



Study Purpose and Methodology

Purpose

This study documents the results to date to which the World Bank's MAP financing in Africa has contributed. It also proposes a new Results Scorecard and Generic Results Framework for future measuring and reporting on results of Bank-financed HIV/AIDS programs in Africa. The study's intended audiences are World Bank management and task teams, client countries, and others interested in World Bank support for HIV responses in Africa. Three points are important. First, the MAP results in this report are a snapshot of progress; many MAP projects are ongoing, and final results will be described in the projects' Implementation Completion Reports.¹ Second, the results presented are for the Africa region only (even though the World Bank supports HIV responses in other regions). And third, this study does not evaluate the MAP or identify areas that need improvement (which other studies have done, and which requires careful fieldwork). Nor does it assess the MAP's impact; rather, it reviews whether the MAP was implemented as designed and reports on inputs and outputs, and outcomes to which the MAP has contributed.

Six factors provided the impetus for this study:

1. ACTAfrica and the Global HIV/AIDS Program's desire to document MAP results.

¹ An example summary of results of a completed MAP project (in Ghana) is presented in appendix B.

Box 2.1 Joint Commitment to Manage for Development Results

“[We will] rely on—and strengthen—countries’ monitoring and evaluation systems to track progress and assess outcomes. As agencies with regional or global reach, we pledge to better distill the lessons of countries’ experiences and disseminate knowledge about what gets results in different country contexts.”

Source: AfDB et al. 2004.

2. ACTAfrica and the Global HIV/AIDS Program’s desire to develop new strategies for HIV/AIDS funding in light of MAP experiences and lessons learned so far—consistent with the MAP’s “learning by doing” approach.
3. The Africa Region’s work to develop an Agenda for Action against HIV and AIDS in Africa for 2007–11.
4. *The World Bank’s Global HIV/AIDS Program of Action*, which calls for support to regions and knowledge sharing.
5. The Bank’s commitment to sharing information about its HIV/AIDS programs, which fulfills one of the recommendations of the Global Task Team, to implement information-sharing practices globally by December 2005.
6. The Bank’s commitment to managing for development results (see box 2.1).

With regard to the first impetus, three MAP-wide evaluations have been initiated by the Bank: the Implementation Assessment Review in April 2001, the MAP Interim Review in October 2004, and OED’s evaluation of the Bank’s HIV/AIDS assistance in May 2005 (see appendix A).² All made useful recommendations on supervision, design, focus, and mitigation of risk and noted the early achievements of the MAP in general terms. However, none of them quantified the results to date of the MAP in a systematic, country-by-country manner. (The first MAP projects are only now reaching completion.)

This study builds on the “Where Is the Bank’s Money Going?” analysis that ACTAfrica undertook in 2006 (ACTAfrica 2006b) and aims to analyze further not only which institutions were funded, but also which activities were funded and how the MAP-funded activities have contributed to results to date in each country.

² These three evaluations or assessments were undertaken in addition to country-level MAP supervision processes that are part of the World Bank’s regular oversight functions.

Box 2.2 Definition of HIV/AIDS Service Delivery

HIV/AIDS service delivery is defined to include

- HIV prevention interventions
- HIV treatment and medical care interventions
- HIV impact mitigation interventions
- Creation of an enabling environment for HIV prevention, treatment, and impact mitigation interventions to occur
- Monitoring and evaluating of HIV interventions

Study Design and Methodology

Study principles and scope

The study follows the internationally recognized “results chain” for HIV monitoring and evaluation (Rugg, Peersman, and Carael 2004), which assumes that improved input-level results (for example, training and resources) are necessary to achieve output-level results (HIV/AIDS service delivery; see box 2.2). Output-level results, if well implemented, lead to outcome-level results—increased knowledge about HIV/AIDS, less stigma and discrimination, and reduced high-risk behavior. Outcome-level results ultimately lead to impact-level results—fewer new HIV infections, which may reduce HIV prevalence, and improved quality of life for those infected and affected by HIV.

Given this concept of a results chain, the study assesses input-level and output-level results, and outcome-level results to which the MAP contributed. Data are not available to quantify MAP contributions to outcomes. The study does NOT assess impact-level results for three reasons:

- The MAP objectives for the first phase were defined at the input and output levels and not as impact-level results (that is, to reduce HIV prevalence or incidence³).

³ Although many individual MAP projects set prevalence targets that now seem inappropriate in the light of new data and better access to lifesaving treatment.

- Changes in HIV prevalence or incidence cannot be attributed to a single development partner’s efforts; they reflect the totality of national and international HIV responses.
- There are a number of valid concerns about using HIV prevalence as a measure (box 2.3) and prohibitive difficulties and costs of estimating the numbers of new infections.

Also following internationally accepted principles, the study team used data generated by MAP projects to assess input-level results and output-level results (but did not independently verify the data), and presents independent data—from nationally representative surveys or independent evaluations at country level—on outcome-level results to which the MAP has contributed.

Given the MAP focus on learning by doing and the Global AIDS M&E Team’s intensive support to countries to operationalize their national HIV M&E systems, this study could use data about MAP results recorded at country level (that is, use existing or secondary data). The study team used data sets that provided two data points in as many MAP countries as possible.

Although some data on MAP results are recorded in World Bank Implementation Status and Results reports (ISRs), the study team knew from working with countries that additional data on MAP results were available. Therefore additional primary data were collected and analyzed from MAP countries.

The study considered country-specific and regional MAP projects and the HIV-focused Institutional Development Fund (IDF) countries (Lesotho, Namibia, and Swaziland).

Box 2.3 Challenges of Using HIV Prevalence as a Measure of Change

HIV prevalence is a measure of the total number of infections in a given population at a given point in time (expressed as a percentage of the population). HIV prevalence is not a good measure of change for the following reasons: (1) The total number of infections includes people recently infected, and people infected in previous years who are still alive. Increasing use of ARVs, which increase longevity, may cause HIV prevalence to increase over time even if the number of new infections is falling. (2) There are different techniques for estimating prevalence, and the results from different types of studies may not be comparable. The results of population-based HIV testing cannot, for example, be compared with the results of antenatal clinic surveillance.

Research questions

- Research question 1 asked: What has the MAP done?
 - a. How much MAP funding has been committed and disbursed? (input-level results)
 - b. Which groups received MAP funding? (input-level results)
 - c. To which output-level results has the MAP contributed?
 - d. To which outcome-level results has the MAP contributed?
 - e. Is the MAP achieving its objectives?

- Research question 2 asked: How should the MAP measure and report results in the future?

Methodology

Based on the principles for the study outlined above, the methodology was as follows:

First, a desk review was conducted of all key documents, including MAP Project Appraisal Documents; the OED (now IEG) evaluation of the MAP, management's response, and the CODE recommendations; the interim review of the MAP; the "Where Is the Bank's Money Going?" study and analysis files; the Development Committee paper on AIDS; the Implementation Assessment Review of the MAP in 2001; the Africa Region's *AIDS Agenda for Action* concept note; MAP background and status from ACTAfrica; and indicator sets from PEPFAR and GFATM.

Second, secondary data were collected and analyzed to measure input-level results, output-level results, and changes in country outcomes, using the data sets shown in table 2.1.

Third, tools for collecting primary data on input-level and output-level results were designed and tested. Tools included an interview guide for TTL interviews and a Country Feedback Form for collecting raw service-coverage data from MAP countries (appendixes C and D).

Fourth, seven TTLs were (purposely) selected and interviewed, and data were analyzed from the Country Feedback Forms (data were captured in an MS Access screen capture form).

Data source descriptions and limitations

Table 2.2 describes the secondary and primary data sources that were used and their limitations.

Table 2.1 Data Used to Document MAP Results

For input- and output-level results	For outcome-level results
<ul style="list-style-type: none"> Annual ACTAfrica questionnaire to MAP teams 	<ul style="list-style-type: none"> Implementation Status and Results reports (ISR) for all MAPs
<ul style="list-style-type: none"> Data from the Bank’s financial systems (Business Warehouse and Client Connection) 	<ul style="list-style-type: none"> Demographic and Health Surveys (DHSs) from MAP countries
<ul style="list-style-type: none"> MAP country data from a “Three Ones” survey that UNAIDS undertook in 2005 	<ul style="list-style-type: none"> MAP country reports on the indicators of the United Nations General Assembly Special Session on HIV/AIDS (UNGASS indicators)
<ul style="list-style-type: none"> TTL and Country Director Questionnaire analysis from the 2005 OED evaluation of HIV/AIDS assistance by the Bank 	<ul style="list-style-type: none"> TTL and Country Director Questionnaire analysis from the 2005 OED evaluation of HIV/AIDS assistance by the Bank

Table 2.2 Description and Limitations of Data Sources Used for the Study

Secondary data source description	Limitations
<p>Implementation Status and Results reports (ISRs). The ISRs capture administrative data, observations and remarks, key issues and actions for management attention, indicator values, and rankings (n = 39).</p>	<ul style="list-style-type: none"> Indicators differ across ISRs, making comparative analysis impossible. Only 16% of ISR indicators have at least two values (despite the fact that 30 of the 39 MAPs started in 2003 or earlier and should have had a midterm review, and thus baseline and midterm indicator values). Seven ISRs were awaiting imminent DHS results.
<p>Behavioral surveillance data. Demographic and Health Survey (DHS) data, Behavioral Surveillance data, and other behavioral data were downloaded from the ORCMacro Web site for all MAP- and HIV-focused IDF countries (http://www.measuredhs.com) (n = 15). Data from the period 1998–2000 were used as a first data point, data from 2002–06 as a second data point.</p>	<ul style="list-style-type: none"> 15 of the 30 MAP countries in Africa (50%) had two data points.

Table 2.2 Description and Limitations of Data Sources Used for the Study (continued)

Secondary data source description	Limitations
<p>Annual ACTAfrica questionnaire. ACTAfrica sends out a MAP Questionnaire to all National AIDS Commissions and World Bank team leaders every year in January/February to collect input and output data for the previous year (n [2005] = 26).</p>	<ul style="list-style-type: none"> ■ The questionnaire has small changes from year to year, so trend analysis is not always possible. ■ Not all countries submitted data every year (79% submitted data for 2005).
<p>UNGASS reports for 2003 and 2005. UNGASS reports are part of the Declaration of Commitment to HIV/AIDS, signed in 2001. The first round of UNGASS reports, focusing on 13 UNGASS indicators, was submitted in 2003; the 2nd round of UNGASS reports was submitted in 2005 (n = 35).</p>	<ul style="list-style-type: none"> ■ 31 MAP/IDF countries (86%) submitted UNGASS reports in 2003 and 2005, but not all reports contained indicator values for all 13 original UNGASS indicators (see figure 2.1).
<p>UNAIDS Three Ones data. UNAIDS conducted a one-off survey about the status of the Three Ones in 83 countries around the world in 2005 (n = 25).</p>	<ul style="list-style-type: none"> ■ It was a one-off survey in 2005; no data are available for other years. ■ Comprehensive data are only available for 25 of the MAP/IDF countries. ■ It is a self-administered questionnaire, which can cause bias and inaccuracy. For example, 9 of the 25 countries reported a different value of MAP funding than Bank records.
<p>TTL Questionnaire analysis and Country Director Questionnaire analysis as part of the 2005 OED evaluation. OED's evaluation of the Bank's HIV/AIDS assistance included questionnaires completed by MAP TTLs and country directors in June 2004.</p>	<ul style="list-style-type: none"> ■ Only 19 MAPs were active when the questionnaires were administered

