Public Disclosure Authorized

Public Disclosure Authorized

51709

Umbrella Restructuring of a Multicountry Program (Horizontal APL)

Restructuring the Multicountry HIV/AIDS Program (MAP) in Africa

Africa Region Working Paper Series No. 120
October 2008

Abstract

This volume documents the experience of a sector-level umbrella restructuring of a multicountry program (horizontal APL). Eight HIV/AIDS projects were restructured having a total commitment of a U$339 million. The mix of demand-driven request for support and management's call for action, and the resultant coordinated response, carries interesting lessons on how to respond to multi-operation and multicountry need through a single horizontal restructuring. The complexity of the exercise was exacerbated by the multisectoral nature of the Multicountry HIV/AIDS Program (MAP). The action taken had hitherto been considered uncharted territory in Bank supported operations. This effort was a first horizontal APL restructuring. The volume shares the rationale, process and the lessons learned from the restructuring process, which may be relevant for regional and/or subregional programs.

The need for restructuring HIV projects emerged from three sources of learning: (a) new knowledge gained and more evidence that demanded change in Development Objectives and Key performance Indicators; (b) The findings and recommendations from an interim review of HIV/AIDS portfolio conducted with external partners (2004), the MAP interim review, the IEG/OED evaluation of MAPs in 2005; and (c) QAG assessments of supervision and ICR Reviews of early MAP projects which had shed light on implementation challenges and over ambitious development objectives and how to improve the coordination and implementation of MAPs among the development partners and governments.

The three positive ***results*** of umbrella restructuring were: (a) Project development objectives (PDOs) and key performance indicators (KPIs) of all eight projects were revised and made more realistic; (b) Cumulative number of risk-flags among 8 projects declined by nearly 50 percent—from 33 to 15; and (c) Overall at-risk HIV/AIDS projects declined by close to 50 percent—from 30 percent in FY07 to 18 percent in FY08.

The exercise demonstrated that where common elements adversely affect the performance of a Horizontal APL or Multi-country Program, it should be possible to carry out a Thematic or Umbrella Restructuring to address the shortcomings across more than one country and in more that one project or program. An Umbrella Restructuring, though demanding, is more likely to be time sensitive and cost-effective than individual project ones especially because a) the Teams - Sector, Country Management, Fiduciary and Legal - learn from each other and collaborate closely, and b) the Board gives a single approval and often on a non - objection basis.

Author Affiliation and Sponsorship

Nadeem Mohammad
Task Team Leader, ACTafrica (AFTHV), World Bank. nmohammad@worldbank.org

Norbert Mugwagwa
Co-Task Team Leader, AFTHD, World Bank. Nmugwagwa@worldbank.org

The Africa Region Working Paper Series expedites dissemination of applied research and policy studies with potential for improving economic performance and social conditions in Sub-Saharan Africa. The Series publishes papers at preliminary stages to stimulate timely discussion within the Region and among client countries, donors, and the policy research community. The editorial board for the Series consists of representatives from professional families appointed by the Region's Sector Directors. For additional information, please contact Paula White, managing editor of the series, (81131), Email: pwhite2@worldbank.org or visit the Web site: http://www.worldbank.org/afr/wps/index.htm.

The findings, interpretations, and conclusions expressed in this paper are entirely those of the author(s), they do not necessarily represent the views of the World Bank Group, its Executive Directors, or the countries they represent and should not be attributed to them.

Umbrella Restructuring of a Multicountry Program (Horizontal APL)

The Process of Restructuring a Multicountry HIV/AIDS Program (MAP) in Africa

ACTafrica
AIDS Campaign Team for Africa

AIDS Campaign Team for Africa (AFTHV)
and
Africa Human Development Department (AFTHD)

Nadeem Mohammad

Norbert Mugwagwa

October 2008

Acknowledgments

The umbrella restructuring of the Africa Region Multicountry HIV/AIDS Program (MAP) was the result of excellent teamwork and support of LOA, LEGAF, OPSIL, AFTHV, AFTQK, AFTHD and HDNGA. The restructuring team highly appreciates the overall guidance and support provided by Gerard Byam (Director, AFTQK), Yaw Ansu (Director, AFTHD), Elizabeth Lule (Manager, ACT*africa*), Ok Pannenborg (Senior Adviser, AFTHD), Marke Blanshard (Division head, LOA), Sidi Boubakar (Senior Counsel, LEGAF), Jonathan Brown (Operations Adviser, HDNGA), David Wilson (Lead Health Specialist, HDNGA), and Jody Kusek (Lead M&E Specialist, HDNGA). We greatly benefited from continuous support and advice of John Pollner (OPSIL), Lourdes Pagaran (AFTQK), and Irene Xenakis (AFTQK/RVP) throughout the restructuring process.

This work would not have been possible without the active participation and hard work of the country teams led by the project Task Team Leaders and their government counterparts. We appreciate the support and contribution of Aissatou Diack (Senegal), Dirk Prevoo (Guinea-Bissau), Djibrilla Karamoko (Niger), Emannuel Malangalia (Tanzania), Evelyn Awittor (Ghana), Ibrahim Magazi (Guinea Republic), Jean-Pierre Manshande (Democratic Republic of Congo), and Vincent Turbat (Mauritania), for their diligence and efforts

The task was led by Nadeem Mohammad (TTL, ACT*africa*) and Norbert Mugwagwa (Co-TTL, AFTHD). Other core team members included: Juliana Victor-Ahuchogu (HDNGA) Mohammad Nadeem (LEGAF), Suzanne Morris (LOA). Marelize Gorgens (HDNGA), Christophe Rockmore (AFTRL), and Arianna Legovini (AFTRL) supported the development and integration of the HIV/AIDS Results Scorecard in Africa Region's Results Monitoring System. Frode Davanger and Richard Seifman (ACTafrica) provided comments for improvement. Annette Minott (ACTafrica) supported the processing of the project paper. Margaret De Costa (AFTQK) provided editorial support for the project paper and Alicia Hetzner edited this note. Robert Schreiber desktopped the note.

Contents

Acronyms

APL	Adaptable Program Loan
ASAP	AIDS Strategy and Action Planning
CODE	Committee for Development Effectiveness
CSO	Civil society organization
DO	Development Objective
GAMET	Global Monitoring and Evaluation Team
GRF	Generic Results Framework
GTT	Global Task Team
ICR	Implementation Completion Report
IEG/OED	Independent Evaluation Group
IP	Implementation progress
ISR	Implementation Status and Results Report
KPI	Key Performance Indicators (Results Framework)
M&E	Monitoring and evaluation
MTR	Medium-Term Review
PAD	Project Appraisal Document
PDO	Project Development Objective
PMTCT	Preventing Mother-to-Child Transmission
PP	Project Paper (for Umbrella Restructuring)
QAG	Quality Assurance Group
QSA	Quality of Supervision Assesment
RMS	Results Monitoring System
TST	Technical Support Team
TTL	Task Team Leader
UNGASS	United Nations General Assembly's Special Session (on HIV/AIDS)
WPA	Work Program Agreement

Executive Summary

1. In 2007 the World Bank's Africa Region carried out a horizontal Adaptable Program Loan (APL), sector-level restructuring of its HIV/AIDS portfolio. Eight projects were restructured, representing a total commitment of a U$339 million.

2. The restructuring exercise was a product of an excellent collaboration among ACT*africa* (AFTHV), AFTQK, AFTHD, HDNGA, LEGAF, LOA, OPCS, and SECBO. Being a unique exercise, it makes it worth sharing the lessons learned. The mix of: (a) demand-driven requests for support and management call for action (based on persisting low ratings of project performance across countries); and (b) the resulting coordinated response carried interesting lessons on how to respond to multi-operation and multicountry needs through a single horizontal restructuring. The complexity of the exercise was exacerbated by the multisectoral nature of the Multicountry HIV/AIDS Programs (MAPs). Hitherto, the action taken had been considered uncharted territory in Bank-supported operations. This effort was the first horizontal APL restructuring.

3. The ***purpose*** of this note is to share the rationale, process, and lessons learned from the Africa Region's horizontal, sector-level restructuring of its HIV/AIDS program. The experience may be relevant for regional and/or sub-regional programs and specific sectors that include: (a) Those that may want to restructure a group of lending operations to align them to one common achievable objective; (b) Those for which there is sufficient indication and/or evidence that, if the projects were not restructured, they would be unlikely to meet the development objectives it is not necessary that the projects included in the sector restructuring should be at-risk or must be problem projects); and (c) Those whose cumulative lending amount is significantly high.

4. The ***audience*** of this note is primarily the Bank sector managers and a group of countries who are interested in improving overall portfolio performance and reducing transaction costs by addressing a group of similar operations/projects. Task Team Leaders and Networks also stand to benefit from the individual project processing experiences.

Background

5. The World Bank launched the first major global response to HIV/AIDS in Africa in 1999. The Bank helped to put in place the foundations of the response: national strategies, a governance structure, and systems for monitoring and evaluation (M&E); as well as to provide large predictable financing. The Bank promoted a multisectoral response by focusing on HIV/AIDS as a development issue and by engaging local communities, the private sector, and key public sectors. Via a horizontal APL, by June 2008, the Bank had provided nearly US$1.7 billion for HIV/AIDS programs in over 33 projects, including 29 countries and 4 subregional projects to address cross-border issues. Overall, the MAP concept was developed as a *horizontal*[1] *APL* to provide the Region with a coherent framework and core resources for a national HIV/AIDS response.

[1] Country-specific IDA credits/grants were developed to support national AIDS programs meeting 4 criteria (i) evidence of strategic approach to HIV/AIDS; (ii) a high-level national coordination body representing key stakeholders; (iii) government agreement for appropriate implementation arrangements; and (iv) government's agreement to use and fund multiple implementing agencies. The 4 criteria were further enhanced to include a working M&E system in the country for additional/supplementary financing under MAP.

Necessity to restructure

6. The need for restructuring HIV projects emerged from three sources of learning:

a) Knowledge gained and more scientific evidence on the epidemiology of the epidemic that showed that (i) it is not one but different epidemics among countries and within countries; (ii) it changes over time; and (iii) use of "reduction in HIV/AIDS prevalence" as a project development objective (PDO) and outcome indicator for MAP projects is an inappropriate measure of efforts to respond to the epidemic.

b) Findings and recommendations from an interim review of MAP projects conducted with external partners (2004), and the IEG/OED evaluation of MAPs in 2005.

c) QAG assessments of supervision and ICR Reviews of early MAP projects, which shed light on implementation challenges and how to improve the coordination and implementation of MAPs among and between the development partners and governments.

7. In addition to the challenges faced during project implementation such as ambitious PDOs and poorly aligned key performance indicators as identified by the reviews, project risk factors included very limited M&E capacity, slow disbursement, and weak procurement performance and project management. As a result of the combinations of the above factors, by FY05, at-risk HIV projects increased to approximately 52 percent. The noted risk factors related very closely to the findings of other reviews (ACT*africa*, QAG, and IEG). To respond to these poor performance factors, focused technical support from the Region made efforts to concentrate on improvements. Over the next 24 months of intense technical support, the at-risk projects declined strikingly from 52 percent in FY05 to 19 percent by FY07, with improved HIV/AIDS portfolio realism of 83 percent. Nevertheless, as of March 2007, 6 of 33 active projects were "problem" projects with their DOs/(implementation progress) IPs rated as unsatisfactory or moderately unsatisfactory.

Methodology

8. During the exercise, the team: (a) reviewed project related documents including PAD, Legal/Financial Agreements, last two ISRs; (b) reviewed OPCS guidelines for restructuring and developed a standard questionnaire for the project teams; (c) engaged TTLs and counterparts in documenting evidence and prioritizing key challenges; (d) prepared an issues paper capturing key challenges faced by the country projects; (e) developed a standard HIV/AIDS results scorecard within the framework of Paris Declaration and globally agreed UNGASS indicators; and (f) conducted several consultations with regional and OPCS Operations Advisers.

Summary of key findings

9. Internal Bank systems provide basic indications about improving or declining portfolio quality for a sector. However, the challenge is how to stay ahead of the game by closely monitoring the sector portfolio before it affects overall portfolio performance. It is critical that close and regular monitoring of portfolio performance using available systems such as ISR, Business Warehouse, QAG reviews, IEG reviews, and ICRs is carried out to enable a sector to develop its own early warning system. From time to time, it is very useful to conduct a thorough portfolio review of all projects in a sector, and point out aspects that would affect the attainment of the development objective of the sector's operations if non-performing ones are not restructured. Internal partnership with various units in carrying out a participatory restructuring at all levels pays off. To that end, a good umbrella restructuring team should include colleagues from relevant technical areas as well as from the legal, loan, and fiduciary departments.

10. A sector-level Horizontal APL umbrella restructuring needs substantial staff time and requires frontloading[2] of staff time and information before the Project Paper is drafted. Most important, *wide stakeholder consultations and buy-in is the bedrock of all work* and saves significant time and effort in defending the case for, and implementation of, restructured projects. Finally, preparing a succinct Issues Paper based on evidence is extremely useful.

11. The three positive ***results*** of umbrella restructuring were that the: (a) PDOs and KPIs of all eight projects were revised and made more realistic and appropriate; (b) Cumulative number of risk-flags among 8 projects declined by nearly 50 percent—from 33 to 15; and (c) Overall at-risk HIV/AIDS projects declined by close to 50 percent—from 30 percent in FY07 to 18 percent in FY08.

[2] Upfront staff-time commitment from the core-team members

1. Introduction: A Unique Challenge

12. The Multicountry HIV/AIDS Program (MAP) was designed in 2000 as a horizontal Adaptable Program Loan (APL) to cover all IDA countries in Sub-Saharan Africa to initiate multisectoral HIV/AIDS responses to the impact of AIDS on the overall development agenda. As a horizontal APL, all MAP projects were designed around 4 key principles: (a) satisfactory evidence of a strategic approach to HIV/AIDS; (b) national responses to be led by a high-level national HIV/AIDS coordination body; (c) governments' agreement to use exceptional implementation arrangements; and (d) use and funding of multiple implementing agencies including line ministries and civil society organizations (CSOs).

13. The objective was to help individual countries sustain a longer term response to the HIV epidemic by significantly scaling up prevention, care, treatment, and mitigation interventions. Approved in 2000, MAP was envisaged as a 15-year commitment by the Bank with funding available for the first phase to be implemented in three stages. The first stage would be an "emergency response," which entailed putting in place essential structures, policies, and capacity, and working with communities to scale up in delivering services, better understanding implementation dynamics, and generally, learning by doing. Stage two would scale up and mainstream prevention, treatment, and care, based on evidence of effective innovation. Stage three would focus on areas or groups in which the spread of the disease continued.

