Document of
The World Bank

FOR OFFICIAL USE ONLY

Report No: 24344

IMPLEMENTATION COMPLETION REPORT
(IDA-26920; PPFI-P8590; PPFI-P8591)

ON A

CREDIT

IN THE AMOUNT OF SDR 13.9 MILLION (US$ 20.4 MILLION EQUIVALENT)

TO THE REPUBLIC OF

CHAD

FOR A

POPULATION & AIDS CONTROL PROJECT

06/12/02

CURRENCY EQUIVALENTS

(Exchange Rate Effective December 31, 2001)

Currency Unit = FCFA
744 CFA Franc = US$ 1.00
US$ 0.1344 = 100 FCFA

Exchange Rate Effective March 1st, 1995
514 CFA Franc = US$ 1.00
US$ 0.1946 = 100 FCFA

FISCAL YEAR
January 1 December 31

ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
AMASOT	Social Marketing Association of Chad
ASTBEF	Chadian Association for Family Welfare
BA	Beneficiaries' Assessment
CSW	Commercial Sex Workers
DCA	Development Credit Agreement
DHS	Demographic and Health Survey
EIMT	Chad Multiple Indicators Survey
EMUT	Migration and Urbanization Study
FOSAP	Support Fund for Population Activities
KfW	*Kredietanstalt für Wiederaufbau*
HIV	Human Immunodeficiency Virus
IEC	Information, Education, and Communication
IPP	National Survey on Priority Prevention Indicators
KABP	Knowledge, Attitude, Belief, and Practice
MASOCOT	Social Marketing of Condoms in Chad (NGO)
MEPD	Ministry of Economic Promotion and Development (formerly MOPC)
MOPC	Ministry of Plan and Cooperation (formerly MPD)
MOPH	Ministry of Public Health
MPD	Ministry of Plan and Development
MTR	Mid-Term Review
NPP	National Population Policy
ORT	Oral Rehydration Therapy
PAD	Project Appraisal Document
PAIP	Program of Priority Investments for Population Activities
PCT	Project Coordination Team
PNLS	National AIDS Control Program
QAG	Quality Assurance Group
SAR	Staff Appraisal Report
SSA	Sub-Saharan Africa
STD	Sexually Transmitted Disease
UNFPA	United Nations Population Fund

Vice President:	Callisto E. Madavo
Country Manager/Director:	Robert Calderisi
Sector Manager/Director:	Arvil Van Adams
Task Team Leader/Task Manager:	John F. May

CHAD
POPULATION & AIDS CONTROL PROJECT

CONTENTS

Project ID: P035601	*Project Name:* POP. & AIDS CO
Team Leader: John F. May	*TL Unit:* AFTH2
ICR Type: Core ICR	*Report Date: June 20, 2002*

1. Project Data

Name: POP. & AIDS CO

L/C/TF Number: IDA-26920; PPFI-P8590; PPFI-P8591

Country/Department: CHAD

Region: Africa Regional Office

Sector/subsector: HA - HIV/AIDS; HH - Population, Health & Nutrition Adjustment

KEY DATES

			Original	*Revised/Actual*
PCD:	02/02/94	*Effective:*	09/08/95	
Appraisal:	10/25/94	*MTR:*	11/15/97	
Approval:	03/23/95	*Closing:*	06/30/2001	12/31/2001

Borrower/Implementing Agency: GOVERNMENT OF CHAD/MINISTRY OF PLANNING, DEVELOPMENT, AND COOPERATION

Other Partners: KfW, UNFPA, NGOs

STAFF	Current	At Appraisal
Vice President:	Callisto E. Madavo	Edward V. K. Jaycox
Country Manager:	Robert Calderisi	Francisco Aguirre-Sacasa
Sector Manager:	Arvil Van Adams	David Berk
Team Leader at ICR:	Michele L. Lioy	Eva Jarawan
ICR Primary Author:	John F. May	

2. Principal Performance Ratings

(HS=Highly Satisfactory, S=Satisfactory, U=Unsatisfactory, HL=Highly Likely, L=Likely, UN=Unlikely, HUN=Highly Unlikely, HU=Highly Unsatisfactory, H=High, SU=Substantial, M=Modest, N=Negligible)

Outcome: S

Sustainability: L

Institutional Development Impact: M

Bank Performance: S

Borrower Performance: S

	QAG (if available)	ICR
Quality at Entry:		U
Project at Risk at Any Time:	No	

3. Assessment of Development Objective and Design, and of Quality at Entry

3.1 Original Objective:

The project had two main objectives. First, it aimed to assist the Government of Chad in implementing its long-term strategy in the areas of population and family planning, the focus being to advance the onset of fertility decline by increasing the use of modern contraceptive methods. The second objective aimed to assist the Government in the implementation of its second Medium-Term Plan (MTP) for HIV/AIDS control and to slow the spread of the HIV/AIDS epidemic by informing the general population, the decision makers, and the opinion leaders, as well as by promoting behavioral changes.

The objectives of the project were appropriate for Chad, which figures amongst the poorest countries in the world. At the time of project preparation, the population was estimated at about 6.8 million (population census of 1993) and the annual rate of growth was estimated at 2.5% (SSA average: 3%). Fertility was estimated at 5.7 children per woman (SSA average: 6.6). Four-fifths of the population lived in rural areas, a fact that was not conducive to a rapid decline in fertility. This situation of rapid population growth taxed the Government's ability to expand access to human development services such as education, health, and social protection. Population pressure also contributed to environmental degradation and progressive loss of soil fertility. At the household level, it was also important to encourage the use of modern family planning (FP) methods in order to space children more effectively and reduce high levels of maternal mortality. In 1993, Chad had adopted a National Population Policy (NPP) in 1993 to foster those changes and sought the assistance of the World Bank to help finance its implementation.

The project was also timely in organizing a response to the HIV/AIDS epidemic with the emergence of the first cases of AIDS in 1986. The HIV infection rate rose quickly among the general population and was estimated at about 3% among adults (between the ages of 15 and 49) in 1994. The infection rates were the highest in the southwest regions of the country and were at their lowest levels in the northeastern regions. The Government recognized the potentially high costs of addressing the epidemic and took decisive action early on. The Government, along these same lines, also prepared two medium-term plans (MTP) and asked the World Bank to help finance the second MTP (1995-1999). Strategies proposed in the second MTP to tackle the emerging HIV/AIDS crisis were innovative, including introducing the promotion of condoms through social marketing techniques (this had never been done in Chad) as well as a significant effort toward the communities through a social fund.

Given the specific context of Chad, the project's proposed objectives pertaining to population growth and the AIDS epidemic were sound. Furthermore, at the time the project was designed, Chad had emerged from a long, protracted civil war (1979-1990). Virtually nothing had been done in the areas of population, population policy implementation, reproductive health, and mitigation of HIV/AIDS. The project, in fact, addressed several of these issues for the first time ever in the country. The project was also fully consistent with the activities emphasized in the Chad Country Assistance Strategy (CAS) of May 1993, which addressed both basic poverty issues and the need to foster long-term per capita income growth. The project aimed at doing this by attempting to slow population growth and undertaking efforts to control AIDS, which affects especially the most productive age-groups and brings widespread misery to families.

3.2 Revised Objective:

The general objectives of the project were not revised during the project life.

However, specific targets pertaining to the project objectives, such as the levels of increased contraceptive use (modern methods) and the projected course of fertility, were modified during the project. The decision to change them was made at the Mid-Term Review (MTR) in November 1997, using the newly available

1996/97 Demographic and Health Survey (DHS) data (the first ever to be conducted in Chad). However, changes were made only later because revisions were to rely on assistance from a UNFPA (United Nations Population Fund) consultancy (there were problems with UNFPA financing the consultants for the DHS analysis and to carry out the revision of the population objectives). Eventually, the project provided funds to undertake the needed analysis.

3.3 Original Components:
The project included four components: implementation of population policy, implementation of the second MTP on HIV/AIDS/STDs, social marketing of condoms, and a social fund to involve NGOs (to support the two first components by providing resources to the communities). All of these components supported the development objectives (DOs) of the project as they were designed: (a) to enhance awareness and behavior change among the population; and (b) to increase the utilization of services to be provided under other mechanisms (e.g. the health project) by the Government and its partners.

The four components and their sub-components are reviewed in detail below. All amounts indicated include contributions to the project by the Government and the co-financiers -- Kredietanstalt für Wiederaufbau (KfW), a German donor, and UNFPA.

Component 1 - Reinforcing the National Capacity to Implement the National Population Policy (NPP) Original Amount: US$8.0 million.

This component aimed at helping the Government to implement its Declaration of Population Policy, also called the National Population Policy (NPP), which was adopted in 1993 and to execute the NPP Plan of Action. This component had the following three sub-components:

Sub-component 1.1: *Strengthening National Capacity to Undertake Population-related Activities* (US$4.2 million).
The scope of this sub-component was: to reinforce the newly created Division of Population (under the Directorate of Planning) of the Ministry of Economic Promotion and Development (MEPD), so it could coordinate the implementation of the NPP; to plan, manage, and evaluate population-related activities; to plan, coordinate, and implement other donor-financed population projects; and to reinforce the capacity of planning units in key ministries in applying demographic data to the design of their sectoral plans (the MEPD replaced the Ministry of Plan and Development (MPD), which itself had replaced the Ministry of Plan and Cooperation (MOPC); the Division of Population had been created at the time of project design).

The project's support was: to provide logistical assistance (computer, office furniture, vehicles, and audio-visual equipment); to rehabilitate a building that would accommodate the Division of Population; to provide international technical assistance; to finance the provision of local expertise; to provide in-country training as well as training abroad to key personnel; to fund participation of Chadian experts to regional and international population meetings; and to fund a study tour to visit another successful program in Francophone Africa.

Sub-component 1.2: *Implementing a Community Awareness Program and Dissemination of the Population Policy* (US$3.1 million).
The scope of this sub-component was to promote awareness of the relationship between population and development by disseminating the objectives of the NPP.

The project's support was: to fund Information, Education, Communication (IEC) activities as part of the NPP, geared at large audiences and covering census and survey results as well as the Family Code; to

finance monthly radio and TV programs providing information on the NPP; and to supply the Maternal and Child Health (MCH) program at the Ministry of Public Health (MOPH) with contraceptives.

Sub-component 1.3: *Supporting Population-Related Research* (US$0.7 million).
The scope of this sub-component was to assist the Government in setting up a national strategy to collect and analyze basic demographic data to improve knowledge of relevant socio-demographic indicators and patterns in Chad. More specifically, the project was to assist in elaborating and conducting applied research studies, the results of which would be used in the operationalization of the NPP and in the development of IEC messages.

The project's support was: to fund a program of applied studies on urbanization and migration; to finance secondary analyses of the 1993 Population and Housing Census data; and to help organize the 1996/97 DHS survey as well as a Migration and Urbanization survey (EMUT).

Component 2 - Strengthening the National Capacity to Contain the Spread of HIV/AIDS/STDs Original Amount: US$6.6 million.

This component aimed at reinforcing Chad's capacity to respond to the HIV/AIDS epidemic by reducing HIV transmission through an effort to lower the prevalence of STDs, promote behavioral change, and mitigate the impact of AIDS on individuals, families, and communities. This component had two sub-components, as follows:

Sub-component 2.1: *Institutional Strengthening of the Ministry of Public Health (MOPH)* (US$2.9 million).
The scope of this sub-component was threefold: i) to reinforce the capacity of the National AIDS Control Program (*Programme National de Lutte contre le SIDA* or PNLS) to manage and coordinate the HIV/AIDS control program through the implementation of its second MTP; ii) to help build the capacity of the MOPH in epidemiological surveillance and operational research; and iii) to strengthen the capacity of the MOPH to coordinate multi-sectoral AIDS-related activities.

The project's support was: to finance a 24-month long-term specialist in epidemiology and management (this was a Condition of Effectiveness); to provide short-term specialists in various AIDS-related technical areas; to offer long-term training in epidemiology and management, short-term training in IEC and epidemiology, and on-the-job training in health information systems (for health personnel in the regions); and to provide logistical and operational support to the PNLS, including in the area of sero-surveillance (sentinel sites).

