1. Project Data

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Sector(s)
Health(58%): Public administration - Health(35%): Other social services(7%)

Theme(s)
HIV/AIDS(85%): Participation and civic engagement(15%)

Prepared by
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Group
IEGHC (Unit 2)

2. Project Objectives and Components

a. Objectives

**Original Project Development Objectives:** The objective of the Project was "to assist the Borrower in increasing the coverage, efficiency and sustainability of targeted and evidence-based HIV/AIDS interventions by: (a) strengthening the National AIDS Coordinating Agency's (NACA's) institutional management and coordination capacity; and (b) financing strategic and innovative HIV/AIDS-related prevention and mitigation activities" (Loan Agreement 1/29/2009). Although prevention of HIV is not explicitly stated in the objectives, the title of the project in the Loan Agreement is "National HIV/AIDS Prevention Support Project."

**Revised Project Development Objectives:** A level-1 restructuring approved by the Board on 12/29/2011 revised the objectives as follows: "to assist the Government of Botswana to increase access to prioritized prevention services that reduce the risk of HIV"
transmission." Efficiency and sustainability were no longer included, as stated in the Restructuring Paper (p. 5): "Based on a more comprehensive understanding of the context of Botswana's HIV/AIDS epidemic and implementation experience to date, it appears that efficiency and sustainability will not be easily measurable or attainable in such a short time span. Consequently, the proposed revised PDO has been simplified."

b. Were the project objectives/key associated outcome targets revised during implementation?
Yes

Did the Board approve the revised objectives/key associated outcome targets?
Yes

Date of Board Approval
29-Dec-2011

c. Components

Component 1: Support to the National AIDS Coordinating Agency (NACA) (Appraisal US$7.2 million; Actual US$6.4 million)
Strengthening institutional capacity and national monitoring.

Supporting the development and implementation of Beneficiary Ministries’ annual work plans related to HIV/AIDS.

Component 3: Civil Society Organizations/Private Sector (Appraisal US$21.6 million; Actual US$25 million)
Carrying out subprojects that prioritize HIV/AIDS prevention results.

d. Comments on Project Cost, Financing, Borrower Contribution, and Dates

Project Costs. The project cost amounted to US$50 million and was fully disbursed. The total cost included taxes of US$1.7 million.

Financing. The project was financed by an IBRD loan. The operation also introduced an IBRD buy-down mechanism which aimed at reducing the cost of the loan to the government through buy-down donor funds from the European Commission as a grant of US$20 million which was provided to the Ministry of Finance and Development Planning. The funds were released during implementation based on project performance. The increased flexibility and concessionality of funding was applicable to the project based on global public good justifications and cross-border externalities. The project constituted the first IBRD buy-down in Africa. Performance-based financing was also introduced linking disbursements with the performance of line ministries, civil society and private sector organizations receiving project support.

Dates. The project was appraised on 4/21/2008, approved in July 2008, and became effective on 6/30/2009, one year after approval because of a lengthy parliamentary review and delays in meeting effectiveness conditions by the Borrower. A midterm review was undertaken on 6/13/2011, followed by a level-1 restructuring on 12/19/2011 to revise the PDO and to simplify it. At the time of the revision, US$12.77 million (26%) have been disbursed. A level-2 restructuring on 7/15/2003 extended the closing date by one year; and another level-2 restructuring on 8/20/2014 further extended the closing date by 6 months, along with fund reallocation. The original project closing date was planned for 9/30/2013, and with the above two extensions aggregating at a total of 18 months, the project closed on 3/31/2015.

