APPENDIX A

Summary of MAP Evaluations and Assessments

Since the start of the MAP, three MAP-wide assessments and evaluations have taken place, all initiated by the Bank. These three assessments are in addition to regular country-specific MAP supervision missions and MAP midterm reviews.

Implementation Assessment Review (IAR), April 2001

This review was jointly undertaken by the World Bank and UNAIDS and focused on supervision of MAP projects by task team leaders (TTLs). It made a series of recommendations relating to supervision mechanisms and processes under the MAP (World Bank 2001a).

MAP Interim Review, October 2004

A joint Bank, DFID, civil society, and UNAIDS team was assembled to evaluate the appropriateness of the MAP objectives, progress in realizing MAP objectives, the validity of the MAP approach, the suitability of the interventions funded, and the lessons of experience that might be incorporated into the next phase. The interim review concluded that the MAP objectives were generally appropriate and in the process of being realized, that there were implementation challenges, that most projects needed time to mature, that the context of HIV/AIDS funding had significantly changed since the MAP was launched in 2001, and that the MAP funding needed to become more strategic, collaborative, and evidence based (World Bank 2004).

OED Evaluation of the MAP, May 2005

The Bank's Operations Evaluation Department (OED, now known as the Independent Evaluation Group, IEG) conducted an evaluation of the Bank's efforts regarding HIV/AIDS. The OED study evaluated direct country-level assistance for HIV/AIDS—policy dialogue, analytic work, and lending. It also aimed to assess the effectiveness and lessons from past assistance and looked at the assumptions, design, and risks of the ongoing Africa MAP. It

made recommendations as to how the Bank's HIV/AIDS assistance might be improved and how perceived risks in the Africa MAP might be addressed. From this evaluation, a series of recommendations agreed on by the Committee on Development Effectiveness (CODE) was accepted and is now being implemented by ACT*Africa* and the Global HIV/AIDS Program (World Bank 2005a).

APPENDIX B

Ghana MAP Project Summary of Results

Indicator	Baseline appraisal estimate	End of project target	End of project actual (source, year)	Management comments
Maintain prevalence of HIV among pregnant women	3.8% (2002, Sentinel Surveillance Survey)	Below 6%	2.7% (2005 Sentinel Surveillance Survey)	Satisfactory. HIV prevalence well below target.
Reduce the prevalence of HIV infections among commercial sex workers in Kumasi	15% for roamers 54% for seaters (WAPCAS, 2002)	Reduce by 75%	24% for roamers 39% for seaters (WAPCAS, 2006)	Moderately satisfactory
Increase the proportion of men and women who have reduced the number of sexual partners in response to perceived risk	60%	75%	N/A	Not rated. BSS conducted in 2006, results were not available when ICR was prepared.
Increase the median age at first intercourse	17 years	18 years	18.3 for females 20.2 for males (GDHS, 2003)	Satisfactory. Next GDHS to be conducted in 2008.
Increase the proportion of men in a union using condoms during their last intercourse	15%	30%	39% (GDHS, 2003)	Satisfactory. Next GDHS to be conducted in 2008.

Indicator	Baseline appraisal estimate	End of project target	End of project actual (source, year)	Management comments
Increase the proportion of women in a union using condom during last intercourse	6%	20%	15% (GDHS, 2003)	Moderately satisfactory. Next GDHS to be conducted in 2008.
Increase the percentage of males/females who know they can avoid HIV by using condoms	40% of males 22% of females	75% of males, 50% of females	86% of males 77% of females (GDHS, 2003)	Highly satisfactory. Target exceeded.
Increase the percentage of males/females who know they can avoid HIV by restricting sex to one uninfected partner	60%	90%	95% of males 90% of females (GDHS, 2003)	Satisfactory. Targets attained/exceeded.
Overall				**Satisfactory**
Increase the proportion of funds awarded to CBO-submitted subprojects (through windows B and C)	0%	20%	96% (2,934 of 3,026) of institutions funded through windows B and C (NGOs and CBOs)	Highly satisfactory. Target exceeded.
Increase the proportion of districts that have prepared plans to address HIV/AIDS and are implementing part of their plans	0%	100%	100% in 2003 80% in 2004 80% in 2005	Satisfactory. Target initially attained but dropped by 20% at end of project, because the number of districts increased from 110 to 138.

Indicator	Baseline appraisal estimate	End of project target	End of project actual (source, year)	Management comments
Increase the proportion of all subprojects that develop IEC materials designed specifically for rural population (in local dialects)	0% in project sites; not available for the country	30%	45%	Satisfactory. Target exceeded for all calls.
Percentage of first- and second-cycle schools that are providing HIV/AIDS education	Not available	50%	100% of 7,281 junior secondary schools	Moderately satisfactory. Target achieved for second-cycle schools. Figures for first-cycle schools were unavailable.
Percentage of line ministries that have trained trainers at the district level on HIV/AIDS	0%	100%	100% for districts	Satisfactory. Target achieved; at least one trainer trained in every district.
Percentage of districts that have organized care of AIDS orphans and vulnerable children (OVCs)	0%	30%	35%	Highly satisfactory. Target exceeded and districts carrying out care for OVC activities.
Percentage of districts that have organized community-based care for people living with HIV (PLWHs)	0%	50%	50%	Satisfactory. Target attained and districts carrying out care for the PLWHs activities.

Indicator	Baseline appraisal estimate	End of project target	End of project actual (source, year)	Management comments
Percentage of districts that have established an adequate and functional referral system between home-based and institution-based care	0%	40%	Not available	Not rated. No information on functional referral system between home-based care and institutional-based care.
Percentage of funds disbursed by component 1 for affiliations (umbrellas) that are able to manage smaller CSOs or affiliates to provide services	0%	30%	1%	Unsatisfactory. Target not achieved. There are no well-organized umbrella associations.
Increase by 10% every year the proportion of subprojects that are implemented effectively, meeting their stated objectives.	0%	30%	91% for the 1st call for subproject proposals	Moderately satisfactory. No analyses were made for subsequent calls (2nd, 3rd, and 4th).
Percentage of districts that regularly receive information on "best practices" examples of HIV/AIDS interventions	0%	100%	100%	Satisfactory. Target achieved; best practices information in all districts.

