

# PROJECT COMPLETION REPORT

## A. PROJECT DATA AND KEY DATES

### I. BASIC INFORMATION

<b>Project Reference</b>	<b>Project Title</b>	<b>Country</b>	
SAP ID: P-BJ-IBZ-001	HIV/AIDS CONTROL SUPPORT PROJECT	REPUBLIC OF BENIN	
<b>Loan Instrument(s)</b>		<b>Department</b>	<b>Environmental Category</b>
Grant N° 2100155002616		OHSD	CATEGORY III
<b>Initial Commitment</b>	<b>Amount Cancelled</b>	<b>Amount Disbursed</b>	<b>Percentage disbursed</b>
Grant: 2.700.000 UA (2.145.047.400 XOF) Status: 140.000 UA (111.224.680 XOF)	Grant: 0 UA Status: 0 XOF	Grant: 2.699 518,16 UA Status: 56 192 871 XOF	Grant: 99,98% Status: 50,52%
<b>GRANT RECIPIENT</b>			
REPUBLIC OF BENIN			
Executing Agency (ies) [[List the key ministries, project implementation units, agencies and civil society organizations responsible for implementing the project.]			
<ul style="list-style-type: none"> <li>- Ministry of Planning, Development, Public Policy Monitoring and Coordination of Government Activities</li> <li>- Ministry of Health</li> <li>- Executing Agency: Project Management Unit of the Project to Support HIV/AIDS Control (PMU /PNLS/AfDB)</li> <li>- Steering Committee</li> </ul>			
<b>Co-financiers and Other External Partners [Mention all other sources of finance and amounts, technical assistance or other sources utilized under the project]</b>			
The project did not receive funding from other partners.			

### II. KEY DATES

Project Concept Note approved by the Operations Committee (OPSCOM)	Appraisal Report approved by OPSCOM	Board of Directors Approval	
N/A	N/A	23 June 2004	
<b>Restructuring(s)</b>			
N/A			
	Initial Date DD/MM/YY	Actual Date DD/MM/YY	Slippage in months
EFFECTIVENESS	January 2005	23 August 2004	-5
MID-TERM REVIEW	23 February 2006	2 July 2008	18.0
CLOSING	30 June 2009	For active projects, enter the date of achieving the 98% disbursement rate	18.0
		31 December 2010	

### III. RATINGS SUMMARY

Insert the ratings of the relevant charts into the different sections of the PCR, for example for Achievement of Outcomes, include the average ratings of the Chart under section "D.I Outcomes Achieved "

CRITERIA	SUB-CRITERIA	RATING
PROJECT OUTCOMES	Achievement of Outcomes (see note in Section D.I.)	3
	Achievement of Outputs (see Section D.II note.)	3
	/Timeliness (see Section F.4 note	3
	OVERALL PROJECT OUTPUT (average rating)	3
BANK PERFORMANCE	Design and Readiness (see note Section I.I)	3
	Supervision (see note Section I.I)	4
	OVERALL BANK PERFORMANCE (average score)	4
DONEY PERFORMANCE	Design and Readiness (see note Section I.I)	3
	Implementation (see note Section I.I)	3
	OVERALL PERFORMANCE OF THE DONEY (average score)	3

### IV. BANK STAFF RESPONSIBLE

POSITIONS	AT APPROVAL	AT COMPLETION
Regional Director	Mr. E. G. TAYLOR-LEWIS	Mr. Janvier Kpourou LITSE
Sector Director	Mr. E. G. TAYLOR-LEWIS	Ms. Agnès SOUCAT
Sector Division Manager	Mr. R. CRESSMAN (OCDW.5)	Ms. Bineta BA DIAGNE (OHSD.3)
Task Manager	Ms. Bineta BA – DIAGNE (OHSD.3)	Ms. Maimouna DIOP LY (OHSD.3)
PCR Team Leader		Ms.Maimouna DIOP LY
Members of the PCR Team		Dr. Marieme BA SOURANG (Consultant OSHD3) Mr. Late LAWSON ZANKLI (SAOS)

## B. PROJECT CONTEXT

Summarize the rationale for Bank assistance. Text:

- What development challenge is the project addressing?
- The Borrower's overall strategy for addressing this challenge;
- The Bank's activities in this country (ies) and in this sector over the past year and how it performed; and
- Bank-financed on-going activities or other sources of external financing that complement, overlap with or relate to this project.

Please indicate the relevant sources, the strengths and consistency of the rationale.

[maximum of 300 words). Any other relevant statement on the project's origin and history should, if necessary, be presented in Annex 6 entitled 'Project Description.'

At the time of the project appraisal in Benin, about a third of the population was living below the poverty line (2002 Household Survey). The Government therefore developed a Poverty Reduction Strategy Paper (PRSP) for the period 2002 – 2005, which had six core priorities, the fourth of which focused on improving access to basic education, literacy, primary health care, drinking water, and combatting HIV/AIDS and malaria. The HIV/AIDS prevalence rate in 2002 was 1.9%. By 2005, Benin sought to reduce the prevalence rate of HIV/AIDS, as well as those of infant-child mortality and maternal mortality.

The Government developed a strategic framework to combat HIV/AIDS, (CSLS), which defined the general objectives, strategies and priority actions. A National AIDS Control Commission (CNLS) with a Permanent Secretariat was established and constitutes the institutional framework and national decision and policy-making body for HIV/AIDS control.

With a view to achieving the above objectives, the Government sought the assistance of several development partners, including the Bank, to which it submitted a funding request in October 2003.

The Bank's experience in financing HIV/AIDS control activities was rather recent in Benin and the Bank-funded Health Project II did not include a component on HIV/AIDS control.

In addition to the PNL (National AIDS Control Program) the Bank is currently financing the Health System Development support Project (Health II) to the tune of UA 24 470 000 comprising a loan of UA 22 000 000 and the Government's contribution of UA 2 470 000. The project aims at improving the supply and quality of health services and, increasing the use of quality health services. This project includes an HIV/AIDS control component, focusing on sensitization.

In addition, the Bank's intervention complements that of various partners, who are funding HIV/AIDS control activities in other areas of the country. The World Bank is financing a Multi-Sector HIV/AIDS Control Project, which, despite its national scope, falls short of meeting all the needs in the sector. The AfDB project has therefore complemented the existing interventions, in particular with regard to institutional support and capacity building.

## C. PROJECT OBJECTIVES AND LOGICAL FRAMEWORK

1. State the project's development objective(s) (as presented in the Appraisal Report). The project's sector goal is to contribute to reducing the prevalence rate of HIV/AIDS. The specific objective is to support preventive activities, traditional medicine, and the different bodies engaged in HIV/AIDS/STD control.
2. Describe the major project components, indicating how each of them will contribute to achieving the project objectives.  
  
The project comprises the following three components: (i) Support to preventive activities (epidemiological surveillance, Information, Education, Communication (IEC), Mother-Child Transmission Prevention (MCTP), testing and traditional medicine; (ii) Support to the organizations responsible for HIV/AIDS control; and, (iii) Project Management.
3. Assess briefly (maximum of two sentences) the project objectives under three dimensions: carry out the assessment using the score provided in Appendix 1.

PROJECT OBJECTIVES DIMENSIONS		ASSESSMENT	WORKING SCORE
RELEVANT	a) Relevant to the country's development priorities	Given the national priorities in the area of poverty reduction and those outlined in the 2005-2010 Health Development Plan, in particular the reduction of the mother and child mortality rates, the objectives of the project are relevant.	3
ACHIEVABLE	b) Objectives deemed achievable in view of the contributions of the project and the estimated deadlines.	In terms of the project cost timeframes and expected outputs, the objectives are achievable within the timeframe.	3
CONSISTENT	c) Consistent with the Bank's country and regional strategies.	The project is fully in line with both the Bank's 2002-2004 Country Strategy Paper (CSP) and its Poverty Reduction priorities.	4
	d) Consistent with the general priorities of the Bank.	The project is consistent with the Bank's strategy and relevant sector policies (Health Sector Policy and the operational guidelines on AIDS Control).	4

4. **Draw up the logical framework. In the absence of a logical framework, complete the table below, indicating the overall project objective, the key project components, the major activities of each component and the expected outcomes and outputs, as well as the indicators for measuring the achievement of outputs. Where necessary, additional rows may be created for the components, activities, outcomes or outputs.**

