Preparing and Implementing MAP Support to HIV/AIDS Country Programs in Africa

The Guidelines and Lessons Learned

Third Draft
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Preface

UNAIDS has estimated that in 2002, US$3 billion is needed to fund HIV/AIDS prevention, care and mitigation programs in Sub-Saharan Africa, increasing to US$ 4.5 billion in 2005 based on present trends. Unfortunately, only about half of this funding is currently available and future funding is uncertain. Reducing the gap in funding needed to wage war against the epidemic requires more resources: (i) stretching existing funding further by improving its use and broadening its coverage; and (ii) raising additional resources in great part by demonstrating that HIV/AIDS programs are implemented efficiently, effectively and transparently with positive outcomes and impacts.

These guidelines on preparing and implementing HIV/AIDS programs in Africa, the Generic Operations Manual,GOM, are meant to bring together good practices on program preparation and implementation to enhance existing programs and demonstrate that more funding should be made available. The GOM was drafted in Nairobi, Kenya in April 2002 by a team led by Jonathan Brown and Dan Ritchie that also included Didem Ayvalikli, John Cameron, Emmanual Malangalila, Nadeem Mohammad, and David Wilson. Ayse Kudat contributed *pro bono publico* the chapter on social assessment and Elizabeth Ashford produced the chapter on the private sector. The team also benefited from a session with the Kenya National AIDS Council Secretariat and the World Bank's Kenya MAP task team. Funding for the preparation of the manual came in part from the Global Public Goods Initiative of the World Bank. The GOM was reviewed in June 2002 in Nairobi at a meeting sponsored by UNAIDS and World Bank of African countries[1] and specialized agencies/donors involved in HIV/AIDS programs in Africa. Frode Davanger, Sheila Dutta, Keith Hansen, Richard Seifman and Bachir Souhlal assisted in completing the GOM after the June review as did many officials implementing HIV/AIDS programs in Africa and World Bank task team leaders. Jonathan Brown is the task manager for the guidelines which were produced under the guidance of Keith Hansen, manager, ACTAfrica and John Roome, Director, Africa Quality Assurance and Knowledge Management.

The GOM is presently organized around a number of chapters, some of which, especially on implementation agencies, are meant to be self-contained, and thus there is considerable repetition, especially with regard to fiduciary aspects, so that they can be used as stand-alone pieces for discussion with stakeholder groups.

The GOM is meant as a "living document", to be updated continually on the basis of experience on the ground and to be used by anyone involving in HIV/AIDS programs who finds them useful.

[1] Countries represented were Benin, Burkina Faso, Cap Verde, Eritrea, Ethiopia, Kenya, Malawi, Senegal and Uganda.

Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ARV	Antiretroviral (Drugs)
ART	Antiretroviral Therapy
CAS	Country Assistance Strategy
CSW	Commercial Sex Worker
CBO	Community-Based Organization
DFID	Department for International Development (UK)
FPMA	Financial/Procurement Management Agent
FM	Financial Management
FMR	Financial Monitoring Report
HIV	Human Immunodeficiency Virus
IBRD	International Bank for Reconstruction and Development
IDA	International Development Association
IEC/BCC	Information, Education and Communication/Behavioral Change Communications
IMA	Intervention Management Agent
MAP	Multi-Country HIV/AIDS Program for the Africa Region
MODEP	Ministry of Development and Economic Planning
MOHS	Ministry of Health and Sanitation
MTCT	Mother-To-Child-Transmission
NAC	National HIV/AIDS Council
NACP	National HIV/AIDS Control Program
NAS	National HIV/AIDS Secretariat
NGO	Non-Governmental Organization
PIP	Project Implementation Plan
PLWHA	People Living with HIVIAIDS
STI	Sexually Transmitted Infections
TB	Tuberculosis
TSS	Transitional Support Strategy
TOR	Terms of Reference
UNAIDS	Joint United Nations Program on HIV/AIDS
UNICEF	United Nation's Children Fund
VCT	Voluntary Counseling and Testing
WHO	World Health Organization

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PART I – Background and Justification

Chapter 1. Background

1. The purpose of the guidelines

Preparing and Implementing MAP Support for Country HIV/AIDS Programs in Africa: Guidelines and Lessons Learned have been prepared to provide practical, timely, operational, and relevant advice, lessons learned, and examples for those involved in waging the war against the HIV-AIDS epidemic in Africa. This Generic Operations Manual (GOM) has three main audiences: (i) National AIDS Councils and their implementing partners in the public sector and civil society, across the sectors and from the village to the national level; (ii) external institutions involved in assisting the preparation and implementation of HIV/AIDS programs, including specialized agencies and donors such as the World Bank; and (iii) institutions and people around the world who are more generally involved in the practical aspects of enhancing the effectiveness and efficiency of HIV/AIDS program implementation.

The GOM may be especially relevant for the preparation and implementation of multi-sectoral national HIV/AIDS programs which will be supported by donors, including the World Bank. It reflects the substantial flexibility available to implementing entities undertaking HIV/AIDS prevention, care and support and mitigation activities once a "fiduciary architecture" of financial management, procurement and disbursement mechanisms, and monitoring and evaluation are put in place. Therefore, the emphasis is on the "how" not the "what", on the fiduciary architecture and the implementation channels for reaching beneficiaries, not on program activities themselves which are the subject of other guidelines and best practice examples by specialized institutions. While the GOM includes chapters on program activities, the emphasis of these chapters will be on preparation and implementation experience as this becomes available over the next few years, rather than on what programs in prevention, care and support and treatment work best when, where and for whom.

The GOM includes lessons learned and examples of good practices and is meant as a living document to which additional lessons and good practices can be added by practitioners in real-time through: (i) an interactive website; (ii) meetings of practitioners; and (iii) annual country reviews. It may be especially appropriate for countries preparing HIV/AIDS programs or expanding existing programs since cross-country experience can help implementing agencies in the public sector and civil society which participate extensively and intensively in preparing operational manuals. The GOM represents a generic set of lessons learned that can be adapted for specific country and beneficiary conditions. Thus it is applicable for both high and low prevalence countries, for those with small and large populations, for those in a conflict or post-conflict situation as well as those with stable political environments. These lessons contained in the GOM will evolve with operational experience and time

2. What is the Multi-Country AIDS Program (MAP)?

HIV-AIDS is the leading cause of death in Sub-Saharan Africa. By the end of 2001, more than 18 million Africans had died, there were more than 12 million AIDS orphans, and another 28 million Africans were living with the virus, the vast majority of them in the prime of their lives as workers and parents. Life expectancy continues to drop, family incomes are being decimated, and agricultural and industrial efficiency is declining because of the epidemic. In 16 countries, more than one of every ten adults is HIV-positive. More than 10,000 Africans are newly infected each day, nearly four million every year. If effective action is not taken, the Joint United Nations Program on HIV/AIDS (UNAIDS) estimates that 40% of today's 15-year olds will ultimately acquire HIV/AIDS in countries such as Ethiopia and Cote d'Ivoire and 60% in countries such as South Africa and Zambia.

African nations and the international community have recognized the disaster the epidemic is raining on the continent and have concluded that past efforts to wage war against the virus have failed because:

- There was insufficient commitment and leadership to fight the epidemic among nations both inside and outside the continent;
- The war was being waged with too few human and financial resources;
- Programs that were effective, often undertaken by civil society organizations, were seldom scaled up and rarely expanded to national levels;
- Resources weren't reaching communities which have proven one of the most effective implementers of HIV-AIDS prevention, care and support and mitigation programs; and
- Programs were often too narrowly focused on the health sector.

A new strategy was developed by African countries and the donor community in the late 1990s to wage war more effectively based on:

- Defining national HIV-AIDS prevention, care and support, and mitigation strategies and implementation plans through a participatory and more comprehensive process (i.e. greater attention to a multi-sector approach and to gender issues, human rights, and the relationship between HIV/AIDS and poverty).
- Establishing National AIDS Councils as legal entities with broad stakeholder representation from the public and private sector and civil society, and with access to the highest levels of decision-making, including in government;
- Empowering and mobilizing stakeholders from the village to the national level with money and decision-making authority within a multi-sectoral framework; and
- Using exceptional implementation arrangements such as channeling money directly to communities and civil society organizations, and contracting services for many administrative functions such as financial management and procurement, monitoring and evaluation, elements of program approval, as well as capacity development and IEC/BCC.

The emphasis of the new approach, due to the nature of the epidemic, is on speed, scaling up existing programs, building capacity, "learning by doing" and continuous project rework, rather than on exhaustive up-front technical analysis of individual interventions. The new approach relies on immediate monitoring and evaluation (M&E) of programs to determine which activities are efficient and effective

and should be expanded further and which are not and should be stopped or benefit from more capacity building. Funding “good” programs quickly is more important than funding “best practices” with delay which results in even more HIV/AIDS victims.

The MAP approach represents the first phase of a 12-15 year World Bank program to support the national mobilization of Sub-Saharan African countries against the HIV/AIDS epidemic[2] In its design, the MAP is unprecedented in its flexibility and coverage. Country programs are designed to:

- Empower stakeholders with funding and decision-making authority;
- Involve actors at all levels, from individuals and villages to regions and central authorities;
- Provide support in the public and private sectors and in civil society; and
- Encompass all sectors and the full range of HIV/AIDS prevention, care and support, and mitigation activities.

This new approach is being supported by a number of donors, including bilateral agencies, regional development institutions , and the World Bank which is committing US$1 billion through the Multi-Country HIV-AIDS Programs (MAP) for Africa[3]. So far, as **Table 1** shows, 16 African countries have received $552.5 million within the MAP approach and MAP projects are being prepared in another ten countries.

Table 1 – Funding Approved Under the MAP

Countries	IDA Credits (in US$ millions	IDA Approval Dates
Benin	23.0	
Burkina Faso	22.0	
Cameroon	50.0	
Cape Verde	9.0	
Central African Republic	17.0	
Eritrea	40.0	
Ethiopia	59.7	
The Gambia	15.0	
Ghana	25.0	
Kenya	50.0	
Madagascar	23.0	
Nigeria	90.3	
Senegal	30.0	
Sierra Leone	15.0	
Uganda	47.5	
Brundi	36.0	
Total	**$552.5**	

[2] Because mitigating the epidemic is a medium- to long-term challenge, the MAP will be phased over 12 to 15 years. Phase 1, over the first three to four years, would scale up existing programs in HIV/AIDS prevention, care and support, and mitigation and build capacity. Phase 2, following a rigorous stocktaking, would, over the next five years, mainstream those programs that have proved effective, attain nationwide coverage, and expand care, support and treatment interventions. Phase 3, by which time new infections are expected to decline, would permit a sharper focus of prevention on areas or groups where the spread of the epidemic continues. The number of AIDS cases will probably peak during Phase 3, requiring a maximum effort in care and support.

[3] In September, 2000, the Board of Directors approved the US$500 million Multi-Country HIV/AIDS Program for Africa (MAP1) followed by another funding (MAP2) of the same amount in February 2002.

Chapter 2. Lessons Learned in Program Preparation and Implementation

1. Why is this chapter important?

The MAP approach is experimental and learning-while-doing. The past two years of project preparation and implementation have generated valuable lessons of experience. General lessons for future MAP projects and for enhancing the implementation of existing programs are provided in this chapter. Lessons on individual aspects are presented in the chapters that follow.

2. What are the most important elements of successful programs?

The initial experience with the MAP program, as well as investment projects generally, suggest the following aspects of **preparation** will help determine overall success:

- **Ownership/Champions—**The program has the commitment of all the major stakeholders in a country and continuing leadership from "champions"—institutions or individuals in the public and private sectors and civil society determined to make it work. Mechanisms are established to permit champions who supported program preparation to remain involved during implementation;
- **Capacity to Implement—**There are people and organizations with the ability to implement the program effectively, especially to scale up existing programs, or who can acquire the necessary skills to deal with higher levels of activities;
- **Clarity of Objectives—**The program has very clear goals that people understand and accept: win the war against HIV/AIDS by mobilizing every part of society to expand and improve prevention, care and support and mitigation programs;
- **Quality of Design—**The project activities identified will move the program toward its goals, and the roles and responsibilities of each implementing participant and their relationship to one another are clearly articulated;
- **Stakeholder Involvement—**The people groups, and institutions who benefit, who provide the services and who manage the project and the resources are all engaged in the preparation (and implementation) of the program; and
- **Readiness—**Important elements of the program are ready to be implemented as soon as the funds are available.

Experience suggests there are also several aspects of program **implementation** that will also contribute to successful outcomes (See also Chapter 20 on supervision):

- **Flexibility and adaptation—**The program is adjusted and "reworked" continuously to meet changing circumstances. The original design is a guide, not a blueprint;
- **Focus on the goals—**The objectives are always kept in mind when making decisions: how will this action help us achieve our purpose?

- **Monitoring and evaluation—**A good M&E system is essential to tell us how well the program is doing, where it is going and how it needs to be adjusted; and
- **Stakeholder involvement—**Involving the stakeholders is no less important in implementation than in the design. There must be an openness to innovation and non-traditional partners
- **Intense supervision —** The complexity, scope and "learning by doing" nature of the MAP approach requires more intense supervision both by countries and donors

3. What are the specific lessons from the initial MAP projects that can help new operations and recommendations?

Experience with the initial MAP operations has generated useful lessons of what works and what can be improved. Consultations with National Aids Councils, NAC Secretariats, donors, technical organizations, governments, NGOs, the private sector and foundations have identified important lessons for the "next generation" of HIV/AIDS projects.

- **The fundamentals are sound: the basic concept, design and structure of the MAP are appropriate.** The MAP approach has already begun generating results. There has been an expanded effort and more resources for prevention, mitigation, care and treatment of HIV/AIDS, stronger partnerships, funds channeled directly to communities, faster project preparation and stronger implementation capacity. Basic strengths of the MAP approach include:
    - Reliance on existing programs
    - Flexible design adapted to local conditions
    - Mechanisms to channel support directly to civil society and communities
    - Multi-sectoral approach
    - Focus on partnerships
    - Speed of preparation

- **Preparation and implementation need to be better in some basic ways.** While the basics are in place and provide a good foundation for development of new operations, several aspects are not working well. Each bullet below identifies areas where MAP Projects can be designed and carried out better (roughly in order of their place in project processing):
    - Stakeholder involvement
    - Understanding the fundamental social factors
    - Thinking and acting differently
    - Getting started well
    - Scaling up and building capacity
    - Managing and monitoring the overall program
    - Sharing good practice, and
    - Working more effectively together.

(i) Genuine stakeholder involvement in both preparation and implementation is fundamental to effective programs. This is not just theory or theology; it is demonstrably true—programs are more effective when people living with AIDS, caretakers, health professionals, program managers,

suppliers, civil society members and others touched by the disease are actively engaged in deciding what is to be done and ensuring that it is done. In practical terms, it means their participation in project planning (such as seminars on the "logical framework"), consultations on specific programs, involvement in the preparation of the Project Operations Manual, implementation of the monitoring and evaluation system and serving as watchdogs to ensure services are delivered. To date, there has been more rhetoric than substance on community engagement in particular. Genuine stakeholder participation is less time consuming than dealing with programs that fail because of its absence.

(ii) Good social analysis is a prerequisite for behavioral change. HIV/AIDS is a social disease, spread (and controlled) by behavior. A good social analysis is needed early in the project cycle of implementing agencies to identify the specific social conditions, values and norms that contribute to the spread of HIV/AIDS and affect its treatment and mitigation. Social analysis is not yet a routine part of preparation, but should be, especially for specific programs in prevention, care and mitigation and for monitoring and evaluation.

(iii) Management of HIV/AIDS programs calls for exceptional measures. It is not business as usual. The initial response to the MAP program in many countries has been to treat these projects as any other, when the urgency of the problem and its devastation call for unconventional responses. However, the National AIDS Counsels (NAC) and the Secretariats (NAS) have been more effective where they see themselves as guides, facilitators and coordinators rather than traditional project "control" and implementation bureaucracies. (See Chapter 5). Implementation of key aspects, including financial management, procurement, monitoring and evaluation and selected service delivery, have usually been more effective when they are "contracted" rather than done "in house." This may be particularly important in getting started, using respected outside agencies to initiate an assessment of impacts and drafting an initial work plan.(See Chapter 12 and bullet iv below).

(iv) Start well, end well. Experience suggests that projects succeed when implementation begins promptly as soon as funds become available. This helps show results quickly and builds and sustains commitment. The initial MAP projects have generally started slowly, with a loss of momentum and enthusiasm. This suggests completion of several preparatory activities before Credit funds are available as indicated in the **Box 1**;

Box 2.1

Elements of Good Preparation

a) Preparation of the operational manuals and first year program,
b) Piloting of expansion activities through retroactive financing or other means,
c) First year performance targets,
d) Developing mechanisms for advocacy "champions" to stay engaged during implementation,
e) Assigning key responsibilities to the agencies already engaged, especially the Health Ministry, and
f) Launching assessments of the impact of HIV/AIDS within ministries and beginning program development at the earliest stage. It may be possible to get started quickly by using project preparation funds (such as PHRD Grants), the IDA Project Preparation Facility (PPF) or a government's own resources that may be reimbursed under the

(v) Scaling up existing programs and building capacity for HIV/AIDS activities have been tougher than originally expected. The two major objectives for phase one of the MAP program are to (i) scale up existing HIV/AIDS programs and (ii) build capacity where needed to implement them, both in the public sector and civil society. This has been harder than envisaged. Capacity building needed for scaling up has two distinct components; (i) enhancing skills; and (ii) increasing the quantity of existing skills and institutional infrastructure. Donors are often

more prepared to finance (i) rather than (ii). The greatest challenge in the MAP approach is to fund on a sustained basis the increase in the quantity of African skills that already exists and the expansion of the institutional infrastructure, including incremental operating costs and logistics. Scaling up can be accelerated if the preparation process: (i) assesses the quality of existing programs; (ii) selects programs for support in the first year in a transparent process; and (iii) the NAS is empowered to approve programs quickly. Capacity building can also be accelerated if NASs contract with experienced local technical resource organizations to deliver training and if public sector agencies establish an AIDS coordination unit responsible for training. Capacity building is a continuous, never-ending process that needs full time attention. Civil society organizations need: (i) two to three year funding commitments to invest in "scaling up" their level of operations; and (ii) funding for administration and management as well as incremental operating costs such as personnel, equipment and materials and appropriate transportation.

(vi) Monitoring and evaluation systems are the key to effective implementation. In an experimental and learning process, a good M&E system is essential. You can't learn if you don't know where you are starting from and check periodically how you're doing against what you had planned. Most MAP projects do not yet have an effective system to measure progress and evaluate results. All of them should have them. (See Chapter 16).

(vii) Successful programs draw on the experience of others, benefiting from collaboration about "good practices." "Knowledge management" about what works and why can facilitate effective program implementation, scaling up and capacity building. The experience and knowledge gained within a country and across countries can be shared by the creation (and external funding) of national Technical Resource Groups and specialized organizations, animated by the NASs and UNAIDS Theme Groups. The challenge is not to create new knowledge but to share existing, relevant knowledge more effectively among program coordinators and implementers, all of whom are overloaded with work and information.

(viii) Partnerships matter: hang together or hang alone. Combating HIV/AIDS effectively can only be done by genuine collaboration—within government, between the public and private sectors and civil society, among citizens and with and among donors and specialized international agencies. Partnership involves sharing power and responsibility during program design and implementation, not always easy for organizations used to being dominant in their fields. (See Chapter 19 on Partnerships).

(ix) The value of multiple efforts. Lessons from the private sector, especially companies dealing with consumers, teach that changing behavior requires that multiple messages, with different content, be sent through various media, with diverse sponsorship in order to affect the way individuals, families and communities act. In short, winning the war against HIV/AIDS requires multiple efforts. Young people about to embark on their first sexual encounters are a key target group of HIV/AIDS program. Changing their behavior is challenging and these people need to be reached through many different mechanisms – parents, peers, churches, schools, local government, cultural organizations, mass media of all kinds, etc. Sending messages to youth through all these mechanisms is not duplication, which is wasteful, but multiple efforts, which is effective.

PART II – Project Description

Chapter 3. Project Description

1. Introduction

This section is a bookmark - a reminder that the Project Implementation and Operational Manual contains a description of the MAP Project. As the Manual is often the principal guide to implementation for most stakeholders, the Project Description needs to be clear and concise. It should contain a description of the project components[4], costs and the expected results.

In MAP, country projects will typically include some version of the following components:

- **Building capacity of government agencies and civil society:** To enhance the capacity of the public and private sectors and civil society to implement a broad range of HIV/AIDS activities. This includes particular focus on strengthening national HIV/AIDS councils and their secretariats, line ministries (other than Health), Ministry of Health, as well as capacity building for NGOs and Community Based Organizations (CBOs) at local levels.
- **Expanding the public service response:** To support government's response to HIV/AIDS in a broad range of sectors, with particular attention to strengthening health systems. Resources will flow to sector ministries and other government agencies to carry out sector HIV/AIDS programs against agreed targets and timetables. Given the overarching importance of the Ministry of Health in HIV/AIDS for clinical services, surveillance and procurement of medical equipment and supplies (including condoms, test kits, syringes, etc.), it may be appropriate to have a specific project component to build the capacity of the MOH and fund its HIV/AIDS activities
- **Focusing on civil society organizations and communities:** To establish an emergency HIV/AIDS Fund to channel grant resources directly to community organization and groups, including NGOs, groups of People Living with HIV/AIDS (PLWHA) and the private sector for local HIV/AIDS initiatives. These typically operate from a Special Account separate from the public sector special account and disburse on the basis of plans developed by local stakeholders.
- **Project Coordination:** To ensure effective project coordination, facilitation, monitoring and evaluation. This includes development of common management systems and establishment of knowledge sharing networks within and among countries. To maintain the concept of "coordination," many aspects of project implementation can be contracted to other public and private sector and civil society organizations.

Annex 3.1 provides a typical list of sample activities eligible for funding under the MAP. **Annex 3.2** is an example of a MAP project Logframe.

[4] MAP programs do not contain a list of what can be funded (a positive list) but a list of what con not be funded (a negative list) is generally restricted to large buildings and weapons.

Chapter 4. Project Readiness Checklist

1. Introduction

Project readiness is key to successful project implementation. Projects that start up promptly after funds are available are much more likely to be implemented efficiently and effectively. Lessons from MAP projects highlight the need to have essential analysis, designs, organizational aspects, staffing and implementation, financial management and procurement and monitoring and evaluation plans in place prior to funding approval.

The objective of the checklist is to ensure that effective project implementation can commence immediately after funding approval. This means there will be few, if any, conditions of project effectiveness. The table on the following page identifies the most important aspects of the project that should be ready when the project commences. The milestones represent major decision points within the World Bank approval process (see next page).

2. Lessons learned and recommendations

- Project implementation delays are almost always directly linked to inadequate project preparation
- Stakeholders need to participate in project design and preparation
- Fiduciary architecture and manuals need to be developed with and tested by key implementation stakeholders
- Availability of first year programs for both public and civil society organizations accelerates overall MAP implementation
- Those involved in preparation need to remain involved in implementation
- Recruit NAS staff early and from diverse sources, especially from the private sector and civil society organizations and from the public service outside the Ministry of Health.
- Implementing agencies need to prepare a social impact assessment when they are preparing their programs

MAP-Project Readiness Checklist[5]

Key Project Preparation Elements		Milestones for Readiness		
		By Appraisal	By Negotiation	By Approval
1	Letter of commitment and policy from government received and NAC established at start of project preparation. REQUIREMENT			
2	National HIV/AIDS strategic plan that reflects a multi-sectoral approach to be in place and adopted by NAC. REQUIREMENT	Adopted		
3	NAS established and NAC Councilors or /Commissioners and the NAS Director appointed by preparation. REQUIREMENT	TOR of professionals agreed, office established.	Other key staff appointed and office established	Remaining staff selected and appointed
4	Key NAS staff trained in procurement, financial management, & monitoring & evaluation as required. REQUIREMENT	Training plan established	Training of key staff begun	
5	Project Implementation Plan (PIP) and First Year Procurement Plan (PP) developed including detailed implementation schedule, and detailed budget plan (and local budget), and required TOR. REQUIREMENT	Draft PIP and PP discussed	Agreed	PIP & PP issued
6	Operations manual prepared. REQUIREMENT	Draft document	Final document agreed	
7	Medical Waste Management Assessment. REQUIREMENT	Completed		
8	Operations to be contracted (eg, financial management, procurement, procurement audit, internal audit, M & E, community mobilization, technical evaluation of grant proposals, capacity building) agreed. REQUIREMENT	Agreement reached between government and donor and TOR approved	Pre-qualification and shortlist completed	Contractors appointed
9	Appointment of mandatory external auditor. REQUIREMENT	Agreement reached between government and donor and TOR approved	Pre-qualification and shortlist completed	Auditor appointed
10	Institutional Assessment. REQUIREMENT	Completed		
11	Training plan prepared for general NAS staff and other institutions and communities. DESIRABLE		Draft plan discussed	Agreed
12	Financial management, procurement & monitoring & evaluation system established at NAS. REQUIREMENT	Requirements determined	Hardware and software in place	Systems functional
13	Bidding documents for 1st year of project prepared. Documents issued after effectiveness. REQUIREMENT			Bid packages, standard bid documents discussed and agreed
14	Special Account opened and local funds available. REQUIREMENT			Accounts opened
15	Preparation of first year programs for public agencies and of initial civil society program submissions, including social assessments by implementing agencies. HIGHLY DESIRABLE	Draft	Final document agreed	NAC approval

[5] Checklist assumes that: (a) there will be few, if any, conditions of effectiveness; and (b) the agreed period for fulfilling the Readiness Checklist tasks is realistic. Funds to undertake the tasks noted in the Checklist are available from sources such as PHRD grants, PPF funds, grants from other donors, and counterpart funds.

PART III – Institutional Arrangements/ Project Management

Chapter 5. Role of NAC and NAS

1. Why is this chapter important?

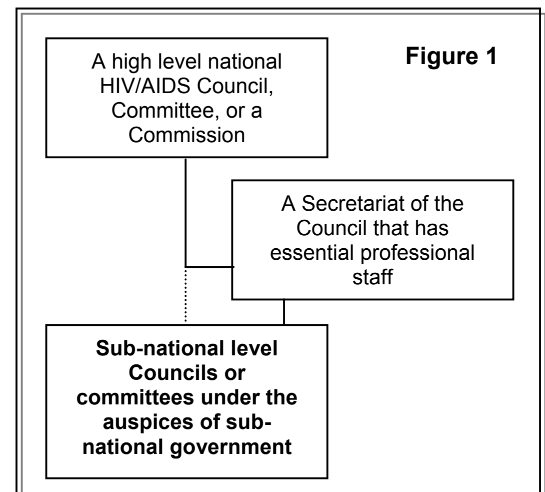
To participate in the MAP Program, every country has established a high-level HIV/AIDS coordinating body with broad stakeholder representatives and developed a strategic, multi-sectoral approach to HIV/AIDS. Creating a high-level body has been relatively straightforward. Defining its role and making it operational have been more difficult. Similarly, national policies and strategies have been drafted, but translating these principles into an implementation program empowering implementing agencies from the village to the nation has proven to be a major challenge.

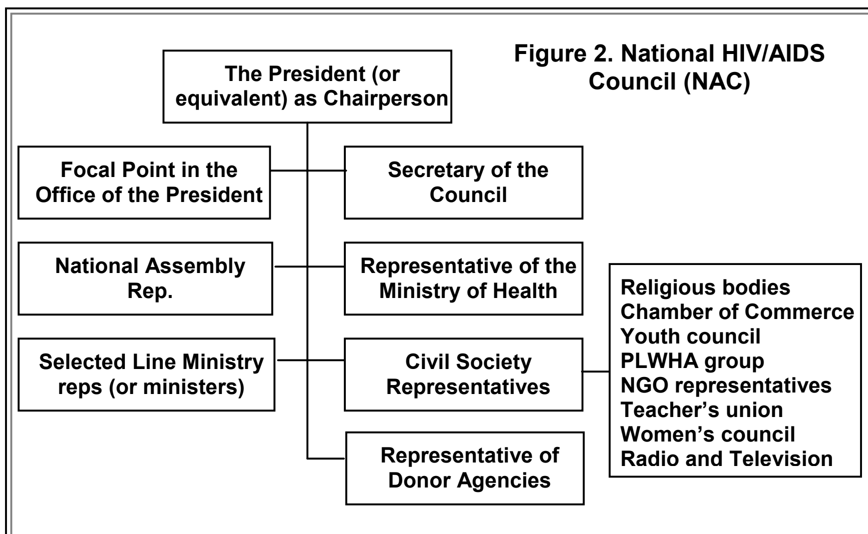
This chapter offers practical suggestions on the role for a National AIDS Council (NAC) and the National AIDS Secretariat (NAS), and their roles in converting the strategy into concrete project implementation.

2. What are the typical roles of the NAC and NAC Secretariat?

(a) The role of the National AIDS Council (NAC)

In each MAP country, a high-level body has been created to oversee the national multi-sectoral HIV/AIDS program. The NAC includes representation from all principal stakeholders concerned with the epidemic--public sector organizations, private business, NGOs, community-based organizations, people living with HIV/AIDS—and may be headed by the head of state, prime minister or other senior public official. (See **Figure 1**.)





In principle, NACs are responsible for: (i) guiding the elaboration, approval, and revision of the national HIV/AIDS strategy and action plan, (ii) defining policies, (iii) approving large projects with a national scope, (iv) reviewing and approving annual work programs and global budgets, (v) reviewing progress in the implementation of the program, and (vi) serving as the lead advocate for

attention to the HIV/AIDS epidemic. (See **Figure 2**)

In reality, its role is often ill-defined. The Council may meet regularly but infrequently, particularly if chaired by the President or the Prime Minister, and its members may have little training in their responsibilities. Most NACs have not yet played a role in approval of programs or oversight of the MAP itself. In some countries, NACs are supported by a Technical Advisory Committee that provides advice on professional matters.

(b) The role of the secretariat supporting the NAC (NAS)

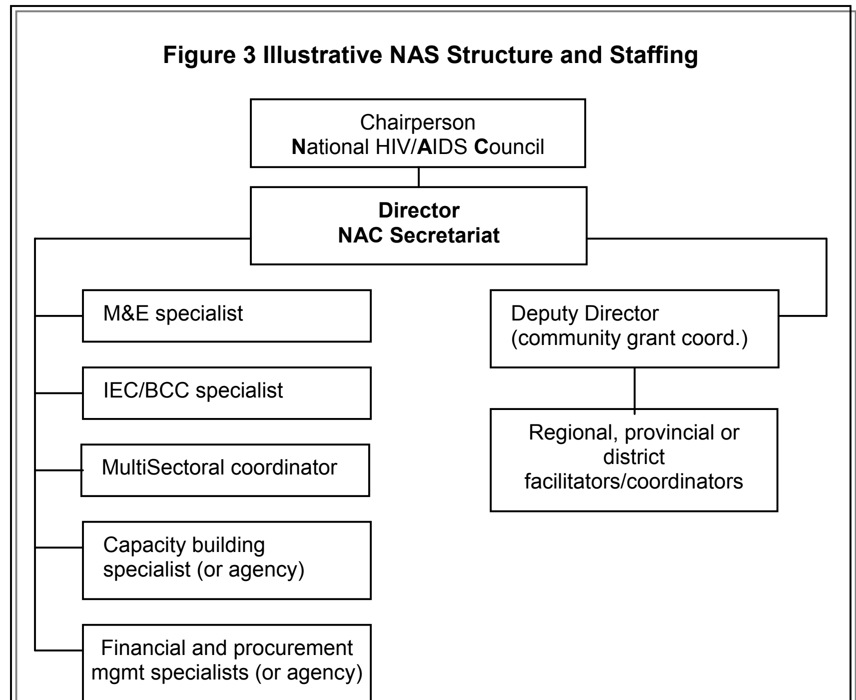


Figure 3 Illustrative NAS Structure and Staffing

The NAC is served by a secretariat responsible for the day-to-day business of the national HIV/AIDS program, the "NAS". From country to country NAS takes different forms, uses different nomenclature, and has different responsibilities.[6] Assuming NAC is chaired by the head of state or prime minister, NAS is under their offices. NAS is composed of a limited core staff which manages contracting services for both administrative and programmatic aspects, and is complemented by sectoral focal points (see Figure 3). Generally NAS is the principal administrative and technical support to the National HIV/AIDS Council and is the main coordinator and facilitator of the national multisectoral HIV/AIDS program, whether funded by the World Bank or other donors. The NAS is typically responsible for: (i) supporting multi-sectoral HIV/AIDS program planning and implementation, training, research, monitoring and evaluation; (ii) guiding HIV/AIDS responses within line ministries as well as at sub-national levels (regional, district, municipalities), NGOs and other partners so as to enhance coordination; (iii) reviewing annual work plans and budgets developed by ministries, regions, and municipalities for presentation and approval by the NAC; (iv) managing the national HIV/AIDS program in accordance with an administrative, financial, and procurement operations manual; (v) monitoring and evaluating HIV/AIDS programs at all levels; (vi) compiling and providing regular reports to the NAC (whether monthly/quarterly/annual); and (vii) liaising with donors. (See Annex 5.1 for examples of NAC/NAS mandates and staff terms of reference and Annexes 5.2-5.4for NAC contracts with implementing agencies and comities and an organizational capacity assessment form)
For both the NAC and the NAS a, if not "the", critical task is to monitor and evaluate the national response. The contribution of a strong M&E effort cannot be under-emphasized and needs to be underscored regularly. Part VI, Chapters 16-17 treats M&E and social impact monitoring in detail.

[6] NAS is not the equivalent of a "Project Management Unit". While it performs some similar tasks, its responsibilities are much broader. NAS, like NAC, is typically located not in any technical sector ministry but often in the office of the President or Prime Minister or as a separate agency

3. *Lessons learned and recommendations*

- **NAS can sometimes become a bottleneck to effective activity implementation.** The intent of the MAP approach was to have a "light" unit in the NAS which would guide programs and facilitate implementation, contracting services for many of its specialized activities. The basic rule is that NAS should only have the minimum staff it needs to manage contracting services. In reality, some NAS units are emerging as government bureaucracies, creating "in-house" capacity and "empowering" themselves rather than empowering implementing agencies in ministries, civil society and communities. They see themselves as implementation units with "command and control" authority. Also, in some countries the entire MOH staff dealing with HIV/AIDS was moved to the NAS, thereby weakening the health sector and diminishing the multi-sectoral nature of the NAS. The tendency of some NASs to move from "coordination and facilitation" to "command and control" may represent the single greatest danger for the national multi-sectoral HIV/AIDS program to implement rapid and sustainable action. This tendency can be avoided by:
    - Contracting services to carry out functions such as financial management, procurement, M&E, IEC/BCC, capacity development, and elements of program approval and disbursement of funds. Experience indicates contracting services more efficient and effective than NAS staffing itself to perform such functions;
    - Close oversight of the national response by the NAC, with annual work programs, service standards and performance reviews for NAS and its staff;
    - NAS staff need to be few in number but highly qualified and recruited not only from the public service but also from the private sector and civil society. NAS staffing should not result in weakening the already limited capacity of the Ministry of Health to carry out its functions;
    - Secondment of private sector and NGO staff to the NAS for high-priority activities; and
    - Separating the two key functional areas of the NAC and NAS: (i) <u>Program aspects</u> including preparation, approval and coordination, monitoring and evaluation, advocacy. (ii) <u>Program administration</u>—the actual disbursement of funds, financial management, procurement—All program administration and many program aspects can be provided by contracted services from the public or private sector so that NAC does not become a cumbersome bureaucracy.

- **Contracting for services is both efficient and effective.** As HIV/AIDS overwhelms public systems, contracting for services is a way of bringing in reinforcements. By involving more people and organizations in the struggle, it reduces the work that any one of them has to bear. It also builds interest within the private sector to engage more closely in addressing HIV/AIDS. It is, therefore, desirable in and of itself. It also provides several functional advantages:

    - Contracting promotes an efficient division of labor. Many tasks are so specialized or repetitive that they are best carried out by entities that have developed expertise in them. Most of these having nothing to do with HIV/AIDS; they include such detailed (and mundane) tasks as collecting program data, financial management and procurement. Delegating this work to those who know it best liberates public officials to perform the HIV/AIDS-specific functions that they alone can fulfill (such as setting policy).

- Private contracting of such services also tends to be less expensive. Competition in tendering will produce the best available price, and in the course of the contract the firm will look for the most cost-effective means of fulfilling its obligations.

- NAS officials sometimes fear that contracting for services will mean a loss of control. In fact, the opposite is true. Contracting actually increases NAS's control. When a NAS purchases services from a contractor, it can specify in the contract precisely the nature, level, mix, and standards of services it expects. The contractor has an incentive to perform well, both to ensure renewal of the contract and to enhance its commercial reputation, given the high profile of national HIV/AIDS programs. If the contractor fails to perform, it can be held legally compelled for any resulting delay or damages, and NAS can terminate the contract. By contrast, when a NAS depends on public sector providers, there are generally no service standards, and NAS has neither legal recourse for substandard performance nor authority to terminate the provider. Given the rigidity of most civil service systems, this leaves NAS at the mercy of a single provider.

- **NAC should be a national, multisectoral, multi-stakeholder body, located at the highest executive level of Government, endorsed by the legislative branch**. Given the developmental nature of the HIV/AIDS problem, NAC ownership should be cross-sectoral, inclusive rather than exclusive. NAC should be the channel for donor and other partner dialogue and commitment. NAC composition, size and functions will reflect the country's situation but in any case should be located in the highest government level which can provide the necessary authority and sustained commitment to action to carry out a successful program.

- **NAC must have a clear mandate to function effectively.** NAC and its supporting secretariat (NAS), must have their roles, functions and responsibilities well defined. This is particularly important with respect to any coordinating functions, and the relationship with focal points (especially line ministry focal points who represent their Ministers) The effectiveness of NAC is widely perceived to rest more on its advocacy[7], policy, resource mobilization, and monitoring functions than on direct intervention oversight or coordination. NAC/NAS mandates and priorities must be clear so that partner agencies in both the public and private sector and civil society remain understand, cooperate, and support NAC/NAS. To be credible and effective NAC members will need to devote time to capacity building and training. This is not always easy given the high level positions and standing of NAC representatives. In some countries such as Kenya, NACs have established sub-committees to focus on specific aspects of the MAP program, as indicated in **Box 5.1**.

Box 5.1
NAC Sub-Committees

In Kenya the National AIDS Council has established sub-committees to handle specific responsibilities, each headed by a specialist (such as the representative of the private sector on finance):

- Finance
- Monitoring and evaluation
- Program management
- Institution building

In addition, it has created a National Executive that acts on behalf of the NAC between meetings.

[7] NACs often hire specialized firms to establish and operate a communications strategy both for advocacy and to publicize the many HIV/AIDS activities that can be, or are, funded.

- **Training needs of NAS and implementing entities need to be better focused and coordinated.** In contrast to the lack of training for NAC representatives, there has often been too much "training" of NAS staff from a myriad of donor and technical agencies. The training has not always been focused on the right issues. NAS ought to have a systematic and coordinated training program for itself and its associated implementation entities, focused on: (i) facilitation, coordination and communication skills; (ii) updated technical knowledge on HIV/AIDS prevention, care and support and impact mitigation; (iii) management skills, including developing realistic work plans, financial management and computer skills; and (iv) monitoring and evaluation.

- **Work programming needs to be stronger.** One of the most difficult tasks of project management is to translate strategies and plans into effective action. NAS units are charged with the responsibility to coordinate the development and aggregation of annual work plans from cooperating agencies. While criteria for project selection have been developed, they are not always shared with ministerial focal points. In the future, arguably the single-most important role for a NAS will be to develop an integrated, fully-costed annual project implementation plan for approval by the NAC, with clear definition of responsibilities, outputs and budgets. (See Annex 9.1 and 9.2 on work programs of line ministries).

- **Contracting of services should be the rule**. The goal of having a "light" NAS structure and avoiding a new bureaucratic structure will only be accomplished with extensive contracting of services, rather than expanding NAS permanent staff. This is true for both administrative and technical responsibilities.

Chapter 6. Civil Society Organizations

1. Introduction

Civil Society Organizations (CSOs) represent a wide range of actors outside government and the for-profit sector, including non-government organizations (NGOs), faith-based organizations (FBOs), professional associations, trade unions and community-based organizations (CBOs). They range from national level organizations such as major NGOs or professional organizations to grassroots groups, such as women's savings clubs.

2. Why are CSOs important?

CSOs play a vital role in HIV/AIDS programs for the following reasons:

- **Governments alone cannot succeed against HIV/AIDS.** There is consensus that the factors that determine HIV transmission are largely outside the influence of governments. Especially where cultural values and community norms are of critical importance, CSOs have a vital role to play in prevention but also in care and mitigation activities;
- **Public sector fully extended.** Public capacity to respond to AIDS is already fully extended and cannot meet societies' escalating prevention, care and coping needs, without extensive CSO involvement;
- **Sharing the burden.** CSOs may help to protect public sector health and social services becoming overburdened by HIV/AIDS;
- **Crisis response.** The scale of the HIV/AIDS crisis necessitates the fullest possible CSO involvement at all levels. Most people with HIV infection or illness already receive most of their support and care from the community not from formal institutional efforts. Only through community involvement can programs of sufficient number, scope, coverage and value for resources and effort be achieved. Yet there is discontinuity between formal and informal responses that has not been adequately addressed. Formal responses seldom reach or provide appropriate support to community initiatives and communities are seldom able to access formal support;
- **Increasing community ownership.** CSO involvement leads to increased community ownership, leadership and management of HIV/AIDS responses;
- **Sensitivity of HIV/AIDS.** Because of the intimate, personal and sensitive nature of HIV/AIDS, most prevention, care and support and mitigation responses are best addressed through local, community initiatives;
- **"Contextualized" response.** The highly specific, localized context in which HIV transmission occurs, and in which prevention, care and coping responses are mounted, necessitates a wide range of locally defined, socially "contextualized", community initiatives;
- **Reaching the poorest and hardest to reach .** CSOs are able to provide training and resources to the poorest and most marginalized members of society, including hidden, marginal or under-served

communities. Ensuring that training and resources reach such people is a cardinal goal of the MAP approach;

- **Value.** CSO responses represent an economical and effective way of reaching and serving large numbers of beneficiaries. Numerous community health activities illustrate that resources focused directly at community level can have far greater value than comparable resources directed to formal structures; and
- **Impact.** Evidence of declining HIV infection among young girls in Uganda and Zambia is widely attributed to changes in community norms brought about by CSOs, which led to behavioral change at the community level.

3. What role do CSOs play?

3.1. What are the major kinds of CSOs?

It is helpful to distinguish at least four different kinds of CSOs:

- **Non-government organizations (NGOs).** NGOs are usually formally registered organizations, with a formal structure, including a membership, board members and paid staff. They are typically required to submit annual progress reports and audited financial statements to a parent ministry, so they have at least some financial management capacity. There is also considerable variability: from local NGOs operating in defined geographic areas, to national NGOs, with a national presence, to international NGOs with thousands of staff operating in many countries. Financial management capacity, human resources and programming experience typically increase as one moves from local through national to international organizations. NGOs may also be classified by thematic focus, as, for example, development, human rights, environment or health NGOs. Many NGOs have considerable scope to add or mainstream HIV/AIDS within their existing activities. AIDS Service Organizations (ASOs) represent a specialized category of NGOs, focusing specifically on HIV/AIDS prevention, care and support and mitigation responses.

- **Professional associations and trade unions.** These are vocational associations, whose members form associations or unions to advance their occupational interests, typically by setting occupational standards, providing accredition, negotiating compensation and developing a public position on matters of common interest. Examples include associations of lawyers, accountants, teachers and nurses or unions for transport, construction or agricultural workers. Nearly all formal sector employees are represented by one or more associations or unions. Their great strength is the size of their membership. For example, the Kenya National Union of Teachers (KNUT) has approximately 200,000 members. Most associations or unions have paid staff and at least some financial management capacity. They represent a greatly underused and promising channel to reach thousands of employees and their families in all sectors and levels of employment.

- **Faith-based organizations (FBOs).** These are religious affinity groups, including Catholic, Protestant, Independent, Islamic, Hindu, Judaic, traditional and other faiths. Although their primary aim is to provide spiritual teaching and guidance, most are enjoined by faith to undertake a social mission which includes teaching, care and welfare. Before the development of the modern administrative state in the last century, FBOs were virtually the only providers of education, care and social welfare services. They continue to play an important role in these

areas. They range from national level institutions, with a central secretariat and significant financial management capacity, such as the Catholic Church, to independent, grassroots religious communities, with limited administrative experience. They have many important strengths: they have a strong commitment to education, care and social service; numerous adherents, particularly in the developing world; and unrivalled rural reach. Many have an umbrella structure, in which local religious communities, such as parishes, are linked to provincial structures, such as dioceses, which in turn are linked to a national secretariat. There is thus great scope to channel resources and training through a national secretariat to an entire province or country.

- **Community-based organizations (CBOs).** These are typically grassroots membership organizations, often without a formal structure or registration. They are remarkably diverse. Examples include informal traders' associations, farmers clubs, savings groups, sports clubs and local youth groups. Whereas many NGOs serve communities, CSOs are themselves drawn from and representative of their communities. They represent both implementation channels and beneficiaries. Whereas NGOs are often valued for their flexibility and professional skills, CBOs are valued because they usually directly represent the ultimate beneficiaries. Because CBOs may lack formal structures and financial management systems, it is important either to link them to NGOs or to develop simplified financial management systems, typically limited to a committee, a bank account, a cash book and a file of receipts (See Chapter 13). Many HIV/AIDS programs try to build partnerships between NGOs and CBOs. NGOs provide resources, simple systems, training and support to CBOs. There is great scope to increase support to CBOs by developing simplified financial management procedures, designed specifically for CBOs and by promoting mentoring partnerships between NGOs and CBOs.

3.2. What activities do CSOs undertake?

CSOs play a leading role in changing cultural values and community norms and in assisting community support, care and mitigation responses. These strengths are evidenced in the following tabular summary of CSO HIV/AIDS activities.

CSO HIV/AIDS Activities

Activity	NGOs	Associations/ Unions	FBOs	CBOs
Prevention:				
Mass communication	CSOs have role to play in promoting discussion of mass media campaigns			
Interpersonal communication	CSOs have important role to play in promoting community discussion and supporting peer education			
Condom distribution and promotion	Larger CSOs such as national reproductive health NGOs may promote and distribute condoms, often through downstream CBO networks			
STI care	Larger NGOs with health facilities may provide limited STI care, but NGOs are not optimal channels for STI care		FBOs with mission hospitals offer STI care, but clients seldom view such hospitals as preferred STI providers	
HIV counseling and testing	NGOs may operate VCT centers, especially nested in multi-purpose drop-in centers	Other CSOs may play important role in promoting VCT. For example, FBOs may promote sexual deferral and couple based HIV counseling and testing before marriage as an effective HIV prevention strategy. CSOs also play a vital referral role, providing counseling and support and care to both HIV-positive and HIV-negative clients		
Blood safety	Large NGOs, such as the Red Cross, may operate blood safety programs in some countries	Other CSOs may play an important role in developing blood donor networks		
Prevention of mother-to-child transmission	CSOs will seldom deliver ARVs to prevent mother to child transmission, but they have a major role to play in providing referral services, particularly counseling and support to HIV-positive mothers and AIDS care to sick mothers and children identified during testing			
Care Support and Mitigation:				
PLWHA support	Many NGOs parent CBO	Professional associations and	Many FBOs also parent	PLWHAs are important

Activity	NGOs	Associations/ Unions	FBOs	CBOs
	PLWHA support groups, providing funding, administrative and technical support	trade unions have major roles to play in protecting rights of PLWHA	CBO PLWA support groups, providing funding, administrative and technical support	CBOs, often linked to NGOs or FBOs
Clinical AIDS care	Larger NGOs with health facilities may provide some clinical AIDS care	Professional associations and trade unions have important roles to play in lobbying for care for members	FBOs with mission hospitals are important source of clinical AIDS care	CBOs play advocacy role, lobbying for improved AIDS care
Community AIDS care	NGOs, CBOs and in particular, FBOs, play leading role in community AIDS care and support for orphans and vulnerable children			
Orphans and vulnerable children				

3.3. CSO program activity monitoring

Monitoring is essential, and CSO program activity should be as simple as possible. Each CSO partner will typically agree its key targets with the NAC/NAS, using the *Planning, Monitoring and Evaluation Form* contained in Appendix 5 of the ***UNAIDS/World Bank National Aids Councils (NAC) Monitoring And Evaluation (M&E) Operational Manual.*** Each CSO partner will then report results regularly using the *Planning, Monitoring and Evaluation Form.* These results will be checked and verified at least every six months by the designated monitoring agency. The designated monitoring agency will assess each CSO partner's progress towards targets every six months and rate their progress using the *Planning, Monitoring and Evaluation Form.* The designated agency will collate, analyze and submit to NAC summary reports of aggregate CSO activities every six months, using a simple, structured *Progress Report Form.* NAC and key CSO stakeholders will meet every six months to review M&E reports, to identify key lessons learned and to make strategic recommendations and decisions. NAC and key CSO stakeholders will update their M&E manuals and procedures based on lessons learned.

3.4. *What are the major indicators of CSO performance?*

Illustrative indicators for major CSO activities are presented below:

CSO Indicators

CSO Capacity
Number of civil society organizations receiving NAC funding
Percentage of overall funding granted to civil society services
Number of new civil society partners introduced to HIV/AIDS programming with NAC support
Total AIDS services delivered by civil society
Number and estimated percent of orphan boys/girls receiving support for school fees
CSO Services
Communication
Number of (a) media HIV/AIDS radio/television programs produced and (b) number of hours aired
Number of HIV/AIDS prevention brochures/booklets (a) developed and (b) numbers distributed
Prevention
Number of (a) HIV prevention staff and (b) volunteers trained
Number of (a) HIV prevention meetings held and (b) men/women reached
Number of condoms sold/given
Number of men/women receiving STI care from health facilities with trained staff and uninterrupted supply of drugs
Number and percent of men/women receiving HIV testing and counselling
Number and (b) percent of women tested and receiving PMCT if HIV-positive (in rare instances where CSOs deliver PMCT)
Care and Support
Number of care (a) staff and (b) volunteers trained
Number of PLWHA support groups and (a) number and (b) percent of men/women enrolled
Number of (a) community AIDS care projects and (b) number and (c) percent of men/women enrolled
Number of (a) community orphan support projects and (b) number and (c) estimated percent of orphan boys/girls enrolled
Input Level (Deliver Personnel, Training, Equipment and Funds)
Paid staff, volunteers recruited, training conducted, equipment and resources provided

4. *Financial management*

There is likely to be very significant capacity differences between organizations which make up civil society. This is likely to be particularly relevant in the areas of financial management and disbursement. It will, therefore, be very important from the outset to evaluate the financial management capacity of the civil society organizations which will request MAP funding. Financial management is particularly important because one of the fundamental aims of the MAP approach is to move funds to beneficiaries as fast as possible. The need for careful assessment, training, and effective systems is also highlighted by the fact that many civil society organizations will be implementing sub-projects on behalf of NAC/NAS as well as supervising projects at community levels and managing their funding requirements. Detailed information on financial management systems (FMS), and disbursement is located in Chapter 13 and Chapter 14 respectively. A summary of key guidelines follows:

- FMS of civil society must complement those of the NAC/NAS so that all project accounts can be consolidated and prepared efficiently;

- Standard historical cost accounting and other international accounting procedures apply to civil society FMS. It is likely that records will be kept on a computer system;
- Specific arrangements may be made between civil society and the NAC/NAS for payment of large accounts but in general civil society organizations will operate project bank account/s which will be replenished according to a prearranged formulae and the preparation and presentation to NAC/NAS of prescribed financial and physical reports;
- All civil society organizations participating in the NAC should be subject to an annual internal audit review; and
- A full annual audit of civil society organizations should take place if the organization is disbursing more than $50,000 per annum. Organizations disbursing less than this should be subject to a random audit check.

5. *Procurement Management*

Generally, the same procurement procedures are to be followed by the CSOs (especially the NGOs and the private sector) as by the NAC/NAS. However, this will largely depend on the financial value of the goods, and services to be procured under an agreement between NAC/NAS and a CSO. Chapter 15 provides descriptions of procurement methods, procedures and the process.

On the other hand, CSOs including smaller civil society groups, associations etc., would use *Simplified Procurement Procedures* agreed between the government and the donors during project appraisal. Chapter 15 provides relevant procurement information for such organizations. A summary of key guidelines follows:

- CSOs will follow a simplified procurement procedures as agreed with NAC/NAS (within the government rules agreed with the donors during project preparation);
- They will prepare a procurement plan showing what is going to be procured, in what quantity, at what estimated price, and when;
- They will adopt a clear and transparent process to acquire quotations/bids, opening of bids and the award of contracts to local suppliers;
- All CSOs will maintain records and receipts of all items/services procured and submit to NAC/NAS (or its authorized entity) when requested;
- All CSOs will form a bids evaluation committee within their organization which would evaluate received bids and award the contract.

6. *Lessons learned and recommendations*

- **Accessing MAP funds should be simple, transparent and effective.** Applications forms for civil society organizations to request funding under MAP programs need to be extremely simple to elicit the required information without burdening the CSO. The essence of the application form will include: what is to be funded, for whom, with what stakeholder involvement, with what objective, and with what fiduciary architecture. Sample application forms and capacity assessments from Kenya are in **Annex 6.** Annex 6.5 is an example of selection criteria for CSOs. Annex 6.6 is a sample progress report. Chapters 13, 15 and 16 on financial management, procurement and M/E respectively describe these key program implementation areas for the CSOs;

- **CSOs need comprehensive funding, including for administrative and operating costs, for several years in order to invest in scaling up.** Unlike public sector agencies that usually budget on an annual basis, CSOs need to increase their size in order to scale up, a process that requires investment in administrative capacity, people, equipment and facilities. Funding of administrative overhead, including transportation and other business logistics, additional personnel and training, and incremental operating costs are inherent expenses of scaling up that should be funded by national HIV/AIDS programs. Most CSOs require a funding commitment of two to three years in order to make the commitment to scaling up. Investments in administrative overhead and infrastructure needed in scaling up are often front-loaded in the first year;
- **Concept of an NGO Umbrella Body or Facilitating Agent.** Some MAP countries are trying to accelerate the access of civil society organizations to funding and to learn a number of important lessons. Large, or otherwise experienced and relatively well-endowed NGOs can serve as mentors and facilitators to small NGOs and CBOs in both organizational formulation and planning for scaling up. An example of the role of a facilitating agency in Ethiopia is presented in the Box 3 below.

Box 6.1
The Role of Facilitating Agencies in Building Civil Society Capacity

ACCORD is an international NGO that has worked in Ethiopia since 1986. It currently works in four areas of Ethiopia: Addis, Dire Darwa, Gambella and Shashemene, primarily in urban and rural livelihoods and community capacity building. ACCORD has an intensive CBO capacity building program in Addis, elements of which are infused into ACCORD's work in other regions. ACCORD's CBO program aims to promote the role of traditional CBOs (*Edirs*) as grassroots partners through three components: advocacy, direct financial support and training. The program has served to increase CBO networking and confidence to access resources and take up diverse development activities. A UNAIDS/WorldBank team visited ACCORD and CBO partners in Shashemene and observed that simple project management and financial administration systems shared by ACCORD had genuinely taken root in CBOs. CBOs visited had membership records, simple numbered receipts and informal cash books provided by ACCORD. They used training and planning systems shared by ACCORD. Their records were simple, clear and up-to-date. ACCORD's support has significantly increased the capacity of community organizations to apply for, receive, manage, program and account for EMSAP resources.

- **Capacity building of CSOs.** Most MAP projects have not started systematic programs of building capacity in civil society. There is a need to identify and contract technical resource organizations or groups with clear capacity building experience and performance targets to undertake, in partnership with local organizations, training on and exposure to national and international good practices for HIV/AIDS program activities;

- **Importance of horizontal learning networks.** Lessons of experience indicate that CSOs learn best through informal horizontal learning networks, in which CSOs undertake site visits to established projects, organize internships or placements with skilled CSO staff, build coaching and mentoring partnerships between experienced and new projects and develop local learning networks, where geographically proximate CSOs meet regularly to address and resolve issues of common concern;

- **Existence of a wealth of technical expertise.** There exist nationally and internationally a wealth of technical expertise and practical experience that needs to be brought to bear on national HIV/AIDS programs, and made available in all sectors and levels of countries. Technical expertise and practical experience range from IEC, VCT, home-based and community care, biological and behavioral surveillance, prevention and treatment of STI, social marketing, TB control and process skills such as rapid participatory assessment methods, social assessment, managing information systems, conflict resolution and management skills and M&E;

- **"Civil Society Review Board"**: While CSOs are almost always well represented on National AIDS Councils, NACs are mostly involved in areas of strategy development and mono-program review. CSOs have the interest and the technical capacity to help ensure that HIV/AIDS programs perform up to expectations. The joint UNAIDS/World Bank MAP progress report in 2001 recommended that countries may wish to consider creation of "Civil Society Review Board" (CSRB) made of acknowledged HIV/AIDS advocates that should represent such important constituencies such as PLWHA, trade unions, religious organizations, human rights and women organizations, the media, and the private sector. The CSRB should be mandated to review the rate and amount of fund disbursement against targets, the impartiality, objectivity and quality of grant making and overall MAP performance. The CSRB should have a full time coordinator with an operating budget to develop effective linkages with all stakeholders;

- **Piloting scaling up.** To scale up existing programs in civil society there is need to: (i) pilot the scaling up of program funding; (ii) contract "Technical Support Agents" to facilitate program preparation for small and medium sized NGOs and for community-based organizations; and (iii) consider re-imbursement to NGOs for eligible expenditures (to be defined) by ex-post examination and re-imbursement dating back to the date of completion of appraisal as a measure to provide working capital to NGOs which can scale up quickly.\

- **Don't ration funding.** On occasion the demands from NGOs will be larger than the indicative funding available. In view of additional resources available from a variety of donors, including MAP, funding to CSOs should not be rationed.

