribution is however already factored into the financing plan.

In the best case scenario, it is possible that beyond the implementation of this project the national HIV/AIDS programs will be able to cover - at least in part - some of the vulnerable populations targeted by the project. If that occurs, some of the activities financed under this project could eventually be taken over by the national HIV/AIDS programs leaving mostly policy and program coordination roles to be carried out at regional level. If on the other hand, the countries find it more effective to have an independent regional institution to deal with the issue of HIV/AIDS at regional level, the institutional framework and the mechanism of project implementation adopted under the project will need to be strengthened further at the end of the project. It is also worth noting that there has been expressed interest in the project from organizations other than the five Governments, including for example, the International Confederation of Free Trade Unions, which suggests that these organizations may be interested in the sustainability of project activities beyond the three year project period.

It is expected that the lessons learned from the experience of this project will be taken into account when consideration is given to cross-country HIV/AIDS interventions in other transport corridors in Africa. The overall project risk is high because of the pilot and innovative nature of the project and its cross-country nature.

8. Lessons learned from past operations in the country/sector
The design of this project reflects international experience with HIV/AIDS especially regional experience from countries like Uganda and Senegal, HIV/AIDS control efforts of the West African Initiative (WAI) along the Abidjan-Dakar and Abidjan-Niamey transport corridors and the experience so far obtained in the Africa region in designing and implementing the MAP projects under MAP1. Key lessons learned from all this experience are
HIV/AIDS and regional implications. International experience on HIV/AIDS over the last two decades has shown that HIV/AIDS spreads across national boundaries. National HIV/AIDS programs have repeatedly have had to look beyond their national borders in order to be able to address cross-country HIV/AIDS issues that are beyond the reach of one national program alone. There is therefore, a gap in the fight against HIV/AIDS that cannot be filled by national programs alone.

Political leadership and commitment. International experience has shown that political leadership and commitment are key to mobilizing stakeholder resources for the fight against the HIV/AIDS epidemic. The five Governments along the transport corridor have indicated their commitment to the fight against HIV/AIDS along the transport corridor. Effective action requires political leadership and commitment at the highest levels which has so far been demonstrated by the political leadership of the five countries.

Vulnerability factors are key drivers of the epidemic. The HIV/AIDS epidemic is nourished by underlying vulnerabilities among populations. The combination of poverty, gender disparities, and information asymmetry provide very fertile soil on which the seed of HIV can rapidly grow and blossom. Any attempt at controlling the epidemic will have to address vulnerability factors. This project targets HIV/AIDS vulnerable groups along the transport corridor which includes, among others, commercial vehicle drivers, commercial sex workers, migrants, border town employees of customs, police and immigration departments and the local populations living along the border towns.

Community participation as a process of empowerment. The communities affected by the HIV/AIDS epidemic find themselves facing multifaceted challenges, and have very few resources and little capacity to respond. In addition, short term focused strategies may not meet the need for longer term rehabilitation and healing in those communities. Community participation engages the people in a partnership to fight the epidemic. With external resources and the building of local capacity, the communities will be more empowered in their response to HIV/AIDS. Such a response is also more likely to be sustainable in the long term. This project has the provisions for civil society organizations, including organizations of PLWHA to actively participate in project development and implementation in their respective communities.

Multisectoral approach. It has been widely recognized that the HIV/AIDS epidemic extends far beyond the narrowly defined health sector. The multidimensional nature of the epidemic and its impacts warrant a change in paradigm from a biomedical to a development one. In this context, the multisectoral approach in HIV prevention, care, and mitigation offer the best chance of success. This project will involve the active participation of different sectors including transport, health, internal affairs (border police and immigration) finance (border customs) and local affairs (local authorities along the transport corridor and especially at the border).

Complexity of supervision of MAP projects. Given the innovative MAP approach and the multitude of stakeholders and partners, supervision of
MAP projects deserve more attention and resources than average projects. The experience so far gained suggests that supervision teams for MAP projects should draw on the resources of partners, particularly bilaterals and other stakeholders. The composition of the supervision teams should also be multisectoral. The Transport corridor project, because of its even more innovative approach and pilot nature will need more intensive supervision.

Robust M&E. The key features of MAP are the scaling up of multisectoral programs and effective interventions, which require robust monitoring and evaluation systems. The M&E plan needs to be developed through a participatory process as a number of partners will be involved in monitoring and evaluation activities according to their areas of expertise. Sufficient resources and skills should be made available for monitoring and evaluation of projects in the MAP. This project envisages the contracting out of M&E to ensure adequate attention to the issue.

Facilitation and coordination vs command and control. Review of preparation and implementation of MAP1 suggest that there is an inherent danger of National HIV/AIDS Council Secretariats empowering themselves. Recommendations include retaining in the NAC Secs only the tasks of coordination and facilitation. The current project envisages extensive contracting out by the Executive Secretariat which will reduce the risk of the Secretariat becoming a command and control institution.

Sequencing of key interventions. Experience from MAP1 suggests that there is value in sequencing key project activities to match the developing capacity in the countries. It takes time to build the capacity required to implement the full spectrum of planned project activities, and the first year of project implementation should put emphasis on building the foundations for expansion in subsequent years of project implementation.

9. Environment Aspects (including any public consultation)

   Issues : The project is not expected to generate major adverse environmental issues. However, there are risks attached to the handling and disposal of HIV/AIDS infected materials. These risks potentially affect: personnel in hospitals, health centers and municipalities who handle waste, families whose income derives from the triage of waste and also the general public to the extent that waste is not disposed of on site or safely contained in protected areas. A medical waste management plan will need to be prepared. The plan will have to include the proper disposal of hazardous bio-medical waste, a bio-safety training program for the staff of all hospital, health center and community based programs who may be involved in testing and treatment. The training program will include specific instruction on the triage, transport and disposal of waste. In addition the project implementation manual will include guidelines to ensure that environmental considerations are taken into account in the selection and design of project activities. Terms of reference will be prepared for such a plan which will be reviewed by the Bank and which will be carried out prior to appraisal.

10. Contact Point:

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11. For information on other project related documents contact:
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Note: This is information on an evolving project. Certain components may not be necessarily included in the final project.

This PID was processed by the InfoShop during the week ending October 25, 2002.