COMPONENTS	ACTIVITIES	OUTCOMES	OUTPUTS	INDICATORS FOR MEASURING
Component 1: Support to preventive activities (epidemiological surveillance, IEC, MCTP, screening) and traditional medicine.	<p>1. To procure equipment for the MCTP.</p> <p>2. To support screening by the antenatal consultants in the six target communes.</p> <p>3. To conduct biological follow-up for the 912 expectant mothers tested HIV-positive.</p> <p>4. To procure ARV drugs to cater for the 912 HIV-positive pregnant women.</p> <p>5. To provide treatment for opportunistic infections for the 912 HIV-positive pregnant women</p>	1.1. Between 2004 and 2007, 100% of women in the 6 communes attending the maternity centres (30480 pregnant women) and have access to MCTP activities.	Care of sero-positive pregnant women improved.	1.1 mother- child transmission rate reduced from 20% in 2004 to 5% by project completion in the 6 communes.
	1. To purchase 106510 quick test kits to increase voluntary testing and 5325 for the confirmation tests.	1.2. From 2004 to 2007 the testing would attain 15% of the population.	Number of persons tested increased.	1.2 From 2004 to 2007 the voluntary testing rate of the populations in the 6 project communes would increase to 15% of the population.
	<p>1. To acquire reagents to support the sentinel surveillance network.</p> <p>2. To train 120 health officers on how to conduct technical second-generation surveillance surveys.</p> <p>3. To undertake annual sero-surveillance surveys.</p>	By end 2006, statistics on behavioural change would be available (no statistics were available in 2004)	Behavioural change of the target populations concerning VHI/AIDS.	1.3 PNLS assessing the prevalence and incidence of HIV/AIDS and behavioural changes in the general populace and the target groups every two years (in 2004, there were no monitoring mechanisms).

	<p>1. To train 600 traditional doctors (both men and women) in on harmonization of the practices of prevention and diagnosis of HIV/AIDS, treatment of opportunistic infections, and, psycho-social monitoring of people living with HIV/AIDS.</p> <p>2. To prepare and validate a protocol based on proven traditional healing practices that 7500 traditional practitioners have found to be effective in the treatment of opportunistic diseases.</p>	<p>1.5. The treatment of opportunistic infections through traditional medicine harmonized and made available to 2 700 traditional practitioners.</p>	<p>Treatment of opportunistic infections by the traditional doctors achieved.</p>	<p>1.4 600 (10%) traditional practitioners, including X women trained in the diagnosis, prevention and the psychosocial follow-up of people living with HIV/AIDS (PLWHIV). Protocol for the traditional healing of opportunistic infections validated and adopted by 2006 (The prevalence rate was not known in 2004)</p>
<p>Component 2: Support to the organizations engaged in HIV/AIDS/STD Control</p>	<p>1. To conduct a socio-demographic study on impact of HIV on teachers.</p> <p>2. To conduct a socio-demographic study of impact HIV on farmers.</p>	<p>Both HIV/AIDS impact studies conducted.</p>	<p>Improved knowledge and understanding of the impact of HIV/AIDS on the other actors.</p>	<p>1.5 The indicators (prevalence, incidence, etc.) and the behaviour of teachers and farmers towards AIDS known through findings of the 2006 impact studies. (No such surveys were conducted in 2004).</p>
	<p>1. To equip the 6 HIV/AIDS control local committees (CNLS), their social promotion centres (SPCs) and the youth promotion centres (YPCs) with computer equipment: (computers, printers and UPS.)</p> <p>2. To equip the 6 CCLS, their SPCs and YPCs with audio-visual equipment: (television, DVD, accessories).</p> <p>3. To equip the 6 CDLS, their SPCs and YPCs with IEC materials (training materials and posters).</p> <p>4. To supply the PS/CNLS with sets of IEC materials (sound equipment, flip-charts, data projectors)</p> <p>5. To procure sets of audio-visual materials (1 television, 1 digital</p>	<p>2.3. 100% of the decentralized HIV/AIDS control agencies of the PS/CNLS (CCLS, district committees (CALS), neighbourhood committees (CQLS), and village committees (CVLS) operational in the 6 communes by end 2005 (the 2004 rate was not available).</p>	<p>Patient care and prevention for the patients at decentralized level effective.</p>	<p>1.7 100% of the training sessions at the decentralized level carried out in the 6 communes and the trained staff would be more efficient (rare training in these communes in 2004).</p>

	<p>camera 1 tape recorder, 1 DVD)</p> <p>6. To purchase a laptop computer for the PS/ CNLS</p> <p>7. To provide 3 air-conditioners for the PS/CNLS.</p> <p>8. To purchase a 4WD for the PS/CNLS</p> <p>9. To set up, for the CNLS, an Anti-VHI/AIDS Multimedia Control Centre.</p> <p>10. To provide support - counselling and conduct monitoring- supervision missions with the UNDP.</p>			
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Component 3: Project Management	<p>1. To provide furniture for the PMU.</p> <p>2. To procure equipment for the PMU (Fax machine, photo-copy machine, data projector)</p> <p>3. To procure computer equipment for the PMU (computers, printers, UPS and accessories)</p> <p>4. To procure audio visual equipment for the PMU (television set, tape recorder, VCR, DVD, digital camera)</p> <p>1. To recruit short-term local consultants (18 staff/months)</p>	3.1. PMU established and operational.	<p>Strengthening the management of HIV/AIDS control activities.</p> <p>Improved the physical and financial implementation of the project, based on the recommendations of supervisions and audits.</p>	PMU established and operational.
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5. For each dimension of the logical framework, indicate briefly (maximum of two sentences) to what extent the log frame has contributed to achieving the above project objectives. Rate the assessment using the scale provided in Appendix 1. In the absence of a logical framework, attribute rating of 1 (one) to this section.

CHARACTERISTICS OF THE LOGICAL FRAMEWORK		ASSESSMENT	WORKING SCORE
LOGICAL	a) Presents a logical causal chain for achieving the project's development objectives.	The specific objectives of the components contribute to achieving the project's main objective.	3
MEASURABLE	b) States the objectives and outputs in a measurable and quantifiable manner.	Most of the outputs are measurable, with clear and quantifiable indicators.	4
THOROUGH	c) Outlines the key risks and assumptions.	Certain risks and mitigation measures have not been clearly identified. The assumptions underpinning the achievement of the objective were not clearly identified.	3

## D. OUTCOMES AND OUTPUTS

### I. OUTCOMES ACHIEVED

In the table below, assess for each main activity, **the actual achievements versus the expected outputs**, on the basis of the log frame presented in Section C. Rate the implementation level of the expected outcomes and, calculate the weighted ratings as an estimated proportion of the cost of the project activities.

MAIN ACTIVITIES		Working Score	Proportion of Project Costs in terms of percentage <sup>1</sup>	Weighted Score
Expected Outputs	Outputs Obtained			
1. From 2004 to 2007, attendance rate at the maternity units of the 6 communes of the project would increase to 100% and the women would have access to PETRAME.	1. Supply of centres (health training) with equipment, medical consumables, reagents and medicine. 2. Training of health workers in MCTP: 55 health workers trained in place of 34 envisaged, representing an achievement rate of 162%. 3. Adaptation and validation of the MTCP training modules based on the approach of the PCIGA 4. Organization of several supervision missions on MCTP activities by the PNLs. The project contributed to the counselling of 182 104 women during their first antenatal consultations, voluntary testing of 143 995 pregnant women. 4 034 women tested were HIV positive and 2 135 of them adopted a protocol for HIV/AIDS mother-child transmission prevention. In addition, the project supported the PNLs's 2008 study on the effectiveness of the MCTP. The study finding revealed that the transmission rate is 17% without the MCTP; 6% in the case of mono-prophylaxis and 2.2% in the case of tri-prophylaxis.	3	8.87%	0.3
2. From 2004 to 2007 the percentage of the population tested would increase to 15%	PALS contributed, through the PNLs, to the screening and counselling of 217 750 persons, 7305 of whom tested positive.	3	10.81%	0.3
1.3 100% of the preventive activities (IEC, chat discussion sessions, etc..) undertaken at the decentralized level, target populations sensitized and 100% agencies	1. IEC/BCC activities of by the NGOs: IEC sessions and social mobilization campaigns to strengthen prevention and promotion of testing in communes organized by NGOs. In total, 6 NGOs organized 8652 community awareness-raising sessions. They used 521 community relay agents (including 164 women). The sessions allowed for sensitization of 156 854 persons, including 77 217 women, representing 50%). 2. IEC sessions for the youth groups, professional associations and the civil society: Activities implemented in collaboration with the Ministry of Youth, Sports and Leisure, Handicrafts and Tourism; with the Ministry of Family Affairs and National Solidarity, network of Beninese NGOs in the	3	28.99%	0.9

<sup>1</sup> As mentioned in the Appraisal Report.

	<p>Health Sector (ROBS): IEC for the Youth, Sports and Leisure Associations: In total, the two sessions organized made it possible to engage 2015 persons, including 883 women (43.82%).</p> <p>3. Partnership agreements signed between the 6 communes and, the 6 rural and local radio stations, to boost awareness-raising activities among the populations.</p> <p>4. IEC training sessions organized for 46 districts: The sessions were organized in all 46 districts under the supervision of the CCLS.</p> <p>5. IEC training sessions organized for the CCLS (for 189 neighbourhoods and 169 villages.) The sessions were organized in all these committees under the supervision of the CALS.</p> <p>6. IEC chat-discussion sessions organized in 358 districts and villages of the 6 communes: The sessions concerning the chat-discussions were organized in all the 189 districts and 169 villages under the supervision of CALS.</p> <p>7. Supporting the organization by the PS/ CNLS of three sessions on IEC for three groups of 150 persons: This activity boosted the PS/ CNLS' organization of the events of the World's HIV/AIDS Day (WAD) in 2007, 2008 and 2009.</p> <p>8. Supporting the organization by the PS/ CNLS of 2 annual workshops for 100 people on advocacy: the project supported the PS/ CNLS in organizing two workshops for operations planning and advocacy/lobbying for resource mobilization.</p> <p>9. Recruiting a network of Health Sector NGOs for the selection, coordination, supervision and monitoring of NGOs. This activity was cancelled.</p> <p>10. Publishing 4000 copies of brochures on IEC: several documents were published with the support of the project, including the national strategic AIDS control framework, Law 31-2005 of 10 April 2006 on the prevention, care and control of HIV AIDS in Benin, posters, etc.</p> <p>11. Supporting publication of a bi-monthly information newsletter of (1000 copies in 3 years). The project supported the PS/ CNLS in publishing the quarterly Information Bulletin, "Le Courrier du CNLS".</p> <p>12. Creating a website for the CNLS: The project supported the PS/CNLS in creating the website, which is being finalized.</p>			
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<p>1.4. Statistics on behavioural change available by the end of 2006, (there were no statistical data in 2004)</p>	<p>1. Providing training on second generation technical surveys: 186 workers trained in lieu of the 120 envisaged initially, representing an achievement rate of 155% and 37% of the workers trained were women. 2. To support the epidemiological surveillance system: undertaking the 2008 and 2009 sero-surveillance publications; disseminating the 2008 publication of the behavioural surveillance survey; organizing the 2009 publication of the second HIV/AIDS Scientific Day; training of social healthcare workers to overcome stigmatization and discrimination; conducting HIV/AIDS prevalence surveys in prison environments; supporting treatment of STD amongst sex workers under the Second Generation Surveillance Survey (SGSS);</p>	<p>3</p>	<p>6.52%</p>	<p>0.2</p>
<p>1.5 600 (10%) traditional doctors trained in the diagnosis, prevention, and psychosocial monitoring of PLWVHIV. The protocol for traditional treatment for opportunistic infections was validated and adopted by the end of 2006 (the rate was not known in 2004).</p>	<p>1. Training 600 traditional practitioners: 639 practitioners in traditional medicine (PTM), exceeding the 600 envisaged, representing an achievement rate of 106.5%. 228 of them were women, i.e., 37.5%.  2. The PMTs to undertake IEC sessions: the sessions were carried out in all the departments. The short-term objective is for these PMTs to, in turn, become trainers in their respective villages. The IEC sessions constitute refresher courses for those already trained, including the chair of the administrative districts and communes. A total of 1914 PMTs participated, out of 2 466, giving a 77.62% achievement rate.  3. To conclusion of protocol for healing based on effective traditional practices for use by 7500 traditional doctors for treating opportunistic infections: The protocol has been prepared. Outreach services are on-going and 3 000 copies have already been distributed.  4. To convene a national consultation meeting on traditional-modern medicine.</p>	<p>3</p>	<p>2.99%</p>	<p>0.1</p>
<p>2.1. Two HIV/AIDS impact studies are conducted.</p>	<p>The two studies are on-going.</p>	<p>2</p>	<p>1.44%</p>	<p>0.0</p>
<p>2.2. The PS/CNLS national monitoring-evaluation system put in place end 2005 (No monitoring-evaluation system existed in 2004)</p>	<p>1. The Project has planned training for members of the PS / CNLS, CDLS, CCLS and FACU (Functional Aids Control Units) in IEC /CCC activities, micro planning, and monitoring and evaluation. This training was fully achieved. All functional units of the fight against HIV / AIDS (FACU), CCLS, CDLS, networks and the PS / CNLS were trained. With support from the cabinet, the PMU has completed training of the PS / CNLS members through a module on advocacy / lobbying. With respect to the FACU, out of the 175 people envisaged, 155 were trained (49 women and 106 men. Regarding the PS/CNLS and its branches, 70 officers ( 54 men and 16 women) participated.  2. support to PS/ CNLS to organize study tours and participate in regional and international conferences: 10 study tours were financed for the PS / CNLS and its branches (CDLS and CCLS), PNLs, the Associations of</p>	<p>3</p>	<p>3.15%</p>	<p>0.1</p>

	<p>PLWHIV, ReBAP +, FACU, PNPMT and Civil Society Organisations in Burkina Faso, Côte d'Ivoire, Senegal, Ghana, Morocco, Mali, Canada.</p> <p>3. Financing training and conferences for the PS/CNLS: The project funded the participation of PNLs officials in the 15<sup>th</sup> CISMA and the International Francophone Conference held in Morocco.</p> <p>4. Recruitment of consultant to conduct an inventory of NGOs operating in the HIV/AIDS sector: The consultant recruited completed the study, which has been validated and the results will constitute a basis for the PS/CNLS to implement the national blueprint for activities and players on HIV/AIDS control.</p>			
<p>2.3. 100% of the decentralized structures of the PS/CNLS operational (CCLS, CALS, CQLS, CVLS) in the 6 communes by the end of 2005 (the 2004 rate was not available).</p>	<p>1. The PS/ CNLS was equipped with IEC materials (sound equipment, flip-charts, data projectors) and sets of audio-visual equipment (1television, 1digital camera a VCR, a DVD) and a laptop computer and 4WD vehicle.</p> <p>Air conditioner procurement was cancelled as the Government was to provide them to the PS/CNLS.</p> <p>2. All 6 CCLS, their CPS and CPD have been equipped with computer equipment as well as audio-visual and IEC equipment.</p> <p>3. Additional needs expressed by the CPS in Porto Novo and Parakou (cities with 3 instead of one CPS initially planned) were satisfied.</p> <p>4. The project has also equipped the networks (ROBS, RABEJ and ReBAP +) with computer hardware.</p> <p>5. The project also provided equipment for the Mobile Treatment Center (MTC) of the CNHU, the centre catering for the PLWHIV, with Office equipment and furniture and the CIPEC and other healthcare Centres with laboratory supplies and equipment.</p>	3	6.82%	0.2
<p>2.4. 100% of the decentralized training carried out in the 6 communes and staff trained more efficient (in 2004, training in these communes was rare).</p>	<p>1. To organize study tours for the trainers of Community Based Organizations and NGOs.</p> <p>2. To strengthen Community Based Organizations.</p> <p>3. To organize two days of training for 96 women and 144 men (16 women and 24 men / commune), being 240 people in total for the cooperatives and women's groups.</p> <p>After the training, 250 participants were registered (172 women (68.8%) and 78 men), compared to 240 participants expected (144 women and 96 men), giving a 104.6% achievement rate.</p>	3	5.05%	0.2

	After all these activities, 1359 people (554 women (40%) and 815 men).			
3.1. PMU set up	<p>1. All hardware (furniture, office supplies, computer and audiovisual equipment), various consumables and office supplies for the PMU have been purchased with the exception of the three air conditioners that were cancelled, because the government supplied from the PS/ CNLS, which hosts the project.</p> <p>2. The office vehicle and the 4WD were purchased.</p> <p>1. To recruit short-term national consultants (18 staff months): Two consultants were recruited for the PS/CNLS and the PMU to undertake short-term t services (less than two months).</p> <p>2. To publish and disseminate a documentary film on HIVAIDS: the consultant is hired and the activity is underway.</p> <p>3. To train the PMU managerial staff on procedures for the procurement of goods and services (1 session /per year, per person and per department). The PMU staff members have been trained in the procurement as well as the public expenditure implementation procedures.</p> <p>4. To organize visits in the sub-region, participate in international conferences and organize study tours, including trips to the Temporary Relocation Agency (TRA) of the AfDB/Tunis: the Coordinator, the Procurement Specialist and Accountant/Manager undertook a mission to the TRA. Also, all the PMU managers have been trained and have participated in study tours in the sub-region.</p>	3	18.82%	0.6
<b>OVERALL OUTPUT SCORE</b> [corresponds to the average assessment rating]				<b>3</b>

Tick here to override auto-calculated score

Give reasons for disregarding the calculated rating

Insert the new score or re-enter the auto-calculated one.