Note: Project Indicators are at baseline and end of project, compared to targets.

Task Team Leader Interview Guide

1. Have you been completing ACT*Africa*'s annual questionnaire?
2. Was it completed with inputs from the country office?
3. Did you find it useful?
4. What are the specific strengths of the WB MAP approach?
5. What, in your opinion, has the MAP done in your country?
6. How can this be measured?
7. Did the national M&E system help you in your work?
8. What kind of information are you currently receiving from the NAC on a regular basis, and in what form (descriptive overview, details, tables)?
9. What kind of information would you like to receive from the NAC on a regular basis? In what form (descriptive overview, details, tables)?
10. What kind of information would you need for reporting to the WB management?
11. Is the ISR sufficient for reporting to WB management?
12. What is your judgment/appraisal on the current ISR that you are using for reporting?
13. How would you rate cooperation with other donor organizations?

APPENDIX D

Country Feedback Form

What Has the MAP Done?

Questionnaire to determine the extent of HIV services funded by the MAPs in response to the Africa Region management's question. Please use reasonable approximations where appropriate. Provide best estimated figures rather than no response.

General Notes About the Questionnaire

- This exercise is a follow-up to the *Nairobi consultation* where it was agreed that some of the MAP indicators and project development objectives needed to be reviewed.
- This questionnaire is part of a larger data collection process. At this stage, we will only collect *service coverage data,* and outcome data will be collected from other sources (e.g., www.measuredhs.com for all DHS data).
- This questionnaire is not the results framework for the MAP, but it will inform the eventual results framework of the MAP.

Notes for columns A through E of the Questionnaire:

- Only insert values for those indicators where the MAP has contributed financially towards the achievement of the output.
- If you know the contribution by each sector, complete columns A, B, and C. If you complete columns A, B, and C, you do NOT have to complete column D. If you do not know the individual values for each sector, complete column D (total) only.
- In column E, indicate YES if the indicator value that you inserted is a result of exclusively MAP funding **only** (select 'YES').
- In column E, indicate NO if the MAP has contributed **together with other funders** towards the achievement of the indicator value.

General Information

Country Name:_____ **Name of Current TTL:** _____

Year that the First MAP Started: _____ **MAP Operational Setup:**

Integrated into NAC ☐

Separate PMU ☐

Year that the Second MAP Started: _____

Contact Details of Person Who Completed the Form:

Name: _____

Designation (position in organisation): _____

Number of years experience with HIV M&E in the country: _____

E-mail address: _____

Service Coverage Data

a HIV Prevention

Indicator	Civil society	Private sector	Public sector	Total	Indicator value attributable to the MAP only?	
	A	B	C	D	E	
1. Number of women enrolled in PMTCT since the start of the MAP					Yes	No
2. Total number of VCT sites in the country					Yes	No
3. Number of VCT sites established with MAP contributions since the start of the MAP					Yes	No
4. Number of persons that have received their HIV test results after attending a VCT site since the start of the MAP					Yes	No
5. Number of male condoms distributed since the start of the MAP					Yes	No
6. Number of female condoms distributed since the start of the MAP					Yes	No

Indicator	Civil society	Private sector	Public sector	Total	Indicator value attributable to the MAP?	
	A	B	C	D	E	
7. Estimated number of persons reached with BCC and IEC programmes since the start of the MAP					Yes	No
8. Number of IEC or BCC events[a] since the start of the MAP					Yes	No
9. Number of transfused blood units that have been tested for HIV since the start of the MAP					Yes	No
10. Estimated number of persons that have been treated for STIs since the start of the MAP					Yes	No

b Treatment, Care, and Support

Indicator	Civil society	Private sector	Public sector	Total	Indicator value attributable to the MAP?	
11a. Number of sites providing ART (including PMTCT) since the start of the MAP					Yes	No
11b. Cumulative number of persons on ARVs since the start of the MAP					Yes	No
12. Number of PLWHs receiving prophylaxis for opportunistic infections (TB, etc.)					Yes	No

a. IEC / BCC events refer to all information, education, and communication (IEC) and behavior change communication (BCC) events where HIV prevention information, HIV treatment and care information, information to promote voluntary counseling and testing (VCT), information to promote disclosure and partner testing, and information to decrease stigma and discrimination have been communicated during the reporting period.

c Impact Mitigation

Indicator	Civil society	Private sector	Public sector	Total	Indicator value attributable to the MAP?	
13. Number of persons infected or affected by HIV, age 18 or older, who have received basic external support[a] at community level since the start of the MAP					Yes	No
14. Number of vulnerable children [persons aged younger than 18] who have received basic external support at the community, school or household level since the start of the MAP [*see note a for definition of basic external support, including school fee support*]					Yes	No
15. Number of income-generating activities since the start of the MAP					Yes	No

d Enabling Environment for Comprehensive National HIV Response

Indicator	Total	Indicator value attributable to the MAP ?	
16. Number of persons trained in basic skills[b] to provide HIV prevention, treatment care and support, and impact mitigation services since the start of the MAP		Yes	No
17. Number of decentralised government structures responsible for HIV coordination that have budgets and work plans for the HIV response since the start of the MAP		Yes	No
18. Number of employees (in public sector, private sector, or civil society) reached with workplace programmes since the start of the MAP		Yes	No
19. Number of organisations provided with technical assistance in the field of HIV planning, coordination, management, capacity building, implementation, monitoring, or evaluation		Yes	No

a. *Basic external support* is defined as nutrition support, emotional support, domestic support, or financial support, and is not provided by members of the household.
b. *Basic skills* include skills in planning for, implementing, applying for funding, coordinating, or monitoring and evaluating HIV services.

