

PROJECT COMPLETION REPORT (PCR)

A. PROJECT DATA AND KEY DATES

I. BASIC INFORMATION

Project Number AP: P-BF-IBZ-002	Project Name: HIV/AIDS Control Support project	Country :BURKINA FASO	
Instrument(s): ADF Grant No 21000155002013		Sector: Health	Environmental Category III
Original Commitment. Initial project cost UA 5 270 000; Initial ADF cost: UA 5 000 000 (CFAF 033 645 000); Initial country cost: UA 270 000 (CFAF 217 816 830).	Amount cancelled	Amount disbursed ADF 4 999 962.34; Country 273 000 000	% disbursed as at September 2009 Country: 125.33%; ADF 100% in January 2010
Grant Recipient: Burkina Faso			
Executing Agency(ies) Permanent Secretariat of National Council for AIDS and STI Control (SP/CNLS-IST); Provincial HIV/AIDS control committees (CPLS); Associations and Community Organizations Programme (PAMAC); Presidential HIV/AIDS control committee; Ministerial HIV/AIDS control committee of the Ministry for Social Action and National Solidarity (not expected to be included at the time of preparation of the appraisal report, but became involved in implementation in light of national-level functions)			
Co-financers and other External Partners			

II KEY DATES

Project Concept Note Cleared by Ops. Com. (n/a)	Appraisal Report Cleared by Ops. Com	Board Approval: 19 November 2003	
Restructuring(s): The project did not involve any restructuring			
Original Date	Actual Date	Difference in months [Actual-Original]	Original Date
EFFECTIVENESS	March 2004	2 December 2004	9 months
MID-TERM REVIEW	August 2005	June 2007	22 months
CLOSING	31 December 2008	30 September 2009	9 months

III. RATINGS SUMMARY

CRITERIA	SUB-CRITERIA	RATING
PROJECT OUTCOME	Achievement of Outputs	3
	Achievement of Outcomes	3
	Timeliness	3
	OVERALL PROJECT OUTCOME	3
BANK PERFORMANCE	Design and Readiness	3
	Implementation	3
	OVERALL BANK PERFORMANCE	2
DONOR PERFORMANCE	Design and Readiness	3
	Implementation	3
	OVERALL BORROWER PERFORMANCE	3

IV. BANK STAFF RESPONSIBLE

POSITIONS	AT APPROVAL	AT COMPLETION
Regional Director		J.LITSE
Sector Director	Z. ELBAKRI	Tom HURLEY
Sector Division Manager	E.PRGHO	T.B. ILUNGA
Task Manager	B BA	M DIOP LY
PCR Team Leader		M.DIOP LY
PCR Team Members		S.ILBOUDO

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B. PROJECT CONTEXT

Summarize the rationale for Bank assistance. State:

- what development challenge the project addresses,
- the Borrower's overall strategy for addressing it,
- Bank activities in this country (ies) and sector over the past year and how they performed, and
- ongoing Bank and other externally financed activities that complement, overlap with or relate to this project.

Please cite relevant sources. Comment on the strength and coherence of the rationale.

[300 words maximum. Any additional narrative about the project's origins and history, if needed, must be placed in Annex 6: Project Narrative]

At the time of the appraisal report, the Burkina Faso HIV/AIDS context showed a rising number of cases. From 10 cases in 1986, the number reached 19 540 cases in June 2002. The age bracket most affected was that from 20 to 49 years, which corresponds to the most economically productive category. Life expectancy at birth dropped from 11 to 10 years, compared to the pre-AIDS era. To specifically combat this disease, the Government drew up a strategic framework and multisector plans of action against HIV/AIDS, of which this project was part. The main Bank activities in this field during the year preceding this project concerned sensitization and total medical and psychosocial management for patients. These activities were conducted under the Bank- financed health system strengthening project.

HIV/AIDS control activities are financed by other external sources and complement this project. These are mainly the World Aids Fund, the United Nations agencies, PADS (health basket), AIDS Health basket, Chinese funds, etc. The above information has been drawn from the SPRF (Strategic Poverty Reduction Framework), PNDS (National Health development programme), the PALS and the ADB Portfolio review of April 2009. This partnership reflects the multisector nature of the AIDS control efforts and the needs of the strategic framework for AIDS control.