3

## II. OUTCOMES ACHIEVED

1. Using the available monitoring data, assess the achievement of the expected outputs. Import the expected outputs of the logical framework presented in Section C. Rate the implementation of the expected outputs. The overall output rating should correspond to the average of the assessment ratings. Disregard the automatically calculated rating, if you so wish, and provide justifications for doing so.

OUTCOMES

Working score

Expected	Actual	
1 Improvement in HIV prevention and care for the populations living in the project area.	Voluntary testing improved and the population adhered to this strategy. The traditional practitioners have improved their knowledge and have developed treatment protocols based on traditional practices for the management and treatment of opportunistic infections (OI). A monograph on plants has been prepared and collaboration with modern medicine has increased. The MCTP is effective in maternity units of the project area and all levels and categories of the target population have been sensitized.	3
2 Institutional capacities strengthened	The PS/CNLS is strengthened and well equipped. Its monitoring capacities on the ground and in particular in the project area have been enhanced through the establishment and operationalization of the decentralized structures of the PS / CNLS (CDLS, CCLS, CALS, CVLS) that are becoming functional. Increased awareness of the pandemic and their appropriate training has increased their role in its combat.	3
3 Strengthening of the Management of HIV/AIDS Control Activities	Management is effective. The PMU has issued 20 quarterly reports. This number is higher than what was expected because of the project's extension of 18 months and the fact that two reports were prepared before the project started. Three annual reports have been produced, even though they were not envisaged at appraisal. Four accounts audits, an ex-ante study and a mid-term review report have been produced. The ex-post study has been cancelled for fear of not being able to meet the deadline. A documentary film and the study on the impact of HIV on education and agriculture have been completed. The audit report is in the process of finalization.	3
<b>OVERALL OUTCOME SCORE</b> [Corresponds to the average of working scores]		3

**Check here to disregard the auto-calculated rating**

**Give reasons for disregarding the auto-calculated score rating**

**Enter the new rating or re-enter the auto-calculated rating**

3

2. **Additional Outputs:** Comment on the additional outputs not envisaged in the logical framework, cross-cutting issues (for example, gender).

No specific Gender Action Plan has been formulated. Nevertheless, the activities of component 1 of the project relate to the MCTP (Mother-Child Transmission Prevention).

The expansion planned for one maternity clinic per commune has been extended to cover those of all the 6 communes, resulting in a greater achievement compared to the initial program. Furthermore, given the feminization of the HIV/AIDS infection and the fact that women are the caretakers of people living with this disease, a situation which has enormous social and economic impact, the project has taken due account of the specific needs of women in the selection of the beneficiaries, and mainly for IGA (income-generating activities) and awareness-raising. The data has been gender-disaggregated and women's participation has been promoted, even if more efforts remain to be made. The project has a broad-based community component and effective participation, which aimed at enhancing the empowerment of men and women. The establishment and operationalization of the decentralized units of the PS/CNLS, namely: CDLS, CALS and CVLS play a critical in the ownership and sustainability of the project's achievements. The involvement of both young men and women, the Ministry of Family Affairs and National Solidarity, together with the decentralized social protection centres are strengthened in combatting the disease.

3. Risks to sustainability of outputs achieved. Highlight factors that affect, or could affect the project outputs or their viability in the long term. Mention any new activity, or institutional change, possibly recommended to ensure viability of the outputs. The analysis should draw on the sensitivity analysis contained in Annex 3, where appropriate.

The threat lies in discontinuing the awareness-raising programs and the lack of monitoring of the income-generating activities (IGA) The lack of ownership by the Ministry of Health of the experience of assisting PLWHIV in the IGA, strengthening operationalization of the split-up structures of the PS/CNLS (CCLS, CALS, CVLS) and maintenance of their motivation could affect the achieved outputs. With the Bank's withdrawal at the completion of the project, the Government would be required to take over the project with the support of partners, to ensure the sustainability, continuity and geographical representation of the activities.

## E. PROJECT DESIGN AND READINESS FOR IMPLEMENTATION

1. Indicate the extent to which the Bank and the Donee have ensured that the project has taken into account the Donee's implementation capacity, by ensuring a viable design and establishing a requisite implementation mechanism. To analyze all aspects related to project design. The design-related issues are: to what extent did the project design take into consideration the lessons learnt from previous PCRs in the sector or in the country? (Mention some key PCRs); is the project based on reliable analytical studies? (Mention some key documents); to what extent did the Bank and the Donee appropriately assess the capacity of the executing agencies and that of the project implementation unit; extent of consultations and partnerships, economic justification of the project and the arrangements made for technical assistance [not more than 250 words. Any other remarks on implementation should be presented in Annex 6 entitled: Project Description]

The project is in line with both the Government's and the Bank's policy and strategy papers on HIV/AIDS Control, Health, Education and Population. The project was identified, prepared and appraised in compliance with the Bank's procedures. In addition, two Bank missions visited the country in November 2003 and February 2004 respectively to identify and appraise an HIV/AIDS Control Support Project. The preparation was actually carried out jointly with the appraisal. The project design is based on the strategic framework for HIV/AIDS Control (CSLS), which defines the general objectives, strategies and priority activities to be implemented.

The Project is also consistent with the strategic guidelines for development (SGD n°5). Indeed, since 2002, the Government of Benin has considered HIV/AIDS control as a development issue. It subscribed to the Abuja Declaration and the United Nations Special Session on AIDS. The Project is consistent with the Strategy for Growth and Poverty Reduction (SGPR) "Directive: 3: Strengthening Human Capital; Sub-directive: Improving access and quality of health services and nutrition; Area: Prevention of HIV/AIDS". The project falls within the national strategic framework for HIV/AIDS control. It will finance activities to prevent HIV infection of the population, the youth and pregnant women (Mother-Child Transmission Prevention of HIV).

2. **For each aspect of the project design and preparedness for implementation, present a brief assessment (not more than two sentences). Award an assessment rating on the basis of the scale in Appendix 1.**

PROJECT DESIGN AND READINESS FOR IMPLEMENTATION DIMENSIONS		ASSESSMENT	Working Score
REALISM	Project complexity is matched with country capacity and political commitment.	The project, its objectives and expected outcomes are realistic and reflect the government's political will to combat the HIV/AIDS pandemic.	4
RISK ASSESSMENT AND	b) Project design includes adequate risk analysis.	Certain risks related particularly to the depreciation of the Unit of Account (UA) are not adequately analyzed and taken into account, resulting in the lack of	3

MITIGATION		mitigation measures.		
USE OF COUNTRY SYSTEMS	Project procurement, financial management, monitoring and/or other systems are based on those already in use by government and/or other partners	The procurement system is based on that of the Bank and is consistent with the Grant protocol. The Bank did not have to reject the contract award proposals submitted to it.	3	
For the following dimensions, give separate working scores for Bank performance and the Donee performance:			Working Score	
			Bank	Borrower
CLARITY	d) Responsibilities for project implementation are clearly defined.	The roles and responsibilities are defined in the appraisal report.	3	3
PROCUREMENT READINESS	e) Documents required for implementation (specifications, design, procurement, etc.) were ready at appraisal.	The manual of administrative, financial and accounting procedures was prepared in 2006 and revised in 2007, three months after the project start-up. An implementation manual was prepared in 2009.	2	2
MONITORING READINESS	f) The indicators and monitoring plans are adopted.	<p>The project indicators are contained in its log frame. The monitoring and evaluation of the PALS is in accordance with chapter 5.6 of the project appraisal report. It is an integrated component of the PS/CNLS's unique national monitoring- evaluation system.</p> <p>The data collection system for the project indicators is based on the routine information system and the epidemiological surveillance system, the CNLS and the OLNS information systems, surveys of the general populace and the vulnerable groups as well as various special surveys.</p> <p>The basic elements of the information system are: primary data collection by the implementing agencies; data collection during field visits and data collection through appraisal activities.</p> <p>The routine data compiled by the health system is collected on a quarterly basis through the PNLs. The epidemiological surveillance data which should feed into the indicators on the results and impact are collected through the PNLs annual epidemiological surveillance survey reports. Data relating to the other project activities (training, institutional support to agencies engaged in AIDS control, and to traditional medicine) is collected directly through the activity reports produced by the implementing agencies.</p>	3	3
BASELINE DATA	h) Baseline data collection is completed or on going.	The baseline data was collected after the project start-up through a study conducted in 2008.	4	3

## F. IMPLEMENTATION

1. Give the key project implementation characteristics of the following aspects: adherence to schedules, quality of the construction and other works, performance of the consultants, effectiveness of the Bank's supervision and the Donee's monitoring. Determine to what extent the Bank and the Borrower ensured compliance with the safeguards.

**(Maximum of 300 words). [Any other remarks on implementation should be presented in Annex 6 entitled: Project Narrative]**

The implementation schedule has not been fully respected. The deadline for the last disbursement scheduled for June 30, 2009 was extended to December 31, 2010, due to delays in project implementation caused by the late recruitment, a year after the start of activities, of the procurement specialist, which explains some delays and difficulties encountered in procurement.

The frequency of supervision is deemed satisfactory. Indeed, for the total project implementation period, a total of 10 missions, comprising one launching mission, seven supervision missions, including one jointly conducted with the Bank-financed Health Development Support Project (PADS), a mission of the Project Management Unit (PMU) to the Bank in Tunis, and, one mid-term review mission. The performance of the Project Management Unit (PMU) is deemed quite satisfactory.

Performance of the Consultants and Service Providers: Consultants recruited under the project performed generally satisfactorily. Generally speaking, the reports submitted required only slight amendments. However, both radios experienced a delay of about one year in the performance of their contracts.

Performance of Suppliers: The Suppliers' performance was satisfactory and overall, the materials delivered were compliant. However, the antiretroviral (ARV) drugs, reagents, equipment and medical supplies were delivered by UNICEF about a year behind schedule. The notification of the arrival of the products at the airport was sometimes given late, affecting those products that require particular storage to avoid deterioration.

2. Comment on the role of other partners (donors, NGOs, contractors, etc.). Assess the efficacy of the co-financing and donor coordination modalities, if applicable).

The project was financed by an ADF grant representing 95% of the total cost, while the Government's contribution constituted 5%. Some donors, though they did not contribute to the project financing, played an important role and the donor involvement was satisfactory. Collaboration with UNICEF facilitated the procurement of reagents, ARVs, and equipment through UNIPAC. WHO collaborated in the development and validation of training modules. UNDP, which was expected to carry out the field monitoring, could not do so because its project was completed before the effective start of the project activities. Hence, its role in the HIV/AIDS control was longer very significant before the start-up of the PALS project.

Five NGO partners organized 8652 awareness sessions. They used 521 community volunteers (including 164 women). The sessions raised awareness among 156 854 people, including 77 217 women. Collaboration with the NGOs was instrumental in training and awareness raising, which led to social mobilization and activities closely involving the surrounding populations. This helped to strengthen the outcome obtained by the Donee through increased ownership and sustainability of the achievements.

3. Harmonization: Indicate whether the Bank explicitly applied itself to harmonizing the instruments, systems and/or methods with the other partners.

The project complies with the financial and accounting procedures of the PS/CNLS. The procurement of the

computerized accounting management system for the PMU as envisaged at appraisal was cancelled because the PS / CNLS established a harmonized computerized accounting management system with funding from the World Bank.

The action plans of the Ministry of Health took into account and integrated the activities of the PALS project into the national plans as well as those of the six communes in the project area.

4. For each aspect of the project implementation, show to what extent the project achieved the objectives hereunder. Make a brief assessment (not more than two sentences) and give an assessment rating using the scale in Appendix 1.

ASPECTS RELATED TO PROJECT IMPLEMENTATION		ASSESSMENT		WORKING SCORE
TIMELINESS	a) Extent of compliance with the planned closing date. If the gap on the right is below 12, rating is 4; between 12.1 and 24, rating is 3; between 24.1 and 36, the rating is 2 and, above 36.1, the rating is 1.	Slippage in months between the scheduled closing date and the actual closing date or the achievement date of the 98% disbursement.	Two successive postponements of the deadline for the last disbursement. These postponements of 12 months and 6 months caused a slippage of 18 months.	3
	b) Bank enforced compliance with:			
BANK PERFORMANCE	Environmental Safeguards	Having been classified as environmental category III, the project did not need to formulate special provisions. It has no negative impact on the environment. Sensitization of project service providers and beneficiaries on the management of condoms, the destruction of the reagents used during testing and decontamination of the sampling equipment was conducted. The incinerators existing at the health facilities have been used in disposing of solid waste, and the appropriate equipment is available for decontamination of items and materials.		3
	Fiduciary Requirements	Overall, the fiduciary arrangements were complied with. The disbursement methods and the budget were respected. All audit reports issued, a total of four, have been submitted to the Bank. The number of audits carried out is higher than the number expected, and this is due to the extension of the project (18 months). The PMU has implemented all the recommendations made and communicated by the Bank. The most recent audit report, that of 2010, has been finalized and should be sent to the Bank.		3
	Project covenants	The Bank fulfilled the terms of the agreements entered into with the Donee.		4
	c) The Bank's supervision was satisfactory in terms of the skills mix and practical solutions.	The profiles of those involved in the supervision were varied. All the missions were actually undertaken by a Health Expert working alone or with a Procurement Specialist and an Architect or a Financial Management Specialist or combined profiles. Hence, the skills mix was satisfactory. The recommendations emanating from the various		4

		missions were especially realistic and feasible, in particular the indicators, timeframes and commitments of the Government.	
	d) The Bank provided quality management oversight.	In addition to the regular supervision missions, missions by the PMU (Project Officer, Accounting Manager and Procurement Specialist) to the Temporary Relocation Agency of the AfDB in Tunis, and by the Bank's Procurement Department as well as the mission for the Portfolio Review in Benin focused on the rules and procedures for contract award. The Bank's supervision of the project management was satisfactory.	4
PERFORMANCE OF THE BORROWER	e) The Borrower complied with:		
	Environmental Safeguards	Having been classified as environmental category III, the project did not need to formulate special provisions. It has no negative impact on the environment. Sensitization of project service providers and beneficiaries on the management of condoms, the destruction of the reagents used during testing and decontamination of the sampling equipment was conducted. The incinerators existing at the health facilities have been used in disposing of solid waste, and the appropriate equipment is available for decontamination of items and materials.	3
	Fiduciary Requirements	Two auditing firms recruited on the basis of a shortlist prepared four audits of project accounts. The first firm carried out the audit exercises for 2005, 2006 and 2007 while the second did the audits for 2008, 2009 and 2010. The 2005 and 2006 audits were merged into a single report because few activities undertaken in 2005. The procurement modes (NS, SL, LS and direct negotiation) outlined in the Grant protocol were generally complied with and at all proposals for contract awards received no objection from the Bank, except concerning the short-term national consultants (post-review envisaged). However, it should be noted that the national procurement procedures were combined with those of the Bank, resulting in a complex and lengthy system. All audit reports issued, a total of four, have been submitted to the Bank. The number of audits carried out is higher than the number expected, and this is due to the extension of the project (18 months). The PMU has implemented all the recommendations made and communicated by the Bank.	3
	Project covenants	The Donee has fulfilled all the conditions of the Grant agreement. However, the disbursement rate of the counterpart funds was only 50.52%.	2
	f) The Borrower was responsive	The Donee has satisfactorily implemented all the	4

	to Bank supervision findings and recommendations.	recommendations formulated by the Bank during its various project supervision missions.	
	g) Donee collected and used monitoring information for decision making	The establishment of the Steering Committee led by the Autonomous Sinking Fund (Caisse autonome d'amortissement -CAA) with the support of the Ministry of Development also played a decisive role in the performance of the Donee, through regular meetings to monitor attainment of results, the use of financial resources and the implementation timetable.	3

## G. COMPLETION

1. Is the PCR delivered on a timely basis and in compliance with the Bank's Policy?			
Date of attaining the disbursement rate of 98% (or the closing, date, if applicable)	Date the PCR was sent to pcr@afdb.org  DD/MM/YY	Difference in months	WORKING SCORE (generated automatically) if the difference is equal to or lesser than 6 months, the score is 4. If the difference is greater than 6 months, the score is 1.
31 December 2010			4
<p>Briefly describe the PCR process. Describe the Donee and co-financiers' involvement in producing the <b>document</b>. Highlight any inconsistencies in the assessments made in this PCR. Describe the team composition and confirm whether a site visit was undertaken. Mention any major collaboration with other development partners. State the extent of field office involvement in producing the report. Indicate whether comments from peer reviewers were received on time (provide names and positions of peer reviewers) (100 words maximum).</p> <p>The PCR process was prepared as follows:</p> <ul style="list-style-type: none"> <li>- A Bank team comprising a Medical Doctor, a Consultant, a Public Health Specialist and an AfDB official coordinating the budget and management of Bank resources undertook a mission to Benin from 1 to 15 December 2010 and 1 to 8 December respectively, to prepare the Project Completion Report for the HIV/AIDS Control Support Project in the Republic of Benin. The mission was conducted jointly with the donee, through the PMU, the CAA, the Ministry of Development and Planning and the Ministry of Health.</li> <li>- A joint (Government-Bank) mission met with partners in the Health Sector and those involved in HIV/AIDS control, including the UNAIDS Country Coordinator, UNICEF, WFP, WHO and the UNDP. Field visits to Porto-Novo and Parakou completed the mission activities and were opportunities to view the physical outputs and community-level activities. At the workshops held in Ouidah, and Parakou ideas were shared with the actors and beneficiaries, including people living with HIV/ AIDS (PLWHIV).</li> <li>- The mission submitted its work to the Health Minister and the Ministry cabinet. Another session was held where the partners and agencies working at the national level, under the supervision of the PS/CNLS shared THE early results. AfDB and the PMU prepared a first draft of the PCR jointly during the mission. The PCR mission then developed the final PCR, which was submitted to the Bank.</li> </ul>			

## H. LESSONS LEARNT FROM THE APPRAISAL

Summarize the key lessons that the Bank and the Donee can possibly draw from the project's outcomes.