Chapter 7. Communities

1. Introduction

The previous chapter on civil society organizations examined organizations of varying degrees of organization, ranging from highly organized NGOs to relatively non-organized CBOs. The civil society chapter focused on reaching communities primarily through intermediaries, such as NGOs and CBOs. It described how NGOs and FBOs often work with downstream CBOs, providing funding and technical support to CBOs, who in turn provide services to communities. CSOs constitute one important channel to reach communities. This chapter focuses on approaches to provide funds directly to communities, particularly communities that are not served by NGOs, FBOs or CBOs.

2. Why are communities important?

Communities play a central role in HIV/AIDS programs for the following reasons:

- **"AIDS competent" communities are central to MAPs.** The overall aim of MAP is to develop HIV/AIDS-competent communities, which are able to assess the reality of the AIDS problem, analyze the specific factors that place them at risk and develop strategies to address these factors;
- **Empowering and mobilizing communities.** Empowerment theory emphasizes the importance of empowering and mobilizing communities with the responsibility and the resources to protect themselves from HIV/AIDS;
- **Changing community norms and values.** Evidence from Uganda and Zambia underscores the importance of changing community norms and values in order to protect communities from HIV/AIDS. This requires large scale community participation and leadership, of both organized and non-organized communities;
- **Communities provide key AIDS services.** Communities are already delivering many key HIV/AIDS services. For example, most individuals with AIDS receive care not from formal health services or even formal community-based home care programs, but from their immediate surroundings, primarily families and communities. Most orphans receive care not from the public sector or NGOs but from informal community initiatives. Formal responses seldom reach or provide appropriate support to community initiatives and communities are seldom able to access formal support. It is vital to establish direct access, so that communities can obtain support;
- **Communities are central to large-scale responses.** The scale of the HIV/AIDS crisis necessitates the widest possible involvement. Only through the fullest possible community involvement can HIV/AIDS responses of sufficient intensity, scope and coverage be mounted.

3. What must be done to support communities?

To reach both organized and non-organized communities, the following principles are suggested:

- **Establish multiple support channels.** Each community comprises a multiplicity of sub-communities, who can be reached in different ways. It is vital to establish as many support

channels as possible. For example, some segments of communities are organized into parent-teacher associations, who may be reached through the Ministry of Education. Other segments may be organized into CBOs, such as women's groups, youth clubs or PLWHA associations, who may be linked to NGOs. Other segments may be organized into a variety of small religious communities, who may be linked to larger faith-based organizations. Many segments of communities may not be formally organized and may need to be reached through mechanisms established specifically to reach non-registered groups. They key principle is, that many support channels are required to effectively mobilize and support communities.

- **Ensure mechanisms to reach non-organized communities.** Mechanisms to reach formally organized communities, such as NGOs and CBOs, are better developed than mechanisms to reach non-organized communities. National HIV/AIDS program should include a component specifically for non-organized communities;

- **Situate support channels as close to communities as possible.** The closer support channels are to communities, the easier it will be for communities, both organized and non-organized, to access support directly without having to rely on intermediaries. Thus, community support mechanisms must be decentralized to district or even sub-district levels;

- **Publicize support channels.** Support mechanisms should be publicized widely through locally appropriate channels, including local government structures, schools, churches and residents' associations. They should be publicized orally, as well as in writing, to promote access;

- **First priority is mobilization.** At first, mobilizing communities is more important than determining specifically what should be done. For example, communities may initially focus on community care or orphan support. It is initially more important to mobilize and support such initiatives than to impose a balance among prevention, care and support. As communities become mobilized, programs may gradually encourage a more balanced AIDS response. However, the first priority is to mobilize and support community AIDS responses as they arise;

- **Simplify eligibility procedures.** To enable communities to directly access funds without intermediaries, eligibility procedures must be made as simple as possible. For example, the following eligibility criteria may be proposed;

  - A community bank account where such accounts are easily opened (optional)
  - A small committee to accept and be responsible for funds
  - A simple cash book
  - A simple receipts file

- **Simplify application procedures.** Similarly, simple application procedures are required to enable communities to directly access funds. Complex application procedures merely discourage community applications. Forms and narrative requirements should be in local languages and be as simple. Provision should be made for literate staff to assist communities to prepare applications or for oral applications to be reviewed and approved;

- **Assist communities to articulate needs.** Communities often lack the capacity to identify and articulate their needs. There are well developed methods to assist communities to develop the awareness to organize and respond to issues, harnessing their own knowledge and insights. For

example, participatory learning and action (PLA) or participatory rural appraisal (PRA) techniques are designed specifically to empower communities with the understanding and insights they require to develop their own solutions to problems such as HIV/AIDS;

- **Encourage catalytic agents.** Even if support channels are as close to communities as possible and eligibility and application procedures have been simplified, catalytic agents can play an important role. Catalytic agents are community agencies such as local government departments, educational institutions, NGOs, FBOs or CBOs, who publicize local support mechanisms, assist communities to mobilize, assist communities to prepare and submit applications and assist communities to undertake activities; the work of catalysts should be funded by MAP programs;

- **Promote community accountability.** Communities can provide simple financial and progress reports and random audits of community grants will be undertaken. It is vital to promote community accountability, by, for example, requiring communities to present their applications in public, publishing community grants on local bulletin boards and holding regular community meetings to update communities on progress and expenditure. Publicity and public disclosure constitute powerful and effective forms of accountability, as communities have the motivation and knowledge to ensure that funds are used as proposed and reported;

- **Develop simple performance indicators.** Performance indicators should be as simple as possible. Illustrative community indicators include but are not limited to the following:

  - Number of communities receiving MAP funding
  - Percentage of overall funding accessed directly by communities
  - Number of new communities introduced to HIV/AIDS activities
  - Number of community members mobilized through community programs

Box 7.1
A Community Case Study From Ethiopia

In Ethiopia, community grants are being decentralized to the lowest administrative level, equivalent to a ward. Communities are informed of the existence of community funds and are encouraged to submit simple applications, in which all that is required is a broadly defined community, members who will be accountable for funds and a broad proposal for the use of funds. Applicants are required to present their applications at community forums. Applications are approved at the district level and up to US$1,000 may be readily approved. Communities are required to submit simple financial statements and to keep basic receipts. They are required to make regular, public updates at community forums. Through this simple mechanism, two thousand communities throughout Ethiopia have been mobilized in the first 18 months of MAP implementation and are receiving grants.

4. Financial management

Although a high degree of variation among community groups precludes across the board rules and procedures, some general financial management principles and working procedures apply. Rules and guidelines do apply to community projects but the application of these rules must be correspond to the

community's capacity. Policy requires communities to maintain financial management systems and procedures which are adequate to ensure that they can provide NAC/NAS or their agent with accurate and timely information regarding project resources and expenditures. Detailed information on financial management systems (FMS), and disbursement is located in Chapter 13 and Chapter 14 respectively. A summary of key guidelines follows.

- Assess the capacity of community FMS capacity and provide training where necessary.
- Determine a safe location for storing cash advances if a bank account is not available.
- Install a simple record keeping system based on cash in and cash out, in the local language.
- Establish the type and regularity of financial reports and statements and provide examples.
- Ensure that communities understand who their contacts are and the reporting structure at community level.
- Communities should be subject to random internal and external audit.
- Disbursement procedures from the community account should be well established and understood.
- A methodology should be put in place to measure and record community contributions.

5. Procurement Management

Generally, very simple procurement procedures are recommended for communities under the MAP approach. This essentially includes (a) local shopping, (b) local bidding procedures. These procedures are explained in Chapter 15. Following are the minimal procurement management requirements:

- A community committee that would collect quotations and/or invite bids for goods, minor civil-works and services, evaluate them and award a contract;
- They will adopt a clear and transparent process to acquire quotations/bids, opening of bids and the award of contracts to local suppliers/contractors;
- All community groups will maintain records and receipts of all items/services procured and submit to NAC/NAS (or its authorized entity) when requested.

6. Lessons learned

- **Not enough funds have reached communities directly.** Experience has shown that a remarkable low proportion of HIV/AIDS resources have directly reached communities in the first year of implementation.
- **Exceptional mechanisms are required to reach communities directly.** These mechanisms include the greatest possible decentralization, extensive local publicity for community grants, vastly simplified eligibility, application and reporting procedures and an acceptance of community accountability mechanisms as an effective safeguard.
- **Value of catalytic agents.** Facilitating agents add significant value and should be consciously promoted. For example, NACs may encourage local authorities, NGOs, FBOs and CBOs to apply for funds specifically to catalyse communities, with the understanding that grant performance will be assessed by the extent to which they have successfully promoted and supported community applications.

- **HIV/AIDS is a low priority in traditional social funds.** Experience shows that HIV/AIDS is a low priority in traditional social funds[8]. To address this, the Tanzania Social Action Fund (TASAF) has developed a specific HIV/AIDS guide, to ensure HIV/AIDS is addressed in community needs assessments. The final two days out of a five day planning process are assigned to HIV/AIDS so that funding of HIV/AIDS does not compete with more traditional social fund objectives. TASAF also encourages communities to add an HIV/AIDS sub-component in all their community proposals, regardless of the specific sectoral focus of the community proposal.

[8] This is not surprising since most communities may prefer using social fund proceeds by traditional economic and social activities as expressed in community surveys on priority activities.

Chapter 8. Private Sector

1. Why should the private sector be involved?

> *"For the private sector, the implications of AIDS are felt both at the micro and macro level. The impact on the workforce is felt in greater absenteeism, high turnover and reduced productivity. At the macro level, AIDS affects the environment in which businesses operate, including markets, investment, services and education."* Peter Piot, Executive Director, UNAIDS; James Wolfensohn, President, World Bank, July 2000.

In addition to the enormous impact of HIV/AIDS on the private sector in terms of human, financial and social costs, companies and professional business associations represent powerful stakeholders and effective partners in the war against the epidemic. Many private companies are already implementing HIV/AIDS prevention, care and support and mitigation programs that can easily be scaled up.

- **Coverage and Influence.** A large proportion of Africans spend much of their lives working in private companies which are in unique positions to influence behavior both within their own work forces (and their families) and with the broader constituencies with which they deal. Some industries, such as mining and transportation, can also be major carriers of HIV/AIDS;

- **Results Approach.** The "bottom line" discipline and the results-oriented approach with its emphasis on efficiency and effectiveness are important to HIV/AIDS programs. Many effective HIV/AIDS programs were initiated by and piloted in the private sector, both in Africa and around the world;

- **Special Expertise.** Because of the private sector's experience in marketing and selling products and services, it also possesses unparalleled skills in reaching and changing opinions/behavior of large numbers of people;

- **Financial Resources.** Many private companies are prepared to shoulder a much higher percentage of the costs of HIV/AIDS programs than the public sector or other segments of civil society, thus leveraging MAP funds.

2. The role of the private sector today

The private sector has started HIV/AIDS programs itself both in industries whose workers are severely impacted by or transmitters of HIV/AIDS and more generally. However, the ability of small and medium-sized companies to provide sufficient financial and technical resources has been far less than for large companies and for local branches of international companies. The private sector has also participated in NACs and has begun to mobilize, often through professional associations, resources for various HIV/AIDS activities. The private sector participation in fighting the epidemic should fall under overall national HIV/AIDS strategies, and companies that seek MAP resources should fulfill established eligibility criteria. These criteria can be different depending on the size of the company, as well as taking into account the local business environment. MAP resources should supplement private sector "auto-funding".

However, experience to date has shown that MAP funds have not often been used to support private companies even though the MAP approach provides for funding of civil society organizations, including individual private companies and various kinds of private sector associations[9]. In addition, a number of international private sector partnerships are available[10].

3. Lessons learned

- **NAC does not reach out – the private sector does not reach in.** Despite representation on NACs, the private sector is not getting the message that the MAP is able to support their programs. More importantly, this is limiting the considerable opportunities to share experiences and lessons learned. Similarly, the private sector has not yet actively pursued a systematic engagement with the NAC. The private sector would like to be asked to participate.

- **Donors, or recipients, or both?** Some private sector companies area able both to undertake HIV/AIDS programs with their own resources and to contribute technically and financially to others. However, most private companies, especially the medium and small companies that employ the largest number of workers overall, are not in this position and should receive MAP funds, with the appropriate amount of counterpart financing. Only in this way will the private sector be fully engaged in the war against HIV/AIDS and make the important contribution of which it is capable.

- **Efficient communication**. Responding in "real-time" on issues of interest to the private sector, such as information requests and financing decisions is essential since the private sector works on a faster turn-around cycle than donors/public sector;

- **Start with large, well financed firms for piloting interventions**. Success with a highly visible private sector firm's efforts provides a demonstration effect and paves the way for other and smaller firms to follow;

- **Promote twinning** of larger firms with SMEs in sharing knowledge about effective HIV/AIDS interventions.

4. Recommendations and lessons learned

- **Private sector focal point.** The full benefits of working with the private sector will be recognized if a NAC is able to hire a private sector focal point. Because the private sector is so diverse taking full advantage of the energy, opportunities and resources of the private sector takes specialized knowledge. This may include, (i) a full-time person within the NAS (recruited from the private sector or with knowledge of the sector to understand the essential issues), or (ii) out-sourcing the focal point function to a private sector partner as seen in **Annex 8.15** (e.g. Business Council, Chamber of Commerce) so that mainstreaming/outreach is delivered by a "peer";

[9] The private sector has been involved so far in MAP projects as providers of goods and services funded by MAP for implementation agencies or as contractors when various functions such as financial management and disbursement, procurement, and monitoring and evaluation have been contracted out by NACs and implementing agencies.
[10] "The Business Response to HIV/AIDS (www.unaids.org);" Global Business Council on HIV/AIDS (www.GBCaids.com); World Economic Forum (www.weforum.org).

- **Market MAP to private sector**. NASs need to market the MAP approach as aggressively to the private sector as it does to other elements of civil society, through a variety of mechanisms such as: (i) establishing a private sector focal point in NASs (**Annex 8.1** includes a TOR for a private sector advisor and communications coordinator; (ii) contracting out MAP marketing and project preparation for small and medium sized businesses to business associations; and (iii) building formal partnership links to national and international private sector organizations;

- **Private sector criteria**. MAP countries should consult together and with their external partners to define precise financial terms for the private sector to access MAP in each country, and the private sector should be encouraged to increase its participation as "donors". General eligibility criteria for private sector firms are in **Annex 8.2;**

    - **Financing.** If the NAC asks the private sector to work together to mitigate the impact of the disease, either as a partner or donor, than companies will likely need more incentive then just getting free advice. Companies and organizations will expect that they can receive financial assistance to scale up programs, pilot new initiatives, and reach out to their memberships to deliver programs. In exchange, companies should offer counterpart financing and in-kind contributions, including: a network of contacts, channels of communications to business partners; material assets, such as premises, providing venues for meetings, VCT, sponsorship campaigns, equipment, goods, drugs, transport; and skills, such as management, monitoring and measurement capacities, information technology, and human resources;

    - **Transparent and simple eligibility criteria, application and selection process.** In the best of circumstances, it would be useful to work with the private sector to develop criteria and an application process to access MAP funds. These criteria should distinguish between different categories and sizes of private sector companies (e.g. micro-enterprises, SMEs, large nationals, multi-nationals), as a one-size approach will not fit all. See application and criteria sample in **Annex 8.4 and Annex 8.6;**

    - **Consider earmarking a percentage of funding for private sector programs.** It may be useful to demonstrate the intent of the NAS to ensure collaborating with the private sector will result in real benefits for both. In order to do this, a percentage of the annual funds available from the NAS might be negotiated and earmarked on an annual basis to support private sector participation in the fight against HIV/AIDS.

- **Use an industry association** – An existing association, such as a national HIVAIDS private sector business council, is a logical group to work with the NAC on private sector participation. Such groups tend to include all the types of members and representative organizations that NAS would want to reach in order to provide materials, information and advice. It also has the added value of being able to coordinate resource mobilization for its membership. *See Kenya HIV/AIDS Private Sector Business Council and Case studies in* **Annex 8.3;**

- **Develop and implement a communications strategy aimed at the private sector.** NAC should develop an effective outreach strategy that will use the power of media partners to get the message out to companies about their civic responsibility to participate in the war on HIV/AIDS. It will also let companies know that resources are available to start-up programs and to scale-up successful pilots as well as point out the importance of private sector linkages with NGOs to enhance IEC. The

campaign should also include specific information about how to access technical and human resources that can provide guidance for companies interested in getting started.

Please see **Annexes 8.5, 8.7, 8.8, 8.9, 8.10, 8.11, 8.12, 8.13, 8.14, 8.15, 8.16** for more details on application, scoring and implementation plans. Elizabeth J. Ashbourne (Eashbourne@worldbank.org) can be contacted for further information.

Chapter 9. Public Sector (other than Health)

1. Why are other ministries important?

HIV/AIDS is much broader than a public health problem. It touches virtually every sector of the economy. Providing effective prevention, care and treatment, and mitigation requires the involvement of many parts of the public service, and these efforts need to be expanded and coordinated. Moreover, every sector will be affected by AIDS, among both its staff and clients, and needs to plan carefully to mitigate this impact.

2. What are the principal responsibilities of ministries other than health?

Public service agencies other than the Ministry of Health are important instruments for delivering essential information and services on HIV/AIDS. The MOH is primarily responsible for clinical services—testing, diagnosis, and treatment—and for surveillance, as well as for other public health management priorities such as blood safety and medical supplies. But other ministries have primary responsibility for a wide range of preventive and mitigation activities. The major ministries typically include Education (for students and teachers), Defense (for the military), Transport (truck drivers), Agriculture (with its wide range of contacts at the farm level), Youth, Labor and Social Affairs, Information, Construction and Housing, and others.

Ministries are also major employers. In many developing countries, the public sector accounts for the majority of formal sector jobs. Consequently, public sector employees represent a major audience for HIV/AIDS information and services.

Consequently, the MAP program supports three principal activities in sector ministries: (i) provision to ministry staff and their families of HIV/AIDS and STI education, training, condoms, treatment and other support; (ii) enhancement of the ministries' capacity to provide clients and audiences the means to provide effective prevention and ways to access health care facilities and care; and (iii) sector planning to prepare for, and mitigate, the impact of HIV/AIDS on the sector

Funds to enhance capacity are provided on the basis of annual work plans and budgets provided to the National AIDS Council Secretariat (NAS). See **Annex 9.1 and 9.2** for examples of work plans for other ministries, including Health.

3. Lessons learned and recommendations

- **Line ministries are essential partners for mainstreaming HIV/AIDS, but are not yet fully involved.** Two reasons account for this. First, many ministries continue to see HIV/AIDS as the Ministry of Health's "problem" to solve. This stems from a lack of understanding of the relationship between HIV/AIDS and other sectors. Each sector needs to appreciate the two-way relationship between HIV/AIDS and its sectoral activities. That is, HIV/AIDS affects each sector, and each sector can help address HIV/AIDS. AIDS is progressively undermining the investments and programs in a

wide variety of sectors, making it difficult to achieve goals in, for example, education or rural development. Conversely, each sector has a unique role to play in helping address the epidemic (*e.g.* by incorporating appropriate HIV/AIDS messages into the school curriculum). The second reason is that even for those ministries that have understood the importance of HIV/AIDS, adequate resources have not been available until now.

- **Scaling up is taking longer than expected, in part because of institutional weaknesses within sector ministries.** Sector ministries were to create "focal points" for HIV/AIDS and submit action plans to the NAS for scaling up their activities. To date, most line ministries have not been prepared to assume these responsibilities and are uncertain how to proceed. "Focal points" within ministries have been too few and too powerless. The focal point role is often assigned to individuals who already have other full-time responsibilities. They lack the authority to push through action programs for their own line departments or to initiate a capacity building effort to enhance services to sector clients. Priority attention is needed to establish and fund dedicated units, not just focal points, in line ministries with full-time staff, the capacity to develop annual plans and the authority to implement them, particularly for the most critical group-at-risk—young people;

- **The Ministry of Education is pivotal in the fight against HIV/AIDS, but often the most difficult to mobilize.** Ministries of Education are the largest employers in most countries and reach every community. They interact daily with the most important single audience for the HIV/AIDS message—youth. But because of their size and the inherent difficulty in reaching consensus or changes in curricula, they have often been slow in responding to the challenge effectively. The first priority for a multi-sectoral program should be to build full-time capacity in the MOE to mobilize its tremendous potential for influencing attitudes, values and behaviors toward the disease;

- **Political will is necessary to mobilize sector ministries.** Ministries are highly responsive to expectations established by political leaders. If the president, prime minister, or parliament show that they expect action on HIV/AIDS and engage in regular follow-up, ministries are more likely to take the epidemic seriously. In one country, the president asks for an update on ministerial HIV/AIDS progress during each weekly cabinet meeting. Another country requires each sector ministry to include a line item for HIV/AIDS in its annual budget request, or the submission is returned.

- **Getting started: begin with an assessment of the impact, "sensitization" of senior managers, and drafting of an initial program.** Beginning a new program within an organization is always a challenge. It is not part of the bureaucratic routine. In HIV/AIDS, there is often little understanding of the need for a dedicated effort. Experience suggests that a good sequence for getting started within line ministries is to (i) undertake a situation analysis of the impact of HIV/AIDS (a) in the core ministry itself and the level of awareness among staff; and (b) among the clients of the ministry [11](ii) use the information generated to make senior officers aware of the magnitude of the problem within their own organization; (iii) begin preparing a strategy and initial work program for review with the NAS. To ensure ownership, it is best if this process is led or overseen by staff from the sector ministry itself; with the assistance of consultants in whom the sector ministry has trust.

- **The partnership with the NAS has to be stronger**. Even where focal points exist, the relationship with the NAC Secretariat and other ministries has not been very effective. Most ministries have

[11] The assessment of the impact of the HIV/AIDS among a ministry's clients is of critical importance and can often benefit from studies already available in the HIV/AIDS literature. The mining and transportation sectors have been particularly active in assuring the impact if HIV/AIDS in their sectors.

submitted work plans to the NAS for review. Typically, the plans lack innovation and knowledge of good practices and largely appear to be based on a single template. They also tend to be very ambitious relative to capacity. This suggests that many line ministries still do not appreciate the importance of their roles in the fight against HIV/AIDS. The quality or work plans varies widely, often creating tensions between the ministry and NAS. The provision of technical support to these HIV/AIDS units from the NAS, technical support groups or perhaps secondments from other units would assist in the development of more appropriate and harmonized annual work programs. At the other extreme, ministries may have done considerable work on HIV/AIDS before the MAP that the NAS has not always recognized. Line ministries and the NAS must work more effectively together, and see their relationship as mutually beneficial not adversarial;

- **Contracting additional support is an option.** Many line ministries are already overwhelmed by their current responsibilities and lack the capacity to assume new functions. Even with strengthening by the MAP program, ministries may find that subcontracting the delivery of services to staff and clients and audiences will be more effective than adding to its existing duties. The line ministry would retain responsibility for planning and oversight, but contract implementation to the private sector, NGOs or other public agencies.

Box 9.1
Cross-fertilizing: Public Sector Subcontracts NGO

The Ethiopian Roads Authority (ERA) is a public sector institution with a staff of 15,000 and an additional 5,000 sub-contractors across the country. Road workers are often separated from their families for several months and are therefore particularly vulnerable to HIV. In addition, appropriately designed prevention programs targeted to ERA workers can have a spill-over effect on contact populations.

In January 2001, ERA submitted a proposal to the National HIV/AIDS Prevention and Control Secretariat (NAC Sec) for the development and implementation of an awareness and prevention strategy for their workers and sub-contractors. This strategy included three major components : Information Education and Communication (IEC), free provision of condoms, and access to voluntary counseling and testing services.

Given ERA's relative lack of capacity and technical expertise in HIV prevention, its senior management decided to develop the proposal jointly with a large local NGO and requested funds to sub-contract implementation of the proposal to the NGO. The proposal, for which ERA will maintain general oversight, has been approved.

- **Let a few ministries take the lead in the first year.** Not all ministries will be equally well prepared. During project preparation and the first year of implementation, it is a good idea to let a few "champion" ministries which have already developed good HIV/AIDS plans to take the lead in implementation. They can provide a model for others to follow and help test mechanisms that can later be refined and applied to other ministries. During this initial phase, ministries that are not as prepared should receive support to develop good plans of their own.

Chapter 10. Health Sector Response

1. Introduction

With respect to HIV/AIDS policy and programs, like other key sectors such as education, defense, or transportation, the health sector looks to the National AIDS Council for oversight, coordination and facilitation. NAC coordinates HIV/AIDS activities for all sectors in the context of the national multi-sectoral HIV/AIDS response. The Ministry of Health (MOH) can assist NAC by helping to coordinate government and non-government partners in the health sector as well as itself implementing many essential HIV/AIDS programs.

The health sector has particular technical expertise and mandated responsibilities in the area of HIV/AIDS and related diseases. It is responsible for specific aspects such as epidemiological oversight to the extent possible, setting standards of care, preparation and supervision of voluntary testing, case management protocols, the blood supply system and its quality assurance, and provision of ART and drugs for STI, TB, and other opportunistic infections.

The health sector is the main supplier of such services and is responsible that products such as medicines, condoms, protective gloves, etc. are available, of good quality, and affordable. Health personnel will require additional training in how to provide HIV/AIDS services[12], counseling related to these services and/or products, as well as preventive measures when interacting with patients. Second, the health facilities will serve as referral units to support HIV/AIDS activities carried out by other ministries, non-governmental organizations, the private sector, and communities, but on an expanded basis. Third, health personnel at all levels must become key allies in the fight against HIV/AIDS, in its prevention, treatment and care dimensions (and this will be reinforced through expanded prevention when interacting with patients). The shift to a multi-sectoral approach and the placing of the HIV/AIDS Council/Secretariat outside the health sector has sometimes resulted in confusion and concern among health officials. In some countries MAP projects have funded separate health sector components to deal with MOH concerns.

2. Why health sector response important?

The unique technical capacity and services the health sector can provide in the achievement of MAP objectives should not be overlooked. The team preparing a MAP framework should give special attention to health sector needs in the fight against HIV/AIDS. Following are the major reasons to involve the health sector in a MAP project:

- The MOH is a specialized agency and plays a unique role in providing technical services essential to combat HIV/AIDS;
- It is the primary agency responsible for epidemiological oversight/surveillance;
- It has the widest geographical network of health facilities/infrastructure, in most countries;
- It has the largest number of health care personnel;
- It is the entry point for diagnosis and treatment including MTCT and ART; and

[12] Kenya-MAP (MOH – AIDS Coordination Unit) looked at training gaps for 40,000 employees and has identified the training needs for public health officers, midwives, nutritionists, clinical staff, etc. 4000 MOH staff were trained in a pilot program.

- It is responsible for treatment of opportunistic infections, such as TB and STIs.

3. What support can the health sector provide?

A strong health system is a foundation for success in the fight against HIV/AIDS. Within the public sector, the health system bears primary responsibility for care and treatment, plays a pivotal role in many preventive activities, and endures significant impact on its staff and operations. The Ministry of Health and more broadly the health community which includes institutions of higher learning, private health practitioners (including traditional/indigenous health practitioners), have special responsibilities for HIV/AIDS, STI, and other opportunistic infection prevention and management. TB deserves special attention and emphasis because it is a particularly effective way in which the health sector can contribute to the HIV/AIDS program, one which has been vastly under-utilized in most countries.

The health sector will warrant intense attention in the national response, making provision for prevention, treatment, care, and from a health sector perspective, whether public or private, provide: clinical support, set standards, provide care, conduct health related surveillance (See Chapters 21-23 regarding program themes and the role of the health sector). These specific deliverables may include the following:

- Scaling-up of the national sentinel surveillance system, setting standards of care, voluntary counseling and testing (VCT) protocols, as well as a significant role in carrying out VCT activities and follow-up;
- Implementation of syndromic STI care;
- Carrying out an aggressive TB program
- Scaling-up of the national blood screening and supply program (safe blood supply program);
- Strengthening of the national system and other referral hospitals for dealing with HIV/AIDS, STIs, and other opportunistic infections, especially TB;
- Coordination of condom procurement, support for a social marketing program, and a significant role in the distribution of condoms (See **Annex 10.1**);
- Scaling up of activities for HIV vulnerable or “core” groups in collaboration with other partners;
- Establishment and/or support to others of the primary level of a care (and possibly treatment) program for people infected and affected by HIV/AIDS, including community based care programs;
- Services to prevent mother-to-child-transmission (MTCT) including counseling on breastfeeding, family planning, maternal support and drug therapy when combined with VCT, care for HIV positive pregnant women and children;
- Steps for developing, approving and implementing a waste management plan including medical waste training;
- Health-related research and surveys that enhance health sector response.

Financial management

There are two possible ways in which the MOH can receive finances to implement its MAP activities:

- MOH does not operate any bank account and all disbursements are made from the NAC/NAS - managed project account; and

- MOH manages a separate project account and undertakes its management.

The ***first*** option is recommended if the MOH does not have an existing financial management capacity for a donor-financed development project. The ***second*** option is feasible if there is already satisfactory financial management capacity and the MOH can manage the financial resources with minimal risks. Financial management is treated in detail in Part V, Chapters 13 and 14)

Procurement management

If a MOH has the capacity to manage project finances, it may also manage some procurement of goods, services and works. This situation is ideal when a MOH is already implementing a donor financed sector development project and has a fulltime procurement officer. Otherwise, it is suggested that all procurement for the MOH be managed by the NAC/NAS (or its authorized entity). Procurement aspects are treated in detail in Part V, Chapter 15.