Indicator	Total	Indicator value attributable to the MAP?	
20. Percentage of posts in organisational structure in NAC/NAS that are currently vacant	%	Yes	No
21. Percentage of posts in the NAC/NAS's M&E unit that are currently vacant	%	Yes	No
22. Are all the major sources of funding—GFATM, PEPFAR, MAP and others—coordinated from one unit?		Yes	No

e Qualitative Data

Please provide examples of how the MAP funding has assisted your country's HIV response. For instance, is there any qualitative evidence—stories of positive change or testimonies—that describes how the MAP has affected the lives of people (target groups) who were targeted through MAP funding or affected and improved the institutions that the MAP supported? These data that we request may be either formal data gathered through a qualitative survey (for example, a story of best practice collected during a field visit), or it may be anecdotal evidence (such as information about improvements relayed verbally during a meeting).

f Monitoring & Evaluation (M&E)

Aspect of a National HIV M&E System	Ranking	Write an appropriate rank/ number in the boxes below for the ranking of this aspect of the M&E system before any MAP started, and as of 31August 2006.
1. HIV M&E unit	**1 = M&E unit has not been established and there are no personnel** **2** = M&E unit has been established, not yet or partially staffed **3** = M&E unit is established and fully staffed **4** = M&E unit has an approved budget **5** = M&E unit executes M&E activities as per M&E unit's work plan	**Ranking before the start of the MAP:** ☐ **Ranking on 31 August 2006:** ☐
2. HIV M&E plan	**1** = No M&E plan **2** = M&E plan developed, not approved **3** = M&E plan developed and approved **4** = M&E plan developed, approved and costed	**Ranking before the start of the MAP:** ☐ **Ranking on 31 August 2006:** ☐
3. Indicators	**1** = No indicators **2** = Indicator set agreed to by all stakeholders, does not include UNGASS indicators **3** = Indicator set agreed to by all stakeholders, and include all UNGASS indicators **4** = Indicator set agreed to by all partners, include all UNGASS indicators, and linked to objectives of National Strategic Plan	**Ranking before the start of the MAP:** ☐ **Ranking on 31 August 2006:** ☐
4. Information system	**1** = Database not developed **2** = Database specifications developed, database still being developed **3** = Database developed and installed at NAC	**Ranking before the start of the MAP:** ☐ **Ranking on 31 August 2006:** ☐

Aspect of a National HIV M&E System	Ranking	Write an appropriate rank/ number in the boxes below for the ranking of this aspect of the M&E system before any MAP started, and as of 31August 2006.
	4 = Database installed and functional at decentralised levels **5** = Database populated with report data on ongoing basis	
5. Supervision and data auditing	**1** = Guidelines have been developed **2** = Supervision responsibilities included in job descriptions **3** = Supervision visits take place as per schedule	**Ranking before the start of the MAP:** ☐ **Ranking on 31 August 2006:** ☐
6. Harmonised capacity building	**1** = No M&E training materials **2** = M&E training materials exist but are not harmonised **3** = One standard set of materials for all M&E training in the country exists **4** = Harmonised M&E training is carried out	**Ranking before the start of the MAP:** ☐ **Ranking on 31 August 2006:** ☐
7. Strategic Information Flow		
7.1 Surveys and surveillance	**List which of the following surveys and surveillance are being carried out as per national M&E plan:** **1** = Biological surveillance **2** = Behavioural surveillance **3** = Second generation surveillance **4** = Workplace survey **5** = Health facility survey (focusing on quantity of service delivery in health sector, e.g., Service Availability Mapping) **6** = Quality of HIV services survey (focusing on quality of HIV service delivery in health sector, e.g., Service Provision Assessment) **7** = Condom availability survey	**Surveys before the start of the MAP: (you may choose all applicable options)** ☐ **Surveys completed before 31 August 2006: (you may choose all applicable options)** ☐

(*continued*)

Aspect of a National HIV M&E System	Ranking	Write an appropriate rank/ number in the boxes below for the ranking of this aspect of the M&E system before any MAP started, and as of 31August 2006.
7.2 Routine data on non-medical HIV services	1 = No guidelines for non-medical programme monitoring exists **2** = Guidelines have been developed and approved, but stakeholders not trained **3** = Stakeholders have been trained in programme monitoring guidelines **4** = Programme monitoring data flow back to the NAC	**Ranking before the start ofthe MAP:** ☐ **Ranking on 31 August 2006:** ☐
7.3 Routine data on medical HIV services	List which of the following medical HIV services have vertical monitoring systems where data flow to the Ministry of Health and NAC: **1** = VCT **2** = Condom distribution **3** = CHBC **4** = PMTCT **5** = ART **6** = STI	**Systems before the start of the MAP: (you may choose all applicable options)** ☐ **Ranking on 31 August 2006: (you may choose all applicable options)** ☐
8. Evaluation and learning agenda	**1** = There is no research agenda or research strategy with which to coordinate HIV research (biomedical and social sciences research) **2** = There is a strategy, but it is not well coordinated **3** = All aspects of the research strategy are being fully implemented	**Ranking before the start of the MAP:** ☐ **Ranking on 31 August 2006:** ☐
9. HIV M&E advocacy and communications	**1** = There is no plan for advocacy and communications about HIV M&E **2** = An HIV M&E communications and advocacy plan has been developed (or included in the national HIV advocacy and communications strategy) **3** = HIV M&E communications and advocacy activities (e.g., posters, briefing sessions with cabinet)	**Ranking before the start of the MAP:** ☐ **Ranking on 31 August 2006:** ☐

Aspect of a National HIV M&E System	Ranking	Write an appropriate rank/ number in the boxes below for the ranking of this aspect of the M&E system before any MAP started, and as of 31August 2006.
10. HIV M&E partnerships		
10.1 Costed HIV M&E action plan	**1** = There is no Action Plan **2** = There is an Action Plan, but it is incomplete **3** = The Action Plan is completed, but not costed **4** = The Action Plan is approved and costed **5** = The Action Plan is approved, costed and resources have been mobilised for all Action Plan activities **6** = Activities in the Action Plan are being implemented	**Ranking before the start of the MAP:** ☐ **Ranking on 31 August 2006:** ☐
10.2 Monitoring and Evaluation Task Team (working group, technical committee, or reference group)	**1** = No M&E Task Team **2** = M&E Task Team exists, but does not meet frequently **3** = M&E Task Team exists and meets at least on a quarterly basis	**Ranking before the start of the MAP:** ☐ **Ranking on 31 August 2006:** ☐

Table E.1 All Approved MAP Projects in Africa (as of 3/30/2007)

Proj. ID	Country	Project title	Date approved	FY approved	Status	Date Closed	Type	Total (Net) comm. USD millions	Estimated AIDS comm. USD millions
P069886	Ethiopia	Multisectoral HIV/AIDS	09/12/2000	FY01	Closed	06/30/2006	IDA Credit	59.70	59.70
P070920	Kenya	HIV/AIDS Project	09/12/2000	FY01	Closed	12/31/2005	IDA Credit	50.00	50.00
P065713	Eritrea	HAMSET (HIV/Malaria/TB/STI)	12/18/2000	FY01	Closed	03/31/2006	IDA Credit	40.00	13.90
P071617	Ghana	AIDS Response Project	12/28/2000	FY01	Closed	12/31/2005	IDA Credit	25.00	25.00
P060329	Gambia	HIV/AIDS Rapid Response	01/16/2001	FY01	Closed	12/31/2006	IDA Credit	15.00	15.00
P072482	Uganda	HIV/AIDS Control	01/18/2001	FY01	Closed	12/31/2006	IDA Credit	47.50	47.50
P073065	Cameroon	Multisectoral HIV/AIDS	01/21/2001	FY01	Active		IDA Credit	50.00	50.00
P071433	Burkina Faso	HIV/AIDS Disaster Relief	07/06/2001	FY02	Active		IDA Credit	22.00	22.00
P070291	Nigeria	HIV/AIDS Response	07/06/2001	FY02	Active		IDA Credit	90.30	90.30
P072226	*Chad	Second Pop. & AIDS	07/12/2001	FY02	Active		IDA Credit	24.56	19.50
P072987	Madagascar	Multisectoral STI/HIV/AIDS	12/13/2001	FY02	Active		IDA Credit	20.00	20.00
P073525	Central African Republic	HIV/AIDS	12/14/2001	FY02	Not Effective		IDA Credit	17.00	17.00
P073118	Benin	HIV/AIDS Multisectoral	01/04/2002	FY02	Closed	09/15/2006	IDA Credit	23.00	23.00
P074059	Senegal	HIV/AIDS Prevention	02/07/2002	FY02	Active		IDA Credit	30.00	30.00
P073883	Sierra Leone	HIV/AIDS Response	03/26/2002	FY02	Active		IDA Credit	15.00	15.00
P074249	Cape Verde	HIV/AIDS	03/28/2002	FY02	Active		IDA Credit	9.00	9.00
P071371	Burundi	HIV/AIDS and Orphans	06/27/2002	FY02	Active		IDA Credit	36.00	36.00
P073378	Guinea	Multisectoral AIDS	12/19/2002	FY03	Active		IDA Grant	20.30	20.30
P003248	Zambia	HIV/AIDS (ZANARA)	12/30/2002	FY03	Active		IDA Grant	42.00	42.00
P078053	Mozambique	HIV/AIDS Response	03/28/2003	FY03	Active		IDA Grant	55.00	55.00
P071374	Rwanda	Multisectoral HIV/AIDS	03/31/2003	FY03	Active		IDA Grant	30.50	30.50
P071612	Niger	Support for Multisector HIV/AIDS Program	04/04/2003	FY03	Active		IDA Grant	25.00	25.00
P078368	Mauritania	Multisector HIV/AIDS & Endemic Disease	07/07/2003	FY04	Active		IDA Grant	21.00	21.00
P071014	Tanzania	Multisectoral AIDS	07/07/2003	FY04	Active		IDA Grant	70.00	70.00
P073821	Malawi	Multisector AIDS	08/25/2003	FY04	Active		IDA Grant	35.00	35.00
P074850	Western Africa	Abidjan-Lagos Transport Corridor	11/13/2003	FY04	Active		IDA Grant	16.60	16.60
P082516	Congo (DRC)	Multisectoral HIV/AIDS	03/26/2004	FY04	Active		IDA Grant	102.00	102.00

P077513	Congo, Rep. of	HIV/AIDS and Health	04/20/2004	FY04	Active		IDA Grant	19.00	19.00
P073442	Guinea-Bissau	HIV/AIDS Global Mitigation Support	06/02/2004	FY04	Active		IDA Grant	7.00	7.00
P082613	AFR Subregional	Regional HIV/AIDS Treatment Acceleration Project (TAP)	06/17/2004	FY04	Active		IDA Grant	59.80	59.80
P082957	Mali	Multisectoral HIV/AIDS Project	06/17/2004	FY04	Active		IDA Grant	25.50	25.50
P087843	*Lesotho	HIV/AIDS Capacity Bldg & TA	07/06/2004	FY05	Active		IDA Grant	5.00	5.00
P080406	AFR Subregional	Africa Regional Capacity Building Prevention, Network for HIV/AIDS Treatment, & Care (ARCAN)	09/22/2004	FY05	Active		IDA Grant	10.00	10.00
P083180	Angola	HIV/AIDS, Malaria & TB Control (HAMSET)	12/21/2004	FY05	Active		IDA Grant	21.00	8.33
P080413	AFR Subregional	Great Lakes Initiative on HIV/AIDS (GLIA)	03/15/2005	FY05	Active		IDA Grant	20.00	20.00
P088879	Burkina Faso	HIV/AIDS Disaster Response Supplement	05/03/2005	FY05	Active		IDA Grant	5.00	5.00
P094694	Eritrea	HIV/AIDS/STI, Tuberculosis, Malaria and RH (HAMSET II)	06/30/2005	FY05	Active		IDA Grant	24.00	24.00
P090615	Madagascar	Second Multisectoral STI/HIV/AIDS Prevention Project (MSPPII)	07/12/2005	FY06	Active		IDA Credit	30.00	30.00
P088751	*Congo, Dem. Rep. of	Health Sector Rehabilitation Supplement	09/01/2005	FY06	Active		IDA Grant	150.00	19.50
P088797	Ghana	MAP II	11/15/2005	FY06	Active		IDA Credit	20.00	20.00
P093987	Burkina Faso	Health Sector Support & Multisectoral AIDS Project	04/27/2006	FY06	Active		IDA Credit	47.70	21.00
P101950	Cape Verde	HIV/AIDS MAP Supplement	12/19/2006	FY07	Active		IBRD/IDA (blend)	5.00	5.00
P104189	Rwanda	Multisectoral HIV/AIDS Supplement	02/02/2007	FY07	Active		IDA Credit	10.00	10.00
P098031	Ethiopia	Second Multi-sectoral HIV/AIDS Projects	03/08/2007	FY07	Active		IDA Credit	30.00	30.00
Total								**1,480.46**	**1,279.43**

*Not funded within the MAP program, but consistent with MAP eligibility principles.

APPENDIX F

Introduction to ACT*Africa*, Global HIV/AIDS Program, and GAMET

ACT*Africa*

To support implementation of its HIV strategy, the Bank established a multisectoral AIDS Campaign Team for Africa—ACT*Africa*. The team serves as the region's focal point and clearinghouse on HIV and provides a variety of services, including (1) supporting implementation of the MAP; (2) supporting African countries through knowledge dissemination and exchange; (3) mainstreaming HIV into the Bank's work in multiple sectors; (4) supporting Bank country teams in addressing HIV in their country assistance strategies; (5) building HIV impact assessment into existing environmental and/or social assessment processes; and (6) strengthening and expanding the Bank's partnership with UNAIDS, as well as with key agencies, nongovernmental organizations, and donors.

The World Bank's Global HIV/AIDS Program—GHAP

The World Bank's Global HIV/AIDS Program (GHAP) was set up in 2002 to provide effective, dedicated institutional capacity to respond appropriately to HIV as part of the main development agenda and a corporate priority; to provide the needed specialized expertise on HIV, cross-cutting and multi-sectoral coherence, intensified effort and visibility.

GHAP's roles include encouraging and supporting HIV mainstreaming in all social and economic sectors; stimulating action in response to HIV globally and within the Bank; sharing information and knowledge on prevention, care, and treatment of HIV across the Bank; serving as a technical counterpart to the Global Fund, representing the Bank in our UNAIDS cosponsor role and interacting with numerous other partners; representing the Bank at national,

regional and international discussions; and, on behalf of the UNAIDS family, hosting the Global Monitoring and Evaluation Team (GAMET), whose task is to improve the quality of HIV/AIDS monitoring and evaluation and build national capacity within countries, and the AIDS Strategy and Action Plan service (ASAP) which responds to country requests for support in developing well-prioritized, evidence-based, results-focused, costed AIDS strategies and action plans.

Global AIDS Monitoring and Evaluation Team—GAMET

The central mission of the Global AIDS Monitoring and Evaluation Team (GAMET) is to improve the quality of HIV/AIDS monitoring and evaluation (M&E) and build national capacity to support the achievement of the third of the Three Ones—one country-led and country-owned M&E system. GAMET works closely with UNAIDS and other global partners, such as other UN agencies, bilateral donors, and the Global Fund to Fight AIDS, Tuberculosis and Malaria. GAMET helps strengthen national M&E capacity through an international team of M&E specialists, based primarily in developing countries. GAMET and partners strive to harmonize their M&E support to national AIDS responses, to use available resources efficiently. Another important role of GAMET is to support the M&E activities of World Bank projects, enhancing country capacity to implement, monitor, and measure progress of the national AIDS response, and to use the information for program improvement and learning.

Source: http://www.worldbank.org/aids, accessed on September 28, 2006.

APPENDIX G

Results Achieved by MAP Countries in Africa

Table G.1 shows the results achieved by MAP countries in Africa. Results are based on existing data reported in the ISRs, DHS behavioral data, and data from the UNGASS reports. The results are grouped under the HIV service delivery areas defined in box 2.2 of this report. The table also indicates which of the countries had concomitant health sector funding. No outcome-level results were available for Cape Verde, Guinea-Bissau, and Lesotho.

Table G.1 Results Achieved by MAP Countries in Africa (from DHS, ISR, and UNGASS data)

Country	WB health sector funding?	Enabling environment	Prevention	Treatment	Impact mitigation
Angola		National funding for HIV (2001–2005) $8.9 million (UNGASS); nationally approved treatment policies and protocol are implemented (ISR)			
Benin		National funding for HIV (2001–2005) $10.9 million (UNGASS); capacity building in about 2,000 communities in 57 of the 77 communes (ISR)	Young men increased condom use with nonregular partner from 34 to 59.5%; young women, 19 to 50.8% (UNGASS); young men reduced sex with multiple partners from 54 to 35% (DHS); % of infected women receiving ARV for MTCT increased from 0% to 18% (UNGASS)	ARV coverage 32.7% (UNGASS)	
Botswana		National funding for HIV (2001–2005) $234.8 million (UNGASS)	Workplace HIV program 70% coverage in 2003 (UNGASS); condom use at last higher-risk sex: men 78%, women 70% (BAIS 2001)		
Burkina Faso	Yes	National funding for HIV (2001–2005) $35.90 million (UNGASS); capacity building on AIDS activities in more than 2,000 communities—34% of all communities (ISR)	Reduction in sex with multiple partners reduced among young men from 39 to 23% (DHS 1999/2003); improved condom use at last risky sex from 57 to 69% for young men and 39 to 52% for young women (DHS 1999/2003)	ARV coverage 8.9% (UNGASS), 9,538 people on ARV by June 2006 (ISR)	

Burundi	Yes	National funding for HIV (2001–2005) $44 million (UNGASS)	PMTCT coverage increased from 1.2 to 2.4% (ISR); annual VCT increased from 31,000 to 103,951 in 4 years	ARV coverage 9.5% (UNGASS); number of PLWH on ART increased from 1,200 to 6,416 in 3 years (ISR)	
Cameroon		National funding for HIV (2001–2005) $4.4 million (UNGASS); number of CSO receiving funds from the NAC went from 0 to 355	% of young men and women with comprehensive HIV and AIDS knowledge increased from 16 to 27.2% (UNGASS); condom use with nonregular partner increased from 31 to 55.4% for young men and 16 to 42.5% for young women (UNGASS); work-place HIV program increased from 0 to 17.6% (UNGASS)	% of people with advanced HIV infection on ARV increased from 1 to 17.8% (UNGASS)	% of orphans who advance from one grade of primary school to the next increased from 60 to 84% of estimated number of orphans (ISR)
Central African Republic		National funding for HIV (2001–2005) $1.3 million (UNGASS)	VCT coverage increased from 0 to 60% (ISR)	% of people with advanced HIV infection on ARV increased from <1 to 4.2% (UNGASS)	
Chad		National funding for HIV (2001–2005) $1.6 million (UNGASS)	Condom use by military in-creased from 15 to 67.6% in 5 years (ISR)	ARV coverage 4.7% (UNGASS)	

(*continued*)

Table G.1 Results Achieved by MAP Countries in Africa (from DHS, ISR, and UNGASS data) (*continued*)

Country	WB health sector funding?	Enabling environment	Prevention	Treatment	Impact mitigation
Democratic Republic of Congo	Yes	National funding for HIV (2001–2005) $3.6 million (UNGASS)	40,795 people received VCT (ISR); PMTCT increased from 1.5 to 35% in 2 years (ISR)	% of people with advanced HIV infection on ARV increased from 0 to 2.7% (UNGASS)	
Republic of Congo		National funding for HIV (2001–2005) $4.9 million (UNGASS)	Workplace HIV program 28.3% (UNGASS)		
Eritrea			Increased % of respondents with correct knowledge of HIV, from 44 to 88% (ISR)	TB cure rate (% of new smear-positive cases cured) 75%	
Ethiopia		Number of woredas supported by NAC (EMSAP): 266 in 5 years (ISR)	Higher-risk sex reduced among young men from 64 to 37.9% (UNGASS); condom use with nonregular partner increased among young men from 30 to 36.1%, (UNGASS); % of infected pregnant women receiving complete course of ARV increased from less than 1 to 3%	% of people with advanced HIV infection on ARV increased from <1 to 7.1% (UNGASS)	
Gambia, The		National funding for HIV (2001–2005) $5.5 million (UNGASS), 4,000 received grants	MTCT coverage reached 16.6% (ISR)		

Ghana	Yes	National funding for HIV (2001–2005) $11.8 million (UNGASS)	Condom use with nonregular partner increased: young men 33 to 49.6%, young women 20 to 32.2% (UNGASS)	% of people with advanced HIV infection on ARV increased from 1.8 to 5% (UNGASS)	
Guinea	Yes	National funding for HIV (2001–2005) $0.7 million (UNGASS)	Workplace program 30% in 2005 (UNGASS)	ARV coverage 9%	
Kenya		National funding for HIV (2001–2005) $88.3 million (UNGASS)	% of infected women receiving ARV for MTCT increased from 1 to 9.3%; % of young men and women with comprehensive HIV/AIDS knowledge increased from 26 to 58.3%; higher-risk sex (young men) fell from 92 to 15.5%; condom use with non-regular partner increased: young men 43 to 46.1%, young women 14 to 25.2% (UNGASS); % of young men having sex with multiple partners reduced from 49 to 24% (DHS)	% of people with advanced HIV infection on ARV increased from 3 to 19.7% (UNGASS)	Ratio of orphans' school attendance compared to other children increased from 0.74 to 0.97 (UNGASS)
Madagascar	Yes	National funding for HIV (2001–2005) $0.5 million (UNGASS)			Ratio of orphans' school attendance compared to other children increased from 0.65 to 0.80 (UNGASS)

(*continued*)

Table G.1 Results Achieved by MAP Countries in Africa (from DHS, ISR, and UNGASS data) (*continued*)

Country	WB health sector funding?	Enabling environment	Prevention	Treatment	Impact mitigation
Malawi	Yes	National funding for HIV (2001–2005) $32.4 million (UNGASS)	Condom use with nonregular partner increased: young men 38 to 45.6%, young women 32 to 33% (UNGASS); workplace program expanded coverage from 17.5 to 47% (UNGASS)	ART coverage increased from 1.8 to 17% (UNGASS); people on ART: 3,700 (ISR)	Ratio of orphans' school attendance compared to other children increased from 0.93 to 0.97 (UNGASS)
Mali		National funding for HIV (2001–2005) $3.5 million (UNGASS)		% of people with advanced HIV infection on ARV increased from 2.5 to 11%	
Mauritania	Yes	CSO's allocation $37.1 million (2006) (ISR)			
Mozambique		National funding for HIV (2001–2005) $2.6 million (UNGASS)	MTCT coverage increased from 1.4 to 3.4% (UNGASS)	% of people with advanced HIV infection on ARV increased from 0 to 7.4% (UNGASS)	

Namibia		National funding for HIV (2001–2005) $73.6 million (UNGASS)	% of infected women receiving ARV for MTCT increased from 7 to 25% UNGASS	% of people with advanced HIV infection on ARV increased from 0 to 35% (UNGASS)	Ratio of orphans' school attendance compared to other children increased from 0.92 to 0.97 (DHS)
Niger	Yes	795 CSOs approved (ISR)			
Nigeria	Yes	National funding for HIV (2001–2005) $12.9 million (UNGASS)	Improved condom use at last risky sex, from 36 to 42% (young men) (UNGASS); median age at first sex rose from 19.4 to 20.3 among young men (DHS)	% of people with advanced HIV infection on ARV increased from 1. 5 to 7% (UNGASS)	
Rwanda	Yes	National funding for HIV (2001–2005) $5.7 million (UNGASS)	Number of people receiving VCT increased to about 250,000; 10 million condoms have been distributed (Midterm Review)	Number of people on ART has reached 5,000 (surpasses the appraisal target of 2,350); two-thirds of beneficiaries are poor women (October 2006 estimates); ARV coverage in Rwanda is well over 50%	Number of OVC who received financial assistance for school fees stands at about 25,000, and 38,000 households benefit from access to community health insurance (MTR)

(*continued*)

Table G.1 Results Achieved by MAP Countries in Africa (from DHS, ISR, and UNGASS data) (*continued*)

Country	WB health sector funding?	Enabling environment	Prevention	Treatment	Impact mitigation
Senegal		National funding for HIV (2001–2005) $17.8 million (UNGASS)	MTCT coverage increased from 0.4 to 1.4% (UNGASS)	ARV coverage increased to 52.3% (UNGASS)	
Sierra Leone	Yes	318 small CSOs and 44 large CSOs funded	% of youth using condom for casual sex 14.2% (2005) (ISR)	840 people on ART (ISR)	
Swaziland		National funding for HIV (2001–2005) $6.6 million (UNGASS)	MTCT coverage increased from 1.7 to 11.9% (UNGASS)	% of people with advanced HIV infection on ARV increased from 1.7 to 44.4 % (UNGASS)	
Tanzania	Yes	National funding for HIV (2001–2005) $75.5 million (UNGASS); 20 out of 26 line ministries are implementing their respective work plans (ISR)	Premarital sex among young people reduced: 57 to 43% in young men and 39 to 29% in young women (DHS); comprehensive knowledge about HIV and AIDS improved from 26 to 44% (UNGASS/DHS); sex with multiple partners reduced 39 to 33% (young men) and 15 to 5% (young women) (UNGASS); 1,200 headmasters and 995 secondary school teachers trained in life skills training		Ratio of orphans' school attendance compared to other children increased from 0.9 to 0.98 (DHS)

Uganda		National funding for HIV (2001–2005) $18.8 million (UNGASS)	Increase in infected women receiving ARV for MTCT: from 4.6 to 12% (UNGASS); median age at first sex rose from 17.6 to 18.3 years (men) and 16.7 to 17.3 years (women) DHS; condom use at last high-risk sex increased from 36 to 59% (young men) and 20 to 38% young women (DHS)	% of people with advanced HIV infection on ARV increased from 6.3 to 56% (UNGASS)	Ratio of orphans' school attendance compared to other children increased from 0.88 to 0.94 (DHS)
Zambia		National funding for HIV (2001–2005) $32.0 million (UNGASS)	Increased % of infected women receiving ARV for MTCT: from 0 to 25% (UNGASS); % of young men and women with comprehensive HIV and AIDS knowledge increased from 25.6 to 40.5% (UNGASS); condom use with nonregular partner increased from 38 to 38.4% for young men (DHS)	% of people with advanced HIV infection on ARV increased from 0 to 20% (UNGASS)	
Zanzibar		39 HIV/AIDS support groups established	Number of health facilities providing PMTC services went up from 6 to 100% of all health facilities		

APPENDIX H

Generic Results Framework for HIV/AIDS Projects

Generic Results Framework for Generalized Epidemics

LEGEND

- Orange shading refers to data that should appear in all ISRs for generalized epidemics, provided that World Bank funding supports that HIV service delivery area
- Gray shading refers to data that are already being collected through UNGASS, World Bank, UNAIDS, or other reports and will be compiled by ACT*Africa*/Global HIV/AIDS Program (GHAP) for all countries with HIV interventions. Thus, for all gray-shaded data, there is no need for country-level data collection.
- Each MAP project can add additional country-level data at its discretion.
- For all intermediary outcomes, data should come from the national M&E system and should cover the entire national response and not only things funded by the MAP only.

Indicator category and indicator	Data source
1. Demographics	
1.1 Total population (million)	World Bank statistics
2. The Challenge of HIV	
2.1 Estimated number of persons living with HIV	UNAIDS Global AIDS Report
2.2 Estimated number of AIDS-related deaths	UNAIDS Global AIDS Report
3. Final Outcomes (outcome-level results)	
3.1 Percentage of infants born to HIV-positive mothers who are HIV positive (UNGASS and MDG indicator)	Calculation, using MoH program data (data also contained in country's UNGASS report)
3.2 Higher-risk sex—Percentage of persons who reported that they have not had sex with more than one partner (UNGASS indicator)	DHS or other behavioral surveillance survey (data also contained in country's UNGASS report)
3.3 Primary abstinence—Percentage of young people 15 to 24 who reported that they have never had sex (UNGASS indicator)	DHS or other behavioral surveillance survey (data also contained in country's UNGASS report)
3.4 Secondary abstinence—Percentage of persons who reported that they have not had more than one partner in the last 12 months (UNGASS indicator)	DHS or other behavioral surveillance survey (data also contained in country's UNGASS report)
3.5 Condom use—Percentage of young people who used a condom during last high-risk sex (UNGASS indicator)	DHS or other behavioral surveillance survey (data also in country's UNGASS report)
3.6 ARV access—Percentage of persons with advanced HIV infection on ARVs (UNGASS indicator)	Calculation, using MoH program data (data also contained in country's UNGASS report)
4. Intermediate Outcomes (output-level results)	
HIV prevention	
4.1 Number of pregnant women reached by PMTCT	Country-level M&E system data
4.2 Number of condoms distributed	Country-level M&E system data
4.3 Number of persons counseled and tested for HIV	Country-level M&E system data
4.4 Number of IEC/BCC events	Country-level M&E system data
HIV treatment, care, and support	
4.5 Number of persons reached with community programs	Country-level M&E system data
4.6 Number of persons on ARVs	Country-level M&E system data

Indicator category and indicator	Data source
Impact mitigation	
4.7 Number of persons reached with impact-mitigation programs	Country-level M&E system data
4.8 Number of income-generating activities	Country-level M&E system data
Enabling environment and M&E	
4.9 Number of persons trained in HIV service delivery[a] in the past 12 months	Country-level M&E system data
4.10 Percentage of civil society organizations that are implementing HIV interventions	Country-level M&E system data
4.11 Percentage of decentralized government structures that executed an HIV work plan in the last 12 months	Country-level M&E system data
4.12 Percentage of organizations that submitted program monitoring forms to the NAC	Country-level M&E system data
4.13 Does the country fulfill all Three Ones requirements?	Interview by TTL/GAMET with key informants
5. Financial Commitments for the Projects (input-level results)	
5.1 Number of organizations funded by type of organization	MAP Financial Management Report prepared by the country
5.2 Percentage of funding for each type of organization by HIV service delivery area	MAP Financial Management Report prepared by the country
5.3 Country counterpart contribution for HIV/AIDS in US$ (millions)	MAP Financial Management Report prepared by the country
6. HIV Project Disbursements	
6.1 Amount disbursed by the World Bank for HIV	WB Client Connection
7. Overall HIV Financing	
7.1 Other development partners' commitments for HIV/AIDS in US$ (millions)	PEPFAR Web site; GFATM Web site
7.2 WBG commitments for HIV/AIDS in US$ (millions)	WB Client Connection
7.3 Estimated investment requirements for HIV/AIDS in US$ (millions)	UNAIDS resource tracking data; development partner Web sites
7.4 Financing gap to reach HIV/AIDS targets, US$ (millions)	Mathematical calculation

a. This refers to training that addresses all issues associated with HIV services: planning, financial management, proposal writing, technical skills to deliver HIV prevention; care and support, or impact mitigation services; management or coordination of HIV activities.