[300 words maximum). Any other additional narrative about lessons learned should be presented under Annex 6 entitled: "Project Narrative".

1. The establishment of a functional steering committee played a key role in the successful implementation of the project activities through its commitment and recommendations made.  
  
The contracting by NGOs led to successful implementation of grassroots activities, while those with the UNICEF also has helped to procure quality drugs, reagents and equipment generally on schedule.
3. The establishment and operationalization of the decentralized PS/ CNLS units made for smoother and faster implementation of the activities assigned to them. They also ensured greater awareness of the problem of project sustainability.
4. It is essential to develop an administrative, financial and accounting procedures manual before starting the project, institute a management system and develop an operational manual to start activities optimally.
5. Timely recruitment of the project team, in particular the procurement specialist right from the project start-up stage.
6. Certain procurement modes were not appropriate for the grassroots level, in particular the international shortlist.
7. Strengthening the capacity for managing the community, in particular the PLWHIV, and financial assistance to activities facilitates better management of the AGR and the sustainability.
8. The involvement of district heads (village chiefs) in community projects boosts their motivation, guarantees sustainability and awareness raising in this area.
9. Hosting the project within the PS/CNLS is also an element of sustainability as well as streamlining of costs by using their accounting system, etc.

## I. SUMMARY OF PROJECT RATINGS

Allocate the ratings by referring to the relevant sections of the PCR. For example, ratings for "Achievement of Outputs" should be referred to "Overall Rating of Outputs" under the table in section D.I.

CRITERIA	SUB-CRITERIA	Working Score Rating
PROJECT OUTCOME	Achievement of Outcomes (see score under Section D.I.)	3
	Achievement of Outputs (see score under Section D.I.)	3
	Timeliness (see score under Section F.4.)	3
	<b>OVERALL PROJECT OUTPUT RATING</b> (average scorer)	3
BANK PERFORMANCE	Design and Status of Preparation	
	The project objectives are relevant to the development priorities of the country (see rating under Section C.3.)	3
	The project objectives are achievable with respect to the project's contributions and the expected time frame. (see rating under Section C.3.)	3
	The project's objectives are consistent with the national and regional strategies of the Bank (see rating under Section C.3.)	4
	The project objectives are consistent with the general priorities of the Bank. (See rating under Section C.3.)	4

	The logical framework envisages a logical causal sequence for the achievement of the project's development objectives. (see rating under Section C.5.)	3
	The objectives and outputs, as presented in the logical framework, are measurable and quantifiable. (see rating under Section C.5.)	4
	The logical framework presents key assumptions and risks (see rating under Section C.5.)	3
	Project complexity is in consonance with the country capacity and political commitment. (see rating under Section E.2.)	4
	The project design includes adequate risk analysis. (see rating under Section E.2.)	3
	Project procurement, financial management, monitoring and/or other systems were based on those already in use by the government and/or other partners. (see rating under Section E.2.)	3
	The project implementation responsibilities are clearly defined. (see rating under Section E.2.)	3
	Necessary implementation documents (e.g., on specifications, design, procurements, etc.) were ready at the time of the appraisal (see rating under Section E.2.)	2
	The monitoring and planning indicators were adopted (see rating under Section E.2.)	3
	Baseline data was available or its collection ongoing. (See rating under Section E.2.)	4
	<b>PROJECT DESIGN AND READINESS SUB-SCORE (average rating)</b>	<b>3</b>
	Supervision:	
	Bank complied with:	
	Environmental safeguards (see rating under Section F.4.)	3
	Fiduciary Provisions (see rating under Section F.4.)	3
	Project Agreements (see rating under Section F.4.)	4
	The quality of Bank supervision was satisfactory in terms of skills mix and practical solutions (see rating under Section F.4.)	4
	The Bank's project management supervision was satisfactory (see rating under Section F.4.)	4
	The PCR was carried out on schedule (see rating under Section G)	4
	<b>SUPERVISION SUB-SCORE (average rating)</b>	<b>4</b>
<b>OVERALL BANK PERFORMANCE SCORE (average rating)</b>	<b>4</b>	
PERFORMANCE OF THE DONEE	Design and Readiness	
	Responsibilities for project implementation are clearly defined (see rating under Section E.2)	3
	Necessary implementation documents (e.g., documents on specifications, design, procurements, etc.) were ready at appraisal (see rating under Section E.2)	2
	The monitoring and planning indicators are agreed upon and baseline data are available or are being collected (see rating under Section E.2)	3
	<b>PROJECT DESIGN AND READINESS SCORE (average rating)</b>	<b>3</b>
	Implementation	
	The Borrower complied with:	
	Environmental Safeguards (see rating under Section F.4)	3
Fiduciary Provisions (see rating under Section F.4)	3	
Agreements concluded under the project (see rating under Section F.4)	3	

	The Donee endorsed the conclusions and recommendations formulated by the Bank from the project supervision. (see rating under Section F.4)	4
	The Borrower's decisions are based on information drawn from the project monitoring (see rating under Section F.4)	3
	IMPLEMENTATION SUB-SCORE (average rating)	3
	OVERALL DONEE PERFORMANCE SCORE (average rating)	3

## J. PROCESSING

STEP	SIGNATURE AND COMMENTS	DATE
Cleared by Sector Division Manager		
Cleared by Regional Director		
Approved by Sector Director		

Rating Scale and Correspondence

SCORE	EXPLANATIONS
4	Fully satisfactory – Smooth implementation, no weaknesses
3	Satisfactory - Most of the objectives were achieved in spite of some shortcomings
2	Average - Project partially successful. Almost as many outcomes as shortcomings
1	Poor - Very few achievements and serious shortcomings
NA	Not applicable

Note: The formulas are rounded up to one decimal up or down. For the calculations, only whole numbers are retained.

## **List of Annexes**

### Annex 1: Project Costs and Financing

Table 1.a: Resources by Source of Finance of the PALS

Table 1.b: Cost by Category of Expenditure (in CFAF million) AfDB

Table 1.c : Project Costs by Category of Expenditure (in millions of FCFA) BENIN

Table 1.d: Commitment by Component (in million FCFA) AfDB

Table 1.e: Project Costs by Component (in million FCFA) BENIN

### Annex 2: Supervision Missions

### Annex 3: Project Objectives, Description, Formulation and Beneficiaries

## Project Costs and Financing

Table 1.a: Resources by Source of Funding for PALS

Funding Sources	Evaluation			Completion as at 25/11/2010		
	Million UA	Million FCFA	%	Million UA	Million FCFA	%
- ADF	2.70	2 145,05	95	2.55	1 908.32	94.81
- GOVERNMENT	0,14	112.90	05	0.08	63.46*	56.21
-TOTAL FUNDING	2,84	2 257.95	100	2.63	1 971.78	92.61

Table 1b: Cost by Category of Expenditure (in CFAF million) ADB

Expenditure categories	Evaluation		Commitment as at 31/12/2010	
	Amount	%	Amount	%
GOODS	734.94	34.26	531.37	72.36
SERVICES	1360.09	63.40	1354.50	95.59
OPERATION	50.01	2.33	121.39	242.73
TOTAL	2145.04	99.99	2007.26	93.58

Table 1.c: Project Costs by Expenditure Category (in millions of FCFA) Benin

Expenditure Categories	Evaluation		Completion as at 30/11/2010	
	Amount	%	Amount	%
GOODS	00.00	00	00.00	00.00
SERVICES	83.82	74.25	45.15	53.87
OPERATION	29 .07	25.75	18.32	63.02
TOTAL	112.89	100	63.47	56.22