4. Lessons learned and recommendations

- **The Ministry of Health has often been less involved** than it should be in the early phases of the MAP initiative. MOH must be an integral part of the national response and actively involved in the MAP. MOH provides health-related technical services which only it can provide, and which are relied on by others. This means that within the MOH organizational structure it must have the capability to respond to HIV/AIDS.
- **The shift to a multi-sectoral approach and the placing** of the HIV/AIDS Council/Secretariat outside the health sector has sometimes resulted in confusion and concern among health officials. There should be a clear delineation of roles and functions, and regular and open dialogue between NAS and the MOH HIV/AIDS structure. NAS's function is to coordinate the national response while MOH coordinates the health response, which is an important part of the national program. These coordination and implementation roles must be understood by the MOH and NAS, but also by all HIV/AIDS partners;
- **NAS staffing should not deplete the technical skills of the MOH.** MOH needs all the qualified personnel it can muster to fill its health sector responsibilities. NAS has a different set of responsibilities so that if it takes staff from the MOH the result is a "lose-lose" situation in which MOH loses key staff while NAS does not gain staff with diverse backgrounds.
- **The financial management capacity of the MOH** should be assessed and if suitable, MOH should management a separate MAP account;
- **The procurement of health sector goods, works and services should be managed by the MOH** subject to a satisfactory existing procurement capacity;
- **Global experience indicates that while a Ministry of Health** can assist with clinical services for vulnerable groups, NGOs are better at outreach for other groups such as sex workers, orphans or vulnerable children, and there are already promising NGO efforts in many countries;
- **Faith based organizations play a particularly important role in community based care programs** for which MOH may develop standards and provide support;
- **Condom procurement and social marketing through global mechanisms** (e.g., through UNFPA) require special attention.

Chapter 11. Decentralized Public Sector Agencies

1. Introduction

Decentralized public sector agencies play an important role in bringing MAP resources closer to beneficiaries in general and to communities in particular. Under the MAP, important aspects of project decision-making, implementation, financial management and monitoring and evaluation are devolved to decentralized levels of government.

This chapter provides guidelines to assist a MAP country in identifying a suitable decentralized project management and coordination process.

2. Why sub-national level response?

The major objective of decentralization of project implementation responsibility under the MAP is to bring the project resources nearer to the project beneficiaries, create wider ownership, and empower government's service delivery structures to make decisions that are for the benefit of their constituencies in the fight against the HIV/AIDS.

3. What are the possible sub-national level government entities under the MAP?

3.1. Sub-national responses through NAC/NAS

Generally, there are two tiers of management structure involved in MAP projects: (a) a high level HIV/AIDS Council, Committee, or a Commission (NAC), which is supported by a secretariat having a group of professionals; and (b) a sub-national level HIV/AIDS committee established under the auspices of an appropriate level of the government structure (**Figure 11.1**).

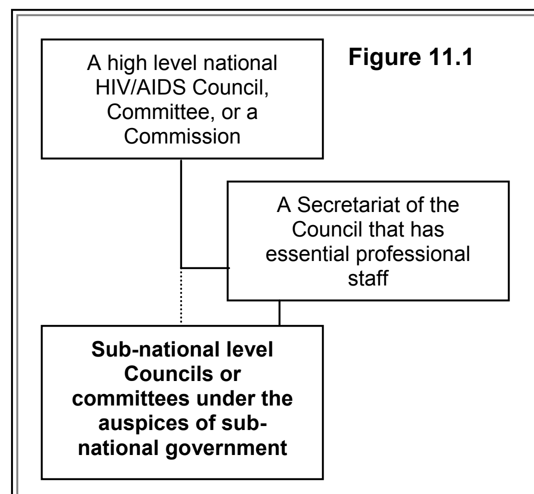


Figure 11.1

The membership of the NAC should equally represent the public and non-public sectors. The NAC establishes its secretariat (NAS), staffed with the professionals and technical personnel who essentially perform the coordination of the MAP project but not implement.

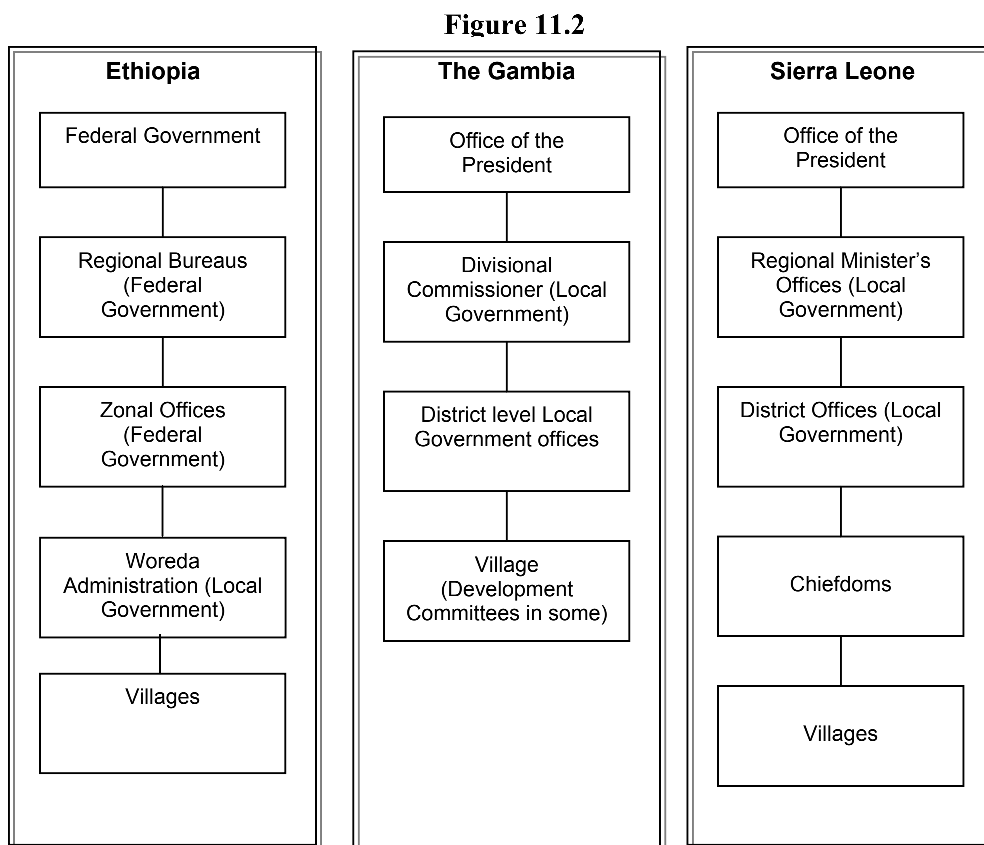
Typically, the NAC/NAS creates HIV/AIDS committees at lower levels of government to coordinate and facilitate community level subprojects. In principal, such committees should be established at the lowest possible level with the recommended membership of 50-50% representation from the public and non-public sectors.

Please refer to Chapter 5 on NAC and NAS for a general description of their roles and responsibilities.

3.2. Typical government hierarchies

The government structure differs from one country to another; therefore, identification of an appropriate level(s) of decentralized government body for the MAP should be made accordingly. Examples of government hierarchy in several MAP countries are presented in **Figure 11.2.**

Figure 11.2



3.3. Criteria for selecting an appropriate government body for the MAP

Government often establish HIV/AIDS Committees or Councils at the following ***three*** levels under the auspices of a relevant government body:

- A National HIV/AIDS Council and its Secretariat (NAC/NAS) – ***top*** level, preferably under the office of the president or vice-president. NAC (through its secretariat or directly) may constitute HIV/AIDS committees at:
- A regional, divisional, or provincial level – ***middle*** level. This may be suitable for geographically large or populous countries; and may be under a local government body. For example, the regional government (Ethiopia) or under the district commissioner's office (The Gambia).
- A district (or sub-district level) – ***lower*** level, under the local government. For example, at Woreda (District) level in Ethiopia.

Normally, the sub-national committee should be established at the lowest level where all the following stakeholders are present.

- Existence of a local government body;
- Key ministry representatives present (for example, ministries of agriculture, education, and health);
- Presence of NGOs;
- Presence of Community Based Organizations.

3.4. How many levels of decentralization?

The question of having sub-national HIV/AIDS committees only at the lowest level possible, or to have them at the various levels of the government structures, should be considered with care. Both options have positive and negative points.

For larger countries (geographically or population), it may be advantageous to have intermediary level government bodies (provincial/regional/divisional) to be subsequently responsible for a number of lower level HIV/AIDS committees (district/woreda/constituencies; for example Ethiopia, Kenya). However, this will depend whether there is sufficient capacity in NAC/NAS to: (a) establish these committees, (b) mobilize them, and (c) provide necessary resources to them quickly – and to sustain the support. The coordination of implementation activities of many committees at multiple levels of government hierarchy has so far proven to be a major challenge.

The disadvantage of such structures is that they tend to create additional bureaucracy which takes time to be established and mobilized; and which slows down the process of getting resources nearer to the beneficiaries as fast and as efficiently as possible, which is one of the main objectives of the MAP.

The preferred option is to have sub-national level HIV/AIDS committees as close to the beneficiaries as possible, with minimal intermediary layers. However, a careful management capacity assessment should be made first. This means, if the government system includes district level committees and if there are too many districts, then the supervision and coordination task may become a serious bottleneck during project implementation. Thus, a provincial/divisional (or one level higher) HIV/AIDS committee may be more appropriate.

The major benefit of having a competent sub-national HIV/AIDS Committee under a local government body is that a large number of small-scale community based subprojects stand a chance of being quickly appraised and approved and implemented without being referred back to NAC/NAS for lengthy approval.

Figure 11.3a, b, and c present 3 possible scenarios (arrows show flow of funds):

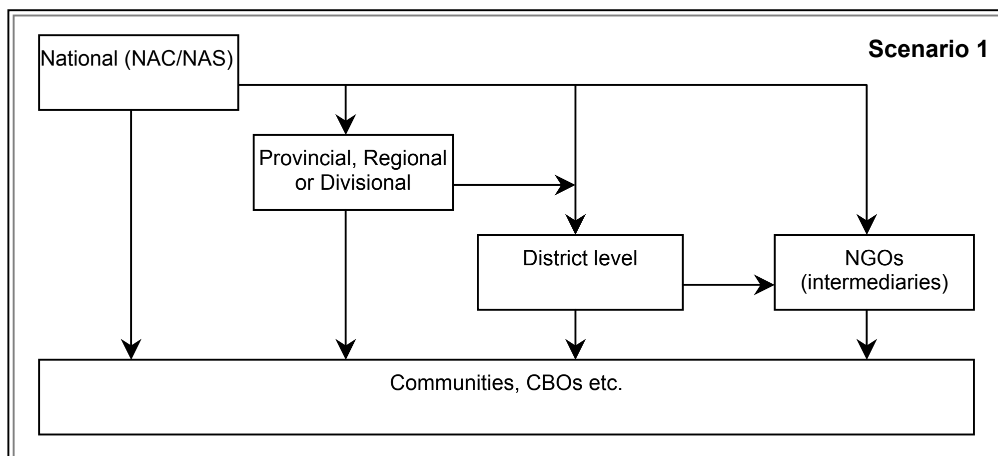


Figure 11.3a Grant funds can be channeled down through all possible government bodies *(NGO shown as example)*

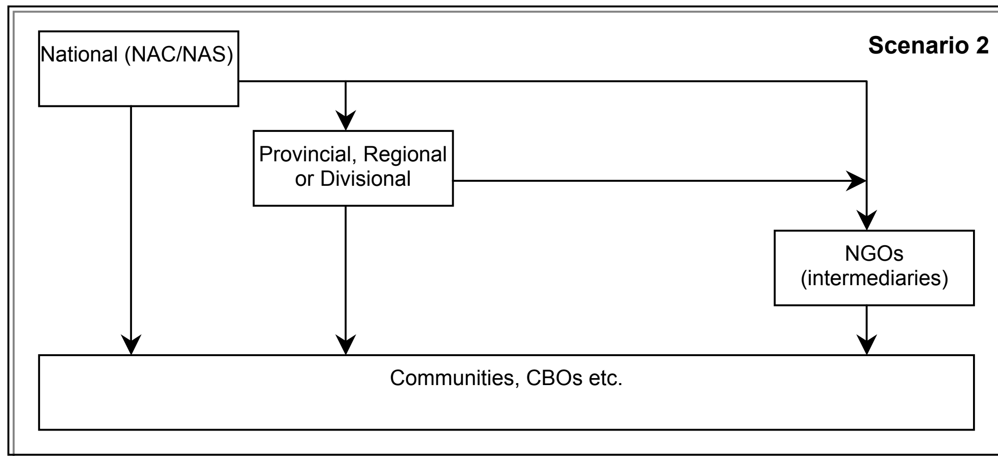


Figure 11.3b Grant funds can be channeled down through National and Provincial bodies only *(NGO shown as example)*

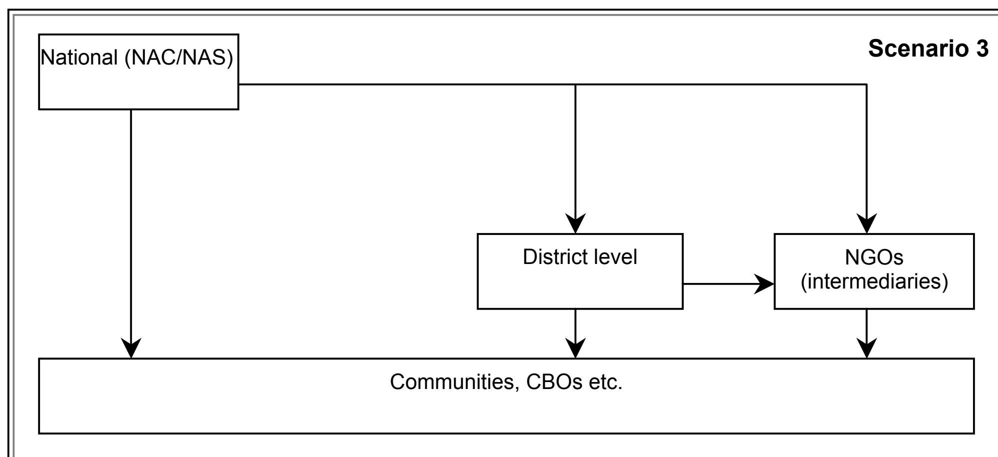


Figure 11.3c Grant funds can be channeled down through National and District bodies only *(NGO shown as example).* This seems to be a particularly "empowering" scenario.

There are two main cascades of decentralization of public sector funds at the sub-national levels: (a) local government, and (b) public sector functions (or line ministries such as, agriculture, education and health). MAP projects should ensure that these two cascades are operationally linked at the sub-national level. This warrants representation of at least key public sectors.

Another channel to bring MAP resources to the communities as fast as possible would be to use existing social fund mechanisms (if there is one). An operational and experienced social fund mechanism may be a faster way to deliver MAP resources to communities. NAC/NAS can sign a memorandum of

understanding with the national social fund management for the purpose[13]. However, there are also constraints (See Chapter 7).

3.5. Composition of decentralized HIV/AIDS committees

Members of the sub-national HIV/AIDS committees might include, for example, the divisional commissioner (as a permanent member but not necessarily as a chairperson), representatives of NGO/CBOs, representatives of participating line ministries, religious groups, women and youth, and people living with HIV/AIDS. The chairperson is recommended to be selected among the members for ideally a one-year period, on a rotational basis. The selection of members and their responsibilities should be determined on a participatory basis. See **Annex 11.1** for a sample membership list and responsibilities.

All community-based activities are usually implemented through NGO/CBO and CSOs (including the private sector). The committee would receive applications for small to medium size subprojects, appraise the proposal for approval and monitor the implementation of the subprojects.

3.6. Sub-national responses through participating line ministries

The participating line ministries to the MAP project would essentially focus on implementing their planned activities through their existing channels. These may include:

(i) At the national level

- ***Appointment of a focal point at the central ministry level***. This can either be (a) a ***fulltime*** new position under the MAP, or (b) a ***fulltime*** secondment of a relevant existing staff (financed by the government). This person would have the responsibility of coordinating and supervising all HIV/AIDS relevant initiatives in his/her ministry, and would report to the highest level (a permanent secretary or the minister);
- ***Constitution of an intra-ministry HIV/AIDS team***. This team of a few key persons, with the assistance of the focal point, could be established in each participating line ministry. This facilitates in several ways: (a) ownership of initiatives and plans, (b) sharing of responsibilities during planning and implementation, (c) a team approach towards MAP objectives.

(ii) At the sub-national level

- MAP resources can be used to develop capacity at subsequent government levels within the line ministries. For example, a core team of 2-3 people at regional/divisional/provincial and district levels fully sensitized in HIV/AIDS related issues and matters; who become champions of MAP initiatives for their colleagues and their clients;
- In certain instances, for example the Ministry of Education, may also create a core team for a cluster of schools from a group of teachers to become focal points for that cluster;
- These sub-national level core-teams may be provided with essential resources as deemed necessary to implement MAP initiatives;

[13] In one country a social fund meets initially with a community to discuss the priorities for traditional development projects for which the community can have access to “loan” funds. Only after this process is complete does the social fund discuss with the community HIV/AIDS projects which are provided as grants. This separation maintain the integrity of the traditional social fund while allowing MAP program to use this mechanism in the war against HIV/AIDS.

- The representatives of line ministries should be the members of Sub-National HIV/AIDS Committees to integrate their efforts and coordinate their activities at the sub-national levels.

Harmonization/coordination

Line ministries (or their sub-national offices) do not manage the community grant funds under the MAP. This fund is managed by the sub-national HIV/AIDS committees. However, line ministry representatives would be members of the committee and their major role would be to mobilize their colleagues and their clients to have access to the community funds and to undertake community based initiatives per their priorities and within the MAP objectives.

4. *Financial management*

All Sub-National HIV/AIDS Committees should have the capacity to:

- Manage a bank account (for example, the district accountant, or an accountant hired under the project as an individual or through a financial management firm);
- Appraise community subprojects to ensure basic financial management aspects are clear;
- Consolidate expenditure statements and preparation of periodic financial reports (also see Chapters 13 and 14 on financial management and disbursements).

The line ministries (including the Ministry of Health) do not need to have a decentralized financial management set-up. Considering their scope of activities, which is generally going to be mobilization of their staff and clients, they can manage their finances from the central level.

There are two options for the financial management of the participating line ministries: (a) financial management done by the NAC/NAS and the disbursement of finances directly from NAC/NAS; and (b) each participating line ministry operating a MAP project bank account and conducting its financial management itself.

The second option is only feasible when there is satisfactory capacity for managing project finances. The disbursements can be made based on annual work plans.

5. *Procurement management*

(i) Sub-national level HIV/AIDS committees

- The sub-national level committees would follow the procurement procedures set out by the government which have been agreed with the funding agencies during project preparation. There are two types of procurement they would undertake: (a) procurement related to operational expenditures and consumables including hiring of consultant services, firms, NGOs and individuals; and (b) contract management of the community grant component. Also refer to Chapter 15 on procurement;
- The MAP resources from NAC/NAS level can be used to train sub-national committee personnel in the basics of procurement planning and management, including appraising and monitoring procurement activities carried out by subproject implementers.

(ii) Line ministries

- If a line ministry at the national level has sufficient procurement management capacity, then the MAP project can let the ministries do their own procurement and be accountable to NAC/NAS. The Ministry of Health, due to its unique and technical responsibility, should ideally have its own procurement management unit. However, this should be carefully assessed during project preparation.
- To date, there has been no need to decentralize line ministries procurement responsibilities to its sub-national office.

6. Monitoring and Evaluation

- All national and sub-national entities should be responsible to report periodically on three aspects of project implementation: (a) physical implementation; (b) financial status; and monitoring of program activities;
- The frequency, content and format of the reports should be agreed during MAP preparation and revised as suitable during implementation;
- The sub-national HIV/AIDS committees should report on the activities carried out since the last report including financial statements, and on the subprojects processed and respective amounts disbursed;
- The line ministries should report on the activities carried out since the last report and the financial statements.

7. Lessons learned and recommendations

- **Sub-national level HIV/AIDS committees should be established at the lowest level possible where all main stakeholders are present**. The fewer the levels of government hierarchy involved in getting resources down to the communities, the better and faster is the response. However, establishment of the number of decentralized HIV/AIDS committees should be directly relevant to the coordination capacity of the National HIV/AIDS Secretariat; **There are serious coordination challenge associated with decentralized systems,** especially if the country is large (geographically or in terms of population);
- **50-50% membership** of government and non-government representatives in NAC and in the sub-national HIV/AIDS committees has helped in maintaining transparency, equity in using project resources, and getting high level commitments from the government and non-government sectors equally;
- **Emphasis should be put in the capacity development** of the members of decentralized bodies in HIV/AIDS program planning and management. There should be regular refresher training programs;
- **Generally, the highest level government representative (for example a commissioner or a member parliament) at the sub-national level sometimes acts as the permanent chairperson of the HIV/AIDS committee**. Since they have many other responsibilities, they usually do not find time to regularly chair the committee meetings and approve community projects. Therefore, it is more practical that the chairperson be selected among the members through a participatory

approach, and rotated on annual basis. This will ensure an operationally functional HIV/AIDS committee.

- **Local politics may influence** the proposal review process as well as the control of funds. This can be mitigated by having broad stakeholder membership and open meetings;
- **A sub-national HIV/AIDS committee integrates other line ministries at that level**. For example, a district education officer, or a district extension worker etc. participates, thus improving sub-national level multi-sectoral planning and coordination;
- **In each line ministry at all government levels the presence of a core team (2-3 persons), fully sensitized in HIV/AIDS related prevention and care issues and MAP objectives**, with access to essential relevant IEC materials and other necessary resources, including financial resources, can greatly benefit other ministerial staff, their dependents and their clients at large.
- **The duration and the process involved in processing a grant application at the sub-national level should be clear to the grant applicants**. These applicants should have the right to complain to NAC/NAS if a sub-national office does not take action within the application processing time. Criteria for the grants should be so clear that the applicants essentially "self-select" themselves.
- **Motivational means for HIV/AIDS committee members at the sub-national levels** (within the decentralized system) should be considered in the institutional arrangements and financial allocations;
- **There are cases where decentralization at all government levels has encouraged the establishment of '*briefcase*' NGOs/CBOs with diverse motives.** However, as long as these NGOs/CBOs demonstrate basic subproject management skills, a MAP project can finance their proposals, but priority should be given initially to scaling up activities of existing/experienced NGOs/CBOs;
- **Demand for subproject funding in some countries make exceed immediately available funds**. However, some measures can be undertaken to finance prioritized activities in the submitted proposals. Specific instructions/guidelines should be distributed to the decentralized bodies in coping with such situations. Since it is likely that additional funds can be made available from donors, including through the MAP program, "rationing" of funds in the medium term would not appear necessary;
- **An integrated communications strategy should be prepared and implemented** among the decentralized agencies at all levels (national, regional/provincial, district and village);
- **Fiduciary (financial and procurement) reporting system** should be developed and implemented before the financing of the sub proposals. Many MAP countries are currently facing reporting problems;

Chapter 12. Contracting Services

1. What is contracting services?

Contracting services is using the established expertise of public agencies (eg, Ministry of Finance and Ministry of Health), external agencies (e.g., NGOs), private firms especially, accounting and management consulting firms, and other organizations to undertake basic project management and administrative functions such as financial management, procurement, disbursement, monitoring and evaluation, social assessments, and social impact monitoring, and subproject approval. Contracting services may be provided by a contractor within the NAS office or at another location.

2. Why is contracting services important?

- Enables implementing and oversight agencies to concentrate on core "coordination and facilitation" activities rather than project management;
- Expedites the delivery of benefits to target groups in cost effective ways;
- Involves more stakeholders and sectors of a country in project implementation.

3. What can be contracted out or contracted in?

The role of MAP projects is to deliver services to target groups as quickly as possible in the four core areas of prevention, care, treatment and mitigation and to empower local communities to implement projects for themselves. This may not be possible using the more traditional project implementation arrangements (for example, a typical Project Implementation Unit (PIU) structure) where the PIU undertakes all implementation activities. The NAC/NAS are new, and may not have the capacity, scale, or budget to meet stakeholder expectations for effective and swift project implementation. This may also be true of other service providers. One logical option is contracting all or some services from outside firms into the NAC/NAS structure to fulfill agreed core duties or functions.

Contracting services can be very cost effective. Competition in tendering will produce the best possible price, and in the course of the contract the firm will look for the most cost effective way of fulfilling its obligations. In the unlikely event that the incremental cost of contracting services exceeds the estimated NAS cost, time saved in implementation and the more rapid realization of benefits will likely far outweigh any additional cash costs. Experience with MAP projects provides ample evidence of this conclusion. Box 1 illustrates Kenya's successful experience contracting part of its financial management tasks to the private sector.

Box 12.1
Kenya Example

Kenya's NAS has appointed a Financial Management Agent (FMA) to disburse all project funds which target civil society. The cost of this service is equal to about 9 percent of the funds to be disbursed by the FMA. This cost is well below the overhead costs of many agencies and NGOs which undertake similar tasks. Additionally, and probably equally importantly, it releases senior NAS personnel from many of the day-to-day financial matters so they can concentrate on key program issues. FMA staff that are not located in the field have their offices at the NAS. They participate in regular NAS operations and management meetings and it is clear that they are transferring financial management knowledge to regular NAS personnel. FMA also pays rent to NAS which helps defray overhead costs.

As HIV/AIDS overwhelms public systems, contracting services is a way of bringing in reinforcements. By involving more people and organizations in the struggle, it reduces the work that any one of them has to bear. Contracting services promotes an efficient division of labor. Many tasks are so specialized or repetitive that they are best carried out by entities that have developed that specialized expertise. Most of these tasks having nothing to do with HIV/AIDS; they include such detailed (and mundane) tasks as financial management and procurement. Delegating this work to those who know it best liberates public officials to perform the HIV/AIDS-specific functions that they alone can fulfill (such as setting policy and improving coordination).

NAS officials sometimes fear that contracting for services will mean a loss of control. In fact, the opposite is true. Contracting actually *increases* NAS's control. When a NAS purchases services from a contractor, it can specify in the contract precisely the nature, level, mix, and service standards it expects. The contractor has an incentive to perform well, both to ensure renewal of the contract and to enhance its commercial reputation, given the high profile of national HIV/AIDS programs. If the contractor fails to perform, it can be held legally responsible for any resulting delay or damages, and NAS can terminate the contract. By contrast, when a NAS depends on in-house (public sector) providers, there are generally no service standards, and NAS has neither the legal recourse for substandard performance nor authority to terminate the provider. Given the rigidity of most civil service systems, this leaves NAS at the mercy of a single provider.

Some of the key services of MAP projects that may be contracted are:

i. All or part of the financial management system (FMS) requirements, disbursements, and internal audit. This may be done:

- Entirely- for example, all financial management and disbursement services throughout the country.
- Functionally- for example, all disbursements, maintenance of project general ledger, internal audit.
- Geographically- for example, all services in a particular province.
- According to the level of project decentralization- for example, all FMS for NGO intermediaries, or all FMS for local communities.
- According to the specific services needed in any given financial management environment in regional or local project administration.
- A combination of any of the above.

Examples of successful contracting services in MAP projects in this category include:

- A comprehensive package of financial management services including accounting services and disbursement services to the private sector in Senegal;
- Accounting and most other traditional project management unit services to a sector PIU in Cape Verde;
- Disbursement services for civil society grants to a private firm in Kenya;
- NAS accounting to the Ministry of Finance in Zambia.

ii. All or part of procurement management. This may be done:

- Entirely- for example, all implementing agencies for all goods, equipment, works, and consulting services;
- Geographically- for example, all procurement in a given geographic area;
- According to the level of project decentralization- for example, for all intermediary service providers;
- According to a financial threshold level- for example, all procurement over say $10,000 or equivalent in local currency;
- According to specific procurement items- for example, all goods;
- according to the specific services needed- for example, the services of a procurement specialist in the NAC/NAS central office;
- A combination of any of the above.

An example of contracting services in MAP projects in this category includes the Cape Verde MAP which contracts all procurement services.

iii. Community and civil society initiatives component management which may involve:

- Assistance to local communities with preparation of proposals;
- Receipt of proposals;
- Evaluation of proposals and site visits where necessary;
- Approval of proposals either across the board or according to a financial threshold level;
- Implementation supervision;
- Disbursements;
- All, or a combination of any of the above, according to geographic location, or according to sub-project theme.

Examples of successful contracting services include: Both the Senegal and Sierra Leone MAP projects contract out application reviews and the technical appraisal of sub-projects, and Tanzania will contract out program mobilization and coordination to regional NGOs.

iv. Community mobilization which may include:

- Identification of community needs.
- Preparation of proposals.
- Managing funds;
- Measuring impact.

v. Social marketing of condoms nationally or regionally.

vi. Sensitization and HIV/AIDS social impact assessments and capacity program development in:

- National ministries and agencies.
- Decentralized ministries.