14. Between 2001 and 2007, the Bank had provided $1.5 billion for HIV/AIDS programs in 29 countries and 5 regional projects to address cross-border issues.

15. The umbrella restructuring[3] of the MAP projects was a unique restructuring exercise by the Africa Region of a horizontal APL (sector restructuring). There was no well-defined restructuring procedure for restructuring a horizontal APL. Umbrella restructuring of a country-specific portfolio conventionally covers more than one lending operations that cover one or more sectors.[4] In this case, it was one theme - HIV/AIDS - covering 8 countries. Both OPSIL and SECBO confirmed that the Bank had not done an umbrella restructuring of a horizontal APL before, and there were no guidelines to follow. This was pioneering work.

2. What Triggered Umbrella Restructuring?

16. The early indication that MAP projects might not meet their development objectives emerged from new knowledge gained and more scientific evidence on the epidemiology of HIV/AIDS from the latest research findings and implementation experience of MAP projects. The umbrella restructuring proposed to remove HIV prevalence from the PDO as a measure of project performance and recognition that prevalence is not an appropriate indicator of success (appendix 4), and to realign KPIs to the national strategies. In addition, the need for restructuring was supported by lessons learned, analysis of data from *internal* Bank systems such as ISRs (portfolio flags) and QAG reviews, and *external* reviews such as the interim MAP review by the Bank and its partners in 2004,[5] and the OED/IEG review of HIV/AIDS projects in 2005.[6] The reviews underscored the need to comprehensively address the challenges in ongoing MAP projects if the latter are to meet their development objectives.

[3] OPCS Guidelines on Project Restructuring, May 5, 2006.
[4] Nigeria Privatization Support Project and Nigeria Community-Based Urban Development project restructuring, IDA/R2005-0151, June 16, 2005.
[5] Interim Review of the Multicountry HIV/AIDS program for Africa, October 2004.
[6] "Committing to Results: Improving the Effectiveness of HIV/AIDS Assistance. An OED Evaluation of the World Bank's Assistance for HIV/AIDS Control," 2005.

17. We, therefore, built our evidence base for formal restructuring on the following key reasons (appendix 1 provides detailed background):

- **HIV Prevalence as a Project Development Objective (PDO) and performance indicator has proven unrealistic.** HIV prevalence represents the cumulative number of HIV infections (new and old) minus those who have died. In contrast, HIV incidence reflects recent infections, usually expressed as the number of new HIV infections acquired in the last year but is much more difficult to measure. Therefore, HIV prevalence, which is easier to measure, is used more commonly than incidence. The MAP interim review in 2004 first flagged the limitations of using HIV prevalence as a PDO and these include: (a) HIV prevalence is slow to respond to changes in HIV risk behavior and HIV incidence; (b) in concentrated epidemics, HIV prevalence in the general population reflects the tail-end of a long infection chain; (c) HIV prevalence provides no timely information as to whether a project is on or off track and does not enable management to manage by results; (d) HIV prevalence depends on the balance between incidence and mortality, which may be changed by increasing access to treatment; (e) HIV prevalence changes cannot be attributed to a single development partner's efforts – they reflect the totality of national and international HIV responses; and (f) HIV prevalence measures may not be consistent or stable over time.

- **Slow implementation is principally due to weak or inefficient institutional arrangements and project design.** Based on experience, key areas of institutional and implementation arrangements, reflected in the ISRs and agreed with governments, need to be revised and strengthened to accelerate implementation. Challenges in the institutional, implementation and project arrangements include: (a) inappropriate procurement and financial management arrangements, and countries that were approved before May 2004 not benefiting from new Bank procurement guidelines (approved in May 2004 and revised in October 2006); (b) weak country level coordination of donor financing as well as weak coordination by the national AIDS authority, its secretariat, decentralized coordination entities, and public sector ministries including coordination with ministry of Health; (c) unrealistic project cost estimates which will require reallocating funds between expenditure categories to support priority areas; (d) limitations in Special Account ceilings which constrain scaling up with communities; (e) project description and activities not geared to support modifications in targeting and prioritization; and (f) the need for closing date extensions to achieve the revised objectives.

- **Key lessons learned from IEG[7] and QAG[8] reviews:** *IEG reviews of ICRs* underscore the need for: (a) stronger and functional M&E systems to demonstrate impact, especially in the context of a learning-by-doing approach; (b) improving coordination for a more prioritized, multisectoral, and mainstreamed response; (c) baseline data by countries and donors; (d) carefully crafted community interventions using concern for one disease as an entrée for programs targeted at other diseases, as well as strengthening the related health systems; (e) strategic management of the epidemic and to customize the multisectoral approach; and (f) the involvement of health ministries for a successful response to HIV/AIDS. These reviews reinforced that HIV prevalence should not be used as a measure of success of prevention efforts.

  QAG assessment: QAG assessed 3 countries for the quality of supervision (QSA7). Their key findings point to the following: (i) MAP supervision should draw more extensively and use knowledge gained from other similar operations as well as from other similar reviews including M&E reports, surveys and MTR/ICRs; (ii) supervision and M&E needs to be intensive considering MAP support to decentralized response; (iii) the roles and responsibilities of various entities responsible for coordination and implementation should be clear; (iv) coordination and harmonization need to be put in practice; and (iv) uneven supervision support from the Bank adversely affects the project implementation performance.

[7] ICR reviews of Ethiopia, Eritrea and Ghana (first generation MAP projects).
[8] QSA7 reviews of Burundi, Chad, Republic of Guinea and Nigeria.

18. Based on the three sources of evidence, ACT*africa* and AFTHD prepared an Issues Paper (appendix 1), which was widely circulated and shared with MAP TTLs and the client countries. A HIV/AIDS results Scorecard was developed with the help of HDNGA to align project KPIs to UNGASS indicators.

3. Restructuring Process

19. Once it was clear that several MAP projects were facing critical challenges, the question became how to address these challenges in several countries simultaneously. Early consultation with SECBO, OPSIL, and AFTQK on the process greatly helped in confirming the following approach; (a) putting teams together and agreeing on responsibilities; (b) gathering evidence and case-building; (c) holding structured participatory consultations and reaching agreements on next steps; (d) while preparing the Project Paper, gathering project-specific details on specific areas that needed change; (e) clarifying internal clearance processes; and (e) getting Board approval. These steps are explained in the following sections.

3.1 Putting teams together and agreeing on an approach

20. Recognizing the challenges of undertaking the restructuring of a sector-level, multicountry horizontal APL, we focused on introducing teams at two key stages:

Stage 1: An initial team (*review team*) to review all 34 MAP projects and to prepare a listed summary of projects that warranted change in their PDOs and/or KPIs. The team reviewed the Project Appraisal Documents (PADs), Financing Agreements, and last two ISRs of all active projects. This was a high-level team that included the following members:

- *AFTHV* (ACT*africa*)*:* Manager and Senior Operations Officer
- *AFTHD:* Senior Adviser and Operations Adviser
- *LEGAF:* Senior Counsel
- *HDNGA (Global HIV/AIDS Program):* Director, Lead and Senior M&E Specialists, Lead Health Specialist.

The team took a 2-day retreat and reviewed all relevant project documents including those specified above. The review team brainstormed the challenges, technical issues, process, and tools, and prepared a priority list of country projects. (agenda in appendix 2.)

Stage 2: Once the *review team* had agreed on the projects to be restructured (requiring amendments to the financing agreements), a *restructuring team* was established. It included:

- *AFTHV (*ACT*africa*): Senior Operations Officer (TTL)
- *AFTHD:* Operations Adviser (Co-TTL)
- *HDNGA (Global HIV/AIDS Program):* M&E Specialist
- *LEGAF:* Paralegal and Senior Counsel
- *LOAFC:* Senior Finance Officer.

An agreement was reached with the Chief Counsel (LEG) and Division Manager (LOA) that their representatives on the *restructuring team* would represent the country lawyers and finance/disbursement officers.

The *restructuring team* was tasked to undertake the restructuring. This process included consultations with project task teams, consultations with governments, gathering

necessary information from country teams, preparing the Project Paper, and processing it for Board presentation.

Based on the changes required in PDOs/KPIs, the *restructuring team* reviewed the selected projects to determine whether significant changes were needed in institutional arrangements, project description/activities, fiduciary management, and financial allocations (cost savings OP/BP 13.25[9]). The team then ensured that changes in PDOs/KPIs were properly supported with complementary changes in operations areas. With input from the AFTQK Operations Officer, the team also identified projects that needed Board, VPU, or CMU-level restructuring.[10]

Responsibilities of the *restructuring team* members are highlighted below:

Team members	Responsibility
TTL (ACT*africa*) Co-TTL (AFTHD)	Coordinate country teams, clarify procedures, produce Project Paper, seek clearances, and submit for restructuring.
Legal (LEGAF)	Work with the restructuring TTL, individual project TTLs, and country lawyers and prepare all Amendment Letters, ensuring consistency in the PP and the legal documents throughout the process.
Loan (LOAG)	Work with the restructuring TTL and country-specific loan officers (finance management officers) to ensure that matters related to reallocations as a result of changes in PDO/KPIs are adequately addressed.
Operations Quality (AFTQK)	Work with the restructuring TTL and Co-TTL to provide guidance in ensuring the quality of the PP.
Monitoring and evaluation (HDNGA/ GAMET)	Work with the TTL and with individual project TTLs to review and finalize project PDO/KPIs and their targets.
Project-specific TTLs	Work with the counterparts and agreeing on revised PDO, performance monitoring indicators, project description, project activities, financial and procurement matters.

3.2 Gathering evidence and making the case

21. The *review team* screened all MAP projects before drawing a short list of the projects. These met the criteria for immediate restructuring to improve their performance as well as to align their development objectives and key performance indicators to the national strategies and globally agreed key performance indicators respectively. The list of reviewed projects and conclusions are presented in appendix 3. From a total of 33 projects, 8 were selected because they all had similarities such as inappropriate development objectives, KPIs, and in some cases overall project design. In addition, two countries—Central African Republic and Mozambique— restructured the projects separately due to unique complexities.

22. Before launching the formal restructuring, the review team agreed to three priority tasks: (a) prepare a concise paper on scientific evidence answering why HIV prevalence is not a good measure of success in project/program development objectives; (b) as a guidance to the HIV/AIDS TTLs and countries, develop a HIV/AIDS Results Scorecard identifying key performance indicators that are globally agreed and are within the scope of UNGASS indicators, Paris Declaration, and agreed with key development partners and major financers of Africa AIDS programs (UNAIDS, Global Fund, and PEPFAR); and (c) review and summarize

[9] http://intranet.worldbank.org/WBSITE/INTRANET/OPSMANUAL/0,,contentMDK:20064716~pagePK:60001255~piPK:60000911~theSitePK:210385,00.html

[10] "Restructuring" is generally referred to formal Board-level review and approval.

various recommendations for improving MAPs performance made by internal and external reviews including MAP interim review, IEG/OED review, CODE recommendations, ICRs, and QAG reviews.

23. The above three tasks were achieved as described below:

- ACT*africa* produced a synthesis of recommendations by the 2004 MAP interim review, 2005 IEG review, CODE, ISRs, and QAG reviews. ACT*africa* and AFTHD also conducted a HIV/AIDS portfolio analysis and identified the projects having implementation challenges including institutional and procedural. The findings were presented in an *Issues Paper* prepared by ACT*africa* and AFTHD (appendix 1).
- A technical note was prepared that articulated, in simple terms, the consequences of using HIV prevalence in the PDO and KPIs.[11] The objective was to use this note to concisely and simply present the scientific evidence for the countries and for the Bank staff and managers and to build internal consensus for sectoral restructuring. The note was presented to the HD family during the November 2006 HD week (appendix 4).
- With significant support from HDNGA, an HIV/AIDS Results Scorecard was developed, reviewed, and formally adopted by the Africa Region to be part of the Region's Results Monitoring System (RMS) to report results on HIV/AIDS—1 of the 8 Flagship operations of the Africa Action Plan (appendix 5). The purpose was to harmonize PDO/KPIs of all HIV/AIDS projects to globally agreed indicators.

24. Individual project TTLs were engaged throughout the process. They initiated a consultative process with the respective governments. Several countries identified challenges in project description, targets, proposed new activities, implementation arrangements, financing, and procurement including issues related to special accounts and possibility of extension of project closing date to deliver the revised outcomes.

3.3 Participatory consultations and consensus-building

25. The evidence base for restructuring was widely shared with client countries as well as with HD family during the HD week of November 2006. ACT*africa* and HDNGA made several presentations, primarily to the project TTLs (30+), to ensure a common understanding of the critical issues and challenges facing MAP projects and the challenges associated with the sector-level restructuring (horizontal APL).

26. Project TTLs played a critical role in engaging their government counterparts including the management of the national AIDS programs, Ministry of Health and the Ministry of Finance (and/or Economic Development).

27. During ACT*africa's* annual learning and stakeholder consultation on HIV/AIDS in May 2006 (Nairobi), findings were shared with all country representatives including national AIDS program management, civil society organizations (CSOs), relevant public sector entities, MAP TTLs, Bank's other sector focal points (Education and Transport), as well as several development partners. This level of consultation was necessary to bring the partners on board because MAP is contributing to the national programs supported by several other donors and partners as well.

28. The wider consultation on restructuring paid off—and the Bank enjoyed the recognition and support of client countries and partners to be flexible in its response to the changing nature of the epidemic in Africa.

3.4 Planning, timeline, and gathering project-specific details

29. ***Planning/timeline***. The revised restructuring guideline by OPCS (May 5, 2006) provides a checklist to facilitate TTLs in providing specific data/information that justifies restructuring. The *restructuring team* used the template and modified it to prepare a checklist and timeline to complete the restructuring process

[11] "Limitations of Prevalence as a PDO. A Guidance Note for TTLs," David Wilson (HDNGA) and ACT*africa*, 2006.

(appendix 6). The original timeline was reviewed monthly. The most unpredictability in the processing timeline occurred when gathering data/information from each country team to ensure that the formal request from the government included the right language and justifications from task teams on cost reallocation (cost saving policy OP/BP 13.25). From start to Board approval took approximately 14 months.

30. ***Checklist/data/information***. The May 5, 2006 OPCS guideline also provides a checklist for TTLs for legal amendments.[12] Considering the complexity of gathering data/information from eight country teams and the need to simplify the process in the preparation of the Project Paper and Legal Amendments, the *restructuring team* developed a structured Questionnaire (appendix 7). The questionnaire facilitated the governments, project TTLs, and the restructuring team in getting relevant data and information to prepare the Project Paper and legal amendments. The questionnaire became the key tool of communications among the three parties.