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C. PROJECT OBJECTIVES AND LOGICAL FRAMEWORK

1. State the Project Development Objective(s) (as set out in the appraisal report)

The project's sector objective is to help improve the state of health of the Burkina population in general and specifically to reduce HIV/AIDS incidence and prevalence. The specific project objectives are: i) to build the capacities of the entities entrusted with the coordination and implementation of the national multisector HIV/AIDS control framework, and ii) step up the HIV/AIDS control operational activities.

2. Describe the major project components and indicate how each will contribute to achieving the Project Development Objective(s).

Component 1: Institutional Support. Building the capacities of the parties carrying out project implementation: SP/CNLS, AIDS Control Committees and the civil society; **component 2: Operational Activities:** the prevention, medical management and community activities contribute to reducing the incidence of HIV and improving the target populations' health. The activities of the sentinel sites allow for better epidemiological follow up; **Component 3: Project Management.** This concerns the operation, planning, monitoring and evaluation and financial and accounting management.

3. Describe the major project components and indicate how each will contribute to achieving the Project Development Objective(s).

PROJECT OBJECTIVES DIMENSIONS		ASSESSMENT	WORKING SCORE
RELEVANT	a) Relevant to the country's development priorities.	The project is consistent with the objectives of the poverty reduction policy, the National Health Development Plan (PNDS) and the Strategic HIV/AIDS Control Framework.	3
ACHIEVABLE	b) Objectives could in principle be achieved with the project inputs and in the expected timeframe.	Generally speaking, the objectives were deemed achievable with the means available. However, the financial means for support to and implementation of action plans are insufficient.	2
CONSISTENT	c) Consistent with the Bank's country or regional strategy	The project is consistent with the strategies of Burkina Faso and of the Bank (2002-2004), as well as the Bank's HIV/AIDS and health strategy.	3
	d) Consistent with the Bank's corporate priorities	The project objective is in line with the Bank's general development policy geared toward poverty reduction through implementation of the ADB 2003-2007 strategy and the ADB HIV/AIDS strategy.	3

4. Summarize the log. frame. If a log. frame does not exist, complete the table below, indicating the overall project development objective, the major components of the project, the major activities of each component and their expected outputs, outcomes, and indicators for measuring the achievement of outcomes. Add additional rows for components, activities, outputs or outcomes if needed.

COMPONENTS	ACTIVITIES	OUTPUTS	EXPECTED OUTCOMES	INDICATORS TO BE MEASURED
Component 1. Institutional Support	Set up two SP/CNLS -IST regional branches and build capacities of HIV/AIDS control bodies.	Improved coordination of AIDS Control activities at the central and regional levels	Improved prevention and comprehensive care for the populations of the target areas	Increased number of persons whose cases are being comprehensively managed as part of HIV/AIDS control
Component 2. Operational Activities	Activity 2. 1. Procure on behalf of CMLS/Santé, medicines for the treatment of opportunistic infections (OI).	Health establishments have medicines for treating OI	OI treatments for PLHIV are available and administered as needed	Rate of patients receiving organized care with respect to IO.
	Activity 2.2 : Procure for CMLS/santé the means required to run the sentinel sites. Activity 2.3: Make available to 12 health districts in the project area the equipment and means needed to implement the PMTCT activities. Activity 3: secure, for CMLS/Santé, ARV treatment for 500 persons + biological monitoring	Outcome 1: The three new sentinel sites functional Output 2: PMTCT services for expectant women improved in the 12 health districts output 3: 500 receive ARV treatment	Output 1. Number of persons diagnosed increased. Output 2.Expectant mothers systematically screened and managed as necessary in 12 health districts Output 3. Increased comprehensive care of PLHIV using ARVs	Increased screening rates. Services for expectant women improved in establishments of the 12 health districts. Higher percentage of patients on ARVs
Component 3. Project Management	Activity 3.1 Recruit 4 long-term experts for SP/CNLS-IST and ensure operation of management unit.	Project Unit functional	Management of HIV/AIDS control activities strengthened	Number of activities regularly monitored and implemented
	Activity 3.2. Finance study implementation (evaluation and audits).	Conduct of ex-ante, mid-term and final evaluations and annual financial audits	Physical and financial project implementation gradually improved based on recommendations of financial audits.	Physical and financial implementation rate

5. For each dimension of the log. frame, provide a brief assessment (up to two sentences) of the extent to which the log. frame achieved the following. Insert a working score, using the scoring scale provided in Appendix 1. If no log. frame exists, score this section as a 1 (one).