- NGOs.
- Community Service Organizations.

vii. Monitoring and evaluation:
- By geographic region or by other stratified populations
- The collection of baseline data
- The measurement of impact of project interventions

An example is Senegal, which sub-contracts the surveillance aspects of monitoring and evaluation to the Ministry of Health.

viii. Mandatory financial audit to the private sector rather than through the government auditor.

ix. Procurement audits.

x. Maintenance services for equipment and vehicles.

As with many other aspects of implementing MAP projects, one model or method of contracting services does not necessarily fit all situations or projects. However, one of the four access criteria for countries to benefit from MAP funding is the willingness to use exceptional implementation procedures in the war against HIV/AIDS. "Exceptional" is defined as: (i) channeling money directly to beneficiaries, especially communities; (ii) contracting aspects of program management and administration to avoid creating new bureaucracies and to accelerate program implementation. See **Annex 13.11**for draft TOR for an appointment of an organization to manage MAP financial management.

4. Lessons learned and recommendations

- **The Map Progress Review in 2001 concluded that the greatest danger to rapid and sustainable action is the tendency for NAC/NAS to act like bureaucracies**, to build up in-house capacity rather than to contract services, and to empower themselves rather than empowering units in ministries, civil society, and communities. One way to overcome this problem is to contract service functions on the basis of efficiency and effectiveness rather than assuming the NAC/NAS is entitled to become a large bureaucracy.

- **MAP program implementation is more successful in countries where the NAC/NAS has defined its role** as facilitation and coordination rather than as control and implementation.

- **Contracting services of the impact assessment and program development of government agencies is critical if programs are to be effective and timely**. All countries have a multitude of public organizations which have enormous potential to impact positively on the war against HIV/AIDS. Many of these agencies do not have the capacity to undertake their impact assessment or program development so, as a consequence, many opportunities are lost. The assessments and program development should take place during project preparation. Funding for this may come from a PHRD grant, Project Preparation Facility, or retroactive financing. Agencies in on-going MAPs, which have been determined to have inadequate assessments and programs should contract out this assessment forthwith. The process of impact assessment and program development is essential for building commitment within a public agency especially if it is undertaken by consultants who are familiar with the agency and its business and have the agency's confidence.

- **Contracting services has taken several different forms** from comprehensive contracting of all essential services in Senegal (FMS, disbursements, program approval, monitoring and evaluation etc.) to selective service contracting in other countries of one or several of the functions described above. More contracting of services facilitates program implementation.

- **Contracting financial management including disbursement services has been found to be the most effective way of managing project funds and complying with donor fiduciary requirements.** However, there is a need for NAC/NAS to provide clear information about MAP and provide guidelines and information on the operations, flow of funds, and reporting requirements to both civil society and other stakeholders in the public sector, and to retain overall responsibility for overseeing implementation.

PART IV – Financial Management

Chapter 13. Financial Management

1. Why financial management is important?

- To enable the delivery large volumes of funding rapidly and transparently through the MAP;
- To satisfy fiduciary requirements that project resources are being used effectively and efficiently;
- To build stakeholders' trust in the MAP approach and its ways of doing business;
- To assist with the control of misappropriation and other corrupt practices;
- If finance is misused, further funding will be difficult or unavailable.

2. What is needed for an effective financial management system?

2.1. Introduction.

Money makes projects happen and financial management and control is all about ensuring that money and other resources are used effectively and are available where needed, on time, to meet project needs. Financial management comprises five basic elements, see **Box 1**.

Box 13.1
Financial Management

- Planning and budgeting
- Disbursement (see Chapter 14)
- Recording financial transactions
- Reporting financial transactions and physical progress
- Ensuring the integrity of internal systems and controls and financial reports. Providing an effective internal audit mechanism and independent and effective external audit.

Because of the nature of the MAP program and structure, MAP financial management and control, especially internal financial systems which are essential to good implementation, is more complex than straightforward investment projects. This is because of the different levels and financial channels involved in the successful implementation of a MAP. These levels are: first, the primary organization (NAC/NAS) which is responsible for overall project coordination, financial management, and administration; second, secondary organizations which implement and supervise programs on behalf of NAC/NAS; and third, tertiary organizations, or local communities, which implement subprojects at the local level. The cascading of funds down to these different levels also means that financial management and control must extend from the national NAC/NAS level to the community. Similarly, financial reporting must cascade back up from the community level, through district and other intermediate levels, to the national organization or the NAC/NAS.

Many people see financial management as a difficult and daunting task. These people also often believe that financial management, internal systems of control, and audit rules make compliance problems worse.

In fact, the opposite is true, particularly when the main financial management tasks are contracted to a trained and experienced specialist. World Bank financial management rules and requirements are specifically designed to provide projects with flexibility while providing sound financial control and maintaining the integrity of the program's objectives. MAP projects have even more flexibility than most other Bank financed projects, particularly at the community or district level. While rules do obviously apply, they are relatively simple, very flexible, and can be easily accommodated, particularly with competent and trained people.

2.2. Requirements for suggested financial management system

MAP programs are designed to follow the financial management rules of African governments and donor institutions. The financial management system must ensure that: (i) records of project assets, liabilities, receipts, and expenditures are maintained in compliance with statutory and other requirements; and (ii) financial information is provided to facilitate project management and to improve project performance continuously. **Table 1** at the end of this chapter provides a matrix of requirements for a suggested financial management system for a MAP at different levels implementing. It is subdivided into three implementing categories or levels and key financial management elements. The number and type of implementing organizations in different MAPs will vary considerably but the three generic categories noted here should cover most possibilities. They are:

Category **A** — Primary organizations such as NAC/NAS which are responsible for: (i) the maintenance and management of the Special Account(s) and other overall MAP fiduciary responsibilities; (ii) coordination of the MAP program; (iii) disbursing funds to secondary or intermediary organizations (Category B); and (iv) disbursing funds to communities (Category C).

Category **B** — Secondary or intermediary organizations such as NGOs, private sector service providers, line ministries, or other decentralized service providers. These organizations are responsible for: (i) the maintenance of a MAP program bank account; (ii) the delivery of services; (iii) the disbursement of funds to communities (Category C); and (iv) supervision of the implementation of the MAP programs;

Category **C** — Tertiary organizations- mainly communities which may not necessarily operate a bank account and which implement subprojects.

The attached matrix (Table 1) provides summary guidelines by category (A, B, and C) for:

- Accounting methods
- Books of account such as the cash book and general ledger
- Financial statements and reports such as the sources and uses of funds, balance sheet and income and expense statement, and statement of expenditures
- Reporting cascade
- Internal audit
- External annual audit, including the management letter

These guidelines are not exhaustive but they do provide a framework around which a project accounting manual or the financial management manual may be prepared. **Annex 13.1** provides an example of a project management system manual and forms.

2.3. Other key considerations

Specific information of relevance to the financial management of MAPs which is not included in Table 1 is noted below. The topic of disbursement is addressed in Chapter 14.

Financial reporting

MAP finances are administered by the finance and administration units of the National AIDS Council (NAC) or the National AIDS Council Secretariat (NAS). The NAC/NAS is responsible itself, or more commonly through sub-contracting to a special public agency such as the Ministry of Finance or a private firm, for project coordination, the management of control bank accounts, the consolidation of all project reports[14], and liaison among the government, the Bank, and other donors.

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During project preparation the donors and the government or NAC/NAS should decide on the minimum financial data needs and agree to collect only these. It is highly desirable to avoid reporting the same data in different formats to satisfy different stakeholders. Report designers should consider either: (i) adopting the existing or government reporting formats and requirements; or (ii) adapting the government format to conform to standards for a program with MAP's complexity. Each transaction will be initiated on a source document such as a bill, receipt, or invoice. These documents will be evaluated before payments are made and filed for future audit.

Financial Monitoring Reports

Reporting to donors such as World Bank is also the responsibility of the NAC/NAS. Recently the Bank decided to simplify reporting requirements. Changes will enable the preparation of reports from project management information systems rather than the need for them to be prepared separately. The difference between Financial Monitoring Reports (FMR) and the Bank's superseded Project Management Report (PMR) is that the FMR focus on the financial aspects of the project and that their purpose is project monitoring, not management. NAC/NAS is responsible for putting the FMR in place before project implementation begins and the Bank's role is to monitor them throughout the MAP's life.

FMRs need to provide sufficient information to establish: (i) whether funds disbursed are being used for their intended purpose; (ii) project implementation is on track; and (iii) budgeted costs will not be exceeded. Financial information should be linked with information on physical progress and procurement and in the results of program monitoring and evaluation.

Format and content of FMRs should be determined during project preparation and agreed at negotiations. Adequate financial management arrangements, including the ability to produce timely FMRs, should be in place by project effectiveness. Examples of report requirements for MAP projects are included in **Annex 13.2** (FMR Guidelines Annex A Sample 3) and they include: (i) Discussion of Project Progress;

[14] Report formats must be clearly specified in the operations manual which should be agreed during project preparation. The timing for the submission of reports should also be specified.

(ii) Sources and Uses of Funds Statement; (iii) Uses of Funds by Expenditure Type; (iv) Output Monitoring Report; and (v) Procurement report. The complete FMR Guidelines are located in **Annex 13.3**.

2.4. Auditing procedures and arrangements

External Audit

Scope of Audit: All MAP projects are subject to annual external audits and these must comply with government regulations and the Bank's Operational Policies (OP/BP 10.02). See **Annex 13.4** for the Bank's operational policy and any other terms agreed between the Bank and the NAC/NAS.

Examples of unqualified audit reports for an organization, for a project financial statement including a statement of expenditure, and for a special account are attached at **Annex 13.5**. An outline of a sample management letter from the auditor is attached at **Annex 13.6.**

Audits of the Statement of Expenditures (SOE) should be considered a part of the overall audit of the specific project financial statements but a greater effort of compliance checking is usually necessary. This is because withdrawal requests to the World Bank to transfer funds (from the Bank) to the Special Account may not be supported by documentation. The primary objective of this part of the audit is to ascertain that the individual expenditures which comprise the SOE totals are fully supported by documentation retained in NAC/NAS, properly authorized and eligible under the loan agreement, and accounted for.

Selection and appointment of auditor. The use of independent audit firms should be promoted. Every effort should be made to appoint auditors who fulfill the criteria required by the International Standards on Auditing. Government auditors may provide an alternative to private auditors but their level of independence needs to be carefully assessed, as does their ability to conduct a MAP audit given their other tasks. NAC/NAS may be assisted with this task by the Bank's country reviews. Terms of reference for the review of government accounting and auditing arrangements are in **Annex 13.7**. As part of these reviews the financial accountability of government auditors is assessed and this may be used to assist with decisions as to the acceptability of government auditors. The Bank will determine if a review of this nature has been undertaken if the project considers appointing the government auditor. It is acknowledged that it is important to develop the skills and competence of government auditors but this responsibility lies outside the scope of the MAP.

Box 13.2

Audit reports need to include:

- An assessment of the adequacy of the accounting and internal control systems to monitor expenditures and other financial transactions and ensure safe custody of project-financed assets;
- A determination as to whether NAC/NAS and other project implementation entities, communities or individuals have maintained adequate documentation on all relevant MAP transactions;
- Verification that expenditures documented to the Bank are eligible for financing, and identification of any ineligible expenditures;
- A separate opinion as to whether the financial statements of the Special Account(s) give a true and fair view of the financial position of the Special Account(s); and
- A management letter from the auditor which evaluates overall management performance within the NAC/NAS

Auditors should be appointed well before project launch so they have the opportunity to advise the borrower on financial management systems and other implementation arrangements which involve financial transactions. During this period the auditor should also advise the borrower on the adequacy of the internal control procedures planned for the administration of the project.

NAC/NAS must advise the donors of the proposed auditors even when the government auditor is to be used. The donor will review NAC/NAS nominee and issue its no objection if it believes the nominated auditor meets the project's requirements. Draft terms of reference for the appointment of auditors and a questionnaire to assist with the assessment of private auditors, and terms of reference for the audit of project financial statements are attached as **Annex 13.8, 13.9,** and **13.10** respectively.

Internal control and internal auditing

World Bank guidelines do not require the establishment of an internal audit unit. But, because of the wide geographic spread and nature of implementation arrangements of the MAP, the establishment of a competent internal audit unit within the NAC/NAS or, perhaps more appropriately, the appointment of an external firm to fulfill the function is highly recommended. An internal auditor should work within a well-defined framework of programs and reporting requirements.

Box 13.3

Role of the Internal Auditor

Typical matters which the internal auditor should appraise and report to top management include:

- The effectiveness of accounting, financial and operational controls, and any need for revisions;
- The extent of compliance with prescribed policies, plans and procedures;
- The reliability of accounting systems, data and financial reports;
- Methods of remedying weak controls or creating them where there are none; and
- Verification of assets and liabilities.

Implementing project financial management requirements

Two basic options are available: first, undertaking all financial recording and reporting functions under the project umbrella in the NAS; and second, contracting these functions to a suitably qualified firm or NGO. In view of the nature of the MAP and its objectives, the need to ensure the integrity of the financial process, and the likely lack of capacity within the NAS, the second option is often preferable. There are degrees to both these options and they are discussed in more detail in Chapter 12 - Contracting Services. However, it is apparent that contracting project financial management functions has been successful in MAP projects currently under implementation. Two sets of draft terms of reference for the appointment of an organization to manage the MAP's financial management are located in **Annex. 13.11.**

3.3. Lessons learned and recommendations

Since the first MAP project commenced a number of key lessons have been learned:

- **Contracting financial management services** has been found to be the most effective way of managing project funds and complying with government and donor fiduciary requirements. However, there is a need for NAC/NAS to provide clear information about MAP and provide guidelines and information on the operations, flow of funds, and reporting requirements to both civil society and other stakeholders in the public sector;
- **Action plans for both financial management and monitoring and evaluation should be agreed from the outset.** Given the type of expenditures, multi-sector nature and geographic

spread of the program, the accountability and discharge of fiduciary dictates different means of ex-post control. Accountability must be complemented by an effective monitoring and evaluation system. Accordingly it is important that the financial management and monitoring and evaluation are integrated and in place at the outset;

- **Capacity building** within the financial management agency **and the implementation of financial management concepts** and action plans has taken considerable time. This should be reduced and minimized in future through knowledge management and the reuse of systems and documents. Reuse of developed material, design systems, and designed hardware and software specifications can save time and money;
- **Delay in the return of required documentation** and accounting for advances has reduced disbursements. Forms and other procedures need to be simplified further but a strong finance team headed by a well qualified professional with strong leadership capacity is necessary to ensure timely and complete accountability;
- **Implementation of FM systems have largely been achieved** at NACs but more attention is required at lower levels of the public sector and civil society where capacity varies.
- **Disbursement of funds** for the MAP has commenced but there is evidence that disbursements are slow. There is a clear need for the financial management system to include a timely monitoring system to detect actual and potential problems and bottlenecks;
- **Government financial and internal control systems** may be inconsistent and may not always be effective. Additionally, the concept of internal audit is not well understood and the design and capacity for the internal audit function is less than adequate. Early local advice and close liaison with government is essential to ensure satisfactory internal control and internal audit procedures;
- **Workshops in capital cities address generalities and will not detect and address crucial details which hinder day to day operations.** Financial management and procurement specialists must visit all ministries and regional entities to discuss and review financial management and procurement arrangements and issues;
- **Public sector accountability for MAP funds has been found to be inadequate in some countries.** Adequate training, strict procedures, follow-up and audit must be in place from the day the project becomes effective and ideally even before during project preparation;
- **Government budget ceilings on levels of expenditure may be problematic.** Project preparation teams should review this issue and resolve any possible conflicts with project objectives prior to project effectiveness.

Table 1- Matrix of Suggested Financial Management Requirements

	Category C Fund[15]	Category B Fund[16]	Category A Fund[17]
Accounting method	i. Use local language ii. Transactions recorded in simple formats	i. Use English/French language ii. Double entry bookkeeping system iii. Historical cost accounting iv. Computer or manual system	i. Complies with Bank Procedures BP 10.02 ii. Complies with detailed procedures located in agreed individual project accounting manual iii. Use English/French language iv. Double entry bookkeeping system v. Historical cost accounting vi. Computerized system is essential
Books of account	i. Cash issued register ii. Supporting documents retained iii. As few forms as possible to be used iv. Register of in-kind contributions maintained	i. Cash payment & receipt book ii. Petty cash book iii. Stores records iv. Fixed asset register v. Cheques issued register vi. Cash issued register vii Journal for non cash transactions viii. Fund replenishment register and register of expenses ix. general ledger	i. Cash payment & receipt book ii. Petty cash book iii. Stores records iv. Fixed asset register v. Cheques issued register vi. Cash issued register vii Journal for non cash transactions viii. Credit drawdown register ix. Register of SOEs x. general ledger
Financial statements and reports	i. Monthly cash fund reconciliation statement ii. Fund Replenishment Request as required iii. Annual Cash Fund Reconciliation statement in predetermined cost categories iv. Annual Statement of In-kind	i. Fortnightly and annual bank reconciliation statement ii. Fund Replenishment Request as required iii. Physical progress report iv. Fiscal year Balance Sheet if assets purchased or liabilities incurred within 1	i. Fortnightly and annual bank reconciliation statements for all bank accounts ii. Financial Monitoring Reports including: a. Discussion of Project Progress b. Sources and Uses of Funds Statement c. Uses of Funds by Expenditure Type

[15] Tertiary organizations- mainly communities which may not necessarily operate a bank account and which implement subprojects.

[16] Secondary or intermediary organizations such as NGOs, private sector service providers, line ministries, or other decentralised service providers. These organizations are responsible for: (i) the maintenance of a MAP program bank account; (ii) the delivery of services; (iii) the disbursement of funds to communities (Category C); and (iv) supervision of the implementation of the MAP programs;

[17] Primary organizations such as NAC/NAS which are responsible for: (i) the maintenance and management of the Special Account(s) and other overall MAP fiduciary responsibilities; (ii) coordination of the MAP program; (iii) disbursing funds to secondary or intermediary organisations (Category B); and (iv) disbursing funds to communities (Category C)

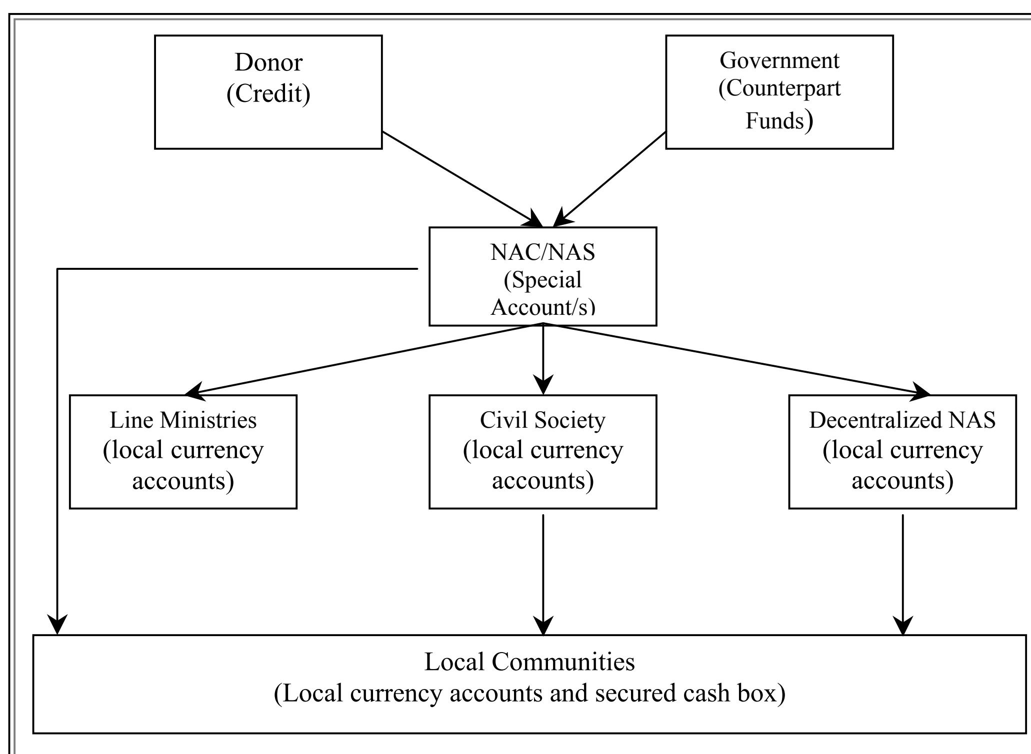
	Category C Fund[15]	**Category B Fund[16]**	**Category A Fund[17]**
	Contributions in predetermined categories (see sample) v. Milestone report	month of year end v. Fiscal year Income and Expenditure statement in predetermined categories within 1 month of year end vi. Summary of Sources and Uses of Funds by agreed categories- including individual category C funds where practicable vii. Budget for next fiscal year 3 months before year end	d. Output Monitoring Reports e. Procurement Report iii. Disbursement documentation for replenishment (see Chapter 14 for specific details) iii. Special Account(s) Statement plus Annual Statement of Expenditure Withdrawal by agreed categories iv. Annual summary of Sources and Uses of Funds by agreed categories and individual funds where practicable v. Annual Balance Sheet for assets and liabilities within 3 months of year end vi. Annual Income and Expenditure Statement in predetermined categories within 3 months of year end vii. Annual External Audit Report and audit of the Special Account(s)- 6 months after year end viii. Annual Internal Audit Report within 2 months of year end ix. Budget for next 12 months by fund, 2 months before year end
Reporting cascade	i. All fund activities	i. All Category B Fund activities financed directly by Category B Fund, plus ii. Sum of all Category C Fund activities funded by Category B fund	i. All Category A Fund activities financed directly by Category A Fund, plus ii. Sum of all Category B & C Fund activities funded directly by Category A Fund
Internal audit	i. Random review of financial management procedures	i. Annual review of financial management procedures	i. On-going process
External annual audit	i. Random selection	i. Random selection for accounts with less than USD20,000 annual expenditure ii. Full annual audit for accounts with USD20,000 or more annual expenditure	i. Full annual audit

Chapter 14. Disbursement

1. What is "disbursement"?

Disbursement is the process of withdrawing funds from project related bank accounts or a cash box at the community level to pay for eligible project investments, operational costs, and to make and replenish project advances. Accounts include the project account(s) held by the donor, the Special Account, local currency accounts held by the NAC/NAS, NGOs and other intermediaries, and local bank accounts and cash held by local communities. The chart below shows a simple flow of funds for a MAP project.

Figure 1- Simple Example of Flow of MAP Funds



2. Why effective disbursement is important?

- To get money as quickly and as simply as possible to beneficiary groups
- To satisfy lenders', government and beneficiaries' fiduciary requirements

3. What is required for an effective disbursement system?

3.1. Introduction

Specific disbursement procedures should be developed with stakeholder participation for each country and sub-regional project based on the particular situation and design of the project. These procedures

should comply with the disbursement policies and procedures of the financier (e.g., World Bank, government and other donors) and with the project objective of channeling funds quickly and simply to beneficiaries.

As was noted in the Financial Management Chapter, the number and type of implementing organizations may differ from one MAP to another. For simplicity, the same three generic models are used in this chapter: (i) primary organizations such a NAC/NAS; (ii) secondary or intermediary organizations including NGOs and other decentralized service providers; and (iii) tertiary organizations which are mainly communities.

Box 14.1

Disbursements

The key considerations for the disbursement procedures include:

- A link between physical progress and project expenditures
- An efficient and effective flow of funds to meet the needs of the project during a relatively short implementation period
- The need for a sufficient balance in the Special Account for decentralized and emergency activities
- The requirements of Financial Monitoring Reports of the World Bank funded reports.

As with financial management, many people see donor requirements for the disbursement of funds as difficult and daunting. Similar comments apply here in the Disbursement Chapter as were noted in the Financial Management Chapter. In particular, World Bank disbursement rules and requirements are specifically designed to provide projects with the utmost flexibility while providing sound financial control. MAP projects have even more flexibility than most other Bank financed projects, particularly at the community or district level. Rules are relatively simple, very flexible, and can be easily accommodated, particularly with competent and qualified people. Disbursement and expense categories have been simplified for MAP. For NAC/NAS, and secondary or intermediary organizations which disburse funds on behalf of NAC/NAS, the disbursement categories are goods, civil works, consulting services, and operating costs. Communities do not have to categorize disbursements; a list of expenditure items is all that is required.

3.2. Disbursements to NAC/NAS for World Bank financed activities

Experience with MAP implementation has shown that disbursement management capacity varies among NAC/NASs. NAC/NAS, or their agents, that are assessed as having adequate financial management capacity and procedures in place and that maintain this capacity to have the choice of "transaction-based" or "report-based" disbursements (see below). NAC/NAS, or their agents, that do not have sufficient capacity will use transaction-based disbursement procedures. See **Annex 13.3** for a copy of the Financial Monitoring Report (FMR) Guidelines.

Transaction-based disbursement requires the submission of supporting documentation each time NAC/NAS request the disbursement of loan proceeds from the Bank (with the exception of the initial deposit to the Special Account). For reimbursements, or direct payments, supporting documentation is submitted with the withdrawal application before disbursement is made. For Special Account arrangements, supporting documentation for each disbursement is submitted with the next replenishment request. This enables the Bank to confirm past eligible expenditures before the next advance is made.

Report-based disbursement provides more flexibility. Using these procedures a forecast of project expenditures is agreed between NAC/NAS and the Bank covering the current and next reporting period.

After this, the total disbursement requests not exceeding this forecast amount are payable by the Bank. Supporting documentation for these disbursements is submitted with the next FMR and reviewed by the Bank to confirm eligibility. The FMR also gives a new forecast for the next two reporting periods.

The key differences between transaction-based and report-based disbursements are: (i) the timing of submission of supporting documentation; and (ii) the nature of that documentation.

Table 14.1 at the end of this chapter provides details of the timing of supporting documentation by disbursement method. **Tables 14.2 and 14.3** also at the end of the chapter outline the supporting documentation needed by the Bank from the NAS for transaction-based disbursement and report based disbursement respectively.

3.3. Disbursements: NAC/NACS to intermediaries (eg. Line ministries, NGOs)

Prior to project effectiveness NAC/NAS must have evaluated the financial management capacity of proposed intermediary agencies. Similarly, if new intermediaries are identified during project implementation they too should be assessed. Funds should not be transferred to any intermediaries until they have been assessed, agreements have been determined and formally put in place, and appropriate training and briefings provided on the financial management procedures adopted by the MAP.

The disbursement procedures between the NAC/NAS and the intermediaries and communities will largely depend on the procedures adopted between the Bank and NAC/NAS. The key consideration for documentation flow between the intermediaries and NAC/NAS is that it must be consistent with and complement the NAC/NAS reporting procedures and requirements for rapid disbursements.

Box 14.2
Disbursement Documentation

Documentation attached to the claim for disbursement must include at least:

- Physical progress report
- Cash book reconciliation with bank statement and copy of bank statement
- Reconciliation of project account (See example in **Annex 14.1**)
- Summary of funding to communities
- Summary of intermediary expenditure by disbursement categories
- List of assets purchased by the intermediary and liabilities incurred
- Vouchers for expenditure on individual amounts exceeding $-- by the intermediary, and
- Summary of projected cash requirements for the next two financial reporting periods.

Submission of reports should be either time bound or tied to a particular level of the project bank account held by the intermediary.

3.4. Disbursements: NAC/NAS and intermediaries to communities

Introduction

Although a high degree of variation among community projects precludes across the board rules and procedures, some general principles and working procedures apply. In particular, rules and guidelines apply to community projects in the same way that they do for any other project. However, the application of these rules must be scaled down to the project and to the community's capacity. The policy requires

communities to maintain financial management systems and procedures which are adequate to ensure that they can provide NAC/NAS with accurate and timely information regarding project resources and expenditures. This is generally a simple record keeping system based on cash in and cash out. The topics noted below clarify procedures associated with key activities at the community level .

Key procedures and considerations

Channel selection. Designers of MAP projects should identify the most appropriate channel to disburse funds in consultation with community members and other stakeholders, ensuring that the chosen channel is compatible with other attributes of good management. Using channels that have proved successful in the past rather than creating new ones may reduce the risks of funds failing to arrive in the proper place and in a timely fashion, and strengthens the community's capacity to plan and carry out their own programs.

Channeling funds. The general rule is that funds should be channeled to the level where the activities are actually carried out. Funds should therefore be transferred to the bank account or cash box of the entity in charge of the implementation (the community, NGO or local government, for example), except in the absence of adequate banking or other security arrangements, or capacity for implementation, when they may be managed by an intermediary agency.

Financing agreements. The approval process for community projects includes the need for the community to plan, program, and budget its projects. The forms of the plan and the budgets should be simple and are usually documented in the finance agreement between the beneficiary community and the NAC (or its designated entity). The agreements should contain:

- A comprehensive list of activities, their approximate timing, their estimated costs and sources of financing (including community contributions), and estimated benefits
- A listing of responsibilities for each aspect of the subproject before, during, and after implementation

Subproject appraisal. Subproject plans, complete with basic specifications and budget estimates should, in all but extremely exceptional circumstances, be reviewed before they are approved for funding. No matter how simply, the plans should identify the actions needed to complete the project, their approximate cost and timing and expected impact, as well as potential sources of finance and how this will be obtained. This simple procurement planning can help identify which goods, works and services the community can procure for itself, and which will require additional assistance.

Fiduciary aspects of subproject appraisal. The sub-project review process should include all pertinent fiduciary aspects. For example, does the team designated to manage the process on behalf of the community include a treasury or bookkeeper? If not, who can be trained quickly to undertake these responsibilities and how will this training be given. Can project funds be located in a secure environment?

NAC/NAS contribution. The financing agreement between the NAC/NAS or NGO or other intermediary must specify payment terms to the community. One of two processes can be selected.

<u>Installment based disbursement.</u> The financing agreement will specify an advance percentage of the total grant which will depend on the nature of the project. Subsequent installments will depend upon the

achievement of certain physical milestones and will not be tied to any specific level of expenditure by the community.

Progress based disbursement The financing agreement will specify an advance percentage of the total grant which will depend on the nature of the project. Subsequent payments will be based on financial progress reports and they will effectively be a reimbursement for eligible expenditure from the advance. To allow for unforeseen adversity and slow disbursement from the NAC/NAS or intermediary organization, communities should not let their advances fall below 50 percent of the initial grant before they apply for advance replenishment or reimbursement.

In the case where funds are to be used for a specific sub-project such as constructing a clinic, project funding is set so budget shortfalls can only be met by increasing community contributions or reducing project scope. Where there are budget savings, it is usually good practice to allow the community to use these to finance eligible expenditures under the project without having to undergo a process of formal approvals.

Financing agreement topics. Items which should be addressed in the community financing agreement are located in **Annex 14.2**.

Arrangements with an intermediary agency. In almost every case it is better for the NAC/NAS to establish the basic agreements with the channeling agency, including such aspects as the expected minimum and maximum time needed to transfer funds between each level, payment of fees to the channeling agency, and use of interest earned by the channeling agency on funds held. These arrangements must be transparent and must be adequately explained in the project operational manual.

Community contributions. Community contributions reduce overall project costs and are essential to sustain achievements in the long term. Contributions should be established as an element in the project financing plan and in the contract with the community and should be determined during the design stage. The contribution can be in kind which may then converted to a financial value.

Tracking community contributions. Tracking community contributions depends on the overall project design and justification but, in most cases, a rough approximation can be used based on initial proposals or a comparison between the estimated total value of the project and the amount of funding received by the project. The system communities use for tracking contributions will vary and may be based on the type of contribution. Systems for cash contributions should monitor cash received, cash balances, and payments made. Systems for in-kind contributions will vary depending on whether the contribution is measured by input (e.g. number of days of labor), or output (e.g. length of a trench dug).

Mitigating risks and internal control. NAC/NAS should ensure that the risks associated with community projects are mitigated by clear transparent rules and other methods for empowering and training communities to exercise fiduciary control as well as for suitable internal control procedures. The mitigation system should be simple and effective. Key points to consider are described in **Annex 14.3**.

Ethiopia has developed an effective mechanism and channel for the disbursement of MAP funds which is described in the box below.

Box 14.3
Experience in Ethiopia

Disbursement of funds in Ethiopia is achieved: (i) from the NAC/NAS directly to government organizations at federal level and to NGOs and private organizations working in more than one region; (ii) through eleven regional councils to government bureaus, NGOs, private organizations, religious organizations and other groups; and (iii) to about 11,000 kebeles (village units) through 550 woreda (Sub-district AIDS Councils). Woredas receive funds for kebeles from, and account directly to, the NAS.

Kebeles are advanced $1000 in two tranches for project preparation through their respective woreda which approve kebele projects up to a maximum value of $2500. Once approved by the woreda a proportion of kebele funds, as determined by a work plan, are transferred from the NAS to the woreda which passes these to the kebele. Replenishment of advances are made by the NAS, via the woreda, after project work has been inspected by the Regional AIDS Secretariat and the kebele has completed a simple form which sets out work completed and the amount of money spent.

4. *Lessons learned and recommendations*

- **One single prescriptive disbursement mechanism does not fit all projects.** Project designers must show flexibility during project preparation and tailor disbursement systems to suit the needs of the program and the capacity of the implementing agencies and communities. Adequate training must also be provided;

- **Contracting financial management including disbursement services** has been found to be the most effective way of managing project funds and complying with a donor's fiduciary requirements. However, there is a need for NAC/NAS to provide clear information about MAP and provide guidelines and information on the operations, flow of funds, and reporting requirements to both civil society and stakeholders in the public sector;

- **Early evidence suggests funds will flow slowly, or not at all , if the financial management system does not closely monitor implementation progress and be ready for troubleshooting and the early detection of problems.**

- **Projects that begin quickly after fund approval are more likely to succeed. Mechanisms such as retroactive financing may significantly improve prospects for effective implementation.** MAP should consider reimbursement of eligible expenditures by ex-post examination and reimbursement (including retroactively for expenditures dating back to the date of completion of negotiations) as a measure to provide working capital to NGOs which can scale up quickly.

Table 14.1 : Timing of Submission of Supporting Documentation By Disbursement Method

Disbursement method	Transaction-based Disbursement		Report-based Disbursement
Title of supporting document submission	Before each disbursement, with the Withdrawal Application	After each disbursement, with the subsequent Special Account replenishment request	After one or more disbursements, with the subsequent FMR
Reimbursement	√	-	√
Direct payment	√	-	√
Special Account replenishment	-	√	√

Table 14.2 Documentation Requirements for Transaction Based Disbursements

Reimbursement	i. For contracts above the prior review threshold • Summary Sheet & full supporting documentation - Invoice from supplier - Evidence of payment to supplier - Proof of shipment of goods or delivery of services ii. For contracts below the prior review threshold • Statement of Expenditure (supporting documentation to be retained by the NAS for inspection as requested)
Direct Payment	i. For goods: invoice from the supplier and proof of shipment of goods ii. For services: payment certificate and proof of delivery of services
Special Account Replenishment	i. Special Account Reconciliation statement ii. Special Account bank statement iii. Reimbursement document

Table 14.3 Documentation Requirements for Report Based Disbursements

FMR Includes	i. Required minimum FMR content on financial, procurement and physical progress, plus ii. Statements containing Institutional Information • Source of supply information a. For contracts above the prior review threshold - the contractor/consultants name, nationality and zip code - the amount disbursed under each contract b. For contracts below the prior review threshold - aggregate disbursements by country of supply • Breakdown of aggregate disbursements by legal disbursement category and disbursement percentage iii. Special Account reconciliation statement iv. Special Account bank statement v. Forecast of expenditures for the next two FMR reporting periods

PART V – Procurement Management

Chapter 15. Procurement

1. Introduction

Procurement is a process of purchasing resources which facilitate in the implementation of a project activity to achieve a well defined objective. These resources include goods (equipment, material, consumables), civil works (construction/repairs/rehabilitation/extension), services (individual consultants, consulting firms, training, workshops) which are purchased from local and international markets through a transparent and competitive process. MAP projects are unusual in that they may procure more software[18] than hardware. The procurement procedures help achieving these goals.

Since the MAP invites active participation of the government (including its line ministries), private sector, civil society groups, communities etc., and at various levels of society from the national to the village; the procurement procedures have different scope and applicability (*one size doesn't fit all*).

In this chapter, key aspects of procurement procedures relevant to the MAP projects and its key implementing partners are highlighted for the benefit of the project implementation task teams.

Annexes relevant to this chapter provide details and relevant samples.

2. Why a clear understanding of procurement procedures is necessary?

- To get necessary resources like goods, equipment, works and services to those who are responsible to deliver project objectives within a time-period;
- To get the right resources, at the right time and at the a competitive price by adopting a clear and transparent process to provide equal competitive opportunities;
- To use the project funds to procure goods, equipment and services through fair, transparent, and competitive bidding process;
- To avoid serious delays in project implementation and increased costs.

3. What is the procurement process?

A procurement process involves clear understanding of (a) what to buy, (b) how to buy, and (c) what legalities are involved in the process. As long as these aspects are clearly known, procurement becomes simpler to manage.

> About 85% of the procurement in health sector development projects financed by the World Bank, is through a national competitive bidding process using government rules.

Procurement under a MAP project is a challenge because it involves procurement management by:

- The NAS/NAC (and its similar structures at the sub-national

[18] Information, education and communications campaigns, counseling capacity building, community mobilization, and social marketing of condoms etc.

levels);

- NGOs and the private sector;
- Beneficiary community groups;
- Line ministries and government entities;
- The Ministry of Health.

3.1. What to buy?

This section presents the categories of items that are generally procured under a MAP project.

3.1.1. By NAC/NAS, line ministries, NGOs (and similar organized entities)

These institutions can buy all types of ***goods, consulting services, and some civil works*** (see 3.2.1 for examples) except military equipment, illicit drugs and large buildings. However, during the project preparation stage (or during its review), an assessment of procurement management capacity is recommended for all involved agencies. Based on this assessment, decisions should be made about which specific items under these categories can be procured by the subject institution(s).

If NGOs and/or public sector agencies lack satisfactory procurement management capacity, then the NAC/NAS should undertake this responsibility.

> In Sierra Leone, the Ministry of Health is already implementing an IDA financed project and has a capable procurement unit. Therefore, this ministry can do all its own procurement under the MAP project. Similarly, if other line ministries in a MAP country already have a functional procurement unit, then they can also undertake procurement of items under MAP financing.

It should be noted that it is not the objective of a MAP project to establish new procurement management structures in the public and private agencies. Therefore, contracting this responsibility is encouraged considered as an option. However, it is NAC/NAS's responsibility to provide usually through specialized firms basic training to key implementing partners in sensitizing them in essential procurement rules and procedures.

3.1.2. By CBOs, Civil Society Groups etc.

Under the community grants component of the MAP, the following general items (given as example[19]) can be purchased by the grant beneficiary groups. During the subproject proposal review, the approval authority should assess the procurement management capacity of the grant applicants and decide whether an applicant can take this responsibility or not.

> Subproject proposals submitted by small community based organizations, groups, village committees, youth groups etc., need not identify their expenditure/procurement items by categories. They can prepare a simple list of items, their units, quantities, and estimated costs required for the activities they intend to implement.

a) By the Communities, CSOs and CBOs

- Renovation or construction work related to a day-care shelter or a room for PLWHA;

[19] All examples are informative since an important element of the MAP approach is to provide maximum flexibility to implementing agencies about program content.

- Generic drugs like aspirins and lotions;
- Seeds/saplings for the harvest and use of indigenous medicinal plants and herbs;
- Food rations (or supplements) for people living with AIDS;
- Supplies (e.g., plastic sheets, gloves, mosquito nets);
- Hiring of persons/organizations (e.g. local NGOs) to provide technical support for the preparation of community proposals, or in implementing any community based project related activity;
- Items related to income generating activities;
- Orphan support such as payment of school fees, etc;
- Other relevant expenses.

b) By the Intermediaries (groups providing support to the communities)

- Items related to capacity building at the community level;
- Travel expenses to provide assistance to the communities;
- Information, Education and Communications (IEC) materials/equipment and their distribution;
- Family life education materials (FLE);
- HIV/AIDS prevention promotion (condom distribution and education);
- Monitoring and supervision expenses; and
- Other relevant expenses.

3.2. How to buy?

In the following sections, the procurement aspects involved in the purchase of resources is described. Briefly, they provide guidance on: (i) *What are the procurement **categories**?* (ii) *What are the procurement **methods** or procedures?* (iii) *What are the procurement **thresholds**?* and (iv) *How to prepare a procurement **plan**?*

3.2.1. What are the procurement categories?

Every item to be purchased by NAC/NAS, line ministries, NGOs (and similar entities) should belong to a procurement ***category***. Procurement, is divided into the following categories. However, these categories need not apply to the subproject proposals submitted by small community groups.

Table 15.1. Procurement Categories

Procurement Categories	Examples	Applicable to:
1. Goods	• ***Office equipment*** (office furniture, computer equipment and peripherals) • ***Vehicles*** (bicycles, motorcycles, sedan cars, 4x4 long- and short-wheel base vehicles, pick-up trucks, vans, ambulances etc) • ***Printed materials*** • ***Biomedical equipment*** • ***Drugs*** • ***HIV test-kits*** • ***Condoms***	• NAC/NAS, public agencies, NGOs • Subproject proposals from NGOs, associations, consortiums etc. • *Not applicable to community groups.*
2. Consulting	• ***Individual Consultants*** (local and foreign: for	• NAC/NAS, public agencies,

Procurement Categories	Examples	Applicable to:
Services	individual assignments). They are needed for the tasks which do not require a team. • ***Consulting Firms*** (financial management, procurement management, assessments, surveys, studies, research, evaluations, monitoring, supervision, IEC, TV/radio air time, production of IEC materials, systems development and installations e.g. MIS) • ***Training*** (training of personnel, sensitization, seminars, study tours, workshops, campaigns through seminars). *Note that ALL expenses related to conducting a training activity, including the cost of resource persons, consultants, venue, per diems, materials cost etc is included in the Consulting Services Category of procurement*	NGOs • Subproject proposals from NGOs, associations, consortiums etc. • *Not applicable to community groups.*
3. Civil Works	• ***Major works*** involve construction of new clinical site or major rehabilitations or extensions. • ***Minor works*** involve minor repairs of a office building/room, clinics which may include electric re-wiring, re-painting, patch work etc.	• NAC/NAS, public agencies, NGOs • For minor works, subproject proposals from NGOs, associations, consortiums etc. • Large works are the responsibility of NAC/NAS. • *Not applicable to community groups.*
4. Community Grants	Under this procurement category, NAC/NAS (or its designated government or non-government body) signs a contract with the ***grant applicant***. There is no subcategory necessary for this. However, the grants applicants should also identify their procurement categories and cost estimates according to the categories explained above.	• NAC/NAS • If an NGO (or similar organization) intends to be an ***intermediary*** for financial disbursement to a ***mobilized*** community group, then they need to include a Community Grants category in their proposals.

3.2.2. What are the procurement methods?

There are different methods depending on what is being bought and how much it will cost. Some of the key methods, their definition and to whom they may be applicable under a MAP project are given in the following table.

(i) Procurement Methods for NAC/NAS, Line Ministries, NGOs (and similar entities)

Detailed steps involved in these procurement methods are provided in **Annex 15.1**.

Table 15.2. Procurement Methods

Procurement Method	What it is?	Applicable to:
GOODS and CIVIL WORKS		
International Competitive Bidding (ICB).	This procedure is used for inviting local, as well as international suppliers/contractors to bid for the goods and services at least 45 days before bid opening. This procedure is usually for the groups of items that are of higher monetary values and/or items that are not locally available. The World Bank's standard bidding documents are mandatory.	• NAC/NAS • Line Ministries (which have sufficient procurement capacity) • NGOs (or others which would be involved in international procurement and have sufficient capacity).
National Competitive Bidding (NCB)	This may be the most efficient and economical way of procuring goods or works given the nature of MAP programs. This procedure is almost the same as a ICB except that the invitation for bids should be published only in the national press at least 35 days before the opening of bids. There are no mandatory standard bidding document, and the government procedures apply which have been agreed with the World Bank during project preparation.	• NAC/NAS • Line Ministries (which have sufficient procurement capacity) • NGOs (or other which have sufficient capacity).
National Shopping (NS).	This method is used for the procurement of readily available off-the-shelf items that cannot be grouped together into a bigger package of goods. Under this method, items are procured on the basis of quotations from at least 3 eligible suppliers in the country. Requests for such quotations will include a clear description/ specification and quantity of the goods as well as requirements for delivery time, place for the delivery or services, including any installation requirements as appropriate	• NAC/NAS • Public and private entities • NGOs, CBOs, CSOs. *Note: Procurement methods for the communities are explained after this table.*
International Shopping (IS)	This method demands quotations from at least 3 suppliers in 2 different countries. National shopping may be used where the desired goods are ordinarily available from more than one source in a MAP country at competitive prices.	• NAC/NAS
Limited International Bidding (LIB)	This method is essentially ICB by direct invitation without open advertisement. It may be an appropriate method of procurement where (i) the contract values are small, or (ii) there is only a limited number of suppliers, or (iii) other exceptional reasons may justify departure from full ICB procedures. Under LIB, bids from a list of potential suppliers are sought which are broad enough to assure competitive prices, (the list would include all suppliers when there are only a limited number). In all respects other than advertisement and preferences, ICB procedures apply.	• NAC/NAS
Procurement from an UN agency (UN)	There may be situations in which procurement from specialized agencies of the United Nations (UN), acting	• NAC/NAS • Ministry of Health

Procurement Method	What it is?	Applicable to:
	as suppliers, pursuant to their own procedures, may be the most economical and efficient way of procuring small quantities of off-the-shelf goods, for example condoms.	
Direct Contracting or Single Source Selection (SSS)	This method is applicable when: (a) an existing contract awarded in accordance with procedures may be extended for additional goods/works of a similar nature; (b) standardization of equipment or spare parts, to be compatible with existing equipment, may justify additional purchases from the original supplier; (c) the required equipment is proprietary and obtainable only from one source; (d) the contractor responsible for a process design requires the purchase of critical items from a particular supplier as a condition of a performance guarantee; (e) in exceptional cases, as in response to natural disasters.	• NAC/NAS
CONSULTANTS	**(firms and individuals)**	
Least Cost Selection (LC)	This method is more appropriate for the selection of consultants for assignments of a standard or routine nature (audits, engineering design of noncomplex works, and so forth) where well-established practices and standards exist, and in which the contract amount is small (amount is determined during project preparation).	• NAC/NAS • Line Ministries (which have sufficient procurement capacity) • NGOs (or others who have sufficient capacity).
Quality and Cost Based Selection (QCBS)	QCBS is used to procure services of individuals or firms when the quality of the output is of the first concern, and then the cost. QCBS uses a competitive process among short-listed firms that takes into account the quality of the proposal and the cost of the services in the selection of the successful bidder. Cost as a factor of selection is used judiciously. The relative weight to be given to the quality and cost is determined for each case depending on the nature of the assignment.	• NAC/NAS • Line Ministries (which have sufficient procurement capacity) • NGOs (or other who have sufficient capacity).
Selection Based on Consultant's Qualification (SBCQ)	This method may be used for very small[3] assignments for which the need for preparing and evaluating competitive proposals is not justified.	• NAC/NAS • Line Ministries (which have sufficient procurement capacity) • NGOs (or other who have sufficient capacity).
Single Source Selection – (SSS)	Single-source selection may be appropriate only if it presents a clear advantage over competition: (a) for tasks that represent a natural continuation of previous work carried out by the firm/consultant, (b) where a rapid selection is essential (for example, in an emergency operation), (c) for very small[20] assignments, or (d) when only one firm is qualified or has experience of exceptional worth for the assignment.	• NAC/NAS • Line Ministries (which have sufficient procurement capacity) • NGOs (or other who have sufficient capacity).

[20] Amount is determined during project preparation

(ii) Procurement Methods for CBOs, Civil Society Groups etc.

The beneficiary community or a CBO should ideally be responsible for the procurement activities under the community and civil society component of the MAP project only when it has the capacity to manage the operation. NAC/NAS has the responsibility to provide (usually through subcontracting) the necessary training and standardized documentation to the signatories of the community, so that they can carry out the procurement function. This mobilization can be done by other capable entities (e.g., NGOs).

When a community subproject has been approved, the community could opt for one of the following procurement methods:

- ***Local shopping**,* by sending an invitation to bid to a minimum of three local bidders that the community group has selected themselves. The contract has to be awarded to the lowest evaluated bidder on the basis of criteria mentioned in the invitation sent to a minimum of 3 potential bidders.
- ***Local bidding**,* by placing a specific notice at the local or village level adopting the local practices for disseminating official announcements (e.g., local notice boards, district council, etc.). At least 15 days should be allowed to prepare and submit bids before a deadline; a date, time and place for the public bid opening should be indicated.

  Local bidding is bit more elaborate than the local shopping, and is applicable to higher value contracts and larger and better-trained communities. Here, the bids are opened at the announced time, place and date in the presence of bidders who choose to attend. The names of the bidders and prices are read out aloud in a bid opening ceremony.

  Analysis of the bids should be carried out in private (bidders do not attend this meeting) by an evaluation committee set up by the community. It could be the same committee that opens the bids. The composition of this team will depend on the capacity of the local community. The bids will be examined to determine whether they meet the minimum specifications mentioned in the bidding documents with respect to experience, quality of works (track record), equipment, services offered and the delivery dates. Only those offers that meet these minimum requirements specified in the bid invitation will be retained for further evaluation. The committee will prepare a simple evaluation sheet. The next step will be to select the bidder who meets the minimum requirements and offers the lowest price. The award and amount of the contract should be announced to all bidders and the contract should be signed within five working days of the announcement.
- ***Direct contracting*** is suggested in case a competitive method cannot be used or is not practical (due to small nature, size or amount of goods, services or works) after negotiating with a contractor familiar to the community. This means that, the community representatives will select a contractor and agree on a price with him/her and award the contract for this negotiated price.

3.2.3. What are the procurement thresholds?

- There are certain ***financial limits***, above or below which a procurement method applies (section 3.2.2). These limits (or ***thresholds***), for each procurement method, are agreed during project preparation and are equally applicable to NAC/NAS, line ministries, private sector and NGOs (unless the situation demands specific distinctions). A different threshold for local shopping, bidding or direct contracting can be defined for community-based subprojects (see ii below).
- Selection of a procurement method depends on the ***size (financial value)*** of the contract, which, in turn, depends on ***packaging*** of goods, civil works and/or services to ensure getting a better price.

Packaging[21] is an exercise of putting all similar items into one bundle. For example, computers, printer and other peripherals required for one year of the project can be put into one package with a total cost estimate (size). All drugs could be packaged into one. All types of office furniture could be in one package, and so on. Packaging is not appropriate when it becomes too burdensome.

The following sections provide generic thresholds for the procurement methods.

(i) Thresholds for NAC/NAS, Line Ministries and NGOs (and similar entities)

An example of thresholds is given in Table 15.3.

Table 15.3. Procurement Thresholds

Financial value of a Package (thresholds)	Procurement Method Recommended
Packages of goods costing, for example USD 100,000 or above (the limit is determined during the project preparation)	ICB
Packages of goods estimated to cost, for example less than USD 100,000 equivalent up to an aggregate amount (in total project life) of USD 300,000	NCB
Procurement for readily available off-the-shelf goods that cannot be grouped together and estimated to cost, for example less than USD 30,000 equivalent up to an aggregate amount (in total project life) of USD 650,000	LS or NS
Condoms may be procured on basis of LIB or, alternatively such goods may also be procured from UN Agencies (e.g. UNICEF, UNFPA, WHO or IAPSO - Inter-Agency Procurement Services Office) provided each such contract does not exceed, for example USD 100,000.	LIB
Consulting services, usually USD100,000 or more	QCBS (expression of interest, request for proposal, selection and award of contract)
Consulting services, usually less than USD100,000	QCBS (request for proposal, selection and award of contract)
Individual Consultants, usually above USD 50,000	IC (letter of invitation, assessment of proposal and resume, short-list, selection and award of contract)
Individual Consultants, usually below USD 50,000	Short-list of at least 3 resumes, selection of one and award of contract)

Also see **Annex 15.5**

[21] Items are packaged when a number of same items are required by one or more institutions during a short period of time. This reduces the overall price.

(ii) Thresholds for CBOs, Civil Society Groups etc.

Generally, there are only two thresholds advisable for the subprojects managed by community groups:

- ***Local Shopping***: Any purchase below, for example USD (determined during the project preparation and revised during the implementation);
- ***Local Bidding***: Any purchase above, for example USD (determined during the project preparation and revised during the implementation).

The threshold limits can be changed by the government in agreement with the World Bank during project implementation when deemed necessary and appropriate.

3.2.4. What is included in procurement planning?

Once the procurement procedures are clearly understood, the Procurement Planning becomes much easier. Procurement planning is essentially the scheduling of stages involved in the procurement for goods, works and services, and identifying answers to:

- What to buy?
- When to buy?
- How much/many to buy?
- From where to buy?
- How much to allocate for payments?

There are generally two phases of setting up a MAP procurement planning and management process: (a) project preparation phase, and (b) project implementation phase. Characteristics of these phases are defined below:

(a) ***Project preparation phase***. In this phase, the following key activities are carried out:

- Identification of resources required for each project activity; detailed costing and packaging;
- Identification and agreement on the procurement categories and thresholds;
- Preparation of the first year procurement plan (See **Annex 15.2** for a sample);
- Agreement on the details for setting up a system for the project procurement management;
- Agreement on the details for setting up a procurement advisory service to provide technical advice and support to implementing entities.

(b) ***Project implementation phase***. This phase involves actual planning, management and monitoring of procurement activities by the implementing entities.

(i) Procurement planning at the national level (NAS/NAC, line ministries, NGOs)

The critical stages in procurement planning are:

(a) Identify all resources (goods, works and services) needed to successfully and efficiently implement each project activity;

(b) Prepare an implementation timeline for those activities;

(c) Estimate when these resources are required;

(d) Prepare appropriate packages of smilar goods, civil-works and services;

(e) Estimate package costs;

(f) Identify all necessary applicable procurement procedure's stages for each package;

(g) Estimate timings for each procurement stage;

(h) Prepare the plan for goods, civil works and consulting services (individual consultants and firms). Training, workshops, seminars are not a mandatory part of a procurement plan, but a separate schedule of these activities for the project is recommended.

- The first procurement plan is prepared during the project preparation stage to facilitate estimating the first year of project needs.
- As the project becomes effective, the procurement unit of the NAC/NAS (or a contractor) keeps updating the procurement plan as the implementation progresses and/or as project activities are rescheduled, therefore requiring readjustments in the procurement schedules.

See **Annex 15.2** for the sample formats of a procurement plan

(ii) Procurement planning at the community level (CBOs/CSOs)

Community level procurement planning requires the following:

GOODS. Whenever a purchase under this category is to be undertaken, the following should be considered:

- Properties or characteristics of the item that is to be purchased;
- Quantity required with the unit of measurement;
- Approximate date when the item is required;
- How the payment will be made (cash/cheque);
- The purpose the item will be used for.

SERVICES. When the services of a person or agency (such as an NGO) are to be acquired, a Terms of Reference should be prepared. TOR answers the following questions:

- Why the particular service is needed?
- What qualifications the service provider should have?
- For how many days would the service be required?
- How much will be paid for the service? In how many installments?

CIVIL WORKS

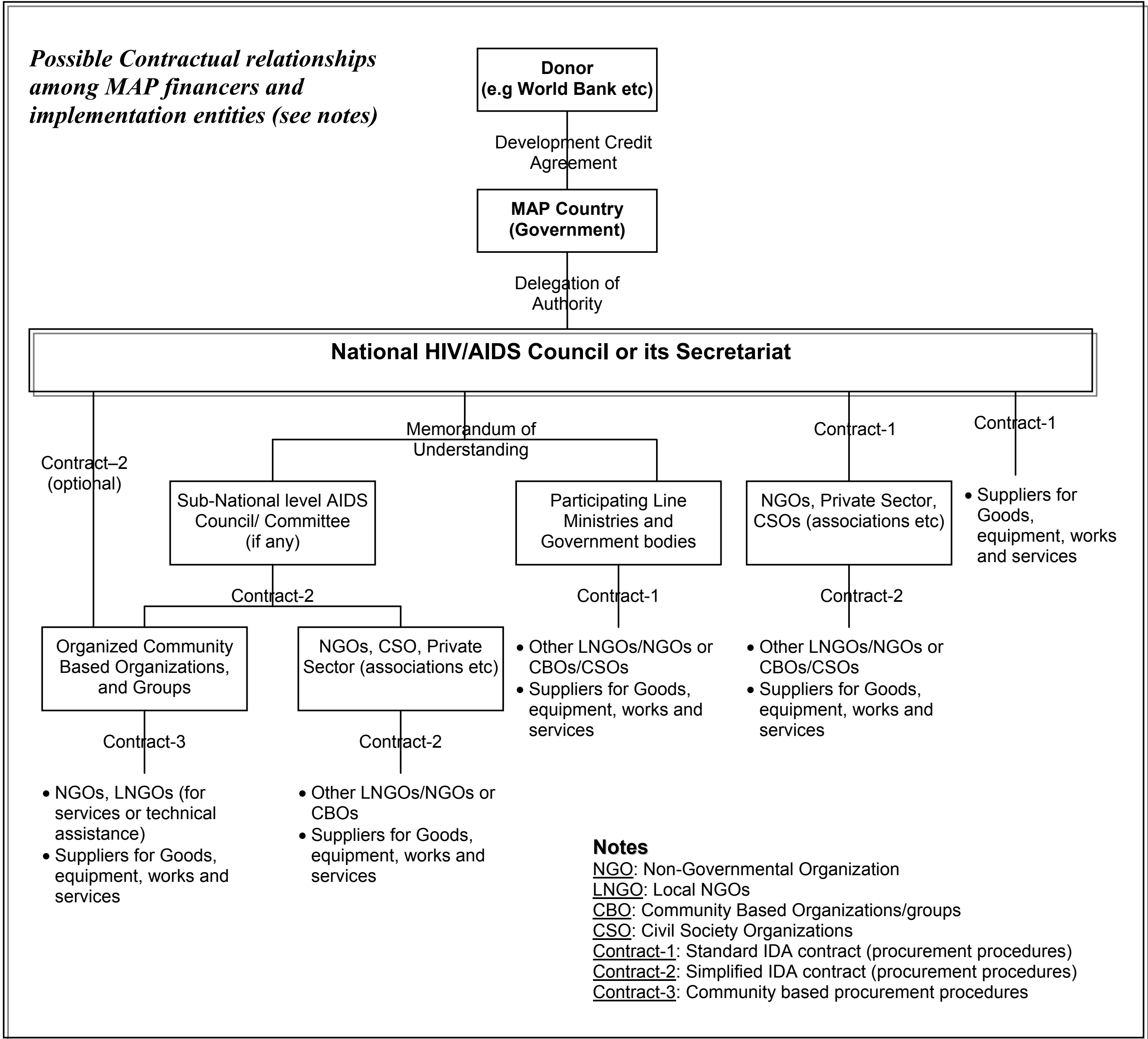
- Size and location of land for construction, or the location of existing shelter/room for renovation;
- Design/sketch of shelter/room and specifications of work.