31. The information-gathering took by far the longest time period to complete. Some countries provided detailed and comprehensive information, while some took much longer to agree with the project TTL and to provide specific data/information. It should be noted that, in many countries' sector-level restructuring, the pace of work and completion deadline are determined by the slowest country. The restructuring team should factor this fact in the timeline.

32. ***Data/information collection monitoring***. ACT*africa* developed a monitoring sheet to closely follow the preparation progress. This monitoring sheet was used to update the Regional management and to follow up with the country teams (appendix 8).

33. A question came up during the restructuring process whether to restructure the projects that were closing within the next 12 months or not. The consensus between the project team, government and the *restructuring team* was to extend the closing dates of some projects so that they could deliver the results due to revised PDOs and targets. Four out of eight project restructured were extended for 12 months, and projects closing within 12 months were not considered in the umbrella.

34. ***Drafting legal amendments***. LEGAF's focal point in the *restructuring team* reviewed the changes requested in the restructuring questionnaire and for each project drafted separate letters of legal amendments. This process also took time due to inconsistencies in project-specific data/information provided and unclear language in governments' formal requests for restructuring. All letters of amendments were shared with the government by the project TTLs before the submission of the Project Paper to the Board.

3.5 Preparing the Project Paper

35. We sought guidance from SECBO on the structure of the Project Paper (PP). The challenge was to identify the best way to address several country projects, yet not produce a bulky document. Although there was no example of a horizontal APL being restructured, the SECBO shared the PP sample of *Nigeria: Privatization Support Project and Nigeria Community-Based Urban Development Project* (Report No. 32425-NG).

36. ACT*africa* used the sample and prepared the Umbrella PP with some modifications in the PP format. (a) The Introduction included a reference to the Issues Paper as an attachment to the appendix. (b) The Background and Context included succinct reasons for umbrella restructuring and specific steps taken to improve projects' performance. (c) In the Summary of proposed projects amendments section, we prepared a simple table (based on the Nigerian example) that listed all countries included in the restructuring and clearly highlighted the areas that were being revised/changed (table 1).

[12] Appendix D of the OPCS Guidelines, "Optional Restructuring Checklist to Assist with Legal Amendments."

Table 1. Summary of proposed project amendments

	Key Changes/Revisions										
Country MAP Projects	Development Objective	Description of the Project	KPIs or targets	New activities	Implementation arrangements	Financing*	Procurement	Special account(s)	Extension of closing date	Legal covenants	Gov't. request received

Notes:
1. √ = Yes; x = No.
2. Such as increase in disbursement percentages, reallocation of funds, adopting Country Financing Parameters (CFP).

37. Section V of the PP (Proposed Project Restructuring Seeking Board Approval) was structured to clearly show (a) basic project information on the approved amounts and approval dates, (b) current PDO, (c) proposed PDOs, (d) current status of project implementation, (e) government request (areas of change requested by the government), and (f) specific schedules of financing agreements that needed to be changed. The overall PP structure was not changed, and Section V provided two pages (or less) of concise information on each country project.

3.6 Internal clearance process

38. Considering that no specific guidelines existed to process the restructuring of sector-level horizontal APL involving a number of countries, the *restructuring team* sought guidance from AFTQK and RVP Operations Advisers, OPSIL, and SECBO. With their guidance, the following clearance process was followed:

Step 1: Extensive internal review by the members of the *restructuring team* and project TTLs and finalization of the Project Paper (PP).

Step 2: Clearances on the final PP were sought from (a) Country Finance Management Specialist through the LOAG focal point, (b) Financial and Procurement Specialists through individual project TTLs, (c) Global Monitoring and Evaluation Team (GAMET) through HDNGA focal point, (d) AFTQK Operations Adviser on regional HIV/AIDS programs, and (e) AFTQK Safeguards Specialist. In absolute terms, 40 clearances were obtained.

Step 3: Manager of ACT*africa,* representing Sector Managers of AFTH1, AFTH2, AFTH3, and AFTS4, reviewed and cleared the PP with strategic perspective and helped the team in clarifying and articulating critical areas.

Step 4: Finalized PP was submitted to the Directors (AFTQK and AFTHD) for approval and clearance. Directors of AFTQK and AFTHD jointly represented relevant Country Directors (AFCC2, AFCW1, AFCW3, AFCW4, AFCE1).

Step 5: The restructuring TTL submitted the final PP to RVP for clearance and subsequent submission to SECBO following the normal processing procedure.

39. Overall, the clearance process and submission to the Board did not take considerable time. The *restructuring team* recognizes that smooth processing was due to extensive upfront work done to justify umbrella restructuring based on clear evidence and extensive stakeholder consultations. However, seeking

approximately 5 clearances on each country (total 40) was time consuming, and such individual clearances did not add value to the overall umbrella restructuring process, as there were hardly any significant objections or contributions.

3.7 Obtaining Board approval

40. The Board provided its approval through an *absence-of-objection* basis. No questions or concerns were raised by Board members.

4. Implementation Progress: Follow-up

41. ACT*africa* prepared budgeted activities in its annual Work Program Agreements (WPAs) to actively follow up implementation of the restructured projects and monitoring of all other projects using the following means:

a) Establishing an *early warning system* by monitoring the HIV/AIDS portfolio monthly and identifying implementation challenges of restructured projects in advance as well as identifying potential at-risk projects.

b) In consultation with all TTLs, annually identifying key areas of technical assistance required by the projects and mobilizing technical support to these priority areas.

c) Establishing a Strategic and Technical Support Team (TST) in partnership with external partners to help national AIDS program teams to identify implementation bottlenecks and to suggest options to improve implementation performance. The TST is composed of experienced World Bank and non-Bank professionals who have *not* worked in the subject country to provide a fresh view to the project team. The project TTL is not part of the TST.

d) Reviewing all ISRs in its draft stages on a demand-driven basis, and providing TTLs with feedback on how ISRs can be further improved.

e) Launching impact evaluation capacity development within the regional Impact Evaluation Initiative Framework in close collaboration with AFTRL to improve capacity to measure results/outcomes.

f) Launching capacity development of self-assessment of governance and accountability in national AIDS programs that will enable countries to measure cost effectiveness.

42. The Africa Region recognizes that the follow-through on the restructured projects is critical to avoid projects' slipping back to a problem state. Follow-through is expensive and will demand attention for a substantial period.

5. How HIV/AIDS Experience Can Be Applied to Other Sectors

43. The HIV/AIDS sector-level umbrella restructuring experience can be useful for other sectors when:

- A group of lending operations in the sector have common or similar objectives.
- There is sufficient indication and/or evidence that, if the projects are not restructured, they would not be likely to meet the development objectives. (It is not necessary that the projects included in the sector restructuring should be at-risk or problem projects.)
- The cumulative lending amount is significantly high.

6. Key Lessons Learned

44. Following are the key lessons learned during the entire restructuring process:

- Closely and regularly **monitor portfolio performance** using available systems such as ISR, Business Warehouse, QAG reviews, IEG reviews including ICRs. These systems provide adequate early indication of substandard performance.
- Annually conduct a **thorough portfolio review** of all projects, analyze the reviews, and extract key findings that would affect the development objective of a project if not restructured.
- Seek immediate guidance well ahead of undertaking umbrella restructuring from SECBO, OPSIL, AFTQK, and RVP.
- Make sure the entire **process is participatory and collaborative** at all levels: with clients, development partners, and within the Bank.
- **Restructuring team members** should include colleagues from relevant technical areas as well as from the legal, loan, and fiduciary units. From the beginning, the team members should be assembled with clear responsibilities in mind for each; and each team member should be explicitly informed of exactly what those responsibilities are.
- Because horizontal APL sector-level umbrella restructuring requires **substantial staff time**, this time should be built into budgets and work plans at the beginning of the fiscal year.
- **Time required to obtain data and information** on each project and country involved is considerable. It worth investing time at the beginning of the process to list succinctly what information is needed (or to be collected) before the Project Paper is drafted.
- Prepare a **concise, solid Issues Paper** based on evidence before starting work on Project Paper's details. Seek buy-in on the issues through wide stakeholder consultations. Invest in getting the best people to gather evidence and prepare the Issues Paper. This paper becomes the foundation of all work and saves significant time and effort in defending the case.
- Start **client consultation** early in the restructuring process and **seek government's written requests** when work on the Project Paper starts.
- Plan for a **period of approximately 12 months**, considering that the restructuring team members also are carrying out other responsibilities. This period can be significantly reduced if the restructuring team is appointed to work fulltime.
- Individual **clearances** by Bank country teams (average 5 per country) is time consuming and does not add value to the exercise. A country team focal point approach would save significant time.

APPENDIX 1. ISSUES PAPER

This appendix presents (1) a *summary of findings* from internal and external reviews and (2) detailed Issues Paper that identify key challenges and recommendations of various reviews.

I. Summary of Findings

HIV Prevalence as a Project Development Objective (PDO) and performance indicator has proven unrealistic. HIV prevalence represents the cumulative number of HIV infections (new and old) minus those infected who have died. In contrast, HIV incidence reflects recent infections, usually expressed as the number of new HIV infections acquired in the last year. Incidence is much more difficult to measure. Therefore, HIV prevalence is used more commonly than incidence.

The MAP interim review in 2004 first flagged the limitations of using HIV prevalence as a PDO. These include that:

a. HIV prevalence is slow to respond to changes in HIV risk behavior and HIV incidence.

b. In concentrated epidemics, HIV prevalence in the general population reflects the tail-end of a long infection chain.

c. HIV prevalence provides no timely information as to whether a project is on or off track and does not enable management to manage by results.

d. HIV prevalence depends on the balance between incidence and mortality, which may be changed by increasing access to treatment.

e. HIV prevalence changes cannot be attributed to a single development partner's efforts. They reflect the totality of national and international HIV responses.

f. HIV prevalence measures may not be consistent or stable over time.

Slow implementation is due principally to weak or inefficient institutional arrangements and project design. Based on experience, key areas of institutional and implementation arrangements, reflected in the ISRs and agreed with governments, need to be revised and strengthened to accelerate implementation. Challenges in the institutional, implementation, and project arrangements include (a) inappropriate procurement and financial management arrangements, and countries that were approved before May 2004 not benefiting from new Bank procurement guidelines (approved in May 2004 and revised in October 2006); (b) weak country-level coordination of donor financing as well as weak coordination by the national AIDS authority, its secretariat, decentralized coordination entities, and public sector ministries including coordination with Ministry of Health; (c) unrealistic project cost estimates, which will require reallocating funds among expenditure categories to support priority areas; (d) limitations in Special Account ceilings that constrain scaling up with communities; (e) project description and activities not geared to support modifications in targeting and prioritization; and (f) the necessity to close date extensions to achieve the revised objectives.

Key lessons learned from IEG[13] and QAG[14] reviews:

IEG reviews of ICRs underscore the need for: (a) stronger and functional M&E systems to demonstrate impact, especially in the context of a learning-by-doing approach; (b) improving coordination for a more prioritized,

[13] ICR reviews of, Eritrea, Ethiopia, and Ghana (first-generation MAP projects).
[14] QSA7 reviews of Burundi, Chad, Nigeria, and Republic of Guinea.

multisectoral, and mainstreamed response; (c) baseline data by countries and donors; (d) carefully crafted community interventions using concern for one disease as an entrée for programs targeted at other diseases, as well as strengthening the related health systems; (e) strategic management of the epidemic and customization of the multisectoral approach; and (f) involving health ministries to successfully respond to HIV/AIDS. These reviews reinforced that HIV prevalence should not be used as a measure of success of prevention efforts.

QAG assessment: QAG assessed 3 countries for the quality of supervision (QSA7). These assessments' key findings reveal that (a) MAP supervision should draw more extensively and use knowledge gained from other similar operations as well as from other similar reviews including M&E reports, surveys, and MTR/ICRs; (b) supervision and M&E need to be intensive considering MAP support to decentralized response; (c) the roles and responsibilities of various entities responsible for coordination and implementation should be clear; (d) coordination and harmonization need to be practiced; and (d) uneven supervision support from the Bank adversely affects the project implementation performance.

II. Issues Paper

Improving Performance of HIV Projects in Africa
Umbrella Restructuring and Amendments

Background

Over 2001–06, the global environment on HIV/AIDS has changed considerably—in terms of financial architecture, technical/clinical knowledge, and experience. Since 1999, Bank management and the Board of Executive Directors approved the criteria, recommendations, and priorities to which our HIV projects should conform. To facilitate HIV Project TTLs, ACT*africa* realized that it would be beneficial for Task Team Leaders to be able to review all critical issues together to better guide project implementation and the design of new operations. **This Issues Paper provides a comprehensive overview of the objectives and policies/strategies approved by the Board of Directors for World Bank HIV projects in Africa.**

During 1999–2000, the Bank's Africa Region developed a regional HIV strategy: "Intensifying Action against AIDS." In 2001, based on the approved strategy, the Board approved MAP-1 with a $500 million IDA12 credit for all HIV programs. In 2002 the Board approved another $500 million for MAP-2 from IDA13, but this time as grant. Both MAPs specified objectives and access criteria for HIV project financing approved by the Board. In 2004, ACT*africa* initiated an Interim Review of MAP operations with the participation of experienced TTLs and NGO and other donor representatives. This self-critical report was presented to the Executive Directors and shared widely with partners and clients. In 2005 OED/IEG conducted a detailed assessment of global HIV assistance by the Bank and presented its finding to the Board. The Committee on Development Effectives (CODE) recommended actions to management for its future HIV programs. The CODE recommendations translated into criteria for future operations/repeater criteria.

Since 2000, the global dynamics to support HIV have changed considerably. The Global Fund (GF) was established in 2002, and the US government announced $15 billion assistance to HIV/AIDS (PEPFAR) in 2004. The Clinton Foundation succeeded in bringing down antiretroviral drug prices, and the Gates Foundation committed more funds. We also learned the effects of including prevalence in project development objectives, as well as the necessity and importance of a "flexible" design and moving away from a cookie-cutter approach. The *Three Ones* were agreed among the partners, and the Global Task Team (GTT) defined Division of Labor for all UNAIDS members, including the Bank. In 2005 the Board approved a new *Global Plan of Action for HIV/AIDS,* which addressed past experiences and emerging challenges for the Bank. In the same year, the Board approved the Africa Action Plan—and in 2006 HIV became 1 of the 4 Flagship operations of the Africa Action Plan under the Shared Growth Pillar. Considering these developments, Africa Region aligned itself to update the 1999 Regional strategy into an *Africa Region HIV/AIDS Agenda for Action (2007–2011)*. This work is in progress and will be presented to the Board for approval before the 2007 Spring Meeting.

HIV prevalence was recognized as a long-term country objective, not a short-term project objective. Inclusion of prevalence in project development objectives and key performance indicators had negatively affected project performance in achieving its objectives. In April 2006, ACT*africa*, AFTHD, HDNGA and LEGAF reviewed all HIV projects to assess which ones needed to be restructured to address key challenges and critical issues (including prevalence), and possibly retrofit. Our objective was to improve the Results Framework and, therefore, the HIV project performance. In May 2006 we shared with the TTLs the first draft of a Generic Results Framework for HIV projects. Based on their feedback and other consultations, we prepared a *Generic Results Framework* for HIV projects in the Region. We also identified a set of indicators for the Africa Action Plan with direct support of HDNGA/GAMET. The need for a generic Results Framework was also realized because ISRs could not report aggregate results of IDA assistance. Several TTLs identified the effort and time they spend in dealing with various sets of indicators both at the country level (UNGASS, MDG, Bank project, national) and those internal to the Bank. The Generic Results Framework addresses all requirements. We are confident that adapting GRF into ongoing and future operations will reduce pressure from the Task teams, use indicators that are globally accepted and agreed (UNGASS/MDG), and use existing in-country reporting processes

Given this background, the Region recognized the high risk of not addressing the critical issues in ongoing operations and agreed to a formal umbrella restructuring and necessary amendments exercise. This task was undertaken in collaboration with, and with the support of, LEGAF, LOA, HDNGA, AFTHD, AFTRL and ACT*africa* (AFTHV). AFTHD and ACT*africa* are leading this work.

To facilitate the TTLs in properly addressing key issues and emerging challenges in their projects under the restructuring exercise, we listed all key approved objectives/criteria and recommendations in the note. We also listed "emerging challenges" to bring TTLs up to date. The review **requested *TTLs* to ensure that the issues and challenges identified are addressed in ongoing and future projects**.

A. *Ensuring That Key Recommendations from HIV Program Reviews Are Addressed*

There have been several HIV reviews done of the Bank's portfolio of HIV projects with specific recommendations that should be addressed in the implementation of ongoing projects and design of new projects. This note provides a brief overview of these recommendations and actions taken to address them. Taken together, the MAP Interim Review report (October 2004), IEG Report,[15] and CODE response[16] provided 10 key recommendations that the Bank should follow.

1. Emphasize broad national commitment of not only governments but also local communities, and the use of country-specific strategies for effective HIV interventions.
2. Support the development of new strategic country frameworks with a nuanced understanding of the country epidemic and identification of cultural and social factors that contribute to the spread. Assist governments to be selective and prioritize activities that achieve the greatest impact.
3. Improve governance and accountability measures within projects to mitigate misuse of project funds and ensure that funds are used for the intended beneficiaries.
4. Ensure the development of a common, functioning M&E system at the country level working with other partners, develop clear criteria and outcome indicators for improved data collection, and improve the evidence-base for decision-makers through local capacity building and rigorous analytic work.
5. Improve donor coordination and harmonization of efforts to avoid duplication of efforts with the multitude of actors.

[15] "Committing to Results: Improving the Effectiveness of HIV/AIDS Assistance: An OED Evaluation of the World Bank's Assistance for HIV/AIDS Control," July 2005.
[16] Committee on Development Effectiveness (CODE), Chairman's Summary, Appendix M to IEG Report.

6. Encourage performance-based disbursements.
7. Continue to support fully the responses of the community, which is an important stakeholder group, by engaging community members in the design of interventions and improved financing procedures.
8. Reconfirm the need for a multisectoral approach that responds to the complexity of HIV as a development challenge; strengthen national institutions to manage and implement the response over the long term.
9. Clarify the role of the Ministry of Health to ensure that it is a principal partner in the national response.
10. Ensure consistency with Bank commitments to other global initiatives and partners working on HIV/AIDS, and ensure the centrality of the Three Ones in implementation.

The Africa Region and the Bank have been very responsive to these recommendations and already have taken steps to implement them in ongoing activities. Of these 10 recommendations, only 1 has yet to be addressed: the recommendation on encouraging performance-based disbursements. We have outlined below the actions taken to address each of the other nine recommendations. You can undertake the same steps on a project basis to ensure consistency.

1. The Bank and other partners (UNAIDS and UNDP) have rolled out the AIDS Strategy and Action Planning (ASAP) program[17] to provide direct technical support to countries on a demand-driven basis in reviewing and producing evidence-based, prioritized, and costed strategies.
2. The Region continues to build capacity on improved fiduciary management and has developed a Guidance Note on Disbursement in HIV/AIDS Projects to assist in determining the appropriate fiduciary steps for various levels. ACT*africa* also is developing a checklist guidance note for all HIV operations that incorporates the Governance and Corruption Framework approved in Singapore in 2006.
3. GAMET[18] has significantly increased its efforts to help countries build both their clinical and non-clinical indicators and data collection mechanisms. All repeater MAPs include more attention and financing for scaling up M&E activities in partnership with UNAIDS and other donors. Ongoing MAP operations also are providing increased financing for M&E of activities under implementation.
4. A Global Task Team comprising key UN agencies and development partners agreed on a division of labor for all agencies, which countries can use in identifying technical support needs. Several countries have adopted joint annual reviews to encourage more harmonization of activities.
5. Civil society organizations are more actively involved than before in HIV activities. The Africa Region has planned to carry out a situation analysis of CSO engagement. ACT*africa* hosted a consultation with civil society representatives from all MAP countries to brainstorm the roles, responsibilities, and partnerships of CSOs in responding to HIV. These recommendations are being incorporated in the revision of the Bank strategy for HIV/AIDS in Africa.
6. MAPs continue to address HIV as a development, and therefore multisectoral, issue. ACT*africa* will continue to ensure that this is reflected in country assistance documents.
7. MOH is engaged in all MAP projects as evident from the MOH being the second largest beneficiary of MAP financing after the Civil Society component
8. ASAP and a continued close collaboration with UNAIDS. The Bank has also taken the lead in collaborating with the Global Fund, PEPFAR, and other development partners.

[17] UNAIDS has raised US$5 million to finance these activities, which include workshops and direct assistance from the Bank and UNDP.
[18] Global AIDS Monitoring and Evaluation Team, hosted by the Bank on behalf of the Bank and UNAIDS.

B. *Emerging Challenges*

Following are key issues that need to be succinctly addressed in all Projects:

1. More explicitly integrate with TB, Reproductive Health, and Nutrition.
2. Better integrate HIV activities with TB (due to the close relationship and greater likelihood of co-infection for patients), reproductive health services, gender and nutrition issues.
3. In terms of reproductive health, integration with HIV services would greatly improve the coverage and access of PMTCT care and support, as well as helping to reduce stigma for women who would not be labeled as HIV-infected when attending ANC services.
4. Specific attention to Youth, Women and Gender issues.
5. Include situation analysis and assessment (at the country level and/or sector specific—considering that Bank support a multisectoral response);
6. Clearly indicate if PRSP and CAS address Gender, and how is the Project supporting it;
7. Prominently address in PAD; and
8. Report progress in ISR
9. Retrofitting and Integrating Impact Evaluations of (as suitable):
10. Civil society response;
11. Multisectoral response (effectiveness of sector interventions)
12. HIV thematic areas (prevention, care, treatment and mitigation)
13. Gender, Youth, Women
    a. *AFTRL and HDNVP will help in developing Impact Evaluation in HIV operations.*
14. Strengthened Results Frameworks (consistent with UNGASS, AAP, IDA14 and MDG)
    a. Adapt Generic Results Framework in ongoing and future operations; and
    b. Ensure ISRs are up to date.
15. Governance and Corruption Mitigation
    a. Ensure that Governance and Corruption (GAC) guidelines are operationalized in the Project. ACT*africa* is developing a guidance note that addresses GAC in HIV operations;
    b. It is necessary to define the "process" of mitigating GAC in the project. PAD appendix on the Institutional and Implementation Arrangement should explicitly describe the process on GAC;
    c. Allocate funds, if necessary, and clearly mention the process and financing in the Institutional/implementation arrangement of the PAD.
    d. Ensure Project Operations Manual are revised and dedicate a separate chapter on GAC in a clear and simple language for the Project beneficiaries to understand.
16. Harmonization and Coordination
    a. Succinctly define 'Coordination' in the PAD Appendix on Institutional/ implementation arrangement. It is essential that the process of partner coordination at the country level is well defined and steps are laid out.
    b. Switch towards Joint Annual Progress Assessment, Planning and Budgeting.

17. Project Restructuring and Amendments to Agreements

    a. The estimated target date to submit the Umbrella Restructuring package to SECBO is mid-December. TTLs are requested to submit filled Questionnaires as soon as possible.

    b. Umbrella restructuring is an opportunity to retrofit Generic Results Framework, especially for the projects that have more than 18 months to closing. It also is an opportunity to address challenges highlighted above.

APPENDIX 2. AGENDA: REVIEW OF MAP PROJECTS' PDOS AND INDICATORS

April 6 and 7, 2006
H11-292

Day 1

- Introduction, purpose and expected outcomes of the review meeting
- Proposed process, tool and a country example
- Sequencing (PO/IO, New, MTR, ICR)
- Epidemiological and indicators issues
- Review of priority projects

Day 2

- Review of priority projects (continued)
- Agreements on the Next steps and responsibilities of the team members.

APPENDIX 3. COUNTRY CLASSIFICATION AND RECOMMENDED ACTIONS

Group 1: DO/IP rated unsatisfactory

Country	Prevalence in PDO	Prevalence in KPI and/or other indicators	Recommendation
Africa- ARCAN	Not applicable		
Africa-TAP	No		Bert to check that project indicators are aligned to country indicators as appropriate
Mozambique	No	Yes	PDO needs tweaking, suggested wording "This project will support the national response to HIV/AIDS through 1) improving HIV/AIDS preventive behavior and knowledge 2) increasing coverage and utilization of services and 3) Improving institutional capacity Remove prevalence indicator from KPI list
Central Africa	Yes	Yes	PDO needs tweaking, along the same lines with the PDO for Mozambique, remove prevalence indicators listed under KPIs
Guinea Bissau	No	Yes	Remove prevalence indicator from KPI list
Mauritania	Yes	Yes	PDO needs major re-work, project may need re-structuring, Act*africa* and Rudy to follow up
Sierra Leone	Yes	Yes	May need major re-structure, project end date Dec 06

Group 2: DO/IP rated moderately satisfactory

County	Prevalence in PDO	Prevalence in KPI	Recommendation
Gambia	Yes,	Yes	Close to ICR, may need indicator review, GAMET and Act*africa* to advise TTL for upcoming ICR
Congo, Republic	No	Yes	Remove 2 prevalence indicators included in the KPI list
Lesotho	Not applicable	Not applicable	
Niger	No	Yes	Remove prevalence indicators included in the KPI list—containment of HIV prevalence among high risk groups and prevalence among general population
Senegal	Yes	Yes	Remove the following from the PDO- the specific goal is to contain HIV prevalence to 3 percent", review feasibility of PMTC indicator
Congo, Democrat	No	No	
Guinea - Conakry	No	Yes, one indicator	Remove prevalence indicator from KPI
Africa—Great Lakes	Not reviewed		

Group 3: Potential at-risk and AT—risk

County	Prevalence in PDO	Prevalence in KPI	Recommendation
Burundi	Yes	No	Although the PDO mentions prevalence, the KPI list does not include prevalence indicators, the team recommended a follow up with the TTL in view of the ICR
Nigeria	No	Yes	Remove prevalence indicators from the KPI list
Angola	No	Yes	Remove prevalence indicators from the KPI list
Malawi	No	No	ARV goal set at 25,000 in the KPI list, need to follow up with TTL to review feasibility of achieving the treatment goal and KPI revision as required
Mali	No	Yes	Remove prevalence indicator from KPI list

Group 4: Closed/closing soon or nearing ICR

County	Prevalence in PDO	Prevalence in KPI	Recommendation
Africa— Transport Corridor	No	No	STI prevalence indicators identified, the group suggested that all STI prevalence indicators should be kept/maintained as is in the PADs
Benin	No	Yes	Remove prevalence indicators from KPI list, brief TTL preparatory to ICR
Burkina Faso	No	No	Leave as is with minor changes recommended already to TTL by GAMET
Cameroon	No	Yes	Remove 3 prevalence indicators from the KPI list
Cape Verde	No	Yes	Remove prevalence indicator (1) from KPI list *** Cape Verde project team documented indicator revisions in July 05 through a Supplemental letter, this could be used as a template for projects intending to make similar changes**
Eritrea	No	Yes	Advise TTL on need to include coverage indicators/removing the KPI on prevalence
Ethiopia	No	Yes	ICR to commence April 17, Act*africa* and GAMET to advise TTL on ICR
Ghana 2	No	Yes	GAMET to follow up to ensure that PDO matches the new conceptual approach of moving prevalence indicators to the national results level
Madagascar	No	No	
Rwanda	No	No	
Tanzania	No	Yes	Remove KPI on prevalence
Uganda	No	Yes	Remove KPI on prevalence
Zambia	No	Yes	Remove 3 prevalence indicators from KPI list

APPENDIX 4. LIMITATIONS OF PREVALENCE AS A PDO

A GUIDANCE NOTE FOR MAP TTLS

David Wilson—Global HIV/AIDS Program (HDNGA)
AIDS Campaign Team for Africa (AFTHV)
May 2006

Introduction

The MAP was predicated on the principle of learning by doing, of continuously improving design and implementation in response to monitoring, evaluation and the accumulating lessons of experience.