LOG. FRAME DIMENSIONS		ASSESSMENT	WORKING SCORE
LOGICAL	a) Presents a logical causal chain for achieving the project development objectives	Objectives clearly defined	2
MEASURABLE	b) Expresses objectives and outcomes in a way that is measurable and quantifiable	Expected outputs quite specific. However indicators are general	2
THOROUGH	c) States the risks and key assumptions	Risks and assumptions identified at project appraisal mitigated, especially regarding integration of communities, as they have assumed ownership of project	3

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D. OUTPUTS AND OUTCOMES

I. ACHIEVEMENT OF OUTPUTS

In the table below, assess the achievement of actual vs. expected outputs for each major activity. Import the expected outputs from the log. frame in Section C. Score the extent to which the expected outputs were achieved. Weight the scores by the activities' approximate share of project costs. Weighted scores are auto-calculated by the computer

MAJOR ACTIVITIES		Working Score	Share of Project Costs in percentage (as stated in Appraisal Report)	Weighted Score (auto-calculated)
Expected Outputs	Actual Outputs			
Set up two regional SP/CNLS/IST branches and build HIV/AIDS control agencies' capacity	113 CNLS persons out of 41 projected trained in monitoring/evaluation, planning. 110 CPLS persons trained in same fields. 360 members of community AIDS control committees trained in monitoring and planning. 5301 out of 7832 members of village committees trained in community leadership. 7000 sensitization activities carried out with 1653 villages benefitting. Two regional SP/CNLS branches set up in Upper Basin regions and Mohoun Loop HIV/AIDS data base set up and utilized.	3	28	0,84
Activities for Community and socio-economic support of affected persons	38 associations supported through PAMAC to conduct these grassroots activities. 2518 OVC (orphans and vulnerable children) and their host families, out of 1305 projected have been taken into account. The computer equipment as well as centrifuges provided for sentinel sites. 31 079 STI kits provided to CMLS/Santé. 557 patients compared to planned 500 placed under ARV treatment. 94 families of infected civil servants compared to the 75 projected receive socio-economic support. PMTCT organized in 12 health Districts.	3	22	0,66
Component 3. Output 1. Ex-ante, mid-term and final evaluations and annual financial audits conducted	Project unit operational. Three reports produced for the ex-ante, mid-term and final project evaluations. Four annual audits conducted and a last ongoing. However the final project evaluation could have been less descriptive, to allow for a clear appreciation of the project effects.	2	7	0,14
OVERALL OUTPUT SCORE [Score is calculated as the sum of weighted scores]				3



Check here to override the calculated score

Provide justification for overriding the auto-calculated score

The results were not clearly determined in the matrix in the design stage. The results were adjusted at the PCR stage.

Insert the new score or re-enter the Auto-calculated score

3

II. ACHIEVEMENT OF OUTCOMES

1. Using available monitoring data, assess the achievement of expected outcomes. Import the expected outcomes from the log. frame in Section C. Score the extent to which the expected outcomes were achieved. The overall outcome score will be auto-calculated as an average of the working scores.

OTUCOMES		Working Score
Expected	Actual	
Improved prevention and care for target area populations	Increased capacity to monitor AIDS control activities on the ground. Improved quality of HIV/AIDS control action plans. Scale and propagation factors determined by each ministry targeted and action plans drawn up as necessary. Project allowing for effective functioning of the 18 HIV/AIDS control committees. Project contribution to strategic framework representing about 5.31% of total amount mobilized over period.	3
OI Treatment of PLHIV as needed; higher number of persons screened; expectant women systematically screened and given necessary care in establishments of 12 health districts; Increased comprehensive ARV treatment among PVVIH.	Community comprehensive management of PLHIV effective in project area. OVC enabled to enroll in schools with the support of project. Three new sentinel sites set up to supplement needs over the national territory. STI treatment organized and effective in project communes, 557 PVVIH receiving ARV treatments instead of 500 estimated. 31 079 OI treatments obtained and available in health establishments	3
Management of HIV/AIDS control activities strengthened.	Project management effective. Fifteen quarterly reports produced; also four audit reports, one ex-ante, one final study report and one mid-term report. The different audit recommendations implemented.	2
OVERALL OUTCOME SCORE		2.6

Check here to override the calculated score

Provide reasons for overriding the auto-calculated score

Outputs not highlighted at appraisal. However PCR matrix adapted using objectives and indicators defined at design stage.