Table 1.d: Commitment by Component (in million FCFA) ADB

Components	Appraisal		Commitment at 31/12/2010	
	Amount	%	Amount	%
1 SUPPORT TO PREVENTIVE ACTIVITIES (Epidemiological Surveys, IEC, MTCP and Testing) AND TRADITIONAL MEDICINE	970.53	45.25	779.46	8.53
2 SUPPORT FOR AGENCIES ENGAGED IN HIV/ AIDS CONTROL	798.01	37.20	569.40	12.82
3 PROJECT MANAGEMENT	376.51	17.55	658.40	29.53
TOTAL	2145 .05	100	2007.26	93.58

Table 1.e: Project Costs by Component (in million FCFA) Benin

Components	Appraisal		Completion at 30/11/2010	
	Amount	%	Amount	%
1 SUPPORT TO PREVENTIVE ACTIVITIES (Epidemiological Surveys, IEC, MTCP and Testing) AND TRADITIONAL MEDICINE	33.14	29.36	21.65	65.33
2 SUPPORT FOR AGENCIES ENGAGED IN HIV / AIDS CONTROL	50.68	44.89	23.49	46.35
3. PROJECT MANAGEMENT	29.07	25.75	18.32	63.02
TOTAL	112.89	100	63.46	56.21

## Supervision missions of PALS / AfDB. Ratings of the Last Mission

Missions	Starting Date	End Date	Duration (No of Days)	Number of persons	Composition
Identification	November 2003			3	A Health Specialist and two Consultants
Preparation /Appraisal	February 2004	ND		3	A Health Specialist and two Consultants
Supervision	27/11/2005	04/12/2005	7	1	A Health Specialist
Launching	24/09/2006	04/10/2006	10	3	A Health Specialist, an Architect and a Financial Management Specialist
Supervision	02/04/2007	13/04/2007	11	1	A health Specialist
PMU Mission to the AfDB/Tunis	07/08/2007	11/08/2007	5	3	Coordinator, Accounting Manager, a Procurement Specialist
Supervision	25/02/2008	08/03/2008	11	1	A Health Specialist
Mid-Term Review	02/07/2008	13/08/2008	11	2 AfDB and 2 national	A Health Specialist, an Architect, a National Financial Analyst, Sociologist, a National Expert in Organizational and Institutional Development.
Supervision	01/06/2009	12/06/2009	11	3	Two Health Experts, one Architect
Supervision	21/10/2009	02/11/2009	13	1	A Health Specialist
Supervision	10/05/2010	25/05/2010	15	3	A Health Specialist, a Procurement Assistant, a Financial Management Specialist
Preparation of Completion Report	16/08/2010	27/08/2010	11	2	A Health Expert, an Architect, a Procurement Specialist
Preparation of Completion Report	1/12/2010	22/12/2010	20	2	A Health Expert, a Coordinator of Budget and Resource Management

## Project Objectives, Description, Formulation and Beneficiaries

### 1. Objectives

The sector goal of the project is to contribute to reducing the prevalence of HIV / AIDS. The specific objective is to buttress preventive activities, traditional medicine and the agencies undertaking action against HIV / AIDS / STDs.

### 2. Project Description

The attainment of the project objectives will be pursued through the following three components: (i) Support to preventive activities (epidemiological surveillance, IEC, Mother-Child Transmission Protection (MCTP), testing) and traditional medicine, (ii) Support to the agencies working to control HIV/AIDS/STI, and (iii) Project Management.

#### 2.1 Component I: Support to preventive activities (epidemiological surveillance, IEC, MCTP and testing) and traditional medicine

2.1.1 This component aims at strengthening preventive activities and traditional medicine to obtain a better understanding of the pandemic and also to contribute to reducing the virus transmission rate among the population in general and within the target groups in particular. Activities planned under this component relate to the information, education and communication sessions by to be executed by NGOs, COs and associations through the media, epidemiological surveys, testing, the MCTP, and traditional medicine. The content of each activity is described below:

IEC activities scheduled for implementation by NGOs, CBOs and Associations:

2.1.2 In order to enhance awareness-raising and better organize the population in the war against HIV/AIDS/STDs, the project will finance the costs of services rendered by the COs and NGOs, which will be recruited to implement prevention and IEC activities in the six municipalities, 46 administrative departments, 358 districts and villages. These activities will complement those carried out by the committees at the decentralized level which are included in the second component.

#### Epidemiological surveillance

2.1.3 In order to improve the indicators on the situation of HIV / AIDS, the project will finance the strengthening of the epidemiological surveillance system to ensure reliable data on the outcomes and monitoring of behavioural changes in the population. This will entail supporting the supervision of the sentinel network, undertaking annual sero-surveillance surveys on the target groups and second-generation surveys to monitor behavioural changes. In addition, to improve the performance of existing staff, the project will support the organization of the training of 120 health workers on methods of conducting second-generation technical behavioural surveys. Furthermore, the project will seek to improve the quality of data input and analysis by financing the procurement of equipment for computer workstations (a computer, a printer, a UPS) for the PNLS (4 lots).

## Screening

2.1.4 To contribute to the increased testing rates (15%) in the targeted municipalities; the project will fund mobile testing by the existing structures. The project will support the purchase of reagents for voluntary testing of 15% of the population of the 6 municipalities, a total of 106,510 people. Assuming that 5% of these people tested were positive, that would require retesting to confirm 5325 people. The project will support the purchase of 106,510 rapid test kits for voluntary testing and for the confirmation testing. The project will provide logistical support to 2 testing sites per municipality for the voluntary testing. One of the sites will be mobile and will involve two persons per testing session every week for the three-year lifespan of the project. The PNLs will be equipped within two mounted cars for the promotion of voluntary testing and dissemination of AIDS prevention messages. In addition, the project will finance the supply of reagents and consumables for serology. The project will also support the testing activities of functional agencies located in the surrounding communities and frequented by some populations of the six municipalities targeted by the project (e.g. the at St Camille clinic at Davougon and the Dogbo Teta project supported by Doctors Without Borders- both visited by the Bank).

## MCTP (Mother-Child Transmission Prevention)

2.1.5 In order to contribute to the reduction of vertical transmission of HIV from mother to child, the project will support the implementation of activities to prevent mother- to- child transmission (MCTP) in six maternity units (one per municipality) located in hospitals at Comé, Natitingou, Ouidah, Savalou and community centers at Zongo (Parakou) and Zebou (Porto Novo). Over a three-year period, the project will provide support for the supervision and monitoring/evaluation for these six birthing centers. The funds from the project will be used to finance the biological assessment, the treatment of opportunistic infections (Ois drugs) and the reduction of mother- to- child transmission of HIV (by taking ARV: AZT/nevirapin) for 912 patients in the six-targeted municipalities. In addition, the project will support training in monitoring and evaluation of health workers and officials from sentinel sites (10 people per site, for an annual session for a total of 50 agents in five target areas) and refresher courses for 5 physicians under f PETRAME for 5 days. It will also support the training of trainers at local level. This includes training, for the six municipalities, of five doctors and four sociologists or social workers (already at work in health facilities and other social services) for 5 days under PETRAME. As part of the procurement of goods under PETRAME and activities below, the project will finance the administrative costs of about 5% for UNIPAC and IAPSO (two central procurement systems of the United Nations) respectively for the ARV drugs/reagents and equipment (vehicles, computer and IEC equipment). In addition the project will finance the UNDP support and guidance to the PMU for the implementation of decentralized activities. This support consists of joint monitoring missions and supervision of project activities in the beneficiary communities with the PS/CNLS and the Project Management Unit. UNDP is not charging any fees for its advisory role and support, but the project is covering the costs of field visits..

## Traditional Medicine

2.1.6 Considering the important role of traditional medicine in the treatment of PLWVIH, the project will finance activities designed to enable traditional practitioners to better play their role in the fight against the pandemic. The project will therefore support the development and validation of a protocol based on proven traditional healing practices that 7500 traditional practitioners have found to be effective in the treatment of opportunistic infections. In addition, the project will finance training for 600 traditional practitioners (about 10% of the total number) in the areas of harmonization of prevention, diagnosis of HIV/AIDS, treatment of opportunistic infections and the psychosocial monitoring of PLWHIV.

## 2.2 Component II: Support for Structures engaged in HIV / AIDS / STD Control

2.2.1 This component aims to improve the institutional framework for HIV/AIDS control, supporting the existing agencies regarding the funding of trainings, study tours and equipment (equipment limited to the six municipalities, their six youth centers, six promotion centres and the PS/CNLS) for HIV/AIDS control i.e. NGOs / CBOs / Associations, the six departmental committees where the 6 target municipalities are located), the six municipalities (Ouidah, Come, Porto-Novo, Parakou, and Savalou Natitingou), the 46 committees of areas and 358 district and village committees and the PS / CNLS. In addition, the project will finance activities nationwide (impact studies, training, production of documentary films, etc.).