The MAP mid-term review in 2003 identified many important lessons and first flagged the limitations of HIV prevalence as a PDO. Since then, further evidence concerning the limitations of prevalence has accumulated. These limitations are summarized below:

Limitations of prevalence as a PDO

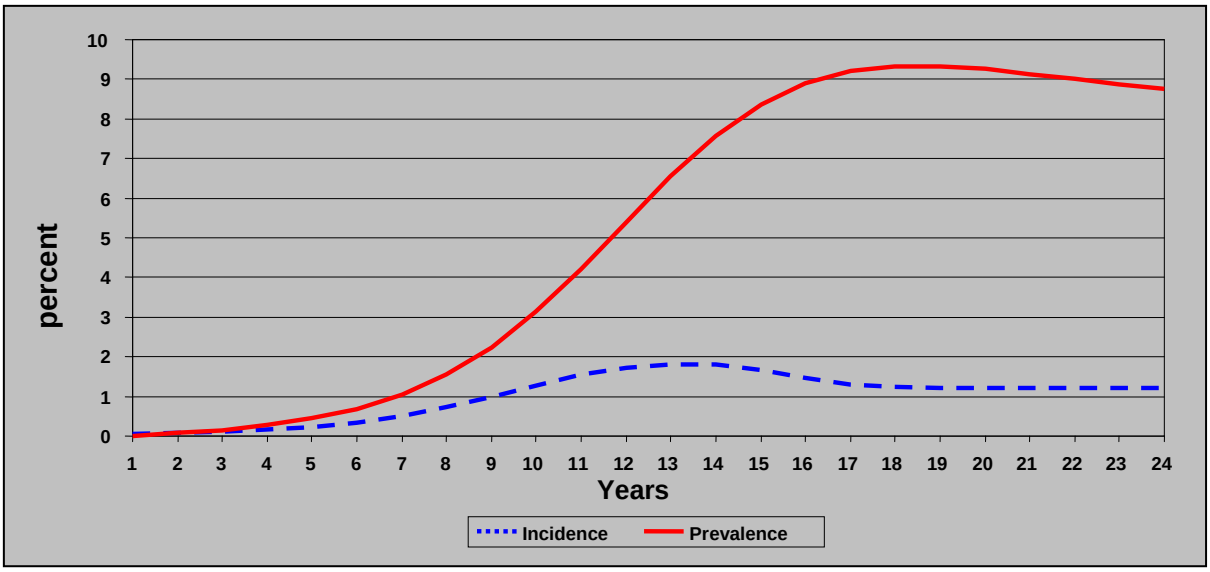
HIV prevalence represents the total number of HIV infections, new and old. In contrast, HIV incidence reflects recent infections, usually expressed as the number of new HIV infections acquired in the last year. HIV prevalence is easier to measure and is thus far more commonly measured than HIV incidence. The following major limitations of HIV are identified:

- HIV prevalence is slow to respond to changes in HIV risk behavior and HIV incidence
- In concentrated epidemics, HIV prevalence in the general population reflects the tail-end of a long infection chain
- HIV prevalence provides no timely information as to whether a project is on or off track and does not enable management to manage by results
- HIV prevalence depends on the balance between incidence and mortality, which may be changed by increasing access to treatment
- HIV prevalence changes cannot be attributed to a single development partner's efforts—they reflect the totality of national and international HIV responses
- HIV prevalence measures may not be consistent or stable over time

These reasons are discussed in greater detail in ensuing paragraphs:

HIV prevalence is slow to respond to changes in HIV risk behavior and HIV incidence

Because of the long-time lag between HIV prevalence and HIV illness and mortality, HIV prevalence continues to rise even after HIV risk behavior and HIV incidence have begun to decline. The illustrative Kenya graph below depicts the relationship between HIV incidence and HIV prevalence. HIV incidence appears to have begun to decline around 1992. However, because of the long latency between HIV infection and mortality, prevalence rose even as incidence began to fall and finally peaked around 1997, when mortality rose to match incidence.

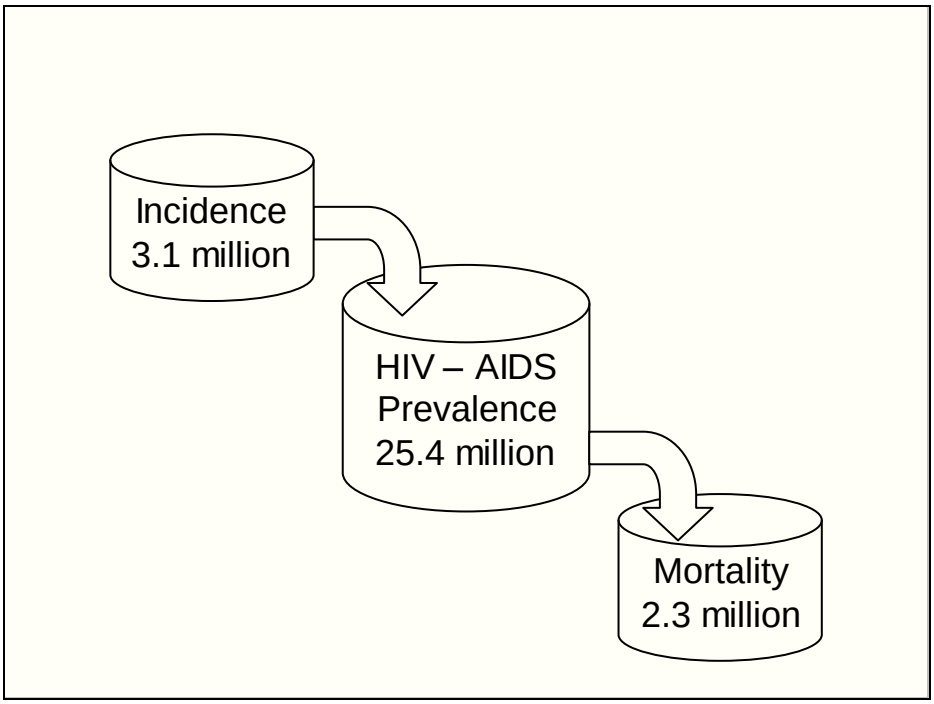


Because of the long lag between changes in HIV risk behavior and HIV incidence on the one hand and HIV prevalence on the other hand, HIV is prevalence is unsuitable as a PDO. It is unlikely to respond to interventions introduced during the three-to-five year life cycle of a typical MAP project. It may lead to erroneous conclusions: first, a project may either claim success for changes in HIV risk behavior and incidence that predated the project; second, a project may conclude it is unsuccessful because HIV prevalence has not declined, even if the project has begun to contribute to reduced HIV risk behavior and HIV incidence.

In concentrated epidemics, HIV prevalence in the general population reflects the tail-end of a long infection chain. In concentrated epidemics, including several epidemics in the Horn of Africa and West Africa, HIV prevalence among the general population, such as antenatal clients, reflects the tail-end of a long and distal infection chain, which may have begun with sex workers, spread to bridge populations of clients and from such bridge populations to the general population. This further compounds the existing lag between changes in HIV infection and HIV prevalence, by creating a long chain between those most likely to experience reduced HIV prevalence, through behavior change and mortality, such as sex workers, to those populations chosen to measure prevalence, such as antenatal patients.

HIV prevalence provides no timely information as to whether a project is on or off track. In addition, as the MAP mid-term review notes, an HIV prevalence PDO provides no useful information as to whether the design and implementation of a project is on or off track and does not enable management to manage by results. A more realistic overall PDO, together with well defined, responsive intermediate outcomes, assists management to detect whether a project is on track and to steer by results.

HIV prevalence depends on the balance between incidence and mortality, which may be changed by increasing access to treatment. HIV prevalence reflects the balance between incidence and mortality, as the following figure below depicting HIV dynamics in Africa in 2004 illustrates.



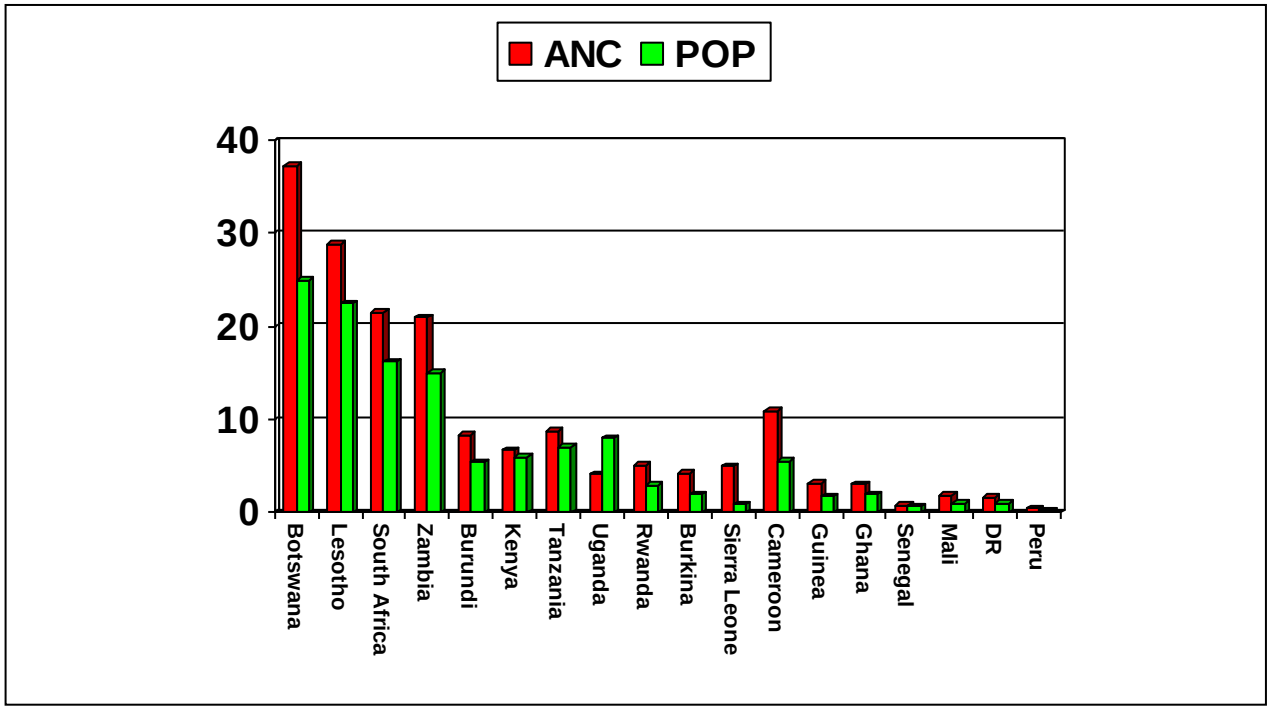
If treatment reduces mortality, the HIV prevalence will rise, even if HIV incidence remains stable, or declines more slowly than HIV mortality. Thus, in an era of increased access to treatment, HIV prevalence is unsuitable as a performance indicator.

HIV prevalence changes cannot be attributed to a single development partner's efforts. Changes in HIV prevalence reflect changes in HIV risk behavior and HIV incidence that result from a complex interplay of factors that are beyond the scope of any single development partner and reflect a complex range of formal and informal factors. What causes changes in HIV prevalence? The earliest effects are likely to be purely epidemiological phenomena--those most susceptible become infected first (because of sexual behavior and networks) and the susceptible pool shrinks. Moreover, at some point the chain reaction derived from the infectiousness of the newly infected subsides. These may be followed by behavior changes. Some safer behaviors probably are adopted by people on their own. Knowledge of the causes and consequences of AIDS, albeit imperfect, is widespread. But some *behavior*al change is likely to be related to national programmatic prevention efforts. However, these efforts cannot be attributed to a single actor. Indeed, as the Bank's relative size as an HIV financier declines as funding from other sources grows, it becomes even less tenable to ascribe changes in HIV prevalence directly to Bank investments.

HIV prevalence measures may not be consistent or stable over time. To the limitations described above must be added a final problem: HIV prevalence measures are unlikely to be stable over time. There are several reasons for this. First, HIV diagnostics used in early HIV prevalence surveys yielded a higher number of false positives, thus inflating early HIV estimates. Second, HIV samples have changed over time. Most countries in Africa rely on HIV prevalence among antenatal clients. Antenatal sites were initially understandably selected on the basis of the proximity to geographic areas of elevated risk. Moreover, most sites were initially urban. The inclusion of more antenatal sites outside areas of elevated risk and more rural sites, altered the composition of antenatal sites. This may result in putative reductions in HIV prevalence, which in fact reflect changes in the composition of antenatal samples.

In addition, HIV prevalence estimates may be derived from other sources, such as population based surveys and these estimates may be lower than antenatal estimates. As the following comparison between antenatal and population-based HIV prevalence shows, antenatal estimates usually considerably overestimate

population-based prevalence. In such cases if antenatal and population-based HIV prevalence estimates are compared, it may seem as if HIV prevalence has fallen. Such erroneous comparisons usually do occur, despite every effort to discourage them).



Thus, the value of HIV prevalence as an indicator is further vitiated by grave problems of stability and comparability over time.

Limitations incidence as a measure. As the preceding analysis shows, HIV incidence is clearly a superior scientific measure. However, it shares some of the problems of HIV prevalence and has additional problems of its own. HIV incidence and prevalence share the following broad limitations:

- In concentrated epidemics, HIV incidence in the general population also reflects the tail-end of an infection chain
- HIV incidence changes also cannot be attributed to a single development partner's efforts—they reflect the totality of combined responses
- HIV incidence measures may also not be consistent or stable over time

In addition, HIV incidence measurement has a further set of difficulties. HIV incidence is expensive and difficult to measure. There are four major methods, each of which has considerable disadvantages:

- Cohort studies—these involve following a cohort over several years and calculating incidence as people change their HIV status from HIV-negative to HIV-positive. Cohorts are extremely expensive to establish and maintain. They face formidable ethical challenges, relating to confidentiality and ongoing HIV prevention and treatment responsibilities to cohort members (and ethically obligatory HIV prevention efforts may reduce incidence). Few cohorts are representative of an entire population, so their generalizability is limited.
- Detecting recent infections—these involve using a range of techniques—detuned elisa tests, BED assays, avidity-affinity tests—to detect recent, incident infections. However, unless recent infections

can be reliably detected and the minimum and maximum periods of incident infection accurately estimated, these methods can be highly unreliable. Several recent disturbing results have led us to be far more cautious about our ability to reliably detect recent infections.

- Modeling incidence—Given several years of sound prevalence estimation, we know enough about the natural history of HIV to estimate incidence trends. There may be scope for improved HIV incidence modeling and greater use of such models. However, these models are still just estimates, not actual trends, and must be interpreted cautiously.
- Using HIV prevalence among young people as a surrogate for HIV incidence—this involves using HIV data among young people, such as antenatal clients aged 15-19 as a surrogate for HIV incidence, since most infections will have occurred in the last two years or so. HIV prevalence among young people provides a reasonable proxy, but still has limitations and should be analyzed alongside other incidence data, based on the methods described above.

In summary, HIV incidence measurement is a vital plan of an overall HIV prevention evaluation strategy. HIV incidence measures are derived from special research studies, models, and surrogate measures. However, they are not a practical part of a routine monitoring and evaluation system.

Conclusions

Since their inception, the MAPs have learned numerous lessons that enable us to improve the design and implementation of future MAPs. The limitations of HIV prevalence as a PDO represent a particularly important lesson. *It is recommended that MAPs immediately review and revise their PDOs, to remove references to prevalence and to substitute attainable and meaningful PDOs that assist MAPs to manage by results*. Although incidence is a superior measure, it cannot be recommended as a PDO. It is prohibitively difficult and expensive to measure, outside cohort studies and well grounded mathematical models. Instead, MAPs should identify PDOs that are within the project scope to influence, such as increased coverage and utilization of services and PDOs which can be collectively influenced within the timeframe of a typical MAP, such as increased HIV knowledge and increased adoption of HIV preventive practices.