Sub-component 2.2: *Supporting Epidemiological, Operational, and Socio-Economic Research* (US$3.7 million).
The scope of this sub-component was to improve epidemiological surveillance of HIV/AIDS/STDs and conduct operational research to improve clinical management of AIDS/STDs patients and the knowledge of the socio-economic impact of AIDS (very few studies had been done on HIV/AIDS at the time the project was designed).

The project's support was: to finance the creation of two additional sentinel sites (making a total of 7, but actually 10 were put in place of which 9 have remained functional to date); to fund five HIV prevalence studies (one each year of the project) among the vulnerable groups (i.e. commercial sex workers, the young, truck drivers, and the military); to fund two Knowledge, Attitude, Belief and Practice (KABP) studies; and to help conduct a study on the priority indicators of prevention (IPP survey). The project was also: to

provide funding for operational studies; to establish syndromic algorithms for the management of STDs and AIDS patients; to design referral protocols to assist seropositives and their families; to evaluate the clinical definition of AIDS; and to study the linkage between HIV and tuberculosis. Finally, the project was to finance studies on the accessibility and utilization of health centers and district hospitals as well as on the socio-economic impact of AIDS at various levels (individual, family, community, and macro-economic).

Component 3 - Putting in Place a Social Marketing Program for the Promotion of Condom Use
Original Amount: US$7.1 million.

This component aimed at increasing the availability and promoting the use of male condoms in Chad, and assisting the Government in establishing a social marketing program for condoms as a major strategy for HIV/AIDS prevention. Increased use of condoms was also to help reduce the incidence and prevalence of STDs and unwanted pregnancies. The social marketing of oral rehydration therary (ORT) salts was undertaken later in the project, after the MTR, when additional funds became available (KfW, a co-financier which had financed the first phase of Component 3, offered to fund the component until the end of the project: their funding covered equipment, training, support staff, technical assistance, and recurrent expenditures).

The project's support was: to fund international specialist services in social marketing and auditing techniques; to provide contractual local staff in technical areas (marketing, IEC, accounting, management information system, and stocks keeping); to finance a training study tour to visit another successful social marketing program in Africa as well as regional training in IEC and promotion campaigns; to buy condoms; to provide logistics, transportation, and office equipment; and to fund market studies and focus group research.

Component 4 - Promoting the Participation of the Private Sector and NGOs in Population, Family Planning, and HIV/AIDS/STDs Programs
Original Amount: US$5.5 million.

This component aimed at complementing and enhancing the Government's interventions in the areas of population and HIV/AIDS mitigation. The scope was to establish a social fund (*Fonds de Soutien aux Activités en Matière de Population* or FOSAP) to provide grant financing for activities and programs that would contribute to the implementation of the population and HIV/AIDS activities, therefore reinforcing the first two components of the project by providing resources to the communities. Under the FOSAP, US$1.2 million was to be used for population activities and US$4.3 million, for HIV/AIDS/STDs programs. The program was open to other donors for additional financing. Finally, a micro-credit element was added to this component at the MTR to increase sustainability and cover income generating activities which were necessary to improve the economic status of women.

Given the weak capacity of a number of NGOs and associations that were to benefit from the FOSAP, the specific strategy of this component was to support several "resource projects" (*projets dynamisateurs*), the operators of which would agree, in return, to guide applicants to the FOSAP in the preparation, evaluation, and implementation of their potential projects. The operators' key role would be in training and transfer of skills. An important criterion to be used in the selection of the resource projects was their actual record of success in implementation. In addition to its support to the resource projects, the project was to finance through the social fund a minimum of 40 AIDS-related sub-projects and 20 population-related sub-projects. Activities of the sub-projects were to be multi-sectoral, involving 7 line ministries: Defense, Education, Communication, Health, Finance, Social Affairs, and Youth & Sports (eventually, 11 line

ministries participated). Activities were also to be geographically balanced (all provinces would be covered) as well as equity-driven and targeted towards vulnerable groups (the poorest segments of Chadian society).

3.4 Revised Components:

The four original components were not revised during the project life.

However, two sub-components were added to the project during the MTR, as per the second amendment to the Development Credit Agreement (DCA) on April 8, 1999. These sub-components were the promotion of ORT salts, added to the social marketing Component 3, and the micro-credits for women and women associations, added to Component 4 (FOSAP). The micro-credit element had as an objective to improve the economic status of women (an objective somewhat different from that of the social fund but nevertheless linked to the wider population objectives), thereby making women less vulnerable to both HIV/STDs infection and unwanted pregnancies.

Funds were reallocated twice between components, as a result of the readiness of KfW to finance the social marketing program (for condoms) for the remainder of the project life. The funds made available by KfW's decision to finance the whole Component 3 also covered some of the costs for studies, including additional support for the 1996/97 DHS. Project funds originally allocated to the purchase of condoms were reallocated to micro-credit activities, to several studies, and to the promotion of ORT salts.

Despite the difficulties encountered in the execution of project sub-component 1.1 pertaining to the implementation of the NPP, some progress had nevertheless been achieved in the mainstreaming of population activities. Continued involvement of the project was moreover justified because demographic growth remained very high, as substantiated by the DHS results, and something needed to be done. Finally, the Government did not want population activities cancelled at the MTR (the Government has subsequently insisted that there be a population component in the follow-up project, Population and AIDS Project II).

The project original closing date of June 2001 was extended by six months (to December, 2001) to fill the gap that was expected before the follow-up project was to become effective. This decision impacted the implementation of all of the project components: some activities were slowed down (particularly those in the FOSAP) and a budget as well as a revised workplan were prepared for the six months extension period.

3.5 Quality at Entry:

The quality at entry is rated unsatisfactory for three main reasons.

First, the project was designed without baseline data. Given the breadth of the project and its multiple activities, having a Monitoring and Evaluation (M&E) plan only adopted by the Government at the end of project was a weakness. Although it is recognized that such a plan could not have been in place before Credit Effectiveness because of the absence of data, it should have been put in place at the MTR. This would have made the monitoring and evaluation of activities more effective, although progress reporting took place on a regular basis throughout the project (see Output indicators in Annex 1). The project was designed in part to obtain reliable data for Chad and strengthen the national data collection and analytical capabilities. Therefore, the project supported the organization of the first Demographic and Health Survey (DHS) in 1996. This was followed in 1997 by a Migration and Urbanization Study (EMUT) and, in 2001, by two additional nation-wide data collection operations, the *Enquête par grappes à indicateurs multiples* (EIMT) and the National Survey on Priority Prevention Indicators (*Enquête des Indicateurs Prioritaires de Prévention* -- IPP) on HIV/AIDS. The Division of Population at the MEPD was created at the time of project design in part to have an entity capable of analyzing these data. All these data provided a clearer picture of the levels and trends of the major variables that were to be addressed by the project. An HIV/AIDS Equity Analysis, based on this information, is presented in Annex 9.

Second, the targets set for the project development objectives (DO) were overly ambitious, especially for the population-related objective, largely because they were estimated without baseline data. The annual rate of population growth was used as an outcome indicator, but this measure is too crude to assess the various stages of the demographic transition. The target for the contraceptive prevalence rate (modern methods) was also too ambitious, and was not established drawing from comparable experiences in similar countries. In fact, the annual rate of population growth was bound to accelerate and fertility levels were also bound to increase (currently, the rate of demographic growth in Chad is estimated at over 3% per year and the total fertility rate is estimated at 6.6 children per woman). These are normal features in countries which enter the last stage of their demographic transition, characterized by an upsurge in demographic growth as well as transitory increases in the levels of fertility (because of the lessening effect of the inhibiting factors on fertility, namely the proximate determinants). The situation might have been worsened by the post civil war baby boom as well as higher fertility outcomes linked to the improved health status of women. The AIDS-related DO was less ambitious (i.e. slowing the spread of the epidemic). Nevertheless, the AIDS epidemic progressed very rapidly in Chad. The current HIV prevalence among adults (15-49) is estimated at around 7% nationally although the figures vary between different parts of the country ranging, in the most extreme cases, from 4% and 12% (HIV prevalence levels vary considerably in Chad between provinces and even within some provinces, making it still difficult to extrapolate local epidemiological data to obtain national estimates; in addition, sentinel sites are located in urban centers that are relatively more infected than rural areas and this might bring an upward bias to the estimates). However, it may be argued that the AIDS epidemic could have spread even faster without the project, as explained below in section 4.1.

Third, during project design the Task Team did not assess enough the real level of commitment of the Government, in particular, their commitment to achieving the objectives outlined in theNPP. A weakness in project design was that the High Committee on Population and Human Resources was to be chaired by the President of Chad who never had the time (or interest) in chairing this Committee. Although this institutional approach was favored and even recommended in international fora at the time of project design, such committees had almost never been chaired by a Head of State in Sub-Saharan Africa (SSA). (An action to correct this situation was taken later by the Task Team: see paragraph 4.2). Another factor, which was not sufficiently taken into account during project design, was the lack of priority given to population issues after the end of the civil war. At that time, the main objectives of the key stakeholders were primarily aimed at reconstructing the social infrastructure of the country (education and health services) and less at promoting birth spacing. Finally, the widespread and pervasive pro-natalist culture in Chad (favoring large families) could perhaps have been better addressed during project design, although the Task Team had received assurances regarding the commitment of the Borrower to encouraging such change, including the adoption of the NPP and the creation of the Division of Population within the MEPD.

Despite these shortcomings, the project design recognized correctly that the central issues confronting the national population program were in two areas: (a) information dissemination problems as well as weak service delivery; and (b) weak institutional capacity for management, planning, and coordination of population and AIDS activities. Consequently, key effectiveness conditions and covenants were included in an attempt to mitigate these problems. The project preparation team also correctly stressed the need for the social marketing of condoms as well as the importance of serving communities through the social fund activities (FOSAP). The latter proved a key instrument for HIV/AIDS mitigation activities. As mentioned earlier, the project addressed many of the issues of population and AIDS mitigation for the first time ever in Chad. This project had presented the Government and the Bank with daunting challenges in areas where both the Borrower and the Bank had limited experience. Finally, the project was coherent with the CAS objectives and the Bank's safeguard policies were fully adhered to.

The original idea of the Borrower and the Bank was to include the Population component in the Health and Safe Motherhood Project. These were split fairly late in the preparation process because it was felt: (i) the health sector would be overloaded if the population component was to be carried out by the MOPH; and (ii) it would be better for the implementation of the multi-sectoral aspects if the MEPD had been given the responsibility of executing the Population component (HIV/AIDS activities were added to the project at the time it was decided to have two projects). The MOPH was to coordinate HIV/AIDS/STDs health-related activities and ensure coherence of the messages (training in IEC and HIV/AIDS/STDs), but not to supervise the social marketing program of condoms and the social fund. This project never included family planning services and other reproductive health aspects, which were covered by the Health and Safe Motherhood project as well as the UNFPA program of activities. The Health and Safe Motherhood Project (Cr. 2636-CD) became effective one week before the Population and AIDS Project was approved.

4. Achievement of Objective and Outputs

4.1 Outcome/achievement of objective:

The overall outcome of the project is moderately satisfactory. Although the development objectives (DOs) were overly ambitious and a crude indicator (the annual rate of population growth) was used to measure progress, the project succeeded in: (a) helping advance the onset of fertility decline by increasing the knowledge and the use of modern contraceptive methods; and (b) slowing the spread of HIV/AIDS infection by promoting greater awareness and behavioral change. Progress on the DOs can be measured by the use of proxy indicators for both population and HIV/AIDS activities.

The first development objective was achieved because: (a) the rate of contraceptive prevalence for modern method increased, albeit very slowly (see Impact/Outcome indicators in Annex 1); and (b) the use of the male condom made fairly rapid progress although it was the first time male condoms were introduced on a large scale in Chad (although condoms are used primarily to prevent the transmission of HIV, they also help prevent unwanted pregnancies). Furthermore, two sub-components of project Component 1, namely those concerning population-related IEC and population research, were successful in creating greater awareness on population issues and making available the needed data and analyses. However, the fulfillment of this first DO suffered from the lack of a strong commitment on the part of the Borrower toward the implementation of its NPP.

Regarding the second DO, the mitigation of the HIV/AIDS epidemic, the project succeeded on four counts, it: (i) triggered substantial improvements in the knowledge of HIV/AIDS among the general population, especially among poorest women (see Annex 9); (ii) created a multi-sectoral response to the HIV/AIDS epidemic, before it was customary to do so; (iii) launched a social marketing program for male condoms in a highly traditional culture; and it (iv) achieved an important mobilization of communities and NGOs through the FOSAP (project Component 4). Despite the fact that the second DO mentioned only slowing the spread of the HIV/AIDS epidemic, the dynamic of the epidemic had been more rapid than initially assessed, in part because of unforeseen migratory movements. All considered, however, the national level of prevalence of HIV of 7% in Chad is still lower than national levels in neighboring countries, especially Cameroon and the Central African Republic. This may suggest that the spread of the epidemic in Chad would have been even more rapid if this project had not been carried out.

The project implemented successfully all of its planned activities, except for one sub-component of project Component 1 pertaining to the implementation of the NPP. The project achievements were obtained despite the major difficulties already mentioned, which are as follows: (i) the difficult context of Chad, a country recovering at the time of project design from a long period of civil war; (ii) the absence of baseline data at the project design stage (a weakness that the project helped to correct); and (iii) the fact that many issues to

be covered by the project were tackled for the first time in the country. The lack of data at project preparation explains why the initial outcome indicators were sketchy, as opposed to the outputs indicators which were collected throughout the project duration (see Annex 1).

4.2 Outputs by components:

Component 1 - Reinforcing the National Capacity to Implement the National Population Policy (NPP)

This component is rated unsatisfactory for the following reason: it did not succeed in really strengthening the Division of Population in the MEPD and the NPP was not implemented in a timely fashion (despite the use of a large amount of resources; see Annex 2). However, sub-component 1.2, in particular due to its IEC activities, is rated as successful, because it achieved its objectives of raising awareness on population issues. In addition, sub-component 1.3 is also rated as successful, because it helped complete several studies in population and migration, including two national surveys, although the analysis of the Migration and Urbanization Study (EMUT) experienced delays due to a lack of expertise necessary in completing the analysis.

Nevertheless, despite this overall unsatisfactory rating for this component, it must be stressed that some progress was achieved toward the implementation of the NPP which was the ultimate objective of Component 1, as follows: (i) all 15 Prefectoral Population Commissions were created and made operational; (ii) the national surveys, which are difficult to carry out in Chad (because of the logistics), were conducted in time, albeit UNFPA -- which was a co-financier of the survey -- could not meet its commitments; (iii) advocacy with religious leaders, opinion leaders, journalists, trade unionists, and others, was done effectively as demonstrated, for example, by support from the *"Grand Imam of N'Djaména"* who now mentions birth spacing in his sermons.

Sub-component 1.1: *Strengthening National Capacity to Undertake Population-related Activities*
This sub-component had problems from its inception and was never able to achieve its objectives fully. The reasons for this situation were two-fold: the lack of strong commitment on the part of the Government toward the objectives of its NPP and the paucity of Chadian human resources in the area of population studies, which created a permanent challenge. Moreover, five Chadian demographers from the Division of Population have died either accidentally or from illness since 1994.

By September 1999, it became clear that a new attempt at the NPP implementation, namely the Program of Priority Investments for Population Activities (PAIP), that had not yet been adopted, would not be adopted quickly enough to utilize Credit funds (it was finally adopted in 2000). The PAIP translated the NPP into concrete actions and projects and identified 10 specific sub-projects in several areas as follows: reinforcement of service delivery in reproductive health; fight against diarrhea and acute respiratory infections; advocacy activities; girls' education and professional training (to empower future mothers); socio-economic insertion of youth; civil registration; socio-economic database; and study on migration to the capital city. However, the PAIP suffered from a lack of clear priorities.

The Task Team had been proactive in trying to bring about the needed changes to foster the implementation of the NPP. In particular, steps were taken to change the chairmanship of the High Committee for Population and Human Resources from the President to the Prime Minister. The necessary law had been prepared, but the Minister who was championing the change was killed in a plane accident in February 2001. Although this slowed momentum, the High Committee for Population and Human Resources met for the first time shortly thereafter.

Sub-component 1.2: *Implementing a Community Awareness Program and Dissemination of the*

Population Policy
IEC activities are considered successful and the Division of Population in the MEPD carried out all IEC and advocacy activities. These were geared at all segments of Chadian society and they succeeded in disseminating population and reproductive health information and messages despite resistance that was to be expected in a traditional culture. In particular, this sub-component helped train large numbers of journalists, opinion leaders, women leaders, trade-unionists, and administrators (see Output indicators in Annex 1). The component also helped mainstream population concerns into regular Chadian public administration activities.

Sub-component 1.3: *Supporting Population-Related Research*
Most studies that were planned were completed and their impact was important in fostering the policy dialogue on population and AIDS issues in Chad. However, some studies experienced delays (such as the analysis of the EMUT). In addition, the Division of Population did not always have the capacity to analyze in a timely fashion the other data that were collected by the Central Bureau of the Census.

Component 2 - Strengthening the National Capacity to Contain the Spread of HIV/AIDS/STDs

This component and its two sub-components are rated satisfactory. This component succeeded on several counts: in decentralizing HIV/AIDS/STDs activities; in bringing other sectoral ministries than health in the fight against HIV/AIDS (therefore creating a truly multi-sectoral response); in setting up epidemiological sentinel sites for monitoring the HIV/AIDS/STDs epidemic; in conducting most needed sectoral studies; and in fostering awareness among disenfranchised groups, such as poor rural women (see Annex 9). A large part of the success of this component was made possible because of the strong support of the social fund (FOSAP) activities under Component 4 of the project. In fact, activities of Component 4 enhanced the ownership of the objectives of Component 2 at the community and household levels, therefore creating a strong synergy between the two components. However, as already mentioned, the AIDS epidemic has spread more rapidly than anticipated over the last five years and has become a generalized epidemic in some parts of the country (mostly in the Southern region). More emphasis could perhaps have been put on the HIV high-transmitter groups in the early stages of the epidemic (these were nevertheless targeted by the project), although it may also be argued that it would have been difficult to concentrate on behavior change before people knew about HIV/AIDS. In this respect, it must be stressed that knowledge about the epidemic and its transmission increased during the project as shown in the Outcome/Impact indicators on the Prevention of HIV/AIDS presented in Annex 1 (in 1994, when the project was designed, very little was known about HIV/AIDS among the general population).

Sub-component 2.1: *Institutional Strengthening of the Ministry of Public Health (MOPH)*
HIV/AIDS prevention activities have been decentralized and seven other key ministries were to contribute to the fight against the AIDS epidemic (actually 11 ministries did so: Defense, Education, Communication, Health, Finance, Social Affairs, Youth & Sports, Justice, Interior, Agriculture, and Transportation). Functional sentinel sites for screening pregnant women and STDs patients have been put in place. However, one may argue that the current sentinel surveillance system does not yet cover the country sufficiently to provide reliable national HIV prevalence estimates (this issue is being addressed in the follow-up project). This sub-component also helped train large numbers of doctors and nurses (see Output indicators in Annex 1).

Sub-component 2.2: *Supporting Epidemiological, Operational, and Socio-Economic Research*
The project helped to collect and, to a lesser extent, analyze baseline data on the course of the HIV/AIDS epidemic. Additional research was also conducted on the socio-economic dimensions of population, reproductive health, and HIV/AIDS issues. This sub-component helped to complete sero-prevalence and

operational studies (see Output indicators in Annex 1).

Component 3 - Putting in Place a Social Marketing Program for the Promotion of Condom Use

This component is rated highly satisfactory for four reasons. The social marketing program for condoms: (i) introduced the concept of condom use (a sensitive issue) into a highly traditional culture; (ii) used sound and culturally-adapted IEC messages to do so; (iii) sold a large amount of condoms (more than one-half a condom per capita per year; usually, extremely successful mature condom social marketing programs sell about one condom per capita per year -- an indicator proposed by Population Services International or PSI); and (iv) triggered the beginning of measurable behavioral changes. The Survey on Priority Prevention Indicators (*Enquête des Indicateurs Prioritaires de Prévention*) of 2001 indicates a greater use of male condoms: 10.5% and 12.5% of women and men, respectively, acknowledged having used a condom, which is substantial given the very recent introduction in Chad of this preventive method. The social marketing of condoms made an impact at grass-root level in village communities in terms of greater awareness, behavior changes, and safer health practices, particularly among youth.

After the MTR, social marketing techniques were also used successfully to promote and sell ORT salts, the rationale being that decreased infant and child mortality would be conducive to fertility reduction behavior. The latter ORT effort was supported by the project, not by KfW (which supported the funding of condom social marketing activities).

Component 4 - Promoting the Participation of the Private Sector and NGOs in Population, Family Planning, and HIV/AIDS/STDs Programs

This component is rated highly satisfactory and is arguably the most successful of the entire project (more social funds were granted to it than was originally planned: see Output indicators in Annex 1). However, it should be recognized that FOSAP activities were mostly devoted to the fight against HIV/AIDS (especially at the end of the project) and less to population and reproductive health activities, the reason being that the demand for HIV/AIDS activities became much greater as the project evolved. In addition, some projects funded under the FOSAP were meant to support the population policy in the widest sense, including improvement of the status of women, urbanization, food security, and other issues which all go beyond family planning *per se*. Therefore, these activities had only an indirect connection -- albeit an important one -- with the specific activities initially set out in the project (this was highlighted in the Borrower's final evaluation of that specific component). FOSAP activities were also facilitated by the availability of a good Manual of Procedures.

During the MTR, a micro-finance sub-component was introduced to that component to encourage income generating activities, increase the economic status of women, and consequently foster the sustainability prospects for project activities. This worked well as was stressed by the Borrower in its evaluation report on Component 4. Finally, this component also had an impact which was not a stated objective of the project: it contributed to developing and strengthening civil society, an important and beneficial "side-effect". This was obtained through specific training activities organized by the FOSAP and geared towards civil society.

4.3 Net Present Value/Economic rate of return:
Not Applicable

4.4 Financial rate of return:
Not Applicable

4.5 Institutional development impact:
The institutional development impact of the project has been rated as modest because of the lack of achievement in the implementation of the NPP, despite major successes obtained in other areas.

Little success was achieved in moving forward with a strong multi-sectoral institutional base to implement the NPP. Inadequate capacity building and political support meant that neither the Secretariat of the High Commission for Population and Human Resources nor the Inter-ministerial Commission on Population and Human Resources were very effective during the project life. As already mentioned, those problems were compounded by the lack of human resources and the paucity of Chadian expertise in the field of population. Furthermore, the pro-natalist culture and the poor understanding of demographic problems in Chad (viewed by many Chadians as a vast and empty country, one that can accommodate many more people) also explain the lack of strong political support to the objectives of the NPP and hence the poor prospects for the institutional development impact of Component 1, the largest of the project. These issues are being further addressed in the follow-up project (Population and AIDS Project II) through a stronger focus on behavior change and birth-spacing activities as well as the strenghtening of the monitoring and evaluation requirements.

However, the project has achieved major institutional development successes. First, the social fund (the FOSAP) proved to be a institutional success, not solely for population and HIV/AIDS/STDs activities, but also for the wider development agenda. Second, the institutional development impact related to the social marketing effort includes the creation of a full-fledged, legal NGO (the *Association de Marketing Social au Tchad* or AMASOT), registered at the Ministry of Interior. This NGO has been able to sustain the initial impetus and level of effort in the area of social marketing, not only for ORT salts, but also for condoms. In addition, the social marketing program attracted other donors (namely KfW), which took on the financing of this important activity (for condoms).

5. Major Factors Affecting Implementation and Outcome

5.1 Factors outside the control of government or implementing agency:
The economic and political conditions in the country during the project varied considerably, with periods of political turbulence, and with serious difficulties in mobilizing government resources for recurrent expenditures.