3.3. What are the possible contract relationships in a MAP project?

Obtaining the funding for procurement depends upon ***contract agreements*** between the key funding and implementation entities. The following figure represents various contractual relationships among the MAP partners. The types of contracts shown in the **Figure 1** are:

- Contract type 1: Standard contracts;
- Contract type 2: Simplified contracts (or simplified procurement procedures);
- Contract type 3: Contracts related to community based procurement.

Figure 1. Contract Relationship



- The legal agreement signed between the donor (e.g., World Bank) and an authorized Government institution (like Ministry of Finance) is known as ***Development Credit Agreement*** or a ***DCA***. The contents of the DCA should be well known to the project implementation team of the government.
- The Government (or its DCA signing authority) ***delegates*** project coordination responsibility to a national institution. In the MAP's case, it is the National HIV/AIDS Council and/or its Secretariat (NAC/NAS).
- NAC/NAS signs a ***Memorandum of Understanding*** or an ***MOU*** (a sample is presented in **Annex**

15.3) with other government bodies which includes participating line Ministries (or departments of state), Sub-National level *government bodies* like District Government, Commissioner's Office or District HIV/AIDS Committees; Social Fund management, Central Statistical Offices, Universities and other institutions. The MOU contains an agreement to deliver well-defined outputs/objectives under a agreed funding arrangement(s);

- NAC/NAS may sign ***Contract*** agreements with (a) NGOs (local or international) or similar entities, (b) private sector, associations and other organized entities; (c) CBOs/Communities (if needed); (d) suppliers/contractors. Also see the chapter on Contracting out. See **Annexes 15.4 – 15.5,** and **Annex 15.7** for sample of contract documents. Clear outputs to be delivered through these contracts should be described in (a) ***Terms of Reference*** (for services including technical assistance, training, and mobilization) and/or, (b) ***Technical Specifications*** (for goods and civil works);
- NAC/NAS can also directly sign contracts with Community Based Organizations (or groups) if they are organized and have basic capacity to manage finances and deliver the outputs. This may become necessary where there is no other intermediary body existing (for example, district HIV/AIDS committee or a government structure – this may be a case in a post-conflict situation). Another situation may be when there is an intermediary body, but which is not ready to undertake MAP associated responsibilities and a CBO is capable to undertake a subproject;
- In an ideal situation, it should be a community group that should sign a contract (if needed) with a local NGO for technical assistance;
- The Community Based Organization, or Civil Society Organization (organized groups) can further sign ***contract*** agreements with suppliers/contractors per simplified procedures for the community based procurement. Generally, procurement of goods and services at the community levels involves very simple procedures based on transparency and simple record keeping.

4. Lessons learned and recommendations

- **Contracting out major operational functions significantly improves efficiency**. Some of the key contracts may include the following:
    a) Financial management (accounting, disbursement etc)
    b) Procurement management (procurement management, procurement advisory service or both)
    c) Community and Civil Society Initiatives component management, involving subproject proposals receiving, evaluation, approval, implementation supervision and disbursement (all or selected operations)
    d) IEC material development and nation-wide campaign activities
    e) Community mobilization (to identify their needs, prepare proposals and manage funds)
    f) Social marketing of condoms
    g) Capacity development of core MAP focal points
    h) Grant subproject receiving and technical evaluation
    i) Sensitization of the staff of participating line ministries
    j) Financial Audit (mandatory)
    k) Procurement Audit
    l) Equipment maintenance

m) Vehicles maintenance

- **World Bank's procurement rules/procedures are extensive and flexible** but are not always understood; therefore the operations manual should clarify them in detail. These rules/procedures should be clear to stakeholders in advance of implementation to manage expectations;
- **Availability of local expertise in procurement planning and management is usually insufficient** given that the MAP provides funds to a large number of independent entities in the public and private sectors and to civil society. Alternatives should be identified early in the projects including hiring international procurement specialists/firms for short- or longer-term assignments. However, local capacity in procurement planning and management should be built by training at all levels, and hiring of short-term consultants/firms at the start-up stage;
- **The procurement procedures should not be burdensome** for small amounts (community-grants).
- **Major bottleneck occurs when a responsible entity (or person) of a project component does not properly prepare terms of reference** (for consulting services) or technical specifications (for goods and works), or the procurement unit of the NAC/NAS doesn't prepare the bidding documents correctly.
- **The situation is similar with NGOs** (or organized bodies) who are delivering services under a contract with NAC/NAS and are also engaged in subcontracting. These NGOs (or similar entities), should clearly understand the project's procurement rules, procedures and formats.
- **Procurement planning** task should be completed early in project preparation and reviewed regularly to avoid delays. The procurement plan should be an integral part of annual work plans;
- **The International Competitive Bidding (ICB) process** is time consuming (averaging 5-7 months). Considering the emergency nature of MAP initiatives, the World Bank should consider reviewing the procedure and to simplify it. However, it is noted that ICB procedure is not a frequently used method in MAP projects; the bulk of ICB goods are usually acquired during the first 12-18 months of the project;
- **Simplified and speedy procedures** can be proposed for time-sensitive goods and services;
- **The project operations manual should clearly highlight various contractual agreements** between NAS and (a) government institutions, (b) with suppliers/contractors; and provide samples of the contract/agreement documents for goods and services;
- **Procurement of condoms** and associated social marketing invite special attention.
- **In certain cases, the government's review bodies (such as the Treasury, Ministry of Finance, Central Tender Boards etc.) may take unusually long in reviewing the bidding documents**. It should be noted that about 85% of procurement in the health sector development projects financed by the World Bank has been through National Competitive Bidding process, applying the government rules agreed during project preparation.
- **Procurement audit** (and monitoring) should be conducted for major NGO/CBO/CSO subprojects, and spot checks of community based subprojects;
- **A separate, simple procurement procedures manual should be prepared for the CBOs**, or community based groups. The manual should be clear on responsibilities and reporting; and should be distributed in local languages;
- **MAP countries network** should have specific discussion forum on procurement issues, including availability of standard specifications and terms of references;

- **Procurement thresholds** for the community-based subprojects should be increased for community groups that have gained demonstrated experience.

References:

Also see following detailed guidelines:

- Procurement documents for goods and services (including sample procurement documents for community grant subprojects). See **Annex 15.7 to 15.15**
- Terms of Reference for a procurement auditor. See **Annex 15.16**
- Guidelines for the Procurement of Consultants. See **Annex 15.17**
- Guidelines for the Procurement of Goods and Works. See **Annex 15.18**

PART VI – Monitoring and Evaluation

Chapter 16. Monitoring and Evaluation

1. Introduction

M&E is summarized in this chapter and covered in depth in the ***UNAIDS/World Bank National AIDS Councils (NAC) Monitoring And Evaluation (M&E) Operational Manual.*** Readers are referred to this manual in the Annexes for detailed M&E guidelines. The MAP does not seek to promote its own M&E system, but to support the overall national M&E system under which MAP supported components fall. The M&E chapter does not include needs assessments, which are discussed under social assessment.

2. Why is M&E important?

Sound M&E is vital in order to:

- **Determine Program Effectiveness:** Since a prime objective of the MAP is to scale up existing programs without the Bank's traditional *a priori* technical assessment of program effectiveness and efficiency, early and comprehensive results from M&E are critical to determine which programs are successful and should be expanded further and which are less successful and should be stopped or provided with capacity building;
- **Identify and Address Problems:** Detect and address problems so that continuous project redesign and improvement become standard operating procedures;
- **Show Impact:** Provide early evidence of program impact;
- **Gather Evidence of Activities and Results:** Gather evidence of activities and results to communicate to those infected and affected by HIV/AIDS in transparent and objective ways the effort being made to improve prevention, care and treatment, and mitigation programs; and
- **Strengthen Fiduciary Responsibility and Accountability:** M&E is a core part of the fiduciary architecture of financial management, procurement and M&E.

3. What is M&E?

3.1. Distinguishing Between M&E

Confusion between M&E is common. There is a simple distinction between monitoring and evaluation that may be helpful. Monitoring is the routine, daily assessment of ongoing activities and progress. In contrast, evaluation is the episodic assessment of overall achievements. Monitoring asks: "*What are we doing?*" Evaluation asks: "*What have we achieved?*" or "*What impact have we had?*"

3.2. M&E Framework

Effective M&E is based on a clear, logical pathway of results, in which results at one level are expected to lead to results at the next level, leading to the achievement of the overall goal.

The major levels are:

- Inputs
- Outputs
- Outcomes
- Impacts

These levels are described in the table below:

Level	Description
Inputs	Inputs are simply the people, training, equipment, facilities and resources that we put into a project, in order to achieve outputs
Outputs	Outputs are the activities or services we deliver, including AIDS prevention, care, support and mitigation services, in order to achieve outcomes. The processes associated with service delivery are very important. The key processes include quality, unit costs, access and coverage
Outcomes	Through quality, economical, accessible, widespread services, key outcomes should occur. Outcomes are changes in behaviors or skills, especially safer HIV prevention practices and increased ability to cope with and ameliorate the consequences of AIDS
Impacts	These outcomes are intended to lead to major health impacts. Impacts refer to measurable health impacts, particularly reduced STI/HIV transmission

Results at the final impact tier may take several years to observe, so it is important to set realistic targets at the impact level.

Illustrative indicators at each level are presented in Annex 16.1, pages 24-30.

3.3. M&E Components

M&E consists of the following major components:

Component	Description
Overall system	A governing flowchart, which describes precisely how data are collected and flow into an overall data base, which integrates the data specified in the flowchart
Surveillance	National biological and behavioral and social surveillance of STI/HIV/AIDS/TB sexual behavior and social rates and trends
Research	Essential prevalence, incidence and evaluation research, to complement national surveillance
Financial monitoring	National financial management monitoring, of NAC, the public sector and civil society's utilization of resources
Program activity monitoring	National program activity monitoring of NAC's contracting and grant-making and the relevance, quantity and quality of public sector and civil society services delivered

These components are related to framework and levels presented above. The overall system encompasses all levels. Surveillance and research provide data primarily at the outcome and impact levels. Financial and program activity monitoring provide data primarily at the input and output levels.

3.4. M&E Strengths

The strengths of each M&E component vary widely:

- **Overall System:** Few countries have an overall M&E system, with a governing flowchart and integrated data base;
- **Surveillance:** Surveillance is well developed in many countries, particularly in countries with mature AIDS epidemics and is well supported by international agencies, who have prepared sound guidelines;
- **Research:** Surveillance should be complemented by essential research. NACs have a strategic role in collating, interpreting and disseminating research findings;
- **Financial Monitoring:** Financial management monitoring is well supported; and
- **Program Activity Monitoring:** Program activity monitoring is least developed and requires greatest emphasis. It is addressed partly through operations manuals, but significant challenges remain. NACs will assume a major grant-making role, supporting hundreds of AIDS prevention, care and mitigation activities. They lack essential systems and procedures. Program activity monitoring should be combined with financial management monitoring and contracted to a single independent entity.

In summary, the most developed components are: surveillance (especially biological surveillance); research; and financial monitoring. The least developed components are: the overall M&E system; and program monitoring. These components thus require particular attention.

3.5. *Putting M&E into practice*

The following operational procedures are proposed to put M&E into practice at the implementation level.

- **Coordination:** NACs should clarify their coordination role and increase their capacity to *coordinate not implement* M&E;
- **Contracting out:** NACs should adapt a framework in which they contract out implementation of M&E, to specialized entities. Thus, (i) surveillance, (ii) research, (iii) financial monitoring and program monitoring should be contracted to a range of public, private and civil society entities;
- **Program Approval:** It is vital to build implementing agency M&E into the activity approval process;
- **Participatory Process:** NACs and stakeholders should engage in an intensive participatory process, to build ownership and buy-in, particularly for the overall M&E system and program monitoring;
- **Agreeing Targets:** Each implementing partner should agree its key targets with NACs, using a simple *Planning, Monitoring and Evaluation Form;*
- **Monthly Reporting:** Each implementing partner should report results monthly using a simple *Planning, Monitoring and Evaluation Form;*
- **Verification:** These results should be checked and verified six monthly by the specialized monitoring entity;
- **Assessing Progress:** The specialized entity should assess each implementing partners' progress towards targets every six months and rate their progress using a simple *Planning, Monitoring and Evaluation Form;*
- **Reporting to NACs:** The specialized entity should collate, analyze and submit to NACs six monthly summary reports, using a simple *Progress Report Form;*
- **Stakeholder Review Meetings:** NACs and key stakeholders should meet regularly to review M&E reports, to ensure utilization of data by all stakeholders, to identify key lessons learned and to make strategic recommendations and decisions; and
- **Updating Manuals and Procedures:** NACs and key stakeholders should update their M&E manuals and procedures based on lessons learned.

Box: 16.1

Example of implementing agency M&E

The Project Support Group (PSG) is a regional organization with its headquarters in South Africa and HIV/AIDS prevention and care programs in eight Southern African countries. Since its origins in 1986, PSG has emphasized sound monitoring, including program activity monitoring, using very simple, practical systems.

This investment in program monitoring enables PSG to demonstrate the scope of services supported to partners and beneficiaries. For example, from 1990 to mid-2001, PSG partner prevention projects recruited and trained 2,467 community educators, conducted thousands of community behavior change communication meetings, reached hundreds of thousands of people, including repeat attendees and distributed 141,299,282 condoms. Over the same period, PSG partner care projects have recruited 5,414 care trainers and18,891 careers, enrolled 416,994 HIV/AIDS patients and conducted tens of thousands of care visits. PSG are also able to link their services to important outcomes, including reduced STI transmission and improved coping and quality of life.

The key lesson learned is that by rigorously tracking prevention and care services provided, PSG is able to demonstrate to partners and communities that they are a significant national and regional provider of essential prevention and care services and to use this data to attract increased support from international, government and private sector funders. NGOs who do not track their services miss a vital opportunity to demonstrate how important their services are and to influence policy and funding decisions.

4. Lessons learned and recommendations

The following key M&E lessons have been learned:

- **Simplicity:** M&E systems should be as simple as possible. Most programs collect far more data than they use. The more complex a M&E system, the more likely it is to fail;
- **Funding:** NACs lack comprehensive, long-term funding for all major M&E components, including local costs and incremental operating costs. The World Bank, through MAP credits, may provide comprehensive, long-term M&E funding where grant funding is unavailable. The World Bank recommends that up to 10% of MAP credits be used for investment and operating costs of a long-term M&E system;
- **Stakeholder Buy-in:** No matter how sound a M&E system may be, it will fail without widespread stakeholder "buy-in." Thus, a large-scale, participatory process is essential to build ownership and "buy-in" from the start;
- **Implementing Agency Capacity:** Implementing agencies often lack appropriate M&E systems and require technical and financial support from the program activity monitoring agency to effectively utilize the proposed M&E system;
- **M&E Systems Must be Operational Before Activities Begin:** M&E must be built into the design of a program and operational when grant-making begins, not added later. It is harder and less effective to "retrofit" M&E after grant-making is underway;
- **Contracting**: Program activity monitoring should usually be combined with financial monitoring and contracted to a single, independent entity, for economy and finance-program cross-verification;
- **Standardization:** M&E systems must include a standardized core. If each implementing partner uses different systems or tools, data cannot be coherently summarized. The need for a standardized core does not preclude individual implementing partners from collecting additional, situation-specific M&E data;

- **Internal Assessment and External Verification:** M&E requires both internal self-assessment and external verification. Thus, implementing partners should collect their own internal data and an external entity should verify the completeness and accuracy of the data. Supervisory visits should be based on the analysis of internal self-assessment and externally verified primary data.
- **Use M&E to learn lessons:** A major lesson is to design mechanisms to use M&E lessons to improve future programming.

Chapter 17. Social Assessment

1. Why is social assessment important?

HIV/AIDS is a social disease that can only be fought with deep-rooted changes in values, attitudes and behavior.

Understanding the fundamental social and behavioral causes and consequences of HIV/AIDS and providing a mechanism for stakeholder consultation are the primary objectives of social assessment under the MAP. Each country's social system and values are distinct. Mapping these systems and their underlying values is essential to understand the characteristics of the epidemic and formulate sustainable strategies to combat it. Using social assessment to stimulate stakeholder discussion about the impact of HIV/AIDS and how to combat the epidemic is another outcome of the social assessment process.

Social assessment is a major tool for intervention development, guiding the design of HIV/AIDS prevention, care, support and mitigation interventions.

2. What is needed to uncover the social dimensions of HIV/AIDS?

Social assessment (SA) is a:

- Tool to uncover the social causes and impacts associated with investment projects, including those related to HIV/AIDS;
- Process through which project implementation agencies understand how a country's or a community's social, cultural, political and institutional context influences social outcomes;
- Means to enhance equity in the distribution of benefits to affected communities and to strengthen social inclusion; and
- Mechanism through which (a) social cohesion can be rebuilt in HIV/AIDS-affected communities, (b) accountability and transparency can be promoted in the delivery of MAP-funded services, and (c) the poor and affected groups can be empowered to join the fight against the epidemic.

In MAP programs, social assessment is particularly valuable in

- Providing a framework for dialogue with affected communities on development priorities and in building coalitions for change;
- Identifying opportunities, constraints, impacts and risks associated with the MAP program's implementation, and mechanisms to mobilize stakeholders to fight the epidemic;
- Complementing economic and institutional analysis to deepen the understanding of the adverse impacts on the poor and defining poverty reduction measures.

A good social assessment will describe the social "mosaic, " analyze formal and informal institutions, identify key interest groups and define strategies for empowering individuals and groups to join the war against HIV/AIDS. It will also incorporate continuous stock-taking to ensure the social outcomes and impacts are achieved. (See Chapter 16 M&E). Draft terms of reference for a MAP social assessment are found in **Annex 17.1**.

2.1. There are four "pillars" of social assessment

The First Pillar—Analysis of Social Diversity and Gender. Social environments are by their very nature complex and diverse, and understanding them requires a multi-disciplinary approach and a mix of qualitative and quantitative tools. Baseline data are essential, given the experimental nature of the MAP program. SA aims to capture the different needs, expectations and potential contributions of all stakeholders: men and women, ethic, religious and cultural groups and others. The real value-added of SA derives from its concrete and situation specific focus. The more specific the understanding of the social factors of the epidemic in each county, region and community, the higher the chances of success in identifying appropriate prevention, mitigation and care programs.

Gender issues are at the heart of the epidemic and consequently at the center of social analysis. Women and girls are most vulnerable. Only in Africa is the incidence of HIV/AIDS higher among women than among men. Culturally defined concepts of masculinity, dominance, sexual rights and responsibilities, marital and pre-marital relationships and care need to be understood at the outset and continuously in the design and refinement of strategies. Empowering women through the legal framework on women's rights and adjusting roles and power relationships within the family and society are part of the strategy to equalize women's access to information and services, and mobilizing men and boys to take greater responsibility for their actions.

Orphans are among the most important groups for attention under the MAP. The design and implementation of projects depends on the understanding of the social arrangements that have had to develop to accommodate them. (See Chapter 23—Mitigation).

Generally, understanding social diversity in detail will help in the design of appropriate information, education and communications strategies, and in building strategies for empowering women and young people to take responsibility for their own protection.

The Second Pillar—Stakeholder Analysis and Participation. Stakeholders are groups of people connected by formal or informal ties who are affected by MAP programs. Understanding their perspectives and the likely impact of the project on them is essential for good project design. Good analysis requires time, patience, resources and a great deal of local knowledge and expertise, and is often best handled community by community.

Participation is critical to successful development and implementation of projects (See Chapter 2 - Lessons of Experience), but it is often the most difficult challenge of the SA process. Stakeholders, especially the vulnerable and excluded groups, need to be involved in project design and execution. A participation action plan is needed (but often omitted from SA), based on the level of awareness among different groups and their attitudes toward alternative methods of prevention, care and mitigation.

Community driven development programs and social funds are an effective mechanism for stimulating participation, but may not be feasible for HIV/AIDS interventions where awareness of the problem may be limited. (See Chapter 7-Communities).

The Third Pillar - Social Institutions, Rules and Behaviors. In addition to understanding the complex social diversity and stakeholder attitudes and relationships, SA undertakes an evaluation of the formal and informal institutions and networks that will be involved in project implementation, including their capacity, structure, rules, and incentives.

The institutional analysis focuses on the feasibility of proposed targeting measures, the sustainability of the proposed participation arrangements and the interaction between beneficiaries and implementing institutions. It identifies "social capital" that can be used to build development activities and to mobilize local stakeholders.

The poor and vulnerable groups for whom the HIV/AIDS program is intended often face difficulty in accessing project resources. There are many reasons, formal and informal—attitudes, customs, laws, practices, and information. It is important for the social analysis to assess the basis for exclusion and evaluate the potential success of new interventions and institutional arrangements, including a review of legislation, business practices and community norms, and to suggest ways to create a more favorable environment and to mobilize community support for the poor and other affected populations.

The Fourth Pillar - Social Impact Monitoring (SIM). The monitoring of social impacts of HIV/AIDS projects is essential for assessing the effectiveness of project initiatives and drawing lessons of experience. The indicators to be tracked should include patterns of inclusion/exclusion, human rights, empowerment and social risk mitigation. The objective is to ensure that all persons have access to HIV/AIDS information, prevention, care and social support. Empowerment means that all stakeholders become "AIDS-competent" and act to protect themselves and care for the afflicted.

Box 17.1
Some key indicators for social impact monitoring would include:

- Awareness and accurate knowledge by social group of HIV/AIDS transmission and prevention methods and evolution of the public perception about people living with AIDS
- Participation rate by social group in voluntary testing and counseling activities (VCT) and reports of desirable behavior change
- Non-discriminatory access of all groups to VCT, treatment for STDs and home care as well as non-discriminatory behavior by service providers
- Percent of community members participating in care for HIV/AIDS victims and their families
- Increased NGO/CBO skills in designing and managing effective interventions, including financial management aspects
- Restoration of economic welfare for persons and families living with AIDS
- Continued enrollment of orphans in school

3. Lessons learned and recommendations

- **Social Assessment is perhaps the weakest link in the design of MAP Projects.** An adequate understanding of the fundamental characteristics of stakeholders and client groups, including their values, beliefs, behaviors, etc. is essential for the design and implementation of both national strategies and specific projects. This is often difficult at the project design stage given the time and resources required and the great diversity of environments involved. The need for a good SA

is particularly acute at the community level. Agencies executing community programs, both public and private organizations, should be required to present a social assessment to qualify for support.

- **"Communities of interest" are not well studied.** Baseline information is often inadequate about such groups as migrant workers, refugees, prisoners, sex workers, the military, homosexuals and drug users who all have different social characteristics. This constrains program effectiveness and the effort to scale up.
- **Informal social organizations are key to HIV/AIDS programs.** Social assessments often do not have an adequate appreciation of informal social organizations and networks that can combat HIV/AIDS infection, such as traditional faith healers.
- **Continuous social assessment, or social impact monitoring, is vital to understanding program performance.** As indicated in Chapter 16-M&E- tracking implementation performance and impact is especially important in MAP projects, that are by their nature experimental. Social impact monitoring is a particularly important and often neglected aspect of M&E, given the basis for the epidemic and the means to combat it both lie in social behaviors. Strategies and activities need to be adjusted and re-adjusted regularly to ensure they reach the right people in an effective manner. Social indicators need to be a part of the regular M&E monitoring process.
- **Social assessment capacity building is essential.** The integration of social concerns in HIV/AIDS projects can only be achieved by building local capacity for SA, both in implementation agencies (public and private) and at the non-technical level for the NACs and NASs.
- **Public agencies, especially sector ministries, should do a social assessment of their own work force and their clients.** Public sector ministries should assess the social factors within their own organizations and in their client audiences prior to undertaking MAP-financed activities as a means of establishing relevant programs with strong support and encouraging stakeholder participation.

See **Annex 17.1** for a sample TOR for MAP social assessment.

Chapter 18. Medical Waste Management

1. Why is attention to the environment important?

The principal natural environmental consequence of HIV/AIDS programs is the proliferation of contaminated medical waste. The diagnosis of medical conditions, care of people infected with HIV/AIDS or other sexually transmitted diseases will require the use of reagents, needles, gloves, drugs, and other pharmaceutical supplies. Inappropriate handling and disposal of medical waste and inadequate management of the respective disposal sites in urban and peri-urban areas, where domestic and medical waste may be mixed, and where scavenging is a livelihood, is likely to have negative environmental and social impacts.

2. What needs to be done?

Given these potential consequences, the preparation of MAP projects now includes a Medical Waste Management Plan, because:

- Inappropriate handling of medical waste materials constitutes a risk not only for staff in hospitals and in municipalities who are involved in waste handling, but also for families and street children who live on dump sites
- Some aspects of the proposed project implementation (e.g., the establishment of testing clinics, the purchasing of equipment by communities for home care of the sick, etc.) could constitute an increase in the environmental risk with regard to the handling of HIV/AIDS infected waste

To deal with the problem of hazardous waste, MAP projects normally include the following:

- Construction plans and equipment for new health facilities, at all levels of service provision, must include hospital waste incineration capacity
- Monitoring and evaluation indicators will be established following completion of the Medical Waste Management Assessment for inclusion in the appropriate category (i.e. social mobilization, care and support, policy) in the common M&E project manual

Box 18.1

Specific groups to be consulted during the preparation of the Medical Waste Management Plan can include:

- The national association of PLWHAs and affected families
- The implicated sectoral ministries (i.e. Environment/National Resources and Urban Planning; Public Works and Transport; Social Protection; Tourism
- Managers/owners of private companies subcontracted for municipal waste collection and disposal
- Public Health personnel responsible for oversight of the hospital and health facility clinical waste management
- The manufacturers of the locally constructed incinerators; street children, owners of bars and dance halls, residents near and scavengers of waste dumps.

3. Lessons learned and recommendations

While it is too early to draw definitive lessons of experience, there are a number of areas that warrant attention:

- **Projects should provide systematic training and capacity building** (on the subject of HIV/AIDS waste management) of all health personnel responsible for managing existing incineration and waste management units in medical facilities.

- **Medical Waste Management Plans should normally**
    - Assess a country's legal framework pertaining to medical waste management and treatment as well as the need for additional regulatory requirements;
    - Assess alternative technologies and facility sizes for treatment and destruction; Analyze available information on existing disposal sites;
    - Assess the potential of the private sector as service provider, as well as public-private partnerships and cost recovery; and
    - Prepare a training needs assessment for municipal workers and managers, MOH staff, scavenging families and the general public directed at building a national consensus on the economic benefits of good medical waste management

- **A well targeted awareness building campaign program** can be created for the general public and more specifically for health care workers, municipal workers, dump site managers, incinerator operators, nurses, scavengers and street children.

See **Annex 18.1**. for a sample TOR for waste management and sample waste management plan

PART VII – Partnership

Chapter 19. Partnership

1. External partnership

The first phase of the MAP approach emphasizes scaling up existing programs, building capacity in Africa countries, and engaging all potential stakeholders. Many external partners have been supporting African HIV/AIDS programs for years; the MAP aims to build on, or help expand, those programs—not to supplant or compete with them. Consequently, all stages of MAP preparation and implementation involve other relevant actors in a number of different ways, including external partners.

External partners in the war against HIV/AIDS in Africa include:

- Major providers of funding such as bilateral donors, regional financial institutions, and multilateral institutions.
- Suppliers of technical expertise such as specialized agencies of the United Nations, national organizations, and independent entities.
- International NGOs and institutions that specialize in HIV/AIDS prevention, care and treatment and mitigation programs and research.

Partner arrangements range from limited (the simple exchange of information on what individual partners are doing) to the extensive (the sharing of money and decision-making, as in "joint" program funding).