APPENDIX 5. AFRICA HIV/AIDS RESULTS SCORECARD

1. **The HIV/AIDS Results Scorecard.** The Region has analyzed all HIV/AIDS projects and developed a toolkit to support the countries in preparing their project specific Results Framework. This toolkit, a **Generic Results Framework (GRF),** has been discussed and shared with the countries, other development partners, and project Task Teams. The GRF is based on: (a) the indicators selected from globally agreed HIV indicators on prevention, care, treatment and mitigation required by UNGASS, MDG, IDA; (b) several countries have the capacity to report on the indicators; and (c) the OECD's Paris Declaration on harmonization and minimizing data requirements. The GRF proposes indicators for both groups of countries where the epidemic has reached the general population and for the countries where it is still within the concentrated populations. All GRF indicators are not mandatory. The GRF is a tool for task teams to use as a basis when developing or updating project's specific results framework

2. A small set of ***mandatory indicators*** have, however, been extracted from the GRF to measure the overall progress with the HIV response to which the World Bank contributed in the Africa Region. The **Scorecard** will therefore be used to measure progress under the Africa Action Plan as well as on IDA financing. The Scorecard contains both indicators for measuring long term results at the Regional level, and indicators for measuring results to which specific Bank-funded HIV assistance projects have contributed. Two types data sources will be used to determine the values of the two types of *scorecard* indicators on an annual basis: (a) **Region-level data** will be extracted from international reports and verified data sources with the support of GAMET and UNAIDS; (b) **project-level data** will need to be reported by all HIV projects using the project ISRs; and by ACT*africa* through its annual MAP questionnaire.

3. Adopting the scorecard in all ongoing and future HIV operations will reduce the burden on the countries and the task teams in terms of reporting progress. It will also enable the Region to report on the aggregate achievements under IDA financing. The indicators, when fully adopted in all ongoing and future HIV operations, would be a major step towards achieving harmonization and alignment on M&E at the country, regional and global levels. These indicators are selected from globally agreed UNGASS, MDG and IDA indicators and are based on reporting capacities of the countries, availability of baseline data and agreement of our key partners such as UNAIDS and within the OECD's Paris declaration on harmonization and minimizing data requirements.

4. The indicators in the Scorecard have been harmonized, where possible, with the indicator sets of other major partners in HIV/AIDS (US government's PEPFAR indicators and the Global Fund's list of "Top Ten" indicators).

5. Neither the GRF indicators nor the Scorecard indicators are based on attribution, but rather on contribution. The scorecard and GRF therefore does not suggest that a separate World Bank HIV M&E system is required for a project; on the contrary, it suggests that indicator data from the national HIV M&E framework be reported to the World Bank on a regular basis.

6. Table A.1 presents the HIV Scorecard for the Africa Region. Indicators 4 to 13 in the Scorecard is mandatory for all for all ongoing, pipeline and future HIV operations in the region to report on through the ISRs.

7. **Key benefits of the Scorecard** includes: (a) Compliance with the Paris Declaration (to reduce burden on the countries); (b) Harmonization with UNAIDS (UNGASS) and other key financers (such as Global Fund and PEPFAR in reporting on HIV/AIDS; (c) Supporting Regional IDA financing and the Africa Action Plan; and (d) Using existing country capacities in data collection and reporting.

8. **The Scorecard data will be collected** through the following arrangements (per Africa Action Plan's 6 standard reporting sections:

	How data will be collected?
A—Demographics	WDI
B—Development challenge indicators	UNAIDS and WHO global reports
C—Intermediate results indicators	UNAIDS and WHO global reports
D—Output indicators	Annual ACT*africa* MAP questionnaire and ISRs
E—Financing indicators	Client Connection, donor websites and their focal points

9. **The responsibility to report** the Scorecard will be on: (a) All country project teams; (b) GAMET will provide technical assistance to the Project teams; (c) GAMET and ACT*africa* will gather data from the sources identified above, as well as from UNAIDS and update the Africa Action Plan progress reporting system; (d) TTLs need to assure that the Scorecard is agreed upon with their counterpart, with support from ACT*africa* and GAMET. GAMET will provide technical support to country project teams and to TTLs in getting agreement with counterparts, and ACT*africa* will provide support in integrating the Scorecard into the Bank system.

Table A1. HIV/AIDS Results Scorecard

INDICATOR	INDICATOR ORIGIN	UNIT	DATA SOURCE
A. Demographics			
1. Total population (million)	World Bank	Number	WDI database
B. Challenge - to understand the overall development challenge created by HIV in the region			
2. Estimated number of adults and children living with HIV	UNAIDS	Number	UNAIDS Global Report
3a. Men and women aged 15-24 who are living with HIV (may need to be estimated from antenatal data)	UNGASS, IDA14, AAP	Percentage	UNAIDS Global Report / WHO estimates
3b. Most-at-risk populations who are living with HIV	UNGASS	Percentage	UNAIDS Global Report / WHO estimates
C. Intermediate Results - to measure results contributed by Bank-funded projects			
4a. Condom use: Women and men aged 15-49 who have had more than one sexual partner in the past 12 months reporting the use of a condom during their last sexual intercourse	UNGASS, AAP	Percentage	ISR (extracted from country UNGASS report)
4b. Condom use: Female and male sex workers who report using a condom with their most recent client (of those surveyed having sex with any clients in the last 12 months)	UNGASS, AAP	Percentage	ISR (extracted from country UNGASS report)
5. Women and men aged 15-24 who have had sex with more than one partner in the last 12 months	UNGASS, AAP	Percentage	ISR (extracted from country UNGASS report)
6. Adults and children with advanced HIV infection receiving antiretroviral combination therapy	UNGASS	Number	ISR (extracted from country UNGASS report)
		Percentage	ISR (extracted from country UNGASS report)
7. Pregnant women living with HIV who received antiretrovirals to reduce the risk of MTCT	UNGASS, AAP	Number	ISR (extracted from country UNGASS report)
		Percentage	ISR (extracted from country UNGASS report)
8. Orphaned and vulnerable children aged 0-17 whose households received free basic external support in caring for the child in the past 12 months	UNGASS	Number	ISR (extracted from country UNGASS report)
		Percentage	ISR (extracted from country UNGASS report)
D. Outputs - - to measure results contributed by Bank-funded projects			
9. Persons aged 15 and older who received counseling and testing for HIV and received their test results	World Bank	Number	ISR (from country M&E system)
		Percentage	ISR (from country M&E system)
10. Male and female condoms distributed	World Bank	Number	ISR (from country M&E system)
11. Civil Society Organizations supported for subprojects (includes NGO, CBO, FBO)	World Bank	Number	ISR (from country M&E system)
		Amount	ISR (from country M&E system)
12. Public sector organizations supported	World Bank	Number	ISR (from country M&E system)
		Amount	ISR (from country M&E system)
13. National AIDS Coordinating Authority that report annually on at least 75 percent of the indicators in its national HIV M&E framework and that disseminates the report to national-level leaders in at least three public sector organizations, national civil society leaders and business leaders in the private sector.	World Bank	Percentage	ISR (from country M&E system)
E. Financing—to quantify funding provided by the Bank, government and other partners to respond to the challenge and achieve the outputs and intermediary results			
14. Estimated investment requirements for HIV/AIDS, USD million	World Bank	Amount	UNAIDS global data
15. Total financial commitments for HIV/AIDS, USD million	World Bank	Amount	Calculation (15a + 15b + 15c)
15a. Country commitments for HIV/AIDS, USD million	World Bank	Amount	ISR (extracted from country UNGASS report)
15b. World Bank commitments for HIV/AIDS, USD million	World Bank	Amount	World Bank Business Warehouse
15c. Other development partner commitments for HIV/AIDS, USD million	World Bank	Amount	Development partner websites
16. Financing gap to reach HIV/AIDS targets, USD million	World Bank	Amount	Calculation (14 - 15)
17. World Bank financial disbursements for HIV/AIDS, USD million	World Bank	Amount	World Bank Client Connection

Notes:

1. The Africa Region HIV scorecard uses the new UNGASS wording in line with the new 2008 UNGASS guidelines (released April 2007).

A: All of the indicators in the scorecard are based on the latest international thinking in terms of indicator wording. As there are currently efforts underway to harmonize indicators, the indicators in the scorecard may be slightly revised in 2008, when the harmonization process will be complete.

B: Detailed indicator definitions will be released once the global indicator registry has been developed

C: Projects are only required to report on indicators 9 to 13.

APPENDIX 6. TIMEFRAME

Umbrella Restructuring of HIV Projects in Africa
AFTHV/QK, AFTHD

Status	Step	Guidelines	Estimated Completion Date	Current Progress
☑	Review all projects and determine if they would need to change PDO/KPI.	n/a	Completed in Apr. 2006	
☑	TTL consultation on challenges and draft results framework.	n/a	Completed in May 2006 (Nairobi)	
☑	Establish a Core team of ACT*africa* (AFTHV), AFTQK, AFTHD, LEGAF, and LOA.	n/a	Established in Aug. 2006	
☑	Sample questionnaire, based on the restructuring guidelines, prepared and sent to all TTLs	n/a	Sent on Sep. 22	
☑	Clarification on the process for umbrella restructuring obtained from OPSIL and SECBO (single theme multiple countries)	n/a	Completed in Oct. 2006.	
☑	Filled questionnaire received from all TTLs (or confirmation received from TTLs)	n/a	By Nov 15, 06	
OPSIL Prescribed Processing Steps				
	Identification and Approval on Initial proposal	TTLs to get CD's approval for initial proposal for restructuring (all projects individually).	By Dec 22, 2006	**Not done (urgent)**
☑	Drafting of project Paper (MOP) and legal amendments.	• ACT*africa* produces the draft umbrella PP. • TTLs prepare PP data sheet for their projects. LEGAF reviews and drafts amendments.	By Dec 22, 2006 By Jan 15, 2007	 LEGAF working
	Initial review of draft PP and amendments	ACT*africa* and AFTHD circulate draft umbrella PP and amendments to Sector Managers and CDs, copied to FMS, PS, LOA, and Safeguards for comments, feedback, clearance and authorization to complete processing.	By Dec 22, 2006	**Revised date: Jan 19**
	Project Information Document	TTLs revise PID and ISDS if applicable. SM clears and TTL sends PID to Infoshop (all projects individually)	By Jan 15, 2007	
	Agreement on PP and legal amendments with Client (borrower)	• ACT*africa* and AFTHD finalize PP package and any legal amendments with the lawyer. • TTLs reach agreement on these with the Borrower.	By Jan 25, 2007	**Revised date: Jan 31**
	Finalize Board Package (or RVP approved Package)	ACT*africa* and AFTHD prepare PP package consisting of the PP, the amendment letter, and cover MOP. The package is submitted through CD via a memo, to the RVP for clearance (or for final approval in RVP-approved cases).	By Jan 31, 2007	**Revised date: Feb 05**
	Approval and subsequent signing.	For Board consideration, RVP submits Board package to SECBO for Board approval under the Absence of Objection procedure. Following confirmation of Board approval (or RVP approval), standard procedures are used to sign/counter sign the legal amendment.	By Feb 15, 2007	Actual date: June 27, 2007.

APPENDIX 7. RESTRUCTURING QUESTIONNAIRE

Improving Africa Region HIV/AIDS Portfolio
RESTRUCTURING/AMENDMENTS

REQUIREMENTS FOR THE PREPARATION OF MOP/PP
TO BE FILLED BY ALL PROJECT TTLS

REQUIRED BY LEGAF, LOA, AFTHD AND AFTHV/AFTQK

Background. Kindly refer to AFTHD and ACT*africa* emails dated June 13, 17 and August 10, 2006 on the challenges of including Prevalence in Project Development Objectives and Key Performance Indicators and changes suggested in the ongoing projects.

Purpose. As agreed with LEGAF, we are moving forward to prepare a MOP/PP for the Board's umbrella 'no objection' for all those projects that would need formal restructuring of the PDOs as well as amendments in legal agreements. We will attach 2-3 country cases to the MOP/PP in detail and a list of summary of all projects based on the information provided in this questionnaire. The summary will also highlight the projects that can be restructured at the RVP and CD levels which can be processed immediately without waiting for Board's no objection.

To prepare the MOP/PP, we need you to fill out the following questionnaire on your project. Please note that answers are sought by LEGAF, LOA, AFTHD and ACTafrica to finalize the Board package for all HIV/AIDS projects.

THE QUESTIONNAIRE

Important

- ***If your project does not require any restructuring and/or amendments in the legal agreements then please send us a confirmation email.***
- ***If you already have proceeded with restructuring/amendments with your project, kindly send us the package that you have submitted.***
- ***Otherwise, kindly fill this questionnaire:***

Summary

Please answer all of the following.

	Yes or No
1. A change in the current **Project Development Objective** is needed?	
2. Any change expected in the **description** of the project?	
3. Any changes on **Key Performance Indicators** and/or their **targets**?	
4. Are **new activities** expected in the project which were not in the original project design and are not reflected in the DGA/DCA?	
5. Any **reallocation** of funds anticipated?	
6. Are changes in the current **implementation arrangements** anticipated?	
7. Is an **extension** of the closing dated expected?	
8. Is the Project DO and or IP rated **Unsatisfactory**?	
9. Any **other area of concern** associated with the implementation of the Project?	

1. Project Development Objective and Description

Column 1: Please cut and paste the original PDO from the Legal Document
Column 2: Write the proposed PDO/Description of Activities
Column 3: Provide justification(s) why this change is needed

If no changes are needed, leave this blank and move on to the next item

1. Original Project Development Objective	2. Revised PDO	3. Why is this change needed?

1. Original Project Description (pls. list only the change)	2. Revised Description	3. Why is this change needed?

Comments (if any):

3. Key Performance Indicators

Please check consistency of the indicators between PAD, Legal Agreement and ISR. If there are inconsistencies among them, please identify (by highlighting them).

If no changes are needed, leave this blank and move on to the next item

Original KPIs	Original Targets	Revised KPIs	Revised Targets
1.			
2.			
3.			
4.			

Comments on KPIs (if any):

4. New activities anticipated

If new activities are anticipated in the projects, kindly provide a short and concise summary of it:

If no changes are needed, leave this blank and move on to the next item

Proposed New Activities (itemize if possible)	Why needed?
1.	
2.	
3.	