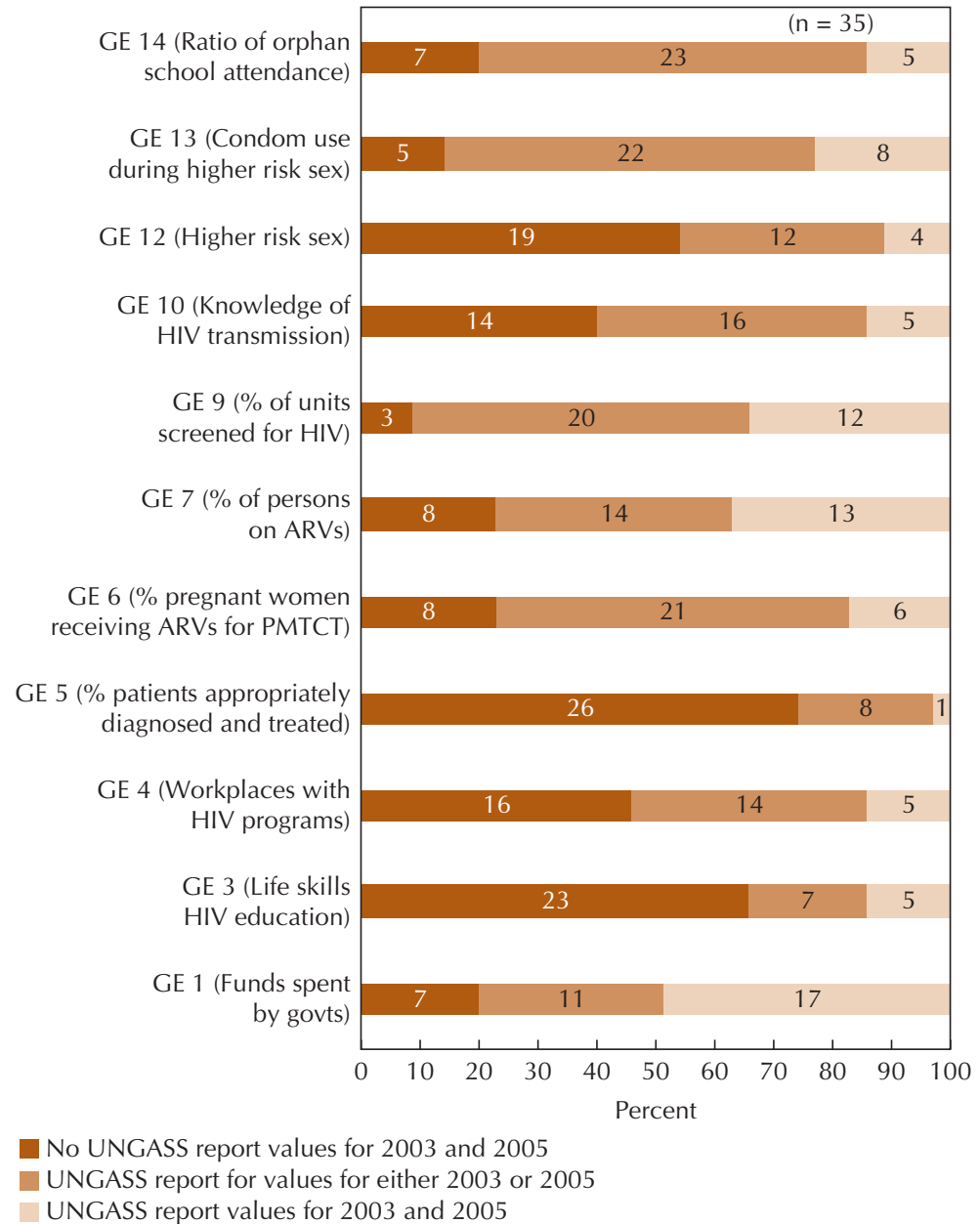
(continued)

Table 2.2 Description and Limitations of Data Sources Used for the Study (*continued*)

Primary data source description	Limitations
<p>TTL interviews. TTLs were purposively selected and interviews took place with six TTLs: Giuseppe Zampaglione (Sierra Leone MAP); John Elder (Nigeria MAP); Nicolas Ahouissoussi (Benin MAP); Jean Delion (Cameroon and Central African Republic MAPs, interview incomplete); Maryanne Sharp (Chad MAP); Albertus Voetberg (Treatment Acceleration Program). The interview guide is in appendix C of this report.</p>	<ul style="list-style-type: none"> ■ Only 6 of the 7 TTLs selected for interviews were available.
<p>Country Feedback Forms Country Feedback Forms were designed and used by the study team (see appendix D).</p>	<ul style="list-style-type: none"> ■ 93% (29 out of 31) of active regional and country MAPs submitted data. (The Central African Republic MAP was not effective, and the form was not relevant to the TAP). ■ It is a self-administered questionnaire; output-level results were not audited or verified; not all countries disaggregated data by category of MAP fund recipient. ■ Some countries did not complete all sections of the form. Angola did not complete sections A, B, and C; Nigeria did not complete section C; Chad did not complete section D; Cameroon and Cape Verde did not complete section E

Figure 2.1 shows that most of the UNGASS indicators (y-axis) had either one indicator value only, or no indicator value for 2003 or 2005. The figure also points to the areas where the most support is required to improve results monitoring.

Figure 2.1 Percentage of 35 MAP and IDF Countries in Sub-Saharan Africa That Submitted an UNGASS Report with Values for the Common UNGASS Indicators



Source: UNGASS country reports, 2003, 2005.