Generic Results Framework for Concentrated Epidemics

LEGEND

- Orange shading refers to data that should appear in all ISRs for concentrated epidemics, provided that World Bank funding supports that HIV service delivery area
- Gray shading refers to data that are already being collected through UNGASS, World Bank, UNAIDS, or other reports and will be compiled by ACT*Africa*/Global HIV/AIDS Program (GHAP) for all countries with HIV interventions. Thus, for all gray-shaded data, there is no need for country-level data collection.
- Each MAP project can add additional country-level data at its discretion.
- For all intermediary outcomes, data should come from the national M&E system and should cover the entire national response and not only things funded by the MAP only.

Indicator category and indicator	Data source
1. Demographics	
1.1 Total population (millions)	World Bank statistics
2. The Challenge of HIV	
2.1 Estimated number of persons living with HIV	UNAIDS Global AIDS Report
2.2 Estimated number of AIDS-related deaths	UNAIDS Global AIDS Report
3. Final Outcomes	
3.1 Percentage of most-at-risk populations (MARPs) that received HIV testing in the last 12 months and know the results	Behavioral surveillance survey for vulnerable groups (data also contained in the country's UNGASS report)
3.2 Percentage of MARPs reached with HIV/AIDS prevention programs	Behavioral surveillance survey for vulnerable groups (data also contained in the country's UNGASS report)
3.3 Percentage of MARPs that both correctly identify ways of preventing sexual transmission of HIV and that reject major misconceptions about HIV transmission	Behavioral surveillance survey for vulnerable groups (data also contained in the country's UNGASS report)
4. Intermediate Outcomes	
HIV prevention	
4.1 Number of persons from MARPs reached with HIV prevention, care and support, and impact-mitigation programs, by type of HIV program and type of MARP	Country-level M&E system data
4.2 Number of organizations involved in providing services to MARPs	Country-level M&E system data
HIV treatment care and support	Country-level M&E system data
4.3 Number of persons reached with community home-based care programs	Country-level M&E system data
4.4 Number of persons on ARV	Country-level M&E system data
Impact mitigation	
4.5 Number of persons reached with impact-mitigation programs	Country-level M&E system data

(*continued*)

Indicator category and indicator	Data source
Enabling environment and M&E	
4.6 Number of persons trained in HIV service delivery[a] in the last 12 months	Country-level M&E system data
4.7 Percentage of civil society organizations that are implementing HIV interventions	Country-level M&E system data
4.8 Percentage of decentralized government structures that executed an HIV work plan in the last 12 months	Country-level M&E system data
4.9 Does the country fulfill all Three Ones requirements?	Interview by TTL/GAMET with key informants
5. Financial Commitments for HIV Projects	
5.1 Number of organizations funded, by type of organization	MAP Financial Management Report prepared by the country
5.2 Percentage of funding for each type of organization, by HIV service delivery area	MAP Financial Management Report prepared by the country
5.3 Country counterpart contribution for HIV/AIDS in US$ (millions)	MAP Financial Management Report prepared by the country
6. HIV Project Disbursements	
6.1 Amount disbursed by the World Bank for HIV	WB Client Connection
7. Overall WBG Finances	
7.1 Other development partners' commitments for HIV/AIDS in US$ (millions)	PEPFAR Web site; GFATM Web site
7.2 WBG commitments for HIV/AIDS in US$ (millions)	WB Client Connection
7.3 Estimated investment requirements for HIV/AIDS in $US (millions)	UNAIDS resource-tracking data
7.4 Financing gap to reach HIV/AIDS targets, $US (millions)	Mathematical calculation

a. This refers to training that addresses all issues associated with HIV services—planning, financial management, proposal writing, and technical skills to deliver HIV prevention; care and support, or impact mitigation services; management or coordination of HIV activities.

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The MAP and the World Bank have made all the difference in the fight against AIDS.

Dr. Peter Piot
UNAIDS Executive Director

The Africa Multi-Country AIDS Program 2000–2006 shows that the funding made available through the World Bank's Multi-Country AIDS Program (MAP) has dramatically increased access to HIV prevention, care, and treatment across Africa. The book uses extensive data from national surveys and HIV/AIDS programs that show how MAP funding has helped support children and adults affected by AIDS, prevented mother-to-child transmission, helped countries build capacity for expanded and more effective national programs—including providing treatment—and been a catalyst for greatly increased support. Published and unpublished data from 30 countries are compiled to provide the first summary picture of the results to which MAP support in Africa has contributed.

One unique feature of the MAP has been its emphasis on channeling money to communities, grass-roots initiatives, civil-society organizations, and NGOs. Personal stories from people and groups in Uganda, Ethiopia, and Rwanda offer powerful examples of how these grass-roots efforts and sharing of knowledge and experiences among countries have improved health and lives, reduced stigma, and given new hope to people living with and affected by HIV across the continent.

The book also introduces a new Results Scorecard and Framework to better measure and report on results of Bank-financed HIV/AIDS programs in Africa. The results described in this book will be of great interest to readers working in the areas of civil society engagement, public health, poverty reduction, social development, and population and reproductive health, as well as to anyone interested in national and global responses to HIV in Africa.

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BANQUE MONDIALE

9 780821 370520 17052
ISBN: 0-8213-7052-9