5. Reallocation of funds among expenditure categories

If reallocation of funds is anticipated (with or without changing the PDO/KPI), please indicate in the following tables. *If no changes are needed, leave this blank and move on to the next item*

5.1. Is the entire reallocation exceeds 20 percent of the total amount of the Credit/Grant?
Yes/No: _____

5.2. Current expenditure categories and <u>remaining balance</u>

Original expenditure categories per DCA/DGA	Original allocated amounts (US$)	Remaining balance
1.		
2.		
3.		
Total		

5.3. Revised expenditure categories and <u>reallocated amounts</u>
If a new category is needed, add a line and indicate that new category

Revised expenditure categories (keep the original if there are no changes)	Revised amounts allocated to each category (US$)	Why is this change needed?
1.		
2.		
3.		
Total		

Detail of the Reallocation (OP/BP 13.25) (Project Cost Savings): For example, an amount of $1,000 is being reduced from the "Goods" category and the same amount is added to the "Consultant Services" category. You will need to provide information on: (a) why we have $1,000 cost savings in Goods category. Is it something related to reduction in the activities for a particular component, or the Borrower/recipient's priorities have changed; and (b) why we are adding this amount to another category?

Brief Comments/Detail on reallocations:

5.4. Do the advance arrangements (with regard to special/designated account) need any changes? Yes/No: _____

If Yes, what changes are needed?

6. Changes in Institutional Arrangements

Please check the institutional arrangements described in the PAD (especially in the Legal Document) and your answers to the questions above and provide information in the following table.

If no changes are needed, leave this blank and move on to the next item

Proposed changes in Institutional Arrangements (itemize if possible)	What is expected to improve if these changes are made?
1.	
2.	
3.	

7. Possible Project Extension

OP/BP 13.30 (Extension of Closing Dates)

(a) Considering current project implementation performance, do you think the project would need to be extended? **Yes/No:** _____

(b) From October 2006 onwards and considering all possible extensions in the future, how many months would be remaining to Project Closing date? _____**months**

(c) If your answer is "Yes" for extension, then please provide the detail action plan through a separate email for the activities which will be carried out during the extension period. Bank's policy on extensions should be followed.

(d) As you are aware, as per bank policy, the extensions are not considered if the project is delinquent on audits. Is the project current on audit reports? **Yes/No:** _____

8. Unsatisfactory Rating

If the Project is rated Unsatisfactory, please provide the following information:

(a) List the problems faced during implementation (including prevalence)

(b) Measures already taken/being taken to bring the performance level to "Satisfactory"

9. Any other area of concern associated with the implementation of the Project?

Comments:

APPENDIX 8. RESTRUCTURING/AMENDMENTS STATUS MONITORING SHEET

Africa: Active HIV/AIDS Projects
Restructuring/Amendments Status Sheet
12/19/2006

Confirmed by TTL
We suggest (not yet confirmed by TTL)
No information

No.	Country	Project ID	Project Title	Rev. Clos date	Mths remain	Quest nrcvd.	Comments	Projects needing changes (restructuring/amendments)								
								PDO	Proj. Desc	KPI or targets	New activity	Realloc ation	Impl. Arrange.	Closing extension	DO/IP status	Other concern s
BOARD																
19	Ghana	P088797	GH-Multisector HIV/AIDS - M-SHAP	06/30/2011	39	Yes	TTL confirmed (11/15/06)	√	-	-	-	-	-	-	-	-
20	Guinea	P073378	GN-Multi-Secal AIDS	07/31/2008	3	Yes	TTL confirmed (10/11/06)	√	-	√	-	√	-	-	-	√
21	Guinea-Bissau	P073442	GW-HIV/AIDS Global Mitigation Sup	12/31/2007	(4)	No	TTL confirmed (10/11/06)	√	√	√	-	√	√	√	-	√
27	Mauritania	P078368	MR-HIV/AIDS MultiSec Cntrl	03/31/2009	12	Yes	TTL confirmed (10/12/06)	√	√	√	-	√	√	-	-	-
29	Niger	P071612	NE-MultiSec STI/HIV/AIDS 2	06/30/2008	2	Yes	TTL confirmed (10/04/06)	√	-	√	-	√	√	√	-	-
32	Senegal	P074059	SN-HIV/AIDS Prevent & Control APL	09/30/2007	(7)	Yes	Project to be extended	√	-	√	-	-	-	√	-	√
34	Tanzania	P071014	TZ-HIV/AIDS APL	09/30/2008	6	Yes	TTL confirmed (12/22/06)	√	-	√	√	√	√	√	-	√
RVP/CD																
5	Angola	P083180	AO-HAMSET SIL	06/30/2010	27	Yes	TTL confirmed (11/6/06)	-	-	√	-	-	-	-	-	-
30	Nigeria	P070291	NG-HIV/AIDS Prog Dev	06/30/2007	(10)	Yes	TTL confirmed (9/22/06)	-	-	√	√	√	-	-	-	-
33	Sierra Leone	P073883	SL-HIV/AIDS Response	12/31/2006	(16)	No	Project extended to 12:31:07	-	√	√	√	√	√	√	-	√
36	Zambia	P003248	ZM-Zanara HIV/AIDS	02/28/2008	(2)	Yes	TTL confirmed	-	-	√	-	√	-	-	-	√
COUNTRIES REQUIRING NO ACTION DUE TO EARLY CLOSING																
1	Africa	P074850	3A-HIV/AIDS Abidjan Lagos Tmspt	07/01/2007	(10)	n/a	Project closing in 12mth	-	-	-	-	-	-	-	-	-
4	Africa	P082613	3A-Regional HIV/AIDS Treatment Prj	09/30/2007	(7)	n/a	Project closing in 12mth	-	-	-	-	-	-	-	-	-
6	Benin	P073118	BJ-HIV/AIDS Multi-Sec APL	09/15/2006	(19)	n/a	Project closing in 12mth	-	-	√	-	(attention needed in the ICR to offset prevalence in KPI)				
7	Burkina Faso	P071433	BF-HIV/AIDS Disaster Response APL	12/31/2006	(16)	n/a	Project closing in 12mth	-	-	-	-	-	-	-	-	-
9	Burundi	P071371	BI-MultiSec HIV/AIDS & Orph APL	12/31/2006	(16)	n/a	Project closing in 12mth	√	-	-	-	(attention needed in the ICR to offset prevalence in PDO)				
10	Cameroon	P073065	CM-MultiSecal HIV/AIDS SIL	06/30/2007	(10)	n/a	Project closing in 12mth	-	-	√	-	(attention needed in the ICR to offset prevalence in KPI)				
12	Central African	P073525	CF-HIV/AIDS	06/30/2006	(22)	n/a	Project closing in 12mth	-	-	-	-	-	-	-	-	-
13	Chad	P072226	TD-Pop & AIDS 2	09/30/2007	(7)	n/a	Project closing in 12mth	-	-	-	-	-	-	-	-	-
17	Ethiopia	P069886	ET-MAP	12/31/2006	(16)	n/a	Project closing.	-	-	-	-	-	-	-	-	-
18	Gambia, The	P060329	GM-HIV/AIDS Rapid Response	12/31/2006	(16)	n/a	Project closing.	-	-	-	-	-	-	-	-	-
23	Madagascar	P072987	MG-MultiSec STI/HIV/AIDS Prev	12/31/2006	(16)	n/a	Project closing in 12mth	-	-	-	-	-	-	-	-	-
31	Rwanda	P071374	RW-MultiSec HIV/AIDS	10/30/2008	7	n/a	Project closing early	-	-	-	-	-	-	-	-	-
35	Uganda	P072482	UG-HIV/AIDS Control SIL	12/31/2006	(16)	n/a	Project closing in 12mth	-	-	-	-	-	-	-	-	-
COUNTRIES REQUIRING NO ACTION (Confirmed by TTLs)																
3	Africa	P080413	3A-HIV/AIDs Great Lakes Init	03/31/2009	12	n/a	TTL confirmed (10/3/06)	-	-	-	-	-	-	-	-	-
8	Burkina Faso	P093887	BF Health Sector Sup. & AIDS Proj	06/30/2010	27	n/a	Not effective	-	-	-	-	-	-	-	-	-
11	Cape Verde	P074249	CV-HIV/AIDS	12/31/2006	(16)	n/a	Add fin. TTL confirmed	-	-	-	-	-	-	-	-	-
15	Congo, Republic	P077513	CG-HIV/AIDS & Health	06/30/2009	15	No	TTL confirmed (12/19/06)	-	-	√	-	-	-	-	-	-
16	Eritrea	P094694	ER-HIV/AIDS/STI/TB/MaariaRH	06/30/2010	27	n/a	TTL confirmed (8/21/06)	-	-	√	-	-	-	-	-	-
22	Lesotho	P087843	LS-HIV/AIDS Cap Bldg	12/31/2008	9	No	TTL confirmed (12/19/06)	-	-	-	-	-	-	-	-	-
24	Madagascar	P090615	MG-MultiSec STI/HIV/AIDS 2 (FY06)	12/31/2009	21	Yes	TTL confirmed (10/30/06)	-	-	-	-	-	-	-	-	-
25	Malawi	P073821	MW-MAP (FY04)	12/31/2008	9	Yes	TTL confirmed (9/28/06)	-	-	-	-	-	-	-	-	-
28	Mozambique	P078053	MZ-HIV/AIDS Response SIL (FY03)	12/31/2008	9	No	TTL confirmed (9/28/06).	-	-	-	-	-	-	-	-	-
CONFIRMATIONS FROM TTLs NOT RECEIVED																
2	Africa	P080406	3A-ARCAN SIL (FY05)	06/30/2009	15	No										
14	Congo, Democrat	P082516	ZR Multisectoral HIV/AIDS	01/31/2011	34	No										
26	Mali	P082957	ML-HIV/AIDS MAP (FY04)	07/31/2009	16	No		-		√						

Africa Region Working Paper Series

Series #	Title	Date	Author
ARWPS 1	Progress in Public Expenditure Management in Africa: Evidence from World Bank Surveys	January 1999	C. Kostopoulos
ARWPS 2	Toward Inclusive and Sustainable Development in the Democratic Republic of the Congo	March 1999	Markus Kostner
ARWPS 3	Business Taxation in a Low-Revenue Economy: A Study on Uganda in Comparison with Neighboring Countries	June 1999	Ritva Reinikka Duanjie Chen
ARWPS 4	Pensions and Social Security in Sub-Saharan Africa: Issues and Options	October 1999	Luca Barbone Luis-A. Sanchez B.
ARWPS 5	Forest Taxes, Government Revenues and the Sustainable Exploitation of Tropical Forests	January 2000	Luca Barbone Juan Zalduendo
ARWPS 6	The Cost of Doing Business: Firms' Experience with Corruption in Uganda	June 2000	Jacob Svensson
ARWPS 7	On the Recent Trade Performance of Sub-Saharan African Countries: Cause for Hope or More of the Same	August 2000	Francis Ng and Alexander J. Yeats
ARWPS 8	Foreign Direct Investment in Africa: Old Tales and New Evidence	November 2000	Miria Pigato
ARWPS 9	The Macro Implications of HIV/AIDS in South Africa: A Preliminary Assessment	November 2000	Channing Arndt Jeffrey D. Lewis
ARWPS 10	Revisiting Growth and Convergence: Is Africa Catching Up?	December 2000	C. G. Tsangarides
ARWPS 11	Spending on Safety Nets for the Poor: How Much, for How Many? The Case of Malawi	January 2001	William J. Smith
ARWPS 12	Tourism in Africa	February 2001	Iain T. Christie D. E. Crompton
ARWPS 13	Conflict Diamonds	February 2001	Louis Goreux
ARWPS 14	Reform and Opportunity: The Changing Role and Patterns of Trade in South Africa and SADC	March 2001	Jeffrey D. Lewis
ARWPS 15	The Foreign Direct Investment Environment in Africa	March 2001	Miria Pigato
ARWPS 16	Choice of Exchange Rate Regimes for Developing Countries	April 2001	Fahrettin Yagci
ARWPS 18	Rural Infrastructure in Africa: Policy Directions	June 2001	Robert Fishbein
ARWPS 19	Changes in Poverty in Madagascar: 1993-1999	July 2001	S. Paternostro J. Razafindravonona David Stifel
ARWPS 20	Information and Communication Technology, Poverty, and Development in sub-Sahara Africa and South Asia	August 2001	Miria Pigato

Africa Region Working Paper Series			
Series #	**Title**	**Date**	**Author**
ARWPS 21	Handling Hierarchy in Decentralized Settings: Governance Underpinnings of School Performance in Tikur Inchini, West Shewa Zone, Oromia Region	September 2001	Navin Girishankar A. Alemayehu Yusuf Ahmad
ARWPS 22	Child Malnutrition in Ethiopia: Can Maternal Knowledge Augment The Role of Income?	October 2001	Luc Christiaensen Harold Alderman
ARWPS 23	Child Soldiers: Preventing, Demobilizing and Reintegrating	November 2001	Beth Verhey
ARWPS 24	The Budget and Medium-Term Expenditure Framework in Uganda	December 2001	David L. Bevan
ARWPS 25	Design and Implementation of Financial Management Systems: An African Perspective	January 2002	Guenter Heidenhof H. Grandvoinnet Daryoush Kianpour B. Rezaian
ARWPS 26	What Can Africa Expect From Its Traditional Exports?	February 2002	Francis Ng Alexander Yeats
ARWPS 27	Free Trade Agreements and the SADC Economies	February 2002	Jeffrey D. Lewis Sherman Robinson Karen Thierfelder
ARWPS 28	Medium Term Expenditure Frameworks: From Concept to Practice. Preliminary Lessons from Africa	February 2002	P. Le Houerou Robert Taliercio
ARWPS 29	The Changing Distribution of Public Education Expenditure in Malawi	February 2002	Samer Al-Samarrai Hassan Zaman
ARWPS 30	Post-Conflict Recovery in Africa: An Agenda for the Africa Region	April 2002	Serge Michailof Markus Kostner Xavier Devictor
ARWPS 31	Efficiency of Public Expenditure Distribution and Beyond: A report on Ghana's 2000 Public Expenditure Tracking Survey in the Sectors of Primary Health and Education	May 2002	Xiao Ye S. Canagaraja
ARWPS 34	Putting Welfare on the Map in Madagascar	August 2002	Johan A. Mistiaen Berk Soler T. Razafimanantena J. Razafindravonona
ARWPS 35	A Review of the Rural Firewood Market Strategy in West Africa	August 2002	Gerald Foley P. Kerkhof, D. Madougou
ARWPS 36	Patterns of Governance in Africa	September 2002	Brian D. Levy
ARWPS 37	Obstacles and Opportunities for Senegal's International Competitiveness: Case Studies of the Peanut Oil, Fishing and Textile Industries	September 2002	Stephen Golub Ahmadou Aly Mbaye
ARWPS 38	A Macroeconomic Framework for Poverty	October 2002	S. Devarajan