3. Relevance of Objectives & Design

a. Relevance of Objectives

Relevance of the original objectives is rated High. At appraisal, the objectives were relevant as AIDS was the top cause of mortality in the country, and the fiscal space implication of the epidemic became a major concern. In 2008, the prevalence of HIV in adults was 23.8%, and
about 27% of all reported deaths were attributed to AIDS. At appraisal, HIV/AIDS-related expenditures were 2.6% of GDP, and, in addition to expanding coverage, there was increasing government attention to efficiency and sustainability. The objectives were aligned with the priorities of the National Strategic Framework I (2003-2009), which defined the national response, and focused on strategic prevention, innovative mitigation approaches, and strengthened coordination among stakeholders. The objectives were also aligned with the framework’s operational plan, the National Operational Plan for Scaling-up HIV Prevention (2008), which focused on prioritizing interventions with the greatest potential impact for preventing new infections. The objectives were aligned with Botswana’s overarching development agenda (NDP-9 and the Poverty Strategy). The Project was consistent with relevant sectoral and regional World Bank strategies and policies: Africa Regional Health Policy (2006); Global HNP Strategy (2007); and Africa HIV/AIDS Strategy (2008), and with the Interim Strategy Note for Botswana (2008), the first Bank strategy for Botswana which included HIV/AIDS among its strategic priorities. At the regional and global levels, the objectives were relevant to the Millennium Development Goals, the Multi-Country HIV/AIDS Program for Africa, and UNAIDS Three Ones Principle, which calls for one national authority for HIV/AIDS, one strategic framework, and one M&E system. Relevance of Objectives remains high as the HIV/AIDS prevention and control agenda remains among the top priorities for the country, for the Africa region, and for the Bank.

Relevance of the revised objectives is rated Substantial. The revised objectives were simplified to include only one objective on increased access to prioritized prevention services to reduce the risk of HIV transmission, with the objectives of efficiency and sustainability dropped to simplify the PDO as indicated by the restructuring document. Although the objective of increasing access remains highly relevant for the country and the Bank, country policy priorities also continue to emphasize sustainability in terms of the financing context (as exemplified by the Botswana 2013 Global AIDS Response Report and NACA's 2015 Investment Case) as well as efficiency of service delivery (ICR, p. 18).

Relevance of Design

Relevance of design under the original objectives is rated Modest. The design was partially consistent with the stated objectives. Expanding HIV/interventions through the ministry of health, seven line ministries, and civil society organizations was reasonably expected to increase coverage. But it was not clear how project activities would have led to increased efficiency and sustainability, as related activities and expected results were not articulated.

Relevance of design under the revised objectives is rated Substantial, as increased access to prioritized prevention services was consistent with the stated objective, and the results chain was clearly laid out as shown above under the original objectives.

4. Achievement of Objectives (Efficacy)

Objective 1

Objective
Increase the coverage of targeted and evidence-based HIV/AIDS interventions.

Rationale

Outputs
The project provided support to the institutional strengthening of NACA as the primary implementing agency, including staff training for NACA and civil society organizations, technical assistance and studies focusing on social aspects of the HIV/AIDS epidemic, and M&E capacities. Support was provided to seven line ministries, the Tertiary Education Council, 54 civil society organizations and private sector entities. The inputs focused on HIV education and communication, behavior change communication, preventive treatment, safe male circumcision, biomedical interventions, training on pediatric HIV/AIDS, counselling, cervical cancer screening and HPV vaccine, integrated treatment of TB-
HIV/AIDS, and directly observed therapy for TB, healthcare system and infrastructure strengthening, and male condom distribution. The detailed outputs are too extensive to discuss, and the following are some examples: All teachers in the country acquired pediatric HIV training; 2,600 youth a month nationwide received counselling on life issues; 43 institutions had campus-based counselors and counseling reaching about 1,300 males and 1,200 females a month; 500,000 sector specific branded condoms were provided for the Ministry of Youth, Sport and Cultures, with an average distribution of 3,700 male condoms every month.

The project provided support to public sector ministries in developing and implementing their annual work plans related to HIV/AIDS, notably the plans of (a) the Ministry of Education focusing on teachers and in-school youths; (b) the Ministry of Labor and Home Affairs focusing on prison staff and prisoners; (c) the Ministry of Local Government focusing on community level stakeholders, including orphans, vulnerable children, and out of school youths; (d) the Ministry of Works and Transport focusing on mobile and highly vulnerable populations; (e) the Ministry of Youth, Sport and Culture focusing on youth; and (f) support to civil society organizations and private sector to carry out subprojects for HIV/AIDS prevention.

**Outcomes**

Geographically, the coverage of project activities under the original objectives benefited five districts or 58% of the target population. Coverage continued under the revised access objective, adding six more districts. Over the whole life of the project, 11 districts were covered, enabling access to improved preventive and treatment services for about 80% of the population, including the highest prevalence areas.