2. External partnerships are involved in MAP operations in different ways at different stages:

- **Program Coordination.** The National AIDS Councils are expected to coordinate the activities of the implementing agencies in both the public sector and civil society. They are also supposed to coordinate the contributions of the various donors, with facilitation support from UNAIDS. UN Theme Groups at the country level are attended by the heads of international and bilateral agencies to enhance program coordination within the donor community;
- **Joint/Complementary Preparation.** The expertise and experience of various agencies in the HIV/AIDS epidemic are increasingly applied in preparing MAP country projects. Access to grant resources under the Japanese PHRD Trust Fund has been important in the preparation of MAP operations. UNAIDS plays a key role in helping support such multilateral collaboration.
- **Complementary/Parallel/Joint Financing.** MAP funding is only one of a number of sources of financing and technical assistance, each contributing to the effective implementation of a national HIV/AIDS strategy. The UK Department for International Development (DFID) is assisting in

the expansion of the district response initiative to access funds in Cameroon, Kenya and Nigeria. Several donors, such as UN agencies, the Global Fund against AIDS, TB and malaria, *Agence Francaise de Developpement*, the United States Agency for International Development, the Netherlands, German Agency for Technical Cooperation (GTZ), European Union (EU), Canadian International Development Agency (CIDA), foundations such as Gates, and others contribute to the strengthening and implementation of National HIV/AIDS programs;

- **Joint/Complementary Implementation.** There are several examples of countries which draw on the comparative advantage of various agencies as they scale up or replicate implementation of programs. These include: monitoring and evaluation and technical resource networks with UNAIDS; surveillance and coordination with Ministries of Health and the World Health Organization (WHO); youth and PMTCT initiatives with the United Nations Children's Fund (UNICEF); refugee/migration activities with UNHER and IOM; human rights and workplace interventions with the International Labor Organization (ILO); capacity building for communities and faith-based institutions with USAID, the United Nations Development Program (UNDP) and other organizations; inventory and logistics system with the Governments of Japan and India; and Italy is active in supporting the establishment of blood supply, among other areas.

- **Joint Supervision.** Joint supervision of national HIV/AIDS programs, led by NAC and involving all active external partners, is the best way to ensure focused and coordinated support. However, coordination should be ongoing through out the year, and not take place only during periodic reviews.

Partnership in Supervision

The first formal supervision mission for the Ethiopia MAP country project was an example of partnership among donors and UN agencies. Dividing the supervision mission in five areas of focus, the partners shared the supervision effort as follows:

Supervision Focus	Institutional Responsibility
1. Capacity Building	CRDA, Netherlands, UNAIDS, UNICEF, USAID, World Bank
2. Public Sector Response	ILO, UNDP, WHO, World Bank
3. Civil Society Response	World Bank
4. Project Coordination	UNAIDS, World Bank
5. Financial Management & Procurement	World Bank

3. *Lessons learned and recommendations*

- **Stronger Partnership is Better.** Experience from all MAP countries shows that when external partners agree on intensive and extensive partnership arrangements, the MAP countries benefit from a more focused framework and a more effective and efficient utilization of scarce financial and human resources; **Recommendation:** Strong partnership among external partners is best served by all the partners participating in joint annual reviews of the national HIV/AIDS program, led by the NAC/NAS and the implementing agencies (i) at the end of the fiscal year to

assess past performance and makes recommendations for program improvement; and (ii) half way through the fiscal year to assess the next year's program and make financial commitments. In some cases, countries have decided to combine (i) and (ii) but in other cases the benefit of having two assessments annually, at least initially, is felt to be important. The annual review is described in more detail in Chapter 20 on supervision.

- **Lack of regular partnership can lead to conflicting messages to NACs, inefficient allocation of resources, and impede national program implementation.** In one country with insufficient partnership coordination, one donor offering technical assistance sent a mission to establish in-house NAC M&E capacity while the major funding donor was urging contracting M&E. In another country, a log frame workshop initiated by one donor was followed the next week by a workshop on indicators sponsored by another donor. **Recommendations:** (i) NACs should establish the capacity to manage overall relations with external partners; and (ii) all donors should use the UNAIDS Theme Group as a monthly forum for exchanging information and views among themselves and with the NAC. Even where NAC is weak in coordinating donors, the donors bear a responsibility to ensure they are not working at cross-purposes or leaving important gaps;

- **Technical Resource Networks (TRN).** In a number of countries, external partners have decided to establish TRNs in areas where a concentrated approach is appropriate, as outlined in the following box:

Using Technical Resource Networks to Enhance Program Implementation

There exists in Africa and elsewhere a wealth of technical expertise and practical experience that can be brought to bear on national HIV/AIDS programs, and made available to all levels in countries. Experts need to be selected for their outstanding knowledge and practical expertise in a range of technical fields and form flexible technical resource networks (TRN) in such areas as: social mobilisation; Information, Education and Communication (IEC); Voluntary Counselling and Testing (VCT); home-based and community care; biological and behavioural surveillance; prevention and treatment of sexually transmitted infections (STI); social marketing; tuberculosis (TB) control; and process skills such as rapid participatory assessment methods, management information systems, conflict resolution and management skills, monitoring and evaluation, social assessment and social impact monitoring

The establishment of TRNs is an integral part of using knowledge management and partnership as essential tools in social and intellectual mobilization against HIV/AIDS. Experience suggests that line agencies using staff technical services is not without its difficulties. Potential users of technical expertise need to know such services are in fact available. They must become critical and effective demanders of specialized technical services. On the supply side, the NAC/NAS and selected TRNs will need to be proactive in promoting the availability of such services, especially until implementing agencies develop the habit of integrating external services.

For such a dynamic to get established, two things need to occur: (a) A core minimum of TRNs need to be established early.

PART VIII – Supervision

Chapter 20. Supervision

1. Why is supervision[22] important?

The objective of the MAP approach is to scale up existing programs and build capacity to empower stakeholders from the village to the nation, in every sector, and in the public sector as well as civil society to join the war against HIV/AIDS. Countries have a responsibility to supervise the implementation of MAP programs to ensure that:

- Funds are spent efficiently, effectively and transparently;
- Programs that are successful are scaled up further and those that are not are provided with capacity building or halted;
- Both those who supply funding and those who are the beneficiaries are provided with timely and complete information on the appropriate disposition of funding.

2. What is good supervision?

There is considerable experience from both the public and private sectors on what are the core elements of good supervision, as suggested in the box.

Box 20.1
What is Good Supervision?

- Performance can only be judged by a mix of quantitative and qualitative program/ financial/social monitoring that is evaluated with the participation of both stakeholders and independent experts.
- Operational and management performance is assessed realistically based on developments on the ground rather than on hopes and promises.
- Problems are identified quickly and reported candidly, always keeping in mind the program's objectives.
- Program redesign is a normal part of continuous consultations and feedback among key stakeholders, especially implementing and oversight agencies.
- Emerging issues are addressed proactively, incorporating global good practices adapted to country circumstances.
- Fiduciary aspects are monitored closely to ensure compliance with agreed standards.
- In view of the importance of behavior change to win the war against HIV/AIDS, all supervision should emphasize both stakeholder participation and social impact monitoring.

[22] This chapter deals with management and operational supervision of HIV/AIDS programs and not the technical supervision of HIV/AIDS prevention, care and support, and mitigation activities which is extensively covered elsewhere.

Program supervision in a MAP country goes on at various levels:

- Implementing agencies in the public sector and in civil society are responsible for first-line supervision, especially with regard to the basic fiduciary requirements of: (i) financial management and reporting; (ii) procurement of goods and services; (iii) disbursement of funds to beneficiaries; and (iv) monitoring and initial evaluation of program activities. Supervision arrangements of implementing agencies should be embodied in the funding arrangements between NACs and the agencies;

- The NACs, through their secretariats, are responsible for overall operational and program supervision, a responsibility which may be delegated and/or contracted out, in part or in whole, to specialized agencies. Supervision includes the monitoring of various phases of program activities: (i) financial reporting and oversight of program inputs, often on a monthly basis; (ii) reviews with implementing agencies, often on a monthly basis for trouble shooting and on a quarterly basis to review performance[23]; and (iii) on an annual basis for formal program review with donors and beneficiary agencies and for fund-raising. (It may be appropriate to plan semi-annual reviews at the beginning of a project). The annual reviews are described in the box.

Box 20.2
Annual Reviews

Annual reviews by the key internal and external stakeholders can:

- Review progress towards implementing a country's HIV/AIDS strategic plan;
- Develop an effective mechanism for collaboration and distribution of funding within national goals;
- Assess the performance of MAP activities during the previous 12 months, focusing on improving performance and issues such as equity, coverage and inclusion; and
- Agree on the main priorities and the annual work program for the forth-coming 12 months, including the assurance of sufficient national and international funding.

Donors will also supervise MAP programs to which they provide funding and technical expertise both as part of their fiduciary responsibility and of their development objective of providing the benefits of knowledge management and good practices from around the world.

[23] Annex 20.1 has a sample NGO progress report from Kenya. Annex 20.2 has a regional progress report from Ethiopia. Annex 20.3 has a progress report at the local level. Annex 20.4 has a community subproject reporting form from Uganda.

3. Lessons learned and recommendations

While it is early to have a large number of definitive lessons about supervision, there are recommendations in several areas.

Supervision responsibility and mechanisms should be built into project design. Agreeing on what should be funded, through which mechanisms, and with what geographic spread assumes that these activities can be supervised to ensure efficiency and effectiveness. Having an appropriate monitoring and evaluation system in place is the essential requirement of supervision.

NACs should contract specialized supervision and delegate certain areas of supervision as appropriate. NAC/NAS will not want to hire in the extensive skills needed for supervision of most program activities or for the fiduciary elements of all program activities. NAC/NAS should therefore contract specialized agencies for financial management and disbursements, procurement oversight, and most elements of monitoring and evaluation. Epidemic monitoring is almost always delegated to Ministries of Health and other specialized institutions. The NAC/NAS remain responsible for the general oversight of project implementation and the performance of the contracting agents.

Key stakeholders and beneficiaries should be involved in program supervision. While the broad membership of the NACs themselves ensure that many stakeholders will be involved in MAP program oversight, it is often useful to have more specialized stakeholder representatives; this can be achieved by the creation of a civil society oversight body with a small but distinct budget and staff.

Annual reviews are essential means of involving all stakeholders in performance review and budget preparation and funding[24]. These reviews are best done on the basis of a preparation mission that puts together reports for consideration by stakeholders and decision-makers. Quarterly reviews can be done as needed on specific topics. The description and terms of reference for the Joint HIV/AIDS Program Review for 2002 in Kenya are in **Annex 20.5**.

External Partners can play an important role in program supervision, especially in bringing in examples of good practices from around the world. The role of technical resource networks, the UN AIDS Theme Group, and of individual donors is discussed in the chapter on external partners. However, evidence so far, mostly from the World Bank, suggests that donors may substantially underestimate the supervision required to fulfill their fiduciary requirements and the quality enhancement that may result from more intensive interaction and provision of international good practices. The specific recommendations on Bank supervision coming out of the joint UNAIDS/World Bank progress reviews of the MAP and of the Bank's performance include:

- Supervision strategies should be prepared by Bank team teams as part of project preparation that provide similar level of support during supervision as during project preparation;

- The complexity of MAP programs need larger Bank supervision teams covering more fiduciary and thematic areas than usual, requiring more than twice the average level of Bank administrative budget resources;

[24] Annual reviews can be supplemental to quarterly reviews on more urgent operational issues and on special topics and on the regular supervision of implementing agency performance

- The senior Bank official in country should be responsible for the Bank's contribution to external partnership;

- While day-to-day supervision assistance may be helpful, the strategic focus and overall review of formal supervision missions is essential, especially to enhance international good practice;

- Joint supervision missions among external partners, especially through the joint annual reviews, promote coordination and collaboration while reducing the burden on MAP countries of multiple, uncoordinated donor missions.

PART IX – Program Themes

Chapter 21. Prevention

1. Introduction

This chapter (Prevention), Chapter 22 (Care and Support), and Chapter 23 (Mitigation) are ***bookmarks***, a reminder that material on these subjects will be added and revised regularly. National HIV/aids programs focus on ***what*** is to be done to promote prevention, care and support, and mitigation of HIV/AIDS. These chapters of the GOM will provide useful lessons of experience on ***how*** efforts in these thematic areas may best be addressed, whether these programs involve mother-to-child transmission or assisting hard-to-reach communities. It is a ***living document***, to be replenished and expanded as lessons emerge. The following list of prevention themes is meant to be illustrative not exhaustive.

Mass communications

- What are the major elements of mass communication campaigns?
- What examples of good practice are there in mass communications?
- What resources materials exist for mass communications?
- What organizations in different countries offer training in mass communications?
- What are the major costs and sources of support for mass communications?
- What are the major lessons of implementation experience in mass communications?

Interpersonal communications

- What are the major elements of interpersonal communication campaigns?
- What examples of good practice are there in interpersonal communications?
- What resources materials exist for interpersonal communications?
- What organizations in different countries offer training in interpersonal communications?
- What are the major costs and sources of support for interpersonal communications?
- What are the major lessons of implementation experience in interpersonal communications?

Condom distribution and promotion

- What are the major elements of condom distribution and promotion?
- What examples of good practice are there in condom distribution and promotion?
- What resources materials exist for condom distribution and promotion?
- What organizations in different countries offer training in condom distribution and promotion?
- What are the major costs and sources of support for condom distribution and promotion?
- What are the major lessons of implementation experience in condom distribution and promotion?

STI care

- What are the major elements of STI care?
- What examples of good practice are there in STI care?
- What resources materials exist for STI care?
- What organizations in different countries offer training in STI care?
- What are the major costs and sources of support for STI care?
- What are the major lessons of implementation experience in STI care?

HIV counseling and testing

- What are the major elements of HIV counseling and testing?
- What examples of good practice are there in HIV counseling and testing?
- What resources materials exist for HIV counseling and testing?
- What organizations in different countries offer training in HIV counseling and testing?
- What are the major costs and sources of support for HIV counseling and testing?
- What are the major lessons of implementation experience in HIV counseling and testing?

Blood and injection safety

- What are the major elements of blood and injection safety?
- What examples of good practice are there in blood and injection safety?
- What resources materials exist for blood and injection safety?
- What organizations in different countries offer training in blood and injection safety?
- What are the major costs and sources of support for blood and injection safety?
- What are the major lessons of implementation experience in blood and injection safety?

Prevention of mother to child transmission (PMTCT)

- What are the major elements of PMTCT?
- What examples of good practice are there in PMTCT?
- What resources materials exist for PMTCT?
- What organizations in different countries offer training in PMTCT?
- What are the major costs and sources of support for PMTCT?
- What are the major lessons of implementation experience in PMTCT?

Lessons learned and recommendations

- Prevention works -- countries that successfully link prevention, care, and support programs reap large social and economic benefits

- Investment in prevention among young people is vital and offers the greatest hope for altering the course of the epidemic

- Basic elements of successful prevention programs include communication (including sexual health education) and behavior change, the creation of an enabling socio-political environment for people to protect themselves against the virus, condom promotion, voluntary and confidential counseling and testing, and the treatment of sexually transmitted infections

- Programs should ensure the consistency, relevance, and phasing of messages being disseminated from various sources

- The scope of prevention programs is often inadequate; those most vulnerable to infection and marginalized groups are more likely to be fall beyond the realm of prevention efforts

- PLWHAs can play a critical role in the design and implementation of prevention programs

- Effective prevention is rooted in communities and often originates from grassroots activities and activism

- Programs should be developed with respect to the local context

Support for research (e.g behavioral studies, vaccine trials) is important for balance in the national context

Chapter 22. Care and Support

1. Introduction

As previously discussed, this chapter is meant to serve as a bookmark.

2. Why is care and support important?

HIV/AIDS care is vital in order to:

- **Reduce Distress and Improve Health, Productivity and Longevity.** HIV/AIDS care reduces distress and promotes dignity and improves health, productivity and longevity.
- **Decongest Formal Health Services.** An effective continuum of care helps to decongest formal health services already challenged by other demands, while providing effective home and community based care.
- **Address Community Priorities:** Families and communities see care as an urgent priority, which HIV/AIDS programs must address.
- **Reinforce Prevention:** HIV/AIDS care provides important opportunities to strengthen prevention.

3. What is HIV/AIDS Care?

Levels of Care

HIV/AIDS care spans an increasingly wide and complex range of options. It is helpful to describe the different levels of HIV/AIDS care and to define their key elements, complexity, and costs. Greater understanding of each of the levels assists in ensuring that each level of HIV/AIDS care is appropriately dealt with.

In support of expanding access to the full range of treatment, care, and support services, within the context of local health care systems and national HIV/AIDS strategic plans, WHO and UNAIDS have developed a model to assist in the prioritization of interventions. WHO and UNAIDS suggest three major levels of care. Each level is progressively more complicated and expensive, as indicated in the table below. This table illustrates three broad levels of HIV/AIDS activities classified on the basis of their complexity and cost. Ideally, all components should be provided within health systems, but limited resources require that countries make difficult choices regarding the content and scale of components included in national plans. As more resources become available, HIV/AIDS care, and support interventions can and should be expanded to increase coverage and, where appropriate, additional elements of care should be considered.

Levels of treatment, care, and support interventions according to need, complexity, and cost	
Essential activities	• HIV voluntary counseling and testing • Palliative care and treatment for common opportunistic infections: pneumonia, oral thrush, vaginal candidiasis and pulmonary TB (DOTS) • Nutritional care • STIs care and family planning services • Cotrimoxazole prophylaxis among PLWHA • Community activities that mitigate the impact of HIV infection (including legal structures against stigma)
Intermediate complexity and cost	***ALL THE ABOVE PLUS*** • Screening for TB among PLWHA and at VCT sites • Preventive therapy for TB among PLWHA • Systemic antifungals for systemic mycosis (such as cryptococcosis) • Treatment of HIV-associated malignancies: Karposi's sarcoma, lymphoma and cervical cancer • Treatment of extensive herpes • Prevention of mother to child transmission of HIV • Post exposure prophylaxis of occupational exposure to HIV and for rape
High complexity and cost	***ALL THE ABOVE PLUS*** • Triple Anti-Retroviral Therapy • Diagnosis and treatment of opportunistic infections that are difficult to diagnose and expensive to treat such as multi-resistant TB, toxoplasmosis, etc. • Advanced treatment of HIV related malignancies • Specific public services that reduce the economic and social impacts of HIV infection

Note: HIV testing of blood supplies, the promotion of universal precautions, and health policy activities, such as the regulation of care delivery and drug supplies, should be undertaken at all levels and consequently are also essential health sector activities. [*Source*: WHO/UNAIDS (2000). Key elements in HIV/AIDS care and support].

4. Lessons learned and recommendations

- Building each level of care. Few PLWAs in Africa yet have access to primary palliative care, let alone HAART. It is vital to focus on strengthening each level of care progressively, beginning with universal access to palliative care.
- Strengthening TB Care. There is great scope to improve coordination between palliative care and TB programs and, to assist palliative care programs to manage TB more effectively.
- Balancing prevention and care. Increasing access to HIV/AIDS care must be balanced by a commitment to strengthen HIV prevention.
- The needs of PLWHA and their households extend far beyond access to drugs and health care -- support for social, psychological, and economic consequences is also critical
- The provision of effective treatment, care and support services strengthens overall prevention efforts
- Strong health systems form the basis for comprehensive treatment, care and support programs
- Content and scale of national programs vary with respect to the complexity and cost of components
- Simpler treatment regimens and reductions in drug costs mean that earlier assumptions regarding the feasibility of providing more advanced treatment protocols (such as ART) be re-examined on a country-by-country basis
- Communities and community-based organizations, and PLWHA associations in particular, play a central role in the design, service delivery, and evaluation of effective programs. The role played by traditional healers in communities is important to consider.

5. HIV/AIDS Care bookmark questions

Palliative Care

- What conditions does palliative care address?
- What are the major elements of palliative care?
- What examples of good practice are there in palliative care?
- What resources materials exist for palliative care?
- What organizations in different countries offer training in palliative care?
- What are the major costs and sources of support for palliative care?
- What are the major lessons of experience in palliative care?

Tuberculosis

- What health system prerequisites are needed before DOTS can be introduced?
- What are the major DOTS drug combinations, what do they cost and how effective are they?
- What examples of good practice are there in DOTS?
- What resource materials exist DOTS?
- What organizations in different countries offer training in DOTS, particularly as it is implemented in developing countries?
- What are the major costs and sources of support for DOTS, including pharmaceutical companies?
- What are the major lessons of experience in DOTS?
- What approaches and lessons may help to ensure expansions of DOTS services?

Opportunistic Infection Management

- What are the major opportunistic infections associated with HIV/AIDS?
- What treatments are recommended for the major opportunistic infections, what do they cost and how effective are they?
- What examples of good practice are there in opportunistic infection management, particularly TB management?
- What examples exist of effective integration of HIV/AIDS care and TB programs?
- What resource materials exist for opportunistic infection management, particularly TB management?
- What organizations in different countries offer training in opportunistic infection management?
- What are the major costs and sources of support for palliative care?
- What are the major lessons of experience in opportunistic infection management, particularly TB management?

Prophylaxis/Preventive Therapy

- What are the major conditions that may be addressed by prophylaxis and preventive therapy?
- What are the major prophylactic and preventive strategies, what do they cost and how effective are they?
- What examples of good practice are there in each area of prophylactic and preventive therapy?
- What resource materials exist for prophylaxis and preventive therapy?

- What organizations in different countries offer training in prophylaxis and preventive therapy?
- What are the major costs and sources of support for prophylaxis and preventive therapy?
- What are the major lessons of experience in prophylaxis and preventive therapy?

ART

- What health system prerequisites are needed before ART is introduced?
- What are the major ART drug combinations, what do they cost and how effective are they?
- What examples of good practice are there in ART?
- What resource materials exist for ART?
- What organizations in different countries offer training in ART, particularly as it is implemented in developing countries?
- What are the major costs and sources of support for ART, including pharmaceutical companies?
- What are the major lessons of experience in ART?
- What approaches and lessons may help to ensure equitable introduction of ART?

Chapter 23. Mitigation

1. Introduction

As previously indicated, this chapter serves as a bookmark.

2. Why mitigation is important?

Although this chapter utilizes the issue of orphans and vulnerable children as an example of critical mitigation needs, it should be noted that mitigation analyses and efforts should be expanded to all sectors (with respect to human resources and planning issues), gender issues, legal frameworks (property rights, etc), and expanded to elderly populations caring for grandchildren, among others.

- **The huge scale of the problem**. More children have been orphaned by AIDS in Africa-12 million by the end of 2001- then anywhere else. The deep rooted relationship systems that exist in Africa, extended-family networks of aunts and uncles, cousins and grandparents, are an age-old social safety net for children that has long proved itself resilient even to major social changes. This is now unraveling rapidly under the strain of AIDS and the soaring numbers of orphans in the most affected countries.

- **An AIDS-weakened infrastructure.** The impact of the epidemic is felt through out communities and societies, as teachers and farmers, trained health care personnel and workers from all parts of the economy have died and continue to die in enormous numbers. As those dying are usually in their most productive years, many schools, hospitals, private industries and civil services are short staffed. The drain on virtually all segments of communities and nations means that insufficient orphan resources or services remain and fewer can be produced or provided to those in the front line of orphan care.

- **The vulnerability of orphans**. Children who are orphaned by AIDS are often the first to be denied education when their extended families cannot afford to educate them. Children who are orphaned by AIDS may also not receive the health care they need, and sometimes this is because it is assumed they are infected with HIV and their illness is untreatable. Orphans of AIDS are at far greater risk than their peers of eventually becoming infected with HIV. Often emotionally vulnerable and financially desperate, orphaned children are more likely to be sexually abused and forced into abusive situations, such as prostitution, as a means of survival.

- **Grief before death and the tragedy of losing both parents**. A child whose mother or father has HIV begins to experience loss, sorrow and suffering long before the parent's death. Children who live through their parent's pain and illness frequently suffer from depression, stress and anxiety. Many children lose everything that once offered them comfort, security and hope for the future.

- **The AIDS stigma.** the distress and social isolation experienced by children both before and after the death of their parents are strongly exacerbated by the shame, fear and rejection that often

surrounds people affected by HIV/AIDS. Because of this stigma and the often irrational fear surrounding AIDS, children may be denied access to schooling and health care.

2. What can individual countries do to protect their children?

- **Mobilize political will and reallocate national resources**. Visible and influential leadership is essential to help societies overcome fear and stigma associated with HIV/AIDS infection.

- **Stimulate and strengthen community-based responses to orphan care**. NGOs and community based partners should be supported with technical assistance, policy and planning guidance, training and resources. Community-based care and support to; substitute and foster care families, since they are the ones who care for children when family members are not available on an informal or formal basis, child-headed households consisting of children 'parented' by an elder sibling and orphanages plays an important role in the way to respond.

- **Capacity building of families and communities to care for and support orphans**. Families provide the best environment for bringing up children and, if adequately supported, they will be best able to provide the care that children orphaned by AIDS require. This support should encompass improved access to basic services, including health care, safe water and sanitation and education, as well as assistance with childcare. Policies must be designed to prevent families with orphans from sinking into deep poverty. This may be in the form of income generating activities, small business cooperatives, vocational training and micro-credit schemes. Keeping orphans in school is especially crucial in breaking the poverty cycle.

- **Ensure the government protects the most vulnerable children**. Government commitment to AIDS education and prevention efforts for young people is crucial. Governments also should review and reform laws and policies dealing with children and women, especially the most vulnerable because the deaths in the family commonly leave orphans and widows at risk of losing their inheritance and property rights- often their major sources of income and food. Government monitoring on the impact of HIV/AIDS on children and families is also very important in planning the interventions and determining their effectiveness. Accurate information on the numbers of children orphaned, where they are, the circumstances of their lives and the nature of their needs is vital as an advocacy tool; this information can also help raise awareness about the social impact of AIDS and promote realization of children's rights.

- **Build the capacity for children to realize their rights and fulfill their needs**. It is essential to address the emotional needs of children devastated by their parent's deaths from AIDS. Where possible, emotional support through individual and family counseling should be given to children as well as to their families before the parent's death. Parents with HIV/AIDS must also be helped to come to terms with their approaching death and to plan for their children's welfare.

3. Lessons learned and recommendations

- Comprehensive and long-term efforts are needed to mitigate the impact of HIV/AIDS on vulnerable populations

- Efforts to strengthen social safety nets that support orphans and other vulnerable children require a range of interventions that vary both between and within countries

- Programs, particularly with respect to orphans and other vulnerable children, are commonly initiated late in the course of the epidemic, on too small a scale, and have largely been fragmented and short-sighted in their response

- Programs should not single out AIDS orphans in the provision of services

- Institutionalized care for the majority of orphans and other vulnerable children is neither a developmentally ideal nor a financially viable option

Community members should play a key role in determining individuals at greatest risk and in validating what constitutes an appropriate responses and form(s) of assistance

- **Interventions need to be carefully chosen** to address the specific risks faced by orphans in a given country environment and strengthening the existing community coping strategies, rather than supplanting them.

- **There is no single "best practice" option applicable to all countries in all circumstances**. The program choice and the targeting method depend on the country circumstances and the nature and intensity of the problem. For example, in countries like Benin, Gabon, Nigeria, and Togo, many vulnerable children are reportedly being bought and sold for their labor in neighboring countries. Providing care for these children requires a different approach than caring for orphaned children in regions where community structures are still strong.

- **"Fostering" of orphans by relatives is more common in the African socio-cultural setting than most other options**. This is an option that is most prevalent across much of Africa. Orphans are being looked after by the extended family or friends and relatives to the orphans. However, care needs to be taken that fostering does not lead to child abuse.

- **To promote "fostering" in countries in normal or post-conflict country conditions, both direct subsidies and indirect subsidies(such as education fee waivers and food supplements) have a role to play**. Indirect subsidies such as education waivers are preferable because they can be easily monitored to ensure that they benefit the orphan. This minimizes leakage and can be backed by community policing and oversight by NGOs or religious groups. A community driven approach to targeting orphans make sense for identifying orphans and delivering such assistance.

- **Since the families fostering orphans are themselves likely to be poor and vulnerable, efforts to provide income-generating schemes have found success in some countries such as Uganda and Eritrea**. They are unlikely to be effective, however, unless supported by charismatic leadership and followed up with training and marketing support.

- **In countries where orphans are in large numbers and community and household fostering has reached its limits, the case for wider institutional innovations such as children villages appears strong**. There are examples in Eritrea, Uganda, Zambia and the challenge is to keep costs down. They are cheaper than traditional orphanages , however; and

- **Orphanages are very expensive and assessment results show that the children feel stigma**. However, orphanages cannot be ruled out in urban settings. Even for rural settings, the concept of orphanages could be converted to African rural setting by locating "children's homes" in villages with significant community oversight . Group homes for children such as in Eritrea have been found to be successfully raising orphans towards normal life in villages.

4. HIV/AIDS Mitigation bookmark questions

Social capital

- What are the major elements of social capital?
- What examples of good practice are there in building social capital?
- What resources materials exist for social capital programs?
- What organizations in different countries offer training in social capital analysis and strengthening?
- What are the major costs and sources of support for social capital building programs?
- What are the major lessons of implementation experience in social capital programs?

Community psychosocial support

- What are the major elements of community psychosocial support programs?
- What examples of good practice are there in community psychosocial support programs?
- What resources materials exist for community psychosocial support programs?
- What organizations in different countries offer training in community psychosocial support?
- What are the major costs and sources of support for community psychosocial support programs?
- What are the major lessons of implementation experience in community psychosocial support programs?

Food security

- What are the major elements of food security programs?
- What examples of good practice are there in food security programs?
- What resources materials exist for food security programs?
- What organizations in different countries offer training in food security programs?
- What are the major costs and sources of support for food security programs?
- What are the major lessons of implementation experience in food security programs?

Household income

- What are the major elements of household income programs?
- What examples of good practice are there in household income programs?
- What resources materials exist for household income programs?
- What organizations in different countries offer training in household income programs?
- What are the major costs and sources of support for household income programs?
- What are the major lessons of implementation experience in household income programs?