Africa Region Working Paper Series			
Series #	**Title**	**Date**	**Author**
	Reduction Strategy Papers : With an Application to Zambia		Delfin S. Go
ARWPS 39	The Impact of Cash Budgets on Poverty Reduction in Zambia: A Case Study of the Conflict between Well Intentioned Macroeconomic Policy and Service Delivery to the Poor	November 2002	Hinh T. Dinh Abebe Adugna Bernard Myers
ARWPS 40	Decentralization in Africa: A Stocktaking Survey	November 2002	Stephen N. Ndegwa
ARWPS 41	An Industry Level Analysis of Manufacturing Productivity in Senegal	December 2002	Professor A. Mbaye
ARWPS 42	Tanzania's Cotton Sector: Constraints and Challenges in a Global Environment	December 2002	John Baffes
ARWPS 43	Analyzing Financial and Private Sector Linkages in Africa	January 2003	Abayomi Alawode
ARWPS 44	Modernizing Africa's Agro-Food System: Analytical Framework and Implications for Operations	February 2003	Steven Jaffee Ron Kopicki Patrick Labaste Iain Christie
ARWPS 45	Public Expenditure Performance in Rwanda	March 2003	Hippolyte Fofack C. Obidegwu Robert Ngong
ARWPS 46	Senegal Tourism Sector Study	March 2003	Elizabeth Crompton Iain T. Christie
ARWPS 47	Reforming the Cotton Sector in SSA	March 2003	Louis Goreux John Macrae
ARWPS 48	HIV/AIDS, Human Capital, and Economic Growth Prospects for Mozambique	April 2003	Channing Arndt
ARWPS 49	Rural and Micro Finance Regulation in Ghana: Implications for Development and Performance of the Industry	June 2003	William F. Steel David O. Andah
ARWPS 50	Microfinance Regulation in Benin: Implications of the PARMEC LAW for Development and Performance of the Industry	June 2003	K. Ouattara
ARWPS 51	Microfinance Regulation in Tanzania: Implications for Development and Performance of the Industry	June 2003	Bikki Randhawa Joselito Gallardo
ARWPS 52	Regional Integration in Central Africa: Key Issues	June 2003	Ali Zafar Keiko Kubota
ARWPS 53	Evaluating Banking Supervision in Africa	June 2003	Abayomi Alawode
ARWPS 54	Microfinance Institutions' Response in Conflict Environments: Eritrea- Savings and Micro Credit Program; West Bank and Gaza – Palestine for Credit and Development; Haiti – Micro Credit National, S.A.	June 2003	Marilyn S. Manalo

Africa Region Working Paper Series			
Series #	**Title**	**Date**	**Author**
AWPS 55	Malawi's Tobacco Sector: Standing on One Strong leg is Better than on None	June 2003	Steven Jaffee
AWPS 56	Tanzania's Coffee Sector: Constraints and Challenges in a Global Environment	June 2003	John Baffes
AWPS 57	The New Southern AfricanCustoms Union Agreement	June 2003	Robert Kirk Matthew Stern
AWPS 58a	How Far Did Africa's First Generation Trade Reforms Go? An Intermediate Methodology for Comparative Analysis of Trade Policies	June 2003	Lawrence Hinkle A. Herrou-Aragon Keiko Kubota
AWPS 58b	How Far Did Africa's First Generation Trade Reforms Go? An Intermediate Methodology for Comparative Analysis of Trade Policies	June 2003	Lawrence Hinkle A. Herrou-Aragon Keiko Kubota
AWPS 59	Rwanda: The Search for Post-Conflict Socio-Economic Change, 1995-2001	October 2003	C. Obidegwu
AWPS 60	Linking Farmers to Markets: Exporting Malian Mangoes to Europe	October 2003	Morgane Danielou Patrick Labaste J-M. Voisard
AWPS 61	Evolution of Poverty and Welfare in Ghana in the 1990s: Achievements and Challenges	October 2003	S. Canagarajah Claus C. Pörtner
AWPS 62	Reforming The Cotton Sector in Sub-Saharan Africa: SECOND EDITION	November 2003	Louis Goreux
AWPS 63 (E)	Republic of Madagascar: Tourism Sector Study	November 2003	Iain T. Christie D. E. Crompton
AWPS 63 (F)	République de Madagascar: Etude du Secteur Tourisme	November 2003	Iain T. Christie D. E. Crompton
AWPS 64	Migrant Labor Remittances in Africa: Reducing Obstacles to Development Contributions	Novembre 2003	Cerstin Sander Samuel M. Maimbo
AWPS 65	Government Revenues and Expenditures in Guinea-Bissau: Casualty and Cointegration	January 2004	Francisco G. Carneiro Joao R. Faria Boubacar S. Barry
AWPS 66	How will we know Development Results when we see them? Building a Results-Based Monitoring and Evaluation System to Give us the Answer	June 2004	Jody Zall Kusek Ray C. Rist Elizabeth M. White
AWPS 67	An Analysis of the Trade Regime in Senegal (2001) and UEMOA's Common External Trade Policies	June 2004	Alberto Herrou-Arago Keiko Kubota
AWPS 68	Bottom-Up Administrative Reform: Designing Indicators for a Local Governance Scorecard in Nigeria	June 2004	Talib Esmail Nick Manning Jana Orac Galia Schechter
AWPS 69	Tanzania's Tea Sector: Constraints and Challenges	June 2004	John Baffes

Africa Region Working Paper Series			
Series #	**Title**	**Date**	**Author**
AWPS 70	Tanzania's Cashew Sector: Constraints and Challenges in a Global Environment	June 2004	Donald Mitchell
AWPS 71	An Analysis of Chile's Trade Regime in 1998 and 2001: A Good Practice Trade Policy Benchmark	July 2004	Francesca Castellani A. Herrou-Arago Lawrence E. Hinkle
AWPS 72	Regional Trade Integration inEast Africa: Trade and Revenue Impacts of the Planned East African Community Customs Union	August 2004	Lucio Castro Christiane Kraus Manuel de la Rocha
AWPS 73	Post-Conflict Peace Building in Africa: The Challenges of Socio-Economic Recovery and Development	August 2004	Chukwuma Obidegwu
AWPS 74	An Analysis of the Trade Regime in Bolivia in2001: A Trade Policy Benchmark for low Income Countries	August 2004	Francesca Castellani Alberto Herrou-Aragon Lawrence E. Hinkle
AWPS 75	Remittances to Comoros- Volumes, Trends, Impact and Implications	October 2004	Vincent da Cruz Wolfgang Fendler Adam Schwartzman
AWPS 76	Salient Features of Trade Performance in Eastern and Southern Africa	October 2004	Fahrettin Yagci Enrique Aldaz-Carroll
AWPS 77	Implementing Performance-Based Aid in Africa	November 2004	Alan Gelb Brian Ngo Xiao Ye
AWPS 78	Poverty Reduction Strategy Papers: Do they matter for children and Young people made vulnerable by HIV/AIDS?	December 2004	Rene Bonnel Miriam Temin Faith Tempest
AWPS 79	Experience in Scaling up Support to Local Response in Multi-Country Aids Programs (map) in Africa	December 2004	Jean Delion Pia Peeters Ann Klofkorn Bloome
AWPS 80	What makes FDI work? A Panel Analysis of the Growth Effect of FDI in Africa	February 2005	Kevin N. Lumbila
AWPS 81	Earnings Differences between Men and Women in Rwanda	February 2005	Kene Ezemenari Rui Wu
AWPS 82	The Medium-Term Expenditure Framework: The Challenge of Budget Integration in SSA countries	April 2005	Chukwuma Obidegwu
AWPS 83	Rules of Origin and SADC: The Case for change in the Mid Term Review of the Trade Protocol	June 2005	Paul Brenton Frank Flatters Paul Kalenga
AWPS 84	Sexual Minorities, Violence and AIDS in Africa	July 2005	Chukwuemeka Anyamele Ronald Lwabaayi Tuu-Van Nguyen, and Hans Binswanger

Africa Region Working Paper Series			
Series #	**Title**	**Date**	**Author**
AWPS 85	Poverty Reducing Potential of Smallholder Agriculture in Zambia: Opportunities and Constraints	July 2005	Paul B. Siegel Jeffrey Alwang
AWPS 86	Infrastructure, Productivity and Urban Dynamics in Côte d'Ivoire An empirical analysis and policy implications	July 2005	Zeljko Bogetic Issa Sanogo
AWPS 87	Poverty in Mozambique: Unraveling Changes and Determinants	August 2005	Louise Fox Elena Bardasi, Katleen V. Broeck
AWPS 88	Operational Challenges: Community Home Based Care (CHBC) forPLWHA in Multi-Country HIV/AIDS Programs (MAP) forSub-Saharan Africa	August 2005	N. Mohammad Juliet Gikonyo
AWPS 90	Kenya: Exports Prospects and Problems	September 2005	Francis Ng Alexander Yeats
AWPS 91	Uganda: How Good a Trade Policy Benchmark for Sub-Saharan-Africa	September 2005	Lawrence E. Hinkle Albero H. Aragon Ranga Krishnamani Elke Kreuzwieser
AWPS 92	Community Driven Development in South Africa, 1990-2004	October 2005	David Everatt Lulu Gwagwa
AWPS 93	The Rise of Ghana"s Pineapple Industry from Successful take off to Sustainable Expansion	November 2005	Morgane Danielou Christophe Ravry
AWPS 94	South Africa: Sources and Constraints of Long-Term Growth, 1970-2000	December 2005	Johannes Fedderke
AWPS 95	South Africa"s Export Performance: Determinants of Export supply	December 2005	Lawrence Edwards Phil Alves
AWPS 96	Industry Concentration in South African Manufacturing: Trends and Consequences, 1972-96	December 2005	Gábor Szalontai Johannes Fedderke
AWPS 97	The Urban Transition in Sub-Saharan Africa: Implications for Economic Growth and Poverty Reduction	December 2005	Christine Kessides
AWPS 98	Measuring Intergovernmental Fiscal Performance in South Africa Issues in Municipal Grant Monitoring	May 2006	Navin Girishankar David DeGroot T.V. Pillay
AWPS 99	Nutrition and Its determinants in Southern Ethiopia - Findings from the Child Growth Promotion Baseline Survey	July 2006	Jesper Kuhl Luc Christiaensen
AWPS 100	The Impact of Morbidity and Mortality on Municipal Human Resources and Service Delivery	September 2006	Zara Sarzin
AWPS 101	Rice Markets in Madagascar in Disarray: Policy Options for Increased Efficiency and Price Stabilization	September 2006	Bart Minten Paul Dorosh Marie-Hélène Dabat, Olivier Jenn-Treyer, John Magnay and Ziva

Africa Region Working Paper Series			
Series #	**Title**	**Date**	**Author**
			Razafintsalama
AWPS 102	Riz et Pauvrete a Madagascar	Septembre 2006	Bart Minten
AWPS 103	ECOWAS- Fiscal Revenue Implications of the Prospective Economic Partnership Agreement with the EU	April 2007	Simplice G. Zouhon-Bi Lynge Nielsen
AWPS 104(a)	Development of the Cities of Mali Challenges and Priorities	June 2007	Catherine Farvacque-V. Alicia Casalis Mahine Diop Christian Eghoff
AWPS 104(b)	Developpement des villes Maliennes Enjeux et Priorites	June 2007	Catherine Farvacque-V. Alicia Casalis Mahine Diop Christian Eghoff
AWPS 105	Assessing Labor Market Conditions In Madagascar, 2001-2005	June 2007	David Stifel Faly H. Rakotomanana Elena Celada
AWPS 106	An Evaluation of the Welfare Impact of Higher Energy Prices in Madagascar	June 2007	Noro Andriamihaja Giovanni Vecchi
AWPS 107	The Impact of The Real Exchange Rate on Manufacturing Exports in Benin	November 2007	Mireille Linjouom
AWPS 108	Building Sector concerns into Macroeconomic Financial Programming: Lessons from Senegal and Uganda	December 2007	Antonio Estache Rafael Munoz
AWPS 109	An Accelerating Sustainable, Efficient and Equitable Land Reform: Case Study of the Qedusizi/Besters Cluster Project	December 2007	Hans P. Binswanger Roland Henderson Zweli Mbhele Kay Muir-Leresche
AWPS 110	Development of the Cites of Ghana – Challenges, Priorities and Tools	January 2008	Catherine Farvacque-Vitkovic Madhu Raghunath Christian Eghoff Charles Boakye
AWPS 111	Growth, Inequality and Poverty in Madagascar, 2001-2005	April 2008	Nicolas Amendola Giovanni Vecchi
AWPS 112	Labor Markets, the Non-Farm Economy and Household Livelihood Strategies in Rural Madagascar	April 2008	David Stifel
AWPS 113	Profile of Zambia's Smallholders: Where and Who are the Potential Beneficiaries of Agricultural Commercialization?	June 2008	Paul B. Siegel

Africa Region Working Paper Series			
Series #	**Title**	**Date**	**Author**
AWPS 114	Promoting Sustainable Pro-Poor Growth in Rwandan Agriculture: What are the Policy Options?	June 2008	Michael Morris Liz Drake Kene Ezemenary Xinshen Diao
AWPS 115	The Rwanda Industrial and Mining Survey (RIMS), 2005 Survey Report and Major Findings	June 2008	Tilahun Temesgen Kene Ezemenari Louis Munyakazi Emmanuel Gatera
AWPS 116	Taking Stock of Community Initiatives in the Fight against HIV/AIDS in Africa: Experience, Issues, and Challenges	June 2008	Jean Delion Elizabeth Ninan
AWPS 117	Travaux publics à Haute Intensité de Main d' Oeuvre (HIMO) pour la Protection Sociale à Madagascar : Problèmes et Options de Politique	August 2008	Nirina H. Andrianjaka Annamaria Milazzo
AWPS 118	Madagascar : De Jure labor Regulations and Actual Investment Climate Constraints	August 2008	Gaelle Pierre
AWPS 119	Tax Compliance Costs for Businesses in South Africa, Provincial Analysis	August 2008	Jacqueline Coolidge Domagoj Ilic Gregory Kisunko
AWPS 120	Umbrella Restructuring of a Multicountry Program (Horizontal APL) Restructuring the Multicountry HIV>AIDS Program (MAP) in Africa	October 2008	Nadeem Mohammad Norbert Mugwagwa