Areas of notable progress included the increase in the number of Highly Active Anti-retroviral Therapy (ART) compliant health facilities, from a baseline of 33 facilities in 2008, to 566 facilities in 2015, exceeding the target of 560. This demonstrated an extensive expansion in service delivery capacity with a substantial enhancement in the target population coverage with HIV prevention and treatment services. The ICR indicates that the percentage of population (10-64 years) who have ever received an HIV test increased from a baseline of 56% to 70.2% in 2015, reaching the target of 70%, and that the percentage of adults (15-49 years) who received an HIV test in the past 12 months increased from a baseline of 41.2% in 2008 to 63.7% in 2015, exceeding the target of 60%, enhanced by increased coverage in voluntary counseling and testing in the country. The number of male circumcision procedures, performed in selected health facilities, rose from a baseline close to 0 in 2008, according to the ICR, to 150,136 in 2015, but short of the target of 385,000. The percentage of funded civil society organizations that have made progress in reaching targets specified in their proposal increased from a baseline of 0 in 2008 to 100% in 2015, surpassing the target of 70%.

Tuberculosis (TB) indicators were also used because of the high rate of co-infection and co-morbidity in both diseases (in Botswana, 63% of TB patients had HIV/AIDS coinfection), and because of increasing integration in service delivery for both, mainly for counseling, testing, and treatment. Uptake of ART among TB patients increased from 53% in 2010 to 75% in 2013. Improved infrastructure and training in diagnosis and clinical management contributed to this progress. TB case detection rose from a baseline of 69% in 2008 to 75% in 2015, reaching regional and global benchmarks of 74%. TB treatment success rose from a baseline of 74% in 2008 to 82% in 2005, exceeding regional and global benchmarks of 80%.

While coverage of targeted and evidence-based interventions met targets, substantially achieving the objective as stated, results that reflect the effectiveness of such coverage varied among interventions. Information, education, and communication coverage have substantially increased in terms of activities and scope, but their effectiveness was variable, and relatively low. The percentage of youth who had adequate understanding of HIV/AIDS risks, as reflected by “the percentage of youths aged 15 to 19, and 20 to 24, who correctly identified three ways of preventing the sexual transmission of HIV and who rejected three major misconceptions about HIV transmission” increased from a baseline of 40% in 2008 to 46.7% and 47.7% respectively in 2015, short of the target of 60%, indicating that about half of youth did not have adequate understanding of HIV/AIDS risk. As for “the proportion of youth aged 15 to 19, and 20 to 24, reporting either no sexual activity or condom use during the last sexual encounter with a non-regular partner in the past 12 months”, the targets were not achieved for the 15-19 years age cohort, but were achieved for the 20-24 year age cohort. The targets for sexually active males/females who report having had sex with more than one partner in the past 12 months were not met, and actually increased from a baseline of 17.1% in 2008 to 22.7% in 2015 for the age cohort 15-19, and from a baseline of 17.7% in 2008 to 20.1% in 2015 for the age cohort 20-24 years, raising concerns about the practice of multiple concurrent sexual partnerships and about the effectiveness of information and education efforts in the context of entrenched cultural and social norms with respect to sexual partnership, gender and economic empowerment.

**Rating**

Substantial

**Revised Objective**

Increase access to prioritized prevention services that reduce the risk of HIV transmission.
Revised Rationale
The revision of objectives retained the same thrust for this objective, and dropped the two other objectives concerning efficiency and sustainability to simplify the PDO.

Outputs
As described above under Objective 1, with an increased focus on prioritized prevention services involving better-performing ministries (Ministry of Health and Ministry of Education and Skills Development) as well as biomedical interventions with proven results (safe male circumcision and the integration of HIV/AIDS treatment with treatment for tuberculosis and cervical cancer).

Outcomes
The project considered the terms access and coverage to be similar, and the terms were used interchangeably. The same outcomes and indicators described above under Objective 1 were used to assess progress and outcomes. Within a broader epidemiological context, the ICR noted that HIV incidence has marginally declined from 1.45% in 2008 to 1.35% in 2013, which may indicate that the epidemic is stabilizing, while keeