



<b>1. Project Data :</b>		<b>Date Posted :</b> 06/27/2000	
<b>PROJ ID:</b> P010393 <b>OEDID:</b> C2350		<b>Appraisal</b>	<b>Actual</b>
<b>Project Name :</b> National AIDS Control Project	<b>Project Costs (US\$M)</b>	99.6	113.3
<b>Country:</b> India	<b>Loan/Credit (US\$M)</b>	84	84
<b>Sector, Major Sect .:</b> Targeted Health, Population Health & Nutrition	<b>Cofinancing (US\$M)</b>	13.9	1.5
<b>L/C Number:</b> C2350			
	<b>Board Approval (FY)</b>		92
<b>Partners involved :</b> WHO	<b>Closing Date</b>	09/30/1997	03/31/1999
<b>Prepared by :</b>	<b>Reviewed by :</b>	<b>Group Manager :</b>	<b>Group:</b>
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<p><b>2. Project Objectives and Components</b></p> <p><b>a. Objectives</b> This was the first national HIV/AIDS project in India. The project's ultimate objective was to slow the spread of HIV in India and thus reduce future morbidity, mortality and adverse developmental impact of AIDS. Eight specific objectives were articulated: 1) Involve all States and Union Territories in developing HIV/AIDS preventive activities, with a special focus on major epicenters of the epidemic; 2) Attain a satisfactory level of public awareness about HIV transmission and prevention; 3) Develop health promotion interventions among risk behavior groups; 4) Screen the majority of blood units collected for blood transfusions; 5) Decrease the practice of professional blood donations; 6) Develop skills in clinical management, health education and counseling, and psychosocial support to HIV sero-positive persons, AIDS patients and their associates; 7) strengthen the control of STDs; and, 8) Monitor the development of the HIV/AIDS epidemic in the country.</p> <p><b>b. Components</b> Five project components were linked closely to the eight specific objectives: 1) Strengthening the management capacity for the HIV/AIDS prevention and control program by forming and supporting organizational structures at the National and State level; 2) Promoting public awareness and community support for AIDS prevention; 3) Improving blood supply safety and rational use; 4) Building surveillance and clinical management capacity; and, 5) Controlling STDs.</p> <p><b>c. Comments on Project Cost, Financing and Dates</b> Project costs increased because of greater government and WHO commitment of funds to the project. After an initial delay in release until the end of FY '93, funds generally flowed smoothly. The credit was closed 18 months later than the original closing date and was fully dispersed.</p>
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<p><b>3. Achievement of Relevant Objectives :</b> The project achieved most of its specific objectives and exceeded some. A National AIDS Control Organization (NACO) was established and active, and AIDS Cells were established in all 32 States and Union Territories. Public awareness of HIV transmission and prevention rose significantly via multiple modes and channels of IEC. Interventions for high-risk groups were developed in two-thirds of the states. The project also helped strengthen capacity for 150 NGOs working with high-risk groups, and improve coordination between states and NGOs. Blood safety and the rational use of blood was dramatically improved. STD clinics were increased and upgraded and many health care providers received clinical management and counseling skills training. A sentinel surveillance system and protocol was introduced nationwide, with more reliable information generated about the extent of the HIV epidemic in India. Although national adult HIV prevalence rates have continued to increase slowly -- to 0.9 percent in 1998, and with a more rapid rise among vulnerable groups and some states -- HIV prevalence and AIDS cases are</p>
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lower than originally projected in 1992.

**4. Significant Outcomes /Impacts :**

This Borrower strongly supported the project and it was well conceived, implemented and supervised, focusing appropriately on prevention of HIV transmission and increasing public awareness and behavior change. The overall project objective to initiate significant, nationwide, HIV/AIDS prevention and awareness activities was achieved. The national apparatus and major project-targeted HIV/AIDS epicenters of Mumbai and Chennai showed "high" performance and 2/3 of the States performed "satisfactorily". Managerial and technical capacity increased in all 32 States. Public knowledge of HIV in selected major urban areas increased from 54 % to 80%, and from 13% to 64 % in rural areas. Use of condoms in high-risk groups increased from 10% to 50-90%. Perhaps the single most significant achievement was the dramatic improvement in the blood supply situation, with the outlawing and virtual elimination of paid blood donations, and the almost universal screening of donated blood for HIV, Hepatitis B, malaria and syphilis. Last, the sustainability of these efforts is high, as evidenced by strong government commitment, low recurrent cost implications, and the 1999 commencement of the Second National AIDS Control Project.

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

The lack of baseline epidemiological data makes comparison of the situation now and when the project first began impossible, and thus even projections of data such as number of infections prevented or number of cases of AIDS averted cannot be made. There was a slow beginning phase to the implementation. Although strong national involvement was essential given the reluctance of some states to address HIV, the project could have involved the States sooner and more effectively, in order to generate commitment and ownership of the program. While no mention is made in the ICR, implementers should be aware that there is serious question in medical circles now as to the validity and usefulness of the syndromic approach to STD diagnosis and treatment. That approach comprised a major part of the Project's training and clinical intervention effort (The only study that was to have been done of this approach in India was dropped in Nov.'97).

6. Ratings :	ICR	OED Review	Reason for Disagreement /Comments
<b>Outcome :</b>	Satisfactory	Satisfactory	
<b>Institutional Dev .:</b>	Substantial	Substantial	
<b>Sustainability :</b>	Likely	Likely	
<b>Bank Performance :</b>	Satisfactory	Highly Satisfactory	The Bank team performed well in the design and supervision of a multi-faceted project addressing a critical public health challenge.
<b>Borrower Perf .:</b>	Satisfactory	Satisfactory	
<b>Quality of ICR :</b>		Satisfactory	

**7. Lessons of Broad Applicability :**

Borrower commitment to a project, combined with effective management and oversight, can result in a well-conceived and implemented project. States and municipalities involved in decentralization of a national program should be involved from the start in order to maximize "buy-in". Monitoring must be routine, begin with appropriate indicators and adequate baseline data, and be used as a management as well as evaluation tool. NGOs can be very useful in reaching specialized, hard-to-reach populations. Specific AIDS-related lessons include the need to emphasize prevention, including communication for behavior change at the individual and community level and the need to have and use baseline epidemiological data. It is important to stay atop changing technical findings and approaches, such as the doubt of the general value of syndromic management of STDs. HIV/AIDS will continue to spread significantly, and thus donors and borrowers must enlarge their efforts. (Even though the % of seropositivity in India is "only" 1-5%, India is already home to 5 million infected individuals, the largest number of HIV-infected individuals in the world.)

**8. Audit Recommended?**  Yes  No

**9. Comments on Quality of ICR :**

This was a very well-written ICR, in many ways a model of concise and consistent presentation of a complex, multi-faceted project. The ICR's judgments are convincing, and are based on and supported by data to the extent such data seem to have been available.