Delays were experienced in obtaining revised values for the targets to be reached under the population objective of the project because, when the first DHS was completed in 1997, the results were to be used to prepare demographic projections, with the assistance of UNFPA which had committed itself to funding a consultant. However, this consultant was provided after a considerable delay and, in the end, with funding from the project.

As mentioned already, the spread of the HIV/AIDS epidemic was also more rapid than initially assessed, in part because increased unchecked migratory movements took place between Chad and Cameroon as well as CAR, two highly HIV-infected countries. These movements were probably linked to the oil boom and the incursions of CAR rebels within the Southern region of Chad.

Finally, the social marketing program of condoms had to face opposition from traditional segments of Chadian society in its initial stages. Nevertheless, the social marketing program of condoms achieved a high level of success as demonstrated in particular by its good use of sound IEC techniques.

5.2 Factors generally subject to government control:
At the highest levels, the Government was not truly committed to implementing its NPP. The High

Committee for Population and Human Resources only first met in 2001, and the decree to appoint the Prime Minister, instead of the President of the Republic, as Chairman of the High Committee had not yet been signed, despite having been ready for over one year. Clearly population policy and population-related interventions were not a priority of the Government throughout the project. An interesting insight was provided during an ICR (Implementation Completion Report) field trip during which a villager mentioned that when population pressure became too severe in one village it was always possible to move away and establish another village.

As for all other projects in Chad, counterpart commitments were not met in totality, except during the first year of the project. Consequently, support staff and suppliers were often only paid 90% of the amount due them until September 1998 and 85%, after that date. In subsequent years, only about 40% of the counterpart funds due were paid and nothing was paid during the last year of the project.

5.3 Factors generally subject to implementing agency control:
The Project Coordination Team (PCT) has perfomed very well and is still recognized in the country as a center of managerial excellence. Financial and procurement management was satisfactory. The PCT was able to provide guidance and technical assistance to its partners (including the FOSAP), or to identify and obtain such assistance elsewhere when necessary. Finally, the PCT also coordinated the collection of regular M&E information.

The MEPD did not provide the newly created Division of Population of the Directorate of Planning with the necessary staff. In fact, the MEPD argued that the structural adjustment program simply precluded the Ministry from hiring staff. Problematic issues identified at the beginning of project implementation remained unresolved, such as staff recruitment and counterpart payments (the latter were made regularly by the Ministry of Finance only at the beginning of the project). The Migration and Urbanization Study (EMUT), identified in the Staff Appraisal Report (SAR), was only fully analyzed late in the project life (because it needed to be done after the DHS had been carried out in 1997; both surveys were national and could not be organized at the same time). Furthermore, the very specialized skills necessary for part of the migration data analysis were not available.

5.4 Costs and financing:
The original project cost estimate was US$27.2 million, of which US$20.4 million was IDA contribution, US$2.3 million Government and communities contributions, US$4.4 million KfW contribution, and US$0.08 million UNFPA contribution. Disbursement levels at closing reached US$18.5 million for IDA, US$0.84 million for Government and communities, US$ 4.67 million for KfW, and US$ 0.15 for UNFPA (see Annex 2).

The actual cost of project Component 1 was less than anticipated at appraisal since fewer activities took place than originally planned (76% of IDA's initial amount for that component was used). The actual cost of project Component 4 was above the initial expectations because of the high demand for services provided by the social fund (116% of IDA's initial amount for that component was used). The actual costs of the two other project components were, by and large, in line with initial expectations made at appraisal (see Annex 2).

6. Sustainability

6.1 Rationale for sustainability rating:
The overall prospect for sustainability of project activities is rated as moderately satisfactory. The rationale for this rating is that most project activities will continue being implemented by the various agencies (either from the public or the private sector) that were involved in the execution of the project.

One entity was responsible for each component of the project: the Division of Population for the Component 1; the National Program for AIDS Control (PNLS) for project Component 2; the team of MASOCOT (*Marketing Social des Condoms au Tchad*) (under ASTBEF auspices, now the AMASOT NGO) for the social marketing; and the Bureau of the FOSAP for the social fund and micro-credits. The PCT helped organize the multiple inputs of all players. Indeed, it was called, and was truly perceived by its partners as, the coordination team of the project (*équipe de coordination du projet*). PCT staff held regular coordination meetings with all implementing agencies.

When analyzing the specific components and sub-components of the project, the prospects for sustaining the activities of the social fund (FOSAP), the social marketing, and the more intensive work on HIV/AIDS/STDs are reasonably high. However, prospects for implementing the NPP and having Government support in NPP related activities are much more limited.

Although the overall context for population and family planning activities in Chad remains difficult, the project was able to bring to the fore several key issues and new approaches, such as the activities of the social fund, the social marketing of condoms, and the need to promote behavioral changes as they relate to birth spacing and the mitigation of HIV/AIDS/STDs. Public awareness about these issues increased during the project life, in particular among the poorest women (see Annex 9). Furthermore, the population, family planning, and HIV/AIDS/STDs issues have been to a large extent institutionalized and they are being addressed fully in the subsequent operation (Population and AIDS Project II). The main challenge of that new operation will be to narrow the gap between improved awareness and knowledge, and actual behavior change.

6.2 Transition arrangement to regular operations:
Activities in most components are being continued through the follow-up IDA project (Population and AIDS Project II, which was appraised in April 2001 and became effective in April 2002). The follow-up project has paid particular attention to the strengthening of the M&E capacity.

Other activities, such as the condom social marketing efforts, are being continued with other donor support (namely KfW). In this respect, the MASOCOT, the institution in charge of social marketing, has transformed itself into a full-fledged, legal NGO (the AMASOT) in 2001. However, the Government needs to tackle more aggressively the implementation of its NPP. This will require a new approach, with less emphasis on population growth and demographic numbers, a stronger focus on the changing age structures and shifting dependency ratios, and a greater emphasis on the linkages between demographic trends and other sectoral issues, such as environment, food security, and urbanization.

In addition, policies and programs geared to individual and household aspirations will be needed in order to mainstream project activities into the regular health and social services provided by the Government and its partners. Although this project (and its successor) focused on multi-sectoral activities, civil society, and social marketing (non-profit private sector), health services will be needed to match activities in the policy arena (this is being done through the IDA-financed ongoing Health Sector Support Project (Cr. 3342-CD) and the Eighth European Development Fund Health Project). Probably more should be done also at the level of the schools (for tomorrow's mothers), and for women's groups. Alphabetization and women's education activities would also help.

7. Bank and Borrower Performance

Bank
7.1 Lending:
Project preparation is rated unsatisfactory, mainly because the project development objectives (DOs) were

overly ambitious.

However, the Task Team should be commended for having been able to prepare this operation despite three problems which made preparatory activities very challenging. First, at the time of project preparation, as mentioned before, the Borrower and Bank were relatively inexperienced in what was needed to bring forward a comprehensive, multi-sectoral population and development policy. Second, multi-sectoral approaches to deal with the HIV/AIDS epidemic were also new and had not yet been tested in large-scale programs. Finally, as also mentioned before, the project was prepared without baseline data (actually, the project was instrumental in establishing these much needed baseline data). The post-conflict context in Chad at the time also explains, in part, why the focus of the Government was to rebuild basic social infrastructures and services and, therefore, also why issues pertaining to population growth may have been deemed less urgent.

7.2 Supervision:
The Bank's performance is rated overall as highly satisfactory, for three major reasons.

First, during a World Bank Quality Assurance Group (QAG) review in FY 98, supervision of the project was rated as Highly Satisfactory or Best Practice (Rating 1). The QAG report noted that "the Chad Population and AIDS Control Project ... was the only HNP sampled project which was rated highly satisfactory in QAG's FY 98 Rapid Supervision Quality Assessment (...). The project is being implemented in the context of extreme poverty, substantial ongoing political unrest, and many competing health problems. Implementation capacity is very limited. Despite these obstacles, the project was exceptionally well supervised." The rationale for this high rating was based on five criteria: resolute focus on development impact; timely and thorough supervision of fiduciary aspects; consistent and high quality supervision of inputs and processes; realistic project performance ratings; and innovative ways of dealing with the Borrower's limited capacity.

Second, the same Task Team Leader (TTL) supervised the project throughout its duration and worked closely with the Chadian counterparts: this has made a major difference. Project IDA supervision missions were also perceived by the Borrower as being of high technical quality. Bank professionals were seen by the client as constant and reliable partners in the overall effort and Bank staff were also able to mentor their Chadian counterparts.

Third, regular supervision missions were conducted in conjunction with the Bank's supervision missions of the Health and Safe Motherhood Project and this provided substantial economies of scale.

However, as it was clear from the design phase that the Division of Population was weak and would need close attention and support if it were to fulfill its mandate and carry out the largest project component, it may be argued that insufficient Bank influence was used in the initial stages to aggressively get the Division of Population in MEPD on track for the tasks described in the DCA (although the Task Team had spent a lot of time and devoted many efforts to speed up the implementation of that sub-component). The supervision of the component handled by the MOPH was done in parallel with the supervision of the new Health and Safe Motherhood Project. Concerning the social marketing program, the contractor (ASTBEF, an affiliate of the IPPF) had very limited prior experience and received close and effective supervision attention from the Task Team in the early stages. The launching of the social marketing effort for ORT salts after the MTR also required extensive supervision and guidance. With respect to the social fund (FOSAP), it was effectively initiated, managed, and implemented. As such, it proved to be one of the most successful components of the project.

Finally, the ICR Team felt that the Project Status Reports (PSRs) of this project generally focused on project problem areas whilst the Aide-Memoires were more balanced with regard to project achievements.

7.3 Overall Bank performance:
Overall Bank performance is considered satisfactory and was carried out under difficult circumstances. Given government attitudes at the start of the process, Bank supervision and presence contributed significantly in moving the action agenda forward. It laid the groundwork for more rapidly addressing HIV/AIDS/STDs issues and in providing the framework for community and non-public sector grant financing and micro-credit activities, at a time when this was not yet emphasized to the degree it is now. The project had a Supervision Plan which it adhered to, for the most part, in terms of frequency of missions and timing of the MTR. However, more attention to M&E, particularly looking at qualitative aspects rather than disbursement levels and quantitative achievements, would have benefited the Bank's performance and project outcomes. This aspect had been emphasized in the subsequent project, the Population and AIDS Project II.

Borrower
7.4 Preparation:
The Borrower's participation is rated satisfactory because components 2, 3, and 4 of the project were well prepared. However, the preparation of Component 1 was not optimal and a fairly large share of the preparation of that component was left to the Bank. Furthermore, the Government had not fully thought through what precisely it would take to implement its NPP (the implementation of any population policy is a rather difficult task).

The detailed list of Conditions of Effectiveness and the difficulties in depositing the initial counterpart amount into the Project Account (linked to recurrent problems of funds availability in Chad) suggest that the Government was less than optimally ready to enter into the DCA at the time of signing. (This is reinforced by the extensive list of Government assurances related to project performance which are set forth in the SAR).

7.5 Government implementation performance:
Overall, the Government implementation performance is rated satisfactory, despite problems in Component 1, as the three other project components were implemented in a satisfactory way.

The Government was not fully committed to the implementation of its NPP. This was reflected in its lack of support of the high level body it created, essentially on paper for most of the project life; and its unwillingness to take actions, such as signing a decree to establish the Prime Minister, instead of the President, as head of the key body (that body was to approve the PAIP, or the priority investment plan, that was to translate the NPP into more concrete actions and interventions). The Government also experienced difficulties in paying counterpart funds, a problem affecting virtually all projects in Chad. When such issues were raised by the Bank, as they were after the MTR, the impact was neglible. The implementation of the three other components of the project, however, was satisfactory (and highly satisfactory for the last two components) because of the existence of a strong commitment (from the decision makers, the opinion leaders, and the beneficiairies) toward those components' activities. In addition, the implementing agencies for these components were more proactive and not plagued by human resources issues as was the Division of Population.

7.6 Implementing Agency:
The performance of the implementing entities varied by entity, but taken as a whole, is rated satisfactory. There were four implementing entities, of which three were public sector bodies (MEPD, MOPH, and the

office of the FOSAP) and one was non-public (ASTBEF). The project was under the auspices of the MEPD, with the MOPH acting as a technical ministry. Each component was managed and implemented by one entity: respectively, for each component, the Division of Population at the MEPD; the National AIDS Control Program (PNLS) at the MOPH; the MASOCOT team, under the auspices of ASTBEF, now the AMASOT; and finally the FOSAP. The FOSAP is a public entity, now an office which was created when the project became effective. However, it is autonomous and has acted as a para-statal entity.

The General Directorate (*Direction générale*) of the MEPD coordinated and reported timely on the other agencies' activities, through the Project Coordination Team (PCT). Therefore, real coordination and oversight of activities took place at the project level and was done in tandem by the General Directorate of the MEPD and the PCT. ASTBEF and the FOSAP were competent in implementing their respective programs, and the MOPH performed rather adequately in carrying out its reponsibilities under difficult circumstances. The PCT did manage to coordinate all of the inputs of the implementing agencies, monitoring effectively their fiduciary responsibilities. It performed its task in an efficient and non-authoritarian way.

7.7 Overall Borrower performance:
The overall Borrower performance is rated satisfactory. Despite adverse conditions, the unwelcoming environment related to execution of the NPP, and poor institutional capacity in a number of areas (especially of the Division of Population), the Borrower was able to implement the project with a fair amount of success.

8. Lessons Learned

Several of the lessons learned from this project concern the lack of leadership commitment toward key basic objectives of the project, the need to clarify institutional arrangements during project design, and the importance of baseline data for proper project design and monitoring.

The five specific lessons that can be learned from this project are as follows:

- *Policy Dialogue*: There is a great need in Francophone SSA for enhanced policy dialogue in population and reproductive health. The lack of leadership commitment is a major stumbling block in any effort to address these pressing issues. Therefore, Task teams must be particularly pro-active in assessing and addressing leadership commitment and ownership, even during the preliminary stages of project design. For example, the NPP had only modest results in Chad, precisely because of the lack of leadership commitment which then translated into weak support for the institutions needed to implement the NPP. A greater involvement of the Borrower in project preparation would help to increase its commitment to achieving the development objectives of the project (the follow-up project was prepared in a much more participatory way).
- *Policy Focus*: Policy dialogue needs to be focused and strengthened in the following specific areas: dissemination of population and reproductive health data; advocacy of family planning modern methods as a way to reinstate traditional birth spacing mechanisms and improve maternal health outcomes; linkage of population trends and dynamics to multi-sectoral issues, such as the environment, agriculture, and urbanization patterns; advocacy of population issues with an emphasis on changing age structures and dependency ratios; and the need to address reproductive health requirements of adolescents and youth.
- *Project Design*: Task teams need to better recognize that results in the area of population, reproductive health, and HIV/AIDS/STDs take time to materialize in the SSA context because they involve tackling sensitive issues in traditional cultures. Therefore, task teams need to lower

expectations in terms of outcome/impact indicators when preparing such projects. In addition, task teams need also to strengthen the linkages between the initial steps of awareness creation, increased knowledge and the behavioral change activities in order to minimize the gap between raised awareness and behavioral change and in order to maximize project design outcomes (this is the main challenge of the Population and AIDS II Project). The split between urban and rural areas for some indicators, such as the contraceptive prevalence rate (modern methods), need also to be addressed and narrowed, probably using innovative strategies (e.g. outreach mechanisms such as community-based distribution of contraceptives). Finally, task teams should be more realistic as to the level of leadership required to chair the population institutions. In the case of Chad, it appears that the choice of the Head of State to chair the High Committee on Population and Human Resources hampered the smooth implementation of project Component 1.

- *Monitoring and Evaluation*: Monitoring and evaluation systems and baseline data are a priority, particularly in population and HIV/AIDS/STDs projects, given the nature of the activities and the rapid evolution of the HIV/AIDS epidemic. These need to be designed and installed very early in the project life and, furthermore, regularly assessed by both the Borrower and the Bank. The follow-up project is paying particular attention to this problem and is supporting the conduct of a new Demographic and Health Survey (DHS).
- *Social Change*: Another lesson from the project points to the adaptability of traditional societies to embrace new methods and attitudes. The project demonstrated that even in highly traditional and religious cultures where mentioning condoms and HIV/AIDS/STDs and/or talking about sexual behavior are taboo, it is possible to bring about social change through the use of good IEC messages and social marketing techniques, and to get the population to learn fairly rapidly about HIV/AIDS/STDs. Of course, this is easier to achieve when personal interests (e.g. avoidance of HIV) are at stake and more difficult to obtain when it comes to changing long-standing traditional attitudes (e.g. high fertility and the demand for large families).

9. Partner Comments

(a) Borrower/implementing agency:

The Bank ICR Team received from the Government an overall end-of-project evaluation report, as well as several component-specific end-of-project reports, namely the population policy component (two evaluation reports), the HIV/AIDS activities (one evaluation report), and the social fund (one evaluation report). In addition, the Government commissioned a Beneficiaries Assessment (BA) study to assess the project impact *ex post*. These evaluation reports are listed in Annex 7, and were used extensively in the preparation of this ICR.

The PCT commented on two drafts of the ICR, and these comments were taken into consideration during subsequent revisions. The Borrower also asked the PCT of the project to assess the ICR. These comments are presented in English in Annex 8, to distinguish them from the Bank team's inputs. They can be summarized as follows: the PCT endorses the main conclusions of the ICR analysis and stresses the following aspects mentioned in the ICR, namely the lack of human resources, especially at the Division of Population, and the difficulty in obtaining project counterpart funding in Chad. However, the PCT does not agree with the view that the lack of progress in the implementation of the NPP should be construed as an absence of political commitment. The PCT gives specific reasons, mostly of an administrative nature, to explain the delays in carrying out the NPP. Finally, the PCT also suggests that the additional data, collected in 2001 and made available in 2002, should be utilized to complement the analysis provided in Annex 9 of the ICR report (these data were used in the core text of the report).

A Beneficiaries' Assessment (BA) report, also listed in Annex 7, was completed in the urban and rural zones of N'Djamena and Bongor following project completion. This BA report focused: (a) on the target groups of the population component of the project, namely the decision makers, the opinion leaders, and the religious authorities; and (b) on the target groups for the HIV/AIDS activities of the project as they are most vulnerable/at high risk, e.g. commercial sex workers, truck drivers, young women, military personnel, and other groups.

This BA survey provided interesting insights into the positive impact of the project at the community level. In particular, it demonstrated that many "new" behaviors related to family planning and HIV/AIDS avoidance have developed in most urban and rural communities, but are referred to in a specific, coded language. This underscores the need to carefully address issues related to communication on these topics. Such findings are corroborated by the results of the National Survey on Priority Prevention Indicators (IPP) conducted in 2001. For example, 68% of the women and 73% of the men interviewed for the survey revealed that they had modified their sexual behavior.

The persons surveyed in the BA survey also indicated the need to expand the support provided through the activities of the FOSAP and, in particular, to expand their geographical coverage. Finally, the report stressed the need to strengthen the control mechanisms within the FOSAP to make sure that services offered can be accessed easily by everyone.

(b) Cofinanciers:
KfW produced several evaluation reports, which have been used by the World Bank ICR team. The most important of these reports, the Aide-Memoire of the March 2001 Evaluation Mission, is listed in Annex 7. This report provides the rationale for the involvement of KfW in the social marketing efforts of condoms in Chad.

(c) Other partners (NGOs/private sector):
NGOs and the other private sector partners of the project have always rated highly the support received from the project, namely under Component 4 (FOSAP). This is highlighted in the evaluation report on the social fund (FOSAP) component (see under (a) above).

10. Additional Information

Not Applicable

Annex 1. Key Performance Indicators/Log Frame Matrix

Note: There was no Log Frame Matrix in the SAR in 1994 when this project was appraised. In addition, because there were no baseline data available at the time the project was designed (the civil war had only recently ended), only a few outcome/impact indicators can be presented. The initial values are posterior to the date of effectiveness of the project and have been obtained through the DHS in 1996-1997.

Outcome/Impact Indicators

Key Indicators	SAR End of Project Target	Latest Information	Comments
Population Component			
Decrease the annual population growth rate from its level of 2.4% in 1995	Annual population growth rate of 2.2% by 2001 (estimation) and of 2.0% by 2005	Annual population growth rate of 3.0% in 2001 (estimation)	The annual population growth rate is a crude indicator and it should not have been used in the SAR, especially for a population starting its fertility transition and experiencing inevitably an *acceleration* of its annual rate of growth
Increase of contraceptive prevalence rate (modern methods) from 1% in 1990	Contraceptive prevalence rate of 10% (modern methods) in 2000	Contraceptive prevalence rate (modern methods) of 1.3% in 1997/97 (source: DHS) and of 3.3% in 2001 (estimation)	Objective was too ambitious and should also have been differentiated in SAR by urban and rural strata
Prevention of HIV/AIDS Component			
Percentage of adults (ages 15-49) who know at least two means of avoiding HIV transmission	100% of adults know at least two means of avoiding HIV transmission by 1999	60% of women and 88% of men knew in 1996/97 about HIV/AIDS (source: DHS) and the percentage has increased to 79% and 81%, respectively, in 2001 (source: IPP Survey)	Objective was too ambitious and should also have been differentiated in the SAR by gender
Number of adults (ages 15-49) who would be able to obtain or buy a male condom at an affordable price	No target set	Social marketing program for condoms sold more than 1.5 condoms per adult (ages 15-49) per year in 2000, in addition to condoms distributed elsewhere (health centers and pharmacies)	Objective was not defined in SAR, but has been achieved partly through social marketing methods

Output Indicators

Key Indicators	SAR End of Project Target	Latest Information	Comments
Population Component			
Publication of an Information Bulletin on Population Development	Publication of one issue per year (1995 – 2000)	One issue published every year, except in 1999 when two were published	
Information /Education workshops for journalists, NGOs, opinion leaders, women	50 journalists, 200 NGO reps., 100 opinion leaders, and 200 women leaders	760 persons trained, including 240 traditional leaders	2 NGOs workshops (1994, 1996) 2 workshops for opinion/traditional leaders in 1995 and 1996 1 workshop for women leaders 2 workshops for journalists Regular seminars for religious leaders
Information /Education workshops for trade-unionists and administrators	100 trade-union leaders, 28 prefects and deputy prefects	120 trade-union leaders & 20 trainers for peer training 28 prefects & deputy prefects	The National Population Commission supervised the seminars at the prefectoral level
Having personnel in ministries understanding the Population Policy	Having one focal point for population in key ministries	One focal point per ministry for two years	During preparation of the PAIP, each key ministry had identified one focal point, but these persons did not continue working together once the plan was completed and awaiting approval
Preparation and adoption of the first PAIP in 1995	Plan was to be finalized December 31, 1995	Plan finalized in 1997 and adopted in 2000	The Plan needed to be adopted by the High Committee for Population that met only once in 2000
Creation of a technical IEC Committee for Population	Committee to be created before December 31, 1995	Committee created on September 30, 1997	
Demographic and Health Survey (DHS)	DHS results available in March 1997	Preliminary report available in November 1997 and final report in May 1998	First DHS ever undertaken in Chad. The Final Report disseminated in June 1998. Secondary analysis and regional analysis have been carried out
Migration and Urbanization survey in Chad (EMUT)	Survey results available in February 1998	Final report published in mid-2001	EMUT started late because it had to be done after the DHS. There were also some problems in completing the analysis as the necessary competencies were not available in Chad