Insert the new score or re-enter the Auto-calculated score 2,6

2. Additional outcomes. Comment on the project's additional outcomes not captured in the log. frame, including cross-cutting issues (e.g., gender).

Concerning community participation, there was effective participation of the local communities which contributed to activities on the ground. Regarding gender, role of women strengthened at community level. With regard to local and community HIV/AIDS control committees, efforts made to further include women in decision making bodies. In addition, the efficient of PMTCT clearly helped reduce mother mortality rates.

3. Risks to sustained achievement of outcomes. State the factors that affect, or could affect, the long-run or sustained achievement of project outcomes. Indicate if any new activity or institutional change is recommended to help sustain outcomes. The analysis should draw upon the sensitivity analysis in Annex 3, where appropriate.

The project outcome could be affected if the assigning of activities either to the government or to the local authorities is not according to a sound withdrawal strategy implemented at the end of the project. This implies that the CNLS coordination must continue to be effective for the different HIV/AIDS control partners. The project areas do not have significant external resources and it must be ensured that PMTCT for example are not interrupted.

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E. PROJECT DESIGN AND READINESS FOR IMPLEMENTATION

1. 1. State the extent to which the Bank and the Borrower ensured the project was commensurate with the Borrower's capacity to implement by designing the project appropriately and by putting in place the necessary implementation arrangements. Consider all major design aspects, such as extent to which project design took into account lessons learned from previous PCRs in the sector or the country (please cite key PCRs); whether the project was informed by robust analytical work (please cite key documents); how well Bank and Borrower assessed the capacity of the implementing agencies and/or Project Implementation Unit; scope of consultations and partnerships; economic rationale of project; and provisions made for technical assistance.

[250 words maximum. Any additional narrative about implementation should be included at Annex 6: Project Narrative]

There was no formal project identification and the preparation was combined with the appraisal. The formal identification was not deemed useful, since there was a strategic framework allowing for definition of different interventions. The design is based on the 2001-2005 strategic framework for AIDS control, no analysis of the situation at start up was conducted at the design stage; rather during the implementation. It was not possible to have the project design reflect lessons drawn from previous PCR, since these were not available at appraisal. However it did reflect similar lessons, such as those from the Health services Strengthening Project (PRSS) and the poverty reduction programme for the communes, which also had an HIV/AIDS component. The appraisal mission team, in consultation with the government conducted an institutional analysis concerning the executing agency (SP/CNLS) on which basis the long and short term technical assistance was proposed. Consultation meetings were held with certain key ministries and HIV/AIDS control committees. There were also meetings with certain representatives of beneficiary populations and also some NGOs and development partners. Even if there was no actual economic analysis, it is clear that, in macro-economic terms, the government and businesses suffer huge losses and allocate increasing resources for treatment to the detriment of other sectors of development.

2. For each dimension of project design and readiness for implementation, provide a brief assessment (up to two sentences). Insert a working score, using the scoring scale provided in Appendix 1.

PROJECT DESIGN AND READINESS FOR IMPLEMENTATION DIMENSIONS		ASSESSMENT	Working Score
REALISM	a) Project complexity is matched with country capacity and political commitment.	The project was based on a sound analysis of the country's capacity, given: (i) the existence since 2001 of a CNLS chaired by the Head of State; (ii) confirmed experience in the formulation and implementation of national AIDS projects and programmes.	3
RISK ASSESSMENT AND MITIGATION	b) Project design includes adequate risk analysis.	The project involved sufficient risk analyses, however in terms of mitigative measures, the strategic framework gap is still not completely covered.	2
USE OF COUNTRY SYSTEMS	c) Project procurement, financial management, monitoring and/or other systems are based on those already in use by government and/or other partners.	The contract award system used is that of the Bank, as is the financial management system. The monitoring/evaluation is based on the national system used by all partners.	3