### NGOs, CBOs and Associations

2.2.2 The project will finance consulting services (the same consultants who will be recruited to assist the PS/CNLS) to participate in improving the care of PLWHIV with support from PLWHIV associations . They will help to build capacities of community-based organizations and NGOs for decentralized activities. The project will also support IEC sessions directed at youth groups, socio-professional associations and the civil society (3 groups of 150 persons each and 3 one-day sessions per year). The project will equally finance study tours for the benefit of trainers of community-based organizations and NGOs. These study tours will share their experiences at the regional level and any persons, benefitting from the study tours as part of the project, will prepare a back-to- office report to be sent to the PMU, which will be responsible for disseminating the information through the appropriate structures.

### Municipalities, Administrative Departments, Districts and Villages Levels

2.2.3 Within the municipal HIV/AIDS control committees, the project will finance training sessions on monitoring and evaluation, micro planning and IEC (5 sessions for the benefit of 4 persons/municipality for 4 days). The project will support IEC sessions; chat-discussion sessions in the 358 villages of six districts and municipalities targeted to heighten awareness of the populace at all levels. To strengthen decentralization, the project will support the implementation of training sessions on the same topics, in the 46 administrative departments, 189 areas and 169 villages grouped into the six municipalities. The project will also finance training for 16 women and 24 men from each municipality, leaders of cooperatives or women's groups in the area of IEC. In total 96 women and 144 men will undergo two days of training in 2005. These men and women disseminate the message of awareness to the population. In addition, the six municipal committees and social promotion centers and youth centers would be provided with computer audio-visual aids and IEC equipment, for their training and IEC activities. Finally, the project will fund partnership agreements between the municipalities and six local or rural radios, in order to strengthen outreach services to the people.

### National Level

2.2.4 The project will finance training activities (to be coordinated by the PS/CNLS), in the areas of monitoring and evaluation, micro-planning and IEC for the benefit of staff of 6 CDLS and 35 UFLS of ministries, institutes and training centers, the university and ORTB (radio and television in Benin) (5 persons per agency, a total of 175 persons for 5 days). The training is meant for all the key staff of these agencies. The project will support training seminars for the directors and coordinators of the 575 projects and programs in the public investment program to enhance awareness of the importance of the fight against the pandemic and the need to include HIV/AIDS activities in development projects. This activity will be coordinated by the PMU and the Ministry of Planning, Forecasting and Development.

2.2.5 The project will finance two HIV/AIDS impact studies at the national level, one on teachers (26 staff/months) and the other on the agricultural sector (farmers) (25 staff/months). The results of these studies will reveal the impact of the pandemic on the two key sectors. In addition, the study findings will provide insight into the loss of human resources, agricultural production, education, and the economy in general, etc. These two studies will be managed by the PMU in collaboration with the Ministry of Planning (MCPD), in charge of population and human resources issues. In addition the project will support the production of a documentary film on HIV/AIDS/STD awareness for the entire population.

#### PS/CNLS

2.2.6 The project will contribute to capacity building of the PS/CNLS, the only State agency, established by the state in May 2002, to coordinate HIV/AIDS control activities. The PS/CNLS has just started its activities as defined in the strategic framework for HIV/AIDS control. The project will provide technical assistance to the PS/CNLS in the areas of monitoring / evaluation, micro planning, IEC and Community Development (9 staff/months). Thus, it will assist the PS/CNLS in the establishment of an effective national monitoring system. In addition, under the coordination of the PS/CNLS and the PMU, the project will conduct an inventory (4 staff/months) to identify NGOs active in HIV / AIDS control.

This inventory by area of intervention will clarify the specific activities of field workers. In addition, a better knowledge of these NGOs will help the establishment a short list of service providers for the implementation of decentralized activities.

2.2.7 The project will finance study tours and participation in regional conferences that will give the officials of the PS/CNLS, and possibly those of other agencies, exposure to the outside world that will enable them to strengthen their scientific knowledge and advocacy tools.

2.2.8 The project will support the publication of a bimonthly newsletter and the creation of a website in order to improve the PS/CNLS' communication with other players engaged in the HIV/AIDS control in Benin. In addition, the project will finance the printing of 4000 brochures on IEC.

2.2.9 The project will also finance two annual workshops involving 100 participants to allow the PS/CNLS to strengthen advocacy with bilateral and multilateral partners. The PS/CNLS, with the support of the project, will use local radio to disseminate its work and convey messages. The project will supply the PS/CNLS with a 4WD vehicle for supervision missions, a portable computer for monitoring and evaluation, 3 air conditioners, a multimedia center on HIV/AIDS control, sets of audiovisual equipment (a television, a digital camera, a VCR, a DVD) and IEC (data projector, flip charts.).

### 2.3 Component III: Project Management

2.3.1 A management unit will be created and housed in the building of the PS/CNLS, which will provide oversight and coordination. The project will support the salaries of five contractors: a project manager (36 months), a specialist in monitoring/evaluation (36 months), an accounting manager (36 months), a training specialist/IEC (36 months) and a specialist in procurement of goods and services (24 months) will be recruited on the basis of shortlists made following a call for applications at the national level. The Unit will have support staff paid by the project consisting of a secretary, two drivers and a messenger/gardener. A short-term Consultant (18 staff-months) will be recruited by the project unit for specific needs. In addition, the project will finance the installation of a computerized accounting management system and three annual audits of project accounts and an audit at project completion. The project will finance an ex-ante study (4 staff/ months) and an ex-post evaluation (4 staff/months) to confirm or supplement respectively indicators in the

project area before and after the intervention of the Bank. In addition, the project will finance trainings for the senior staff of the PMU in the area of procurement of goods and services as well as study tours to the sub-region, including travel to the Bank's Temporary Relocation Agency in Tunis (TRA). Furthermore, the project will finance the services of a consultant (4 staff/months) for the preparation of the project completion report.

2.3.2 The PMU will be provided with equipment [an office vehicle, a 4WD vehicle, 3 air conditioners, 5 computers and accessories, fax, photocopier, data projectors ... etc.] and furniture necessary for its operation.

2.3.3 The project and the Government will bear the operating costs of the project i.e., travel, fuel, electricity, telephone, fax, Internet, mail, etc. (0.10 UA million).

### 3. Areas and Beneficiaries of the Project

#### 3.1 Areas of the Project:

3.1.1 The project is national in scope in terms of institutional support for the benefit of the Permanent Secretariat of the National Committee for HIV/AIDS control to the NAP for the epidemiological surveillance and traditional medicine and financing impact studies. More targeted action, namely the IEC activities, awareness raising of 30 480 pregnant women attending six maternity clinics with 65% (18,288), selected for the proposed voluntary testing; Prevention of mother to child transmission for 912 parturients and their babies and voluntary testing of 106 510 people, will be performed in the municipalities of Savalou, Porto Novo, Come, Parakou, Ouidah and Natitingou which comprise 358 villages and neighborhoods.

3.1.2 The selection criteria for the six municipalities are as follows: (i) the high prevalence (national prevalence is 1.9% while the targeted municipalities have the following prevalence rates: Parakou: 6, 4%; Come: 5.2%; Ouidah: 4.3%; Porto-Novo: 2.7%, Natitingou: 2.9%; Savalou: 1.8%) (ii) The limited presence of partners (iii) the representation of different departments (one commune by former department), (IV) the isolation of some areas and (v) the location of some municipalities in the Abidjan-Lagos Corridor, where there is substantial movement of populations and carriers.

3.1.3 In addition, the intervention of the Bank complements the activities of the various partners operating to curb the spread of HIV/AIDS in other parts of the country. The World Bank is funding a project (Project Multi-sector HIV / AIDS control) that has nation-wide coverage but cannot address all the needs in this area.

#### 3.2 Project Beneficiaries

3.2.1 The main beneficiaries of the project activities are: (i) the populations of the 6 municipalities: Porto-Novo (223,552 inhabitants); Ouémé-Plateau, Ouidah (97,932 inhabitants); Atlantic-Litoral, Como (58,396 inhabitants); Mono-Couffo, de Savalou (104,749 inhabitants); Zou-Collines, Parakou (149,819 inhabitants); Borgou- Alibori and Natitingou (75,620 inhabitants); and Atacora-Donga, with a total municipal population of 710 068 inhabitants; (ii) the PS/CNLS, whose capacities would be strengthened to better serve the population at the national level; ( iii) pregnant women (30,480) will benefit from counselling, awareness raising sessions, with 65% of them tested and the 912 tested positive will benefit from the activities to reduce mother to child transmission; (iv) about 106 510 people will undergo voluntary testing; (v) about 7500 practitioners of traditional medicine and their "target audience"; and (vi) members of some NGOs and CBOs. In total about 884 558 people will benefit from the implementation of the project activities.