Key Indicators	SAR End of Project Target	Latest Information	Comments
Prevention of HIV/AIDS Component			
Training of medical personnel in STDs management	30 medical doctors 100 nurses	90 medical doctors 60 nurses	Guides were developed and have been distributed at the prefecture and district level
Training of medical personnel for HIV/AIDS clinical management	30 doctors	80 doctors 30 nurses	Guides were developed and have been distributed at the prefecture and district level
Setting up at least seven sentinel sites	7 sites	9 sites	A tenth site was set up in Faya, but it is not always functional
Sero-prevalence specific groups	5 studies in 5 years	5 studies carried out	In addition, two transversal studies carried out (1995 & 2000)
Knowledge, Attitude, Belief, Practice (KABP) studies	2 KABP studies	3 studies were carried out	One study was carried out by MASOCOT and 2 by the National AIDS Control Program
Operational studies	5 studies	Two studies for production of	5 training modules are available and have been disseminated Sstudies for production of algorithms for HIV/AIDS & IST
Study on HIV/AIDS socio-economic impact	One study	Study carried out and published in June 2001	
Social fund Component			
Education and prevention sub-projects	10 IEC/ youths 5 IEC/CSW 2 IEC/ migrants/drivers	59 IEC/ youths 6 IEC/CSW 6 IEC/migrants/truck drivers	
Sub-projects providing medico-social support	7 social sector 4 community based APMS 15 integrated prefectoral	6 social sector 4 community-based APMS 15 integrated prefectoral	The integrated prefectoral sub-projects were carried out by the Prefectoral Health Committee of each of the prefecture
Sub-projects aiming at encouraging the use of contraception and birth spacing	3 IEC/Population 3 study/research 3 service providing	21 IEC/Population in ten prefectures 2 research 7 service providing 15 prefectoral	The prefectoral sub-projects were implemented by the Prefectoral Population Commissions
Recruitment of NGOs to assist in sub-project preparation and supervision	4 NGOs	6 NGOs	Two additional NGOs with recognized capacities were recruited to ensure better national coverage

Annex 2. Project Costs and Financing

Project Cost by Component (in US$ million equivalent)

Project Cost By Component	Appraisal Estimate US$ million	Actual/Latest Estimate US$ million	Percentage of Appraisal
A. Reinforcing the national capacity to implement the national population policy	7.04	6.08	89.14
B. Strengthening the national capacity to contain the spread of HIV/AIDS/STDs	5.86	5.58	97.8
C. Putting in place a social marketing program for the promotion of condoms	6.38	6.93	109.22
D. Promoting the participation of the private sector and NGO in population, Family Planning, and HIV/AIDS/STDs programs	5.54	5.58	104.36
Total Baseline Cost	24.82	24.17	
Physical Contingencies	1.00		
Price Contingencies	1.38		
Total Project Costs	27.20	24.17	
Total Financing Required	27.20	24.17	

Project Costs by Procurement Arrangements (Appraisal Estimate) (US$ million equivalent)

	Procurement Method				
Expenditure Category	**ICB**	**NCB**	**OTHER**	**N.B.F**	**Total Cost**
1. Goods					
a) Contraceptives	3.0 (3.0)				3.0 (3.0)
b) Other Goods	1.5 (1.5)	0.2 (0.2)		1.2 a/	2.9 (1.7)
2. Civil Works			0.1	0.1 a/	0.2 (0.1)
3. Consultant's Services			2.8 (2.8)	1.4 a/	4.2 (2.80)
4. Training			1.1 (1.1)	0.8 a/ b/	1.9 (1.1)
5. Studies/Survey			4.4 (4.4)		4.4 (4.4)
6. FOSAP Grants			4.5 (4.5)	0.9 c/	5.4 (4.5)
7. Incremental Operating Costs			2.4 (2.4)	2.4 a/b/c/d/	4.8 (2.4)
8. Refinancing PPFs			0.4 (0.4)		0.4 (0.4)
Total	4.5 (4.5)	0.2 (0.2)	15.7 (15.7)	6.8	27.2 (20.4)

Notes: Figures in parentheses are amounts financed by IDA credit.
a/ Parallel financing by KfW.
b/ Parallel financing by UNFPA.
c/ Communities' participation of 20 percent for FOSAP's activities and project's recurrent costs.
d/ Government's contribution to project's recurrent costs. Includes salaries of civil servants participating in project execution
and financed 100 percent by Government.

Project Costs by Procurement Arrangements (Actual/Latest Estimate) (US$ million equivalent)

	Procurement Method				
Expenditure Category	**ICB**	**NCB**	**OTHER**	**N.B.F**	**Total Cost**
1. Goods					
a) Contraceptives	0.88 (0.88)		0.04 (0.01)		0.92 (0.89)
b) Other Goods	1.46 (1.46)	0.40 (0.20)		0.67	2.33 (1.66)
2. Civil Works			0.11 (0.10)		0.11 (0.10)
3. Services consultants			2.74 (2.74)	1.10	3.84 (2.74)
4. Training			1.95 (1.95)	0.42	2.37 (1.95)
5. Studies/Survey			2.74 (2.74)	0.15	2.89 (2.74)
6. FOSAP Grants			4.72 (4.72)	0.10	4.82 (4.72)
7. Incremental Operating Costs			2.97 (2.34)	2.47	5.44 (2.34)
8. Refinancing PPFs			0.35 (0.35)		0.35 (0.35)
9. FOSAP Microcredits			1.03 (1.03)	0.10	1.13 (1.03)
Total	2.34 (2.34)	0.40 (0.20)	16.63 (15.96)	5.01	24.20 (18.50)

Note: Figures in parentheses are amount paid by IDA Credit.

Project Financing by Component (in US$ million equivalent)

Component	Appraisal Estimate			Actual/Latest Estimate			Percentage of Appraisal		
	IDA	Govt.	CoF.	IDA	Govt.	CoF.	IDA	Govt.	CoF.
A. Reinforce the National capacity to implement the NPP	7.36	0.61	0.08	5.56	0.37	0.15	75.5	60.7	187.5
B. Strengthen the national capacity to contain the spread of HIV/AIDS/STDs	6.06	0.52	0.00	5.31	0.27	0.00	87.6	51.9	0.0
C. Put in place a social marketing program for the promotion of condoms	2.42	0.14	4.40	2.26	0.00	4.67	93.4	0.0	106.1
D. Promote the participation of the private sector and NGOs in population, Family Planning, and HIV/AIDS/STDs programs	4.63	0.92	0.00	5.38	0.20	0.00	116.2	21.7	0.0
Total	20.50	2.19	4.48	18.50	0.84	4.82	90.2	38.4	107.6

Annex 3. Economic Costs and Benefits

The Staff Appraisal Report (SAR) did not include an economic analysis of the proposed project (it was not customary to do so for health operations at the time the project was prepared) and the ICR team did not attempt to make a retrospective evaluation. However, the team concluded that, on a general note, the project appeared to have contributed to improved equity in access to HIV/AIDS information and services, especially for the poorest women. This HIV/AIDS Equity Analysis is presented in Annex 9.

Annex 4. Bank Inputs

(a) Missions:

Stage of Project Cycle	No. of Persons and Specialty (e.g. 2 Economists, 1 FMS, etc.)		Performance Rating	
Month/Year	Count	Specialty	Implementation Progress	Development Objective
Identification/Preparation: Most of the preparation was done as part of a "Health and Population Project" which was split in two (See Note below Table on Staff)				
FY1994	*6*	1 Division Chief/Economist, 1 Population Spec., 1 Community-Development Spec., 1 Public Health Spec., 1 IEC/Pop. Spec, 1 Consultant		
FY1995	*4*	1 Population Spec., 1 Community-Development Spec., 1 Public Health Spec., 1 IEC/Pop. Spec.		
Appraisal/Negotiation				
FY1995	*7*	1 Sr. Pop. Spec., 1 Architect, 1 Pharmacist, 1 STD Spec. 1 Implementation Spec., 1 Community Dev., Spec., 1 Public Health Spec.		
Supervision				
FY1995	*4*	1 Sr. Pop. Spec., 1 Public Health/AIDS Control Spec., 1 Division Chief, 1 Sr. Staff Assist.	S	S
FY1996	*3*	1 IEC/Pop. Spec., 1 Implementation Spec., 1 Proc. Spec.	S	S
FY1997	*4*	1 AIDS control Spec., 1 IEC/Pop. Spec., 1 Sr. Procurement Spec., 1 consultant	S	S
FY1998	*10*	1 IEC/Pop. Spec., 1 Sr. Procurement Spec., 1 Architect, 1 Sr. Implementation Spec., 1 Public Health/STD Spec., 1 AIDS Control Spec., 1 Pop. Spec., 1 Economist/Social Fund Spec., 1 Senior AIDS Adviser, 1 Consultant.	S	S
FY1999	*11*	1 IEC/Pop. Spec., 2 Sr. Procurement Spec., 1 Sr. Implementation Spec., 1 Population Spec., 1 Sr. Public Health Spec., 1 AIDS Control Spec., 1 Social Protection Spec., Sr. AIDS Control Adviser, 1 Economist/Social Fund Spec.,	S	S

			1 Financial analyst, 1 Spec. in Community Participation.		
	FY2000	5	1 IEC/POP Spec., 1 implementation Spec., 1 Public Health Spec., 1 Demographer & Economist, 1 Financial Management Specialist.	S	S
	FY2001	5	1 IEC/POP Spec., 1 implementation Spec., 1 Public Health Spec., 1 Demographer & Economist, 1 Financial Management Specialist.	S	S
	FY2002	5	1 IEC/POP Spec., 1 implementation Spec., 1 Public Health Spec., 1 Demographer & Economist, 1 Financial Management Specialist.	S	S
ICR					
	FY2002	3	1 Sr Population Spec., 1 Public Health Spec., 1 Implementation Spec.		

(b) Staff:

Stage of Project Cycle	Actual/Latest Estimate	
	No. Staff weeks	US$ ('000)
Identification/Preparation: Most of the preparation was done as part of a "Health and Population Project" which was split in two (See Note below Table on Staff)	23.3	63.7
Appraisal/Negotiation	16.6	66.6
Supervision	101.8	418.5
ICR	7.2	33.1
Total	148.9	581.9

Note: The low number of staff weeks for project preparation and appraisal is related to the fact that most of the project was prepared as part of a "Health and Population" operation. However, during the appraisal mission of the Health and Population project (November 1993), it was decided to divide the project into two separate projects and to add AIDS mitigation activities to the Population activities. The Health and Safe Motherhood Project included all the health aspects of the prepared project and was to be implemented by the MOPH. The Population and AIDS Project was to be implemented by the then Ministry of Planning (now the MEPD). In fact there was only one project preparation mission in May 1994 when the AIDS component was prepared. The project appraisal was carried out in November 1994, at the same time as the first supervision mission for the Health and Safe Motherhood Project. With regard to supervision, the number of staff weeks is also low in comparison with similar projects because the supervision always took place at the same time as the supervision of the Health and Safe Motherhood project.

Annex 5. Ratings for Achievement of Objectives/Outputs of Components

(H=High, SU=Substantial, M=Modest, N=Negligible, NA=Not Applicable)

	Rating
☒ *Macro policies*	○ *H* ○ *SU* ○ *M* ○ *N* ● *NA*
☒ *Sector Policies*	○ *H* ○ *SU* ● *M* ○ *N* ○ *NA*
☒ *Physical*	○ *H* ○ *SU* ○ *M* ○ *N* ● *NA*
☒ *Financial*	○ *H* ○ *SU* ○ *M* ○ *N* ● *NA*
☒ *Institutional Development*	○ *H* ○ *SU* ● *M* ○ *N* ○ *NA*
☒ *Environmental*	○ *H* ○ *SU* ○ *M* ○ *N* ● *NA*
Social	
☒ *Poverty Reduction*	○ *H* ○ *SU* ● *M* ○ *N* ○ *NA*
☒ *Gender*	○ *H* ● *SU* ○ *M* ○ *N* ○ *NA*
☐ *Other (Please specify)*	○ *H* ○ *SU* ○ *M* ○ *N* ● *NA*
☒ *Private sector development*	○ *H* ● *SU* ○ *M* ○ *N* ○ *NA*
☒ *Public sector management*	○ *H* ○ *SU* ● *M* ○ *N* ○ *NA*
☐ *Other (Please specify)*	○ *H* ○ *SU* ○ *M* ○ *N* ● *NA*

Annex 6. Ratings of Bank and Borrower Performance

(HS=Highly Satisfactory, S=Satisfactory, U=Unsatisfactory, HU=Highly Unsatisfactory)

6.1 Bank performance	*Rating*
☐ *Lending*	○ *HS* ○ *S* ● *U* ○ *HU*
☐ *Supervision*	● *HS* ○ *S* ○ *U* ○ *HU*
☐ *Overall*	○ *HS* ● *S* ○ *U* ○ *HU*

6.2 Borrower performance	*Rating*
☐ *Preparation*	○ *HS* ● *S* ○ *U* ○ *HU*
☐ *Government implementation performance*	○ *HS* ● *S* ○ *U* ○ *HU*
☐ *Implementation agency performance*	○ *HS* ● *S* ○ *U* ○ *HU*
☐ *Overall*	○ *HS* ● *S* ○ *U* ○ *HU*

Annex 7. List of Supporting Documents

Population & AIDS Project: Borrower's Evaluation Reports

République du Tchad, Ministère de la Promotion Economique et du Développement, *Evaluation du Fond de Soutien aux Activités en matière de Population (FOSAP), Projet PPLS*, by Hillary A. MILLER and John JEPSEN (Development Alternatives, Inc., DAI), April 2001.

République du Tchad, Ministère de la Promotion Economique et du Développement, *Rapport Final du Projet Population et Lutte contre le Sida*, February 2002.

République du Tchad, Ministère de la Promotion Economique et du Développement, *Projet PPLS, Rapport d'Evaluation du Volet Population*, Première Partie: *Niveau d'Application de la Déclaration de la Politique de Population et Contribution du PPLS à sa mise en oeuvre*, by Jean WAKAM, April 2001.

République du Tchad, Ministère de la Promotion Economique et du Développement, *Projet PPLS, Rapport d'Evaluation du Volet Population*, Deuxième Partie: *Analyse des Organes et Mécanismes de Mise en Oeuvre de la Déclaration de la Politique de Population du Tchad et Assistance Technique*, by Kuakuvi GBENYON, April 2001.

République du Tchad, Ministère de la Promotion Economique et du Développement, *Evaluation du Projet PPLS, Volet SIDA. Rapport Final. Mission au Tchad du 17 avril au 14 mai 2001*, by Dr. Chi NGUYEN, May 2001.

Official Documents, Sources of Data, and Analytical Reports for Chad

Association Tchadienne pour l'Etude de la Population (ATEP), Various secondary analytical reports, either thematic or regional, of the 1996-97 Demographic and Health Survey (DHS), 1999-2000.

Documents on the Analysis of the HIV/AIDS Situation and on the Analysis of the Response (1999), PNLS and UNAIDS.

National HIV/AIDS Control Program, *Mid-Term Plans* (1998 and 1993).

République du Tchad, Bureau Central du Recensement, Direction de la Statistique, des Etudes Economiques et Démographiques, Ministère du Plan et de l'Aménagement du Territoire & Macro International Inc., *Enquête Démographique et de Santé, 1996-97* (Demographic and Health Survey, DHS), N'Djaména & Calverton, Maryland USA.

République du Tchad, *Enquête par grappes à indicateurs multiples. Rapport complet (EIMT)*, Ministry of Economic Promotion and Development (MEPD), 2001.

République du Tchad, Ministère du Plan et de l'Aménagement du Territoire, *Etat de la Population du Tchad en 1997*, December 1998.

République du Tchad, Ministère du Plan et de la Coopération, *Politique de Population*, January 1993.

République du Tchad, Ministère de la Promotion Economique et du Développement, *Enquête auprès des*

bénéficiaires, PPLS 1, by Cadman Bedaou OUMAR, February 2002.

République du Tchad, Ministère de la Promotion Economique et du Développement, Projet Population et Lutte contre le SIDA, *Enquête Comportement, Attitude, Croyance, Pratiques/Indicateurs Prioritaires de Prévention (CACP/IPP). Rapport provisoire*, by CAMAN BEDAOU OUMAR, N'Djaména, October 2001.

République du Tchad, Ministère de la Promotion Economique et du Développement, Secrétariat d'Etat, Direction générale, Direction de la planification du développement, Division de la Population, *Population du Tchad de 2000 à 2050*, by Ngakoutou NINGAM, Ngoniri NODJIMBATEM, and Jean-Pierre GUENGANT, N'Djaména, November 2001.

World Bank Documents

CHAD - Population and AIDS Control. Minutes of the Pre-appraisal Review Meeting, October 14, 1994.

Staff Appraisal Report (SAR), Population and AIDS Control Project, March 1995.

Development Credit Agreement (DCA), Population and AIDS Control Project, 1995.

Project Status Reports (PSR), 17 Sequences.

IDA Aide-Mémoires of Supervision and Mid-Term Review (MTR) Missions.

KfW Aide-Mémoire of Evaluation Mission, March 2001.

Project Appraisal Document (PAD), Second Population and AIDS Project, June 2001.

Tchad. Le secteur de la santé au Tchad: analyse et perspectives dans le cadre de la stratégie de réduction de la pauvreté, Washington, D.C.: International Bank for Reconstruction and Development, Health and Poverty Thematic Group, February 2002.

Other Analytical Reports

GUENGANT, J.-P. and J.F. MAY, Impact of the proximate determinants on the future course of fertility in sub-Saharan Africa", *Population Bulletin of the United Nations*, Special Issue (forthcoming).

Socio-Economic Impact of HIV/AIDS Report, prepared by the Swiss Tropical Institute.

Additional Annex 8.Comments on the ICR by the Borrower

Note: This is the English translation of the comments on the ICR by the Borrower that were originally written in French.

The ICR provides a comprehensive and in-depth analysis of all of the areas covered by the Population and AIDS Project and its components, as well as the extent to which the Project succeeded despite its constraints. The World Bank's involvement in its supervision was appreciated as can be seen, inter alia, in the reactions of the partners. Similarly, the ICR analysis concerning the impact on institutional development and on the PCT is both interesting and objective.

Nevertheless, it is worth noting that at the time of the preparation of the Population and AIDS Project, one of the problems was the lack of qualified human resources, especially at the Division of Population (DP) within the Ministry of Economic Promotion and Development (MEPD). This was mainly due to the fact that the DP had just been established with the old staff from the initial Population Unit. Besides, the freeze on integrating staff into the civil service did not help matters. All this was compounded by the deaths of officials working in the DP and the Central Census Office. The recruitment of consultants by the Population and AIDS Project and UNFPA did help to an extent, but the problem remains and needs to be resolved. This is what has really hindered the performance of the DP, which has however made a great deal of progress with regards to the two other sub-components of Component 1 -- a point that has been highlighted in the ICR.

Furthermore, the Government's apparent lack of commitment cannot be interpreted as implying a lack of political will. In fact, the political will is clearly there -- concrete expression of it was reflected in the adoption of the Population Policy Declaration in 1993 and in the preparation of the Population and AIDS Project. The difficulties instead would flow from the fact that the mechanisms instituted during the drafting of the National Population Policy (NPP) were not properly designed and were based more on theory than on the ground realities. It is for this reason that the revised NPP should examine this aspect of the question in detail. Moreover, the refusal to sign the decree overhauling the High Committee for Population and Human Resources (*Haut Conseil de la Population et des Ressources Humaines*) does not stem from a lack of political will but is linked to a decision taken by the National Commission for Population and Human Resources. The Commission decided at the time of the presentation of the Population and AIDS Project appraisal report on the institutional aspect of the NPP's implementation, that this body should remain under the authority of the State.

It is also necessary to point out that the non-disbursement of counterpart funds is a recurring problem besetting *all* projects in Chad and is not just attributable to a lack of political will.

Lastly, as regards the graphs and table presented in Annex 9, it is also possible to use other data gleaned from the National Survey on Priority Prevention Indicators (IPP) collected in 2001 and released in 2002.

Additional Annex 9.HIV/AI DS Equity Analysis

A study of the Chad's health sector analyzed in the context of the poverty reduction strategy that was carried out by the Bank in February 2002 provides some insights into the equity issues for women, especially *poor* women, in the area of health awareness outcomes (the study is listed in Annex 7).

The study showed that: (a) women's relative ignorance of HIV/AIDS (compared to what men know) has decreased between 1996 and 2000; and (b) the increase in knowledge has been greatest among the poorest women. Although this reflects the fact that there was more room for improvement among those groups, it is nonetheless a sign that the project succeeded in reaching them; and that (c) the increased knowledge does not seem to have made much, if any, impact on behavior. The first two changes are equity-enhancing, as it makes sense here to identify equity with equality. Both the gender and the wealth inequalities appear to have decreased in Chad. However, it should be stressed that some of the evidence presented below refers only to women and that this does not imply that there was no change between 1996 and 2000 in what men knew about HIV/AIDS. Another conceptual difficulty, as with much health-related behavior, is to know what "knowledge" really means. Do people understand that they personally are vulnerable to HIV/AIDS? Do they believe some misconceptions, that they think will protect them? When supposed knowledge does not appear to affect behavior, "aware of" or "heard of" may hardly amount to really knowing something. This is however a common bias for all measurements of HIV/AIDS awareness.

Another difficulty in assessing the actual change of behavior among the women is attributable to the fact that the data pertain only to one point in time (1996) and one does not know whether in 2000 people were protecting themselves any better than four years earlier. Furthermore, the condom use data here refer to the "use of condoms" by the male sexual partners of the women. However, it is not clear whether it refers to women's insistence on men using condoms when men have not taken the initiative. If the latter is true, the problem is entirely with men, and "inequity" may then be measuring the difference between men who do use condoms and men who do not, even when women know enough to think they should.

The other behavior measure, knowing about HIV tests and taking them, is even harder to interpret, because if people have almost no chance at effective treatment, it is not surprising that they do not get tested. What is needed is more information as to why they do not get tested, and especially about how they behave once they have had a test. Do those who test positive reveal this and protect their partners? The behavior that matters most, for which there are no available data, is the number of partners per unit of time. In conclusion, it is probably correct that increased awareness is helping to reduce HIV/AIDS transmission, yet this awareness has not translated yet into major behavioral changes in Chad.

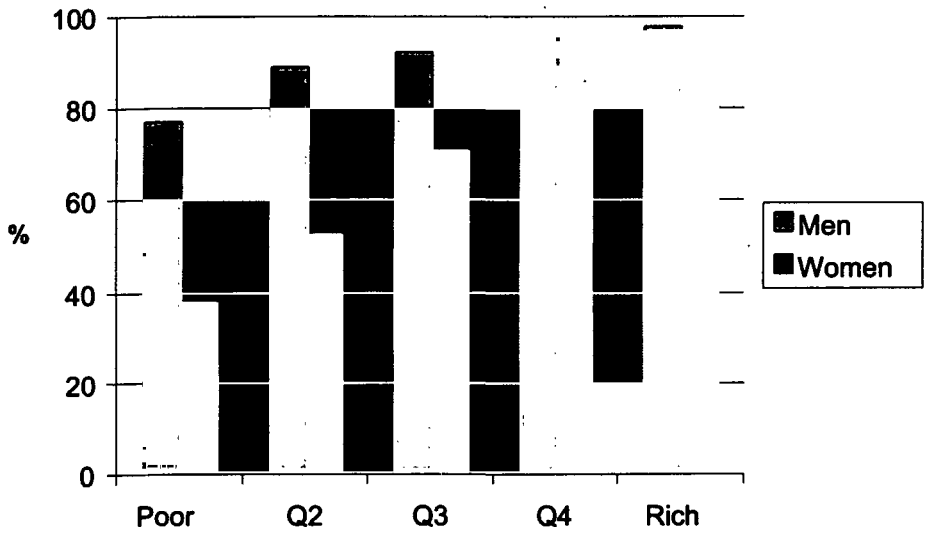
Nonetheless, the data presented below show overall that the knowledge about HIV/AIDS grew among women in the poorest groups in Chad between 1996 and 2000. Such evidence on growing health-related awareness among poorest groups, especially among the poorest *women*, are rather uncommon for SSA during recent years. In the case of Chad, these results should in all likelihood be ascribed to the activities of this project. However, the changes in HIV/AIDS-related behavior could not be measured with any degree of confidence given the data currently available.

The following are excerpts from the above-mentioned study.

Knowledge about HIV/AIDS was already relatively high among Chadian men in 1996: 90.3% had heard of HIV/AIDS and 63% were aware of it being sexually transmitted. The knowledge was greater among men in higher socio-economic groups (analysis carried out by quintiles, based on the household assets method). The more serious issue at the time was the scarce knowledge about HIV/AIDS among Chadian women in general, especially

among the poorest, least educated, and those who were Muslim. The difference in knowledge levels between males and females was particularly high in the poorest groups, clearly underlining their vulnerability due to a lack of health-related knowledge (see Graph 9.1).