For the following dimensions, provide separate working scores for Bank performance			Working Score	
			Bank	Borrower
CLARITY	d) Responsibilities for project implementation were clearly defined.	The different project documents (appraisal report, grant protocol, implementation manual) clearly define the responsibilities concerning the implementation in general, however the role of PAMAC under the UNDP agreement had to be redefined to make it more operational.	3	3
PROCUREMENT READINESS	Necessary implementation documents (e.g. specifications, design, procurement documents) were ready at appraisal.	Certain documents were not available at the time of the project implementation. Manual of procedures, TOR of project experts. An implementation manual was prepared however, since the other reference documents take precedence, that did not help to anticipate procurement problems.	2	3
MONITORING READINESS	f) Monitoring indicators and plan are adopted.	It was not possible to monitor certain indicators contained in the appraisal report since they did not depend entirely on the project. Some were also modified during the mid-term review.	2	2
REFERENCE DATA	h) Baseline data available or under collection	The analysis of the baseline situation was done after project start-up. That of course limited efficiency since it is important that it be conducted before or right at project start-up.	2	2

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F. IMPLEMENTATION

1. State the major characteristics of project implementation with reference to: adherence to schedules, quality of construction or other work, performance of consultants, effectiveness of Bank supervision, and effectiveness of Borrower oversight. Assess how well the Bank and the Borrower ensured compliance with safeguards.

[300 words maximum. [Any additional narrative about implementation should be included at Annex 6: Project Narrative.]

The project fell 12 months behind schedule for the actual start-up of its activities. That situation brought about a nine-month extension of the deadline for the last disbursement. Overall, the suppliers and consultants recruited were efficient, the delivery and reporting dates were respected. The Bank supervisions made it possible to resolve certain problems encountered in the project and which contributed to improving its implementation; one example is the redistribution of the PAMAC activities, which concerned community implementation. The Bank rules of procedure were respected. Some changes in procurement modes were made with the Bank's approval. These included procurement of works for the documentation center, by a predetermined procurement mode; direct negotiation was also approved for the recruitment of various short-term consultants with minimum fees.

All the pilot committee sessions were held, and contributed to improving the implementation of the project through validation of the different documents submitted to the committee, including the work plans and budgets.

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

The project worked with PAMAC/UNDP in implementing the community component. This partnership was deemed effective, despite the initial problems relating to the release of funds, also to the inappropriate activities concerning their mission. This was however rectified during the supervision missions, and an addition was made to the agreement with UNDP to provide for the reorganization of PAMAC activities, specifically the community support for PLHIV in place of the classical IEC activities.

3. Harmonization. State whether the Bank made explicit efforts to harmonize instruments, systems and/or approaches with other partners.

The project used the SP/CNLS/IST monitoring/evaluation system applied in all the country's HIV/AIDS projects. This system is supported by partners, including the World Bank.

4. For each dimension of project implementation, assess the extent to which the project achieved the following. Provide a brief assessment (up to two sentences) and insert a working score, using the scoring scale provided in Appendix 1.

PROJECT IMPLEMENTATION DIMENSIONS		ASSESSMENT		WORKING SCORE
TIMELINESS	a) Extent of project adherence to the original closing date. If the number on the right is: below 12, score 4 between 12.1 to 24, score 3 between 24.1 to 36, score 2 beyond 36.1, score 1	Difference in months between original closing date and actual closing date or date of 98% disb. rate.		3
		9 months		

BANK PERFORMANCE	b) Bank complied with:		
	Environmental Safeguards	The appraisal report provides for sensitization measures involving advice on management of used preservatives, as well as destruction of the reagents used for screening.	3
	Fiduciary Requirements	The Bank's fiduciary provisions have generally been applied. However, there was no disbursement letter and the modalities for circulation of funds within the communities were not determined.	2
	Project Covenants	The Bank's commitments under the grant protocol have been respected.	3
	c) Bank provided quality supervision in the form of skills mix and practicality of solutions	The Bank's supervision has been overall satisfactory in terms of the composition of mission teams and solutions proposed.	2
	d) Bank provided quality management oversight	The Bank has always ensured the application of the recommendations of audit and supervision reports. The mid-term review was conducted. However procurement mode changes requested from the start of the project, with the formulation of the implementation manual, were not taken into account.	2
DONOR PERFORMANCE	e) donor complied with:		
	Environmental Safeguards	The sessions for demonstration of the use of preservatives included information on steps to be taken after their use. The project applied the national policy for prevention of infections and management of bio-medical waste (from screening, biological tests)	3
	Fiduciary Requirements	The fiduciary provisions have been respected	3
	Project Covenants	The provisions of the memorandum of understanding have been respected	4
	f) Was responsive to Bank supervision findings and recommendations	The recommendations of the supervision missions have been taken into account	3
	g) Collected and used monitoring information for decision making	The decisions by the borrower take into account the recommendations ensuing from the monitoring activities.	3

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G. COMPLETION

1. IS THE PCR DELIVERED ON A TIMELY BASIS, IN COMPLIANCE WITH BANK POLICY?			
Date project reached 98% disb. Rate (or closing date if applicable)	Date PCR was sent to pcr@afdb.org	Difference in months	WORKING SCORE (auto-calculated) if the difference is 6 months or less, a 4 is scored. If the difference is 6.1 or more, a 1 is scored
30 September 2009		6	4

Briefly describe the PCR Process. Describe the Borrower's and co-financers' involvement in producing the document. Highlight any major differences of opinion concerning the assessments made in this PCR. Describe the team composition and confirm whether a site visit was undertaken. Mention any major collaboration from 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).

[150 words maximum]

The PCR formulation process started with the involvement of the grant recipient, particularly its main HIV/AIDS control actors, including the effective participation of the SP/CNLS/IST and the project team. Site visits were conducted. The preliminary document was amended by the project steering committee. The Bank fielded a mission for finalization of the document with the national team, discussions were held with CNLS and the Ministry of Health Divisions involved in the implementation. The ADB office actively participated in the finalization of the process.

H. LESSONS LEARNED

Summarize key lessons for the Bank and the Borrower suggested by the project's outcomes

[300 words maximum. Any additional narrative about lessons learned, if needed, must be placed in Annex 6: Project Narrative]

At Design: As the project efforts were based on the strategic HIV/AIDS control plan and coordinated by the SP/CNLS, strong project ownership was ensured and there was no need for a formal assessment; For future projects it will be necessary to ensure consistency between the project matrix, the description of activities and the table of detailed actual costs. the contribution of the village committees to the implementation has not been taken into account for the table of costs; it should thus be ensured that the different project documents are harmonized; more specifically defined indicators at appraisal as well as a monitoring evaluation plan would have made it possible to better determine the outputs; There is need to define the TOR of the different consultants mentioned in the annexes in the project design stage; this will make it possible to avoid the delays noted in their recruitment; the procurement modes adopted should take into account the grassroots activities at the design stage. There should also be a disbursement letter clearly defining the disbursement terms. **At Implementation:** Envisage the preparation of an administrative and financial management procedure manual at project start up, the contract with PAMAC allowed for smooth implementation of the community component, and taking into account the mobility of the key actors in conducting training; There was no strategy for the partner's withdrawal leaving the activities in the country's charge; such activities could have been envisaged, to avoid interruption of aspects such as the PMTCT, which require continuity. The Bank's validation of the implementation manual should have been followed by a validation of the various changes of procurement mode in accordance with the Banks rules of procedure and so as to allow for sound project implementation and limit delays in activity start-up.

In addition, the **final evaluation** of this project was very much qualitative, to the detriment of the quantitative aspect, and it was not possible to conduct comparison with ex-ante data, in order to more accurately quantify the results obtained in this project, especially show the evolution of indicators. In addition, a documentary study was conducted on good practice. The main lesson learnt relates to the need to make full use of the different studies by adopting ideal methodologies and ensuring a balance between the qualitative and quantitative aspects. This has made it possible to meaningfully assess the outputs on conclusion of the projects.

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I. PROJECT RATINGS SUMMARY

All working scores and ratings are auto-generated by the computer from the relevant section in the PCR.

CRITERIA	SUB-CRITERIA	WORKING SCORE
PROJECT OUTCOME	Achievement of outputs	3
	Achievement of outcomes	2,6
	Timeliness	3
	OVERALL PROJECT OUTCOME SCORE	3
BANK PERFORMANCE	Design and Readiness	
	Project Objectives were relevant to country development priorities.	2
	Project Objectives could in principle be achieved with the project inputs and in the expected time frame.	2
	Project Objectives were consistent with the Bank's country or regional strategy	3
	Project Objectives were consistent with the Bank's corporate priorities	3
	The log frame presents a logical causal chain for achieving the project development objectives.	2
	The log frame expresses objectives and outcomes in a way that is measurable and quantifiable.	2
	The log frame states the risks and key assumptions.	3
	Project complexity was matched with country capacity and political commitment.	3
	Project design includes adequate risk analysis.	2
	Project procurement, financial management, monitoring and/or other systems were based on those already in use by government and/or other partners.	3
	Responsibilities for project implementation were clearly defined.	3
	Necessary implementation documents (e.g. specifications, design, procurement documents) were ready at appraisal.	2
	Monitoring indicators and monitoring plan were agreed upon during design.	2
	Baseline data collection is completed or ongoing.	2
	PROJECT DESIGN AND READINESS SUB-SCORE	2
	Supervision:	
	Bank complied with:	
	Environmental Safeguards	3
	Fiduciary Requirements	2
	Project Covenants	3
	Bank provided quality supervision in the form of skills mix provided and practicality of solutions.	2
	Bank provided quality management oversight.	2
PCR was delivered on a timely basis	4	
SUPERVISION SUB-SCORE	2	
OVERALL BANK PERFORMANCE SCORE	2	

BORROWER'S PERFORMANCE	Design and Readiness	
	Responsibilities for project implementation are clearly defined.	3
	Necessary implementation documents (e.g. specifications, design, procurement documents) are ready at appraisal.	3
	Monitoring indicators and monitoring plan are agreed upon and baseline data are available or are being collected	2
	PROJECT DESIGN AND READINESS SCORE	
	Implementation	
	Borrower complied with:	
	Environmental Safeguards	3
	Fiduciary Requirements	3
	Project Covenants	4
	Borrower was responsive to Bank supervision findings and recommendations.	3
	Borrower collected and used of monitoring information for decision-making.	3
	IMPLEMENTATION SUB-SCORE	
	OVERALL BORROWER PERFORMANCE SCORE	

J. TRAITEMENT

STEP	SIGNATURE AND COMMENTS	DATE
Sector Manager Clearance		
Regional Director Clearance		
Sector Director Approval		

List of Annexes

Annex 1: Cost of Project and Financing

Table 1: Project Cost by Source of Finance and Component

COMPONENT	In CFAF Million			In UA Million			%
	ADF	Govt.	Total	ADF	Govt.	Total	<i>Total</i>
I. Institutional Support	1,862.33	170.19	2,032.52	2.31	0.21	2.52	48%
II. Operations Activities	1,791.02	41.06	1,832.08	2.22	0.05	2.27	43%
III. Project Management	380.29	6.45	386.74	0.47	0.01	0.48	9%
Total Project Cost	4,033.65	217.70	4,251.34	5.00	0.27	5.27	100%

Table 2: Cost of Project by Finance Source

Sources	In CFAF Million			In UA.			%	%
	F.E.	L.C	Total	F.E.	L.C.	Total	<i>F.E.</i>	<i>Total</i>
ADF (Grant)	2,115.97	1,917.68	4,033.65	2.62	2.38	5.00	52%	95%
Government	0.00	217.70	217.70	0.00	0.27	0.27	0%	5%
Total Project Cost	2,115.97	2,135.38	4,251.34	2.62	2.65	5.27	50%	100%
% Total	50%	50%	100%	50%	50%	100%	-	-

1 UA=806,729 CFAF, 1 UA=USD1.391950 at project start-up

Annex 2: Supervision Missions. Notes from last mission

Missions	Start Date	End Date	Duration (days)	Composition
Supervision No. of days Health	28/03/2005	19/04/2005	23	Manager, Health and Procurement experts
Supervision	1/10/2005	08/10/2005	08	Health Expert
Supervision	19/06/2006	29/06/2006	14	Education Expert
Supervision	14/11/2006	29/11/2006	14	Architect, Health Expert (consultant)
Mid-term review	14/06/2007	27/06/2007	14	Health Expert (2) Consultant sociologist
	15/10/2007	31/10/2007	16	Social Development Specialist Disbursement Assistant and Procurement Assistant (BFFO)
Supervision	15/09/2008	21/09/2008	07	Social Development Specialist Disbursement Assistant and Procurement Assistant (BFFO)
Supervision	6/04/2009	17/04/2009	13	Social Development Specialist Disbursement Assistant and Procurement Assistant (BFFO)
Completion Report Mission	7/09/2009	18/09/2009	12	Health Expert, Social Development Specialist

Annex 3. Project Objectives, Description and Formulation

1 Objectives

The sector objective is to contribute to improving the health of the burkinabé population in general and to specifically reduce the incidence and prevalence of HIV/AIDS. The specific project objectives are:

i) Build the capacity of the departments and agencies bodies responsible for coordination and implementation of the national multisector framework for HIV/AIDS control; ii) Strengthen the operational activities aimed at controlling HIV/AIDS.