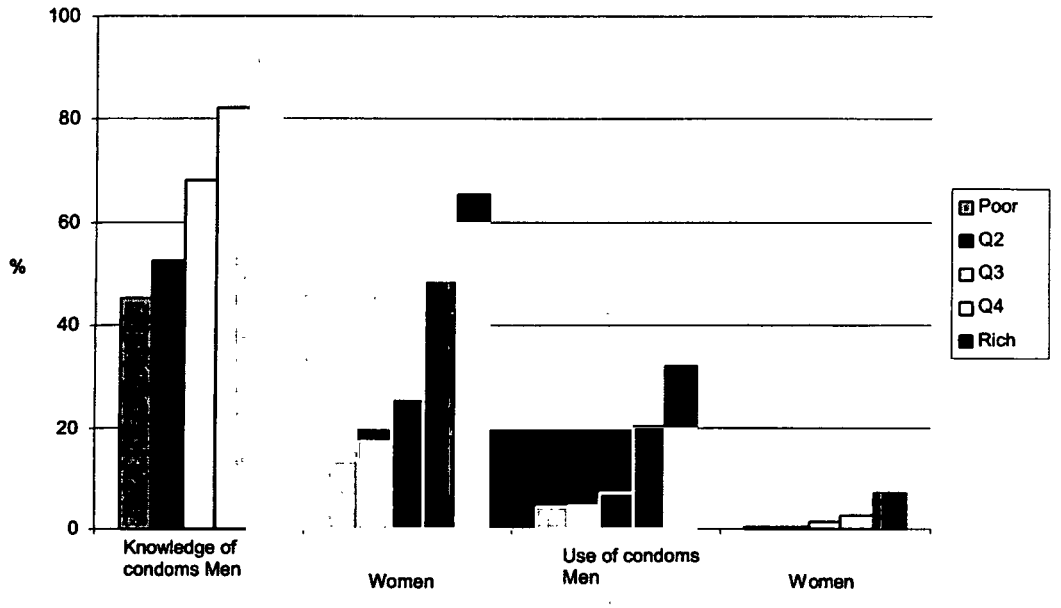
Graph 9-1: Knowledge of HIV/AIDS according to socio-economic groups (quintiles) and gender. Chad 1996



Source: Chad Demographic and Health Survey (DHS), 1996.

In 1996, when looking at the influence of knowledge on behavior -- particularly with respect to the use of condoms -- the gap was even wider between males and females and between rich and poor women. Although the use of condoms was low across all groups of women, it was fourteen times lower in the poorest group as compared to the richest group (see Graph 9.2).

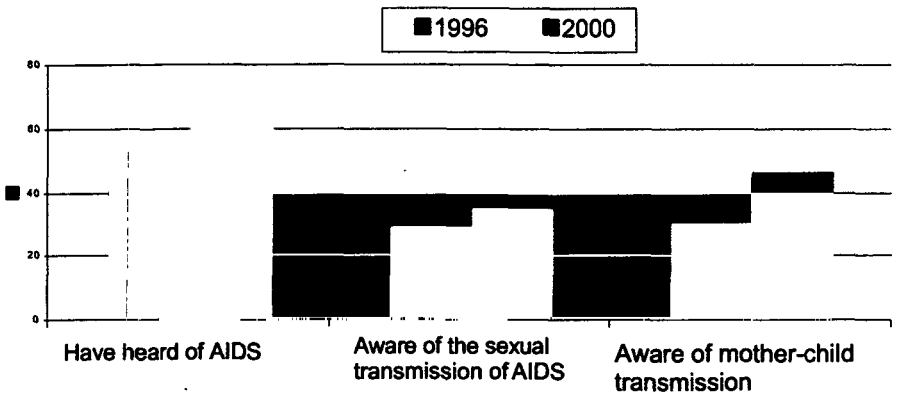
Graph 9-2: Knowledge and use of condoms according to socio-economic groups and gender. Chad 1996



Source: Chad Demographic and Health Survey (DHS), 1996.

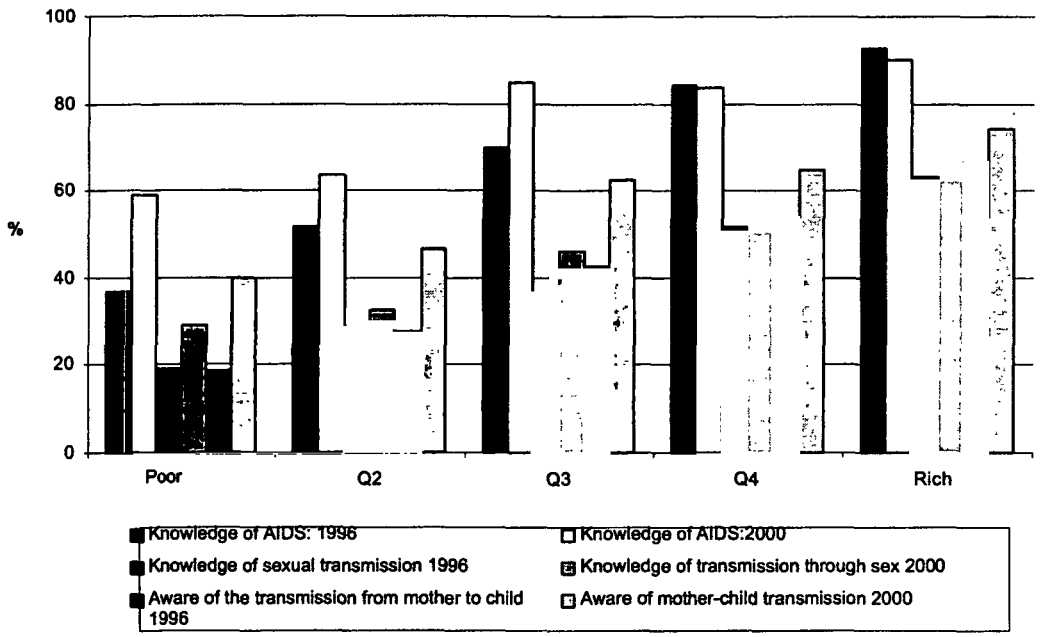
Over the past few years, major progress has been achieved. The level of knowledge among rural women increased significantly between 1996 and 2000 especially with regard to HIV transmission from mother to foetus. Yet, knowledge about the principal mean of HIV transmission in Chad -- sexual transmission -- still remains low. Even so, the increase in the level of knowledge has been highly positive, mainly women in the poorest groups having benefitted from IEC and social marketing activities in recent years (see Graph 9-3 and Graph 9-4).

Graph 9-3: Change in the level of HIV/AIDS knowledge among women in rural areas. Chad 1996-2000



Source: Chad Demographic and Health Survey (DHS) 1996 & Chad Multiple Indicators Survey 2000 (EIMT).

Graph 9-4: Change in the levels of knowledge among women according to socio-economic groups. Chad 1996-2000.



Source: Chad Demographic and Health Survey (DHS) 1996 & Chad Multiple Indicators Survey 2000 (EIMT).

Improvement in the levels of knowledge might not have resulted in a major behavioral changes and/or in actions that might have had an impact on the transmission of HIV/AIDS. Unfortunately, available data are inconclusive in making this determination. In 2000, according to the Chad Multiple Indicators Survey of 2000 (EIMT), only

9% of women knew where to go to obtain the recommended HIV test and less than 1% took a voluntary HIV test. Differences between socio-economic groups with regard to this kind of change in behavior are very pronounced. Almost five times more women in the highest socio-economic group know where to go to obtain the recommended HIV test, as compared to the lowest socio-economic group (see Table 9-1).

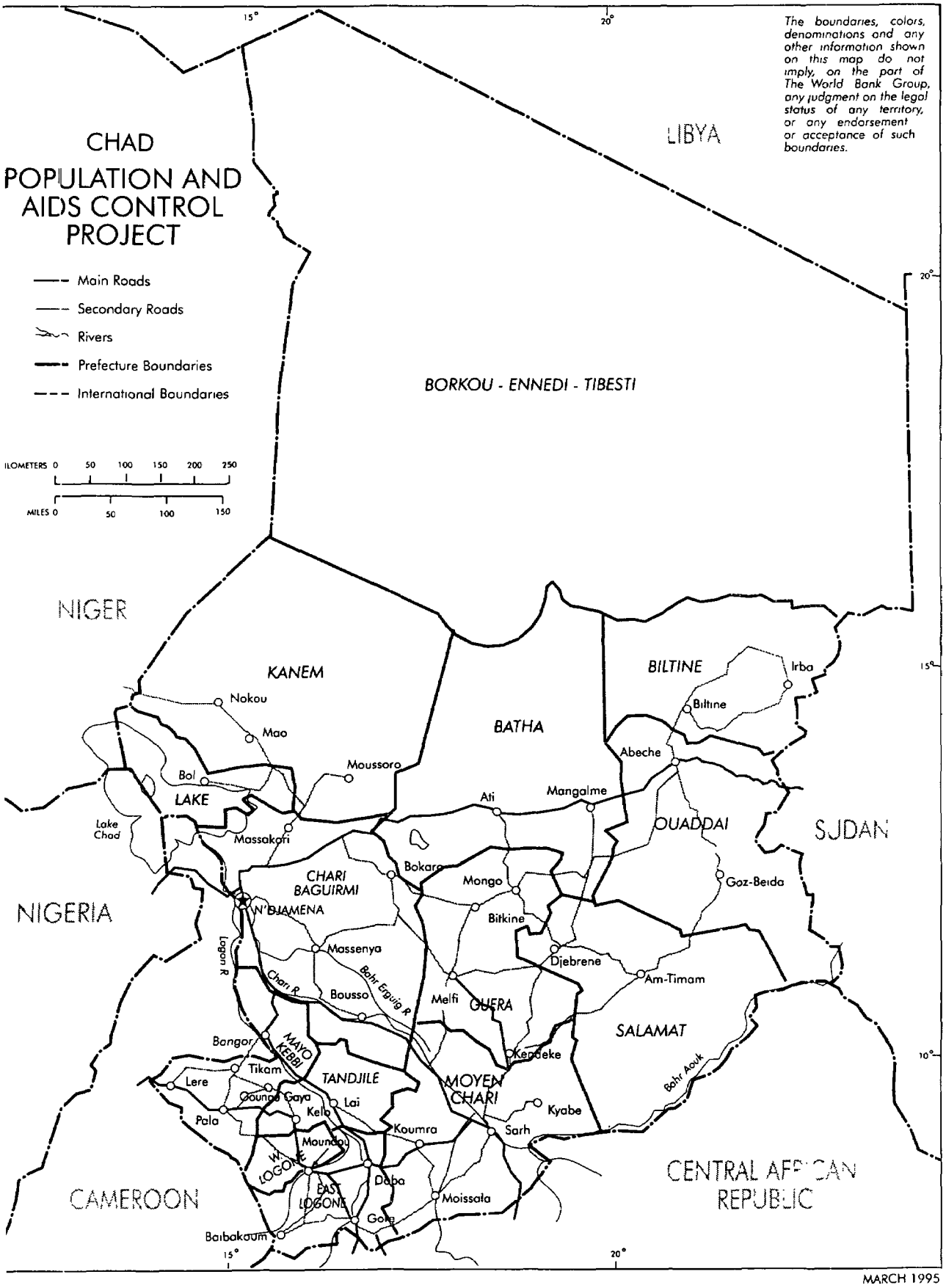
Table 9-1: Behavior in terms of the recommended HIV test. Chad 2000

Quintile of Wealth	Know where to obtain the recommended HIV test	Have been tested for HIV
Poor	5.2	0.3
Q2	4.7	0.4
Q3	10.0	1.0
Q4	14.2	1.3
Q5	25.6	3.5

Source: Chad Multiple Indicators Survey 2000 (EIMT).

MAP SECTION

IBRD 26775



MARCH 1995

IMAGING

Report No.: 24344
Type: ICR