2. Description

To attain the above objectives, three (3) components were identified:

- Institutional Support;
- Strengthening operations activities aimed at HIV/AIDS control;
- Project Management.

2.1 Component I. Institutional Support

This component concerns capacity building for the Permanent Secretariat of the National Council for control of HIV/AIDS and STI (SP/CNLS-IST), the ministerial committees, provincial, municipal, departmental and village committees, as well as the civil society (NGOs and grassroot associations and organizations). The intervention included technical assistance, training, equipping, conduct of sector analyses and impact studies and support for implementation of plans of action.

The SP/CNLS-IST technical assistance consists mainly in the provision to the Permanent Secretariat of four (4) specialists in planning and monitoring-evaluation, in mobilization and community development, in communication and financial and accounting management. In addition to these four technical assistants, the project has provided the SP/CNLS with resources for short-term technical assistance of 36 person months, for the full duration of the project, to cover the specific needs noted with regard to expertise during the implementation of the project and of the strategic framework for HIV/AIDS control.

The project supports training and retraining activities of the technical staff of the permanent Secretariat with regard to planning, monitoring-evaluation, computer training and financial and accounting management. There are 2 10-day sessions yearly, for 2 persons, in each of the 7 departments of the Permanent Secretariat. Under the action plans of the two ministerial committees (Transport and Trade) and the Presidential Committee, the project is financing training for 5 days of 30 persons (10 persons each committee) on planning and monitoring-evaluation, as well as coordination of sensitization activities.

The training activities of the Health sector Ministerial HIV/AIDS control Committee concerning, the provincial committees and at community level have been conducted. This training covers areas such as planning, monitoring-evaluation, techniques for assessment of committee activity plans for the financing and management of voluntary and anonymous screening.

2.2.1.6 The impact assessments, 4 in number, have been undertaken by the ministerial HIV/AIDS control committees, to assess the intervention already conducted within the Ministries of Basic Education and Literacy, Health, Social Action and National Solidarity, and Agriculture, Water and Fishery Resources.

2.2.1.7 The project provides for procurement, for the use of the Permanent Secretariat, of a 4X4 vehicle, computers, a video projector, photocopiers and office furniture. It will also provide each of the regional branches of Bobo-Dioulasso and Dédougou with a 4X4 pick-up, 2 all-terrain motorcycles, two computers, a photocopier, office furniture, installation of a telephone line and internet connection. The two ministerial committees and the Presidency Committee receive outreach kits.

2.2 Component II. Strengthening Operations Activity

This component mainly entails prevention activities, specifically prevention of mother-child transmission, medical management of sexually transmissible infections and opportunistic infections, medical management of ARV, opening sentinel sites, support to infected persons as well as to orphans and vulnerable children (OVC). Implementation of these activities is partly entrusted to UNDP/PAMAC.

The project is financing a behavioral survey of the population covered by the three sentinel sites of Kougougou, Manga and Ziniaré, medicines for STI treatment and ARV treatment, biological follow-up and treatment of opportunistic infections of 500 persons. The project equips laboratories and provides their reagents, supplies and databases for the health districts of the PMTCT.

2.3 Component III. Project Management

The Permanent Secretariat of the CNLS, which is in charge of the project implementation, is assisted by four specialists in planning and monitoring-evaluation (36 person/months), community mobilization and development (24 person months), communication (24 person/ months), financial and accounting management (36 person/months). In addition, the project will finance the following studies: (i) ex-ante evaluation of the project (situation analysis); ii) mid-term evaluation and final project evaluation, in order to determine the project ex- ante evaluation of knock-on effects of the project. The SP/CNLS-IST technical assistant is also provided by UNDP through the competent services of the Associations and Community Organizations Programme (PAMAC) for the community activities and support to the host families of orphans and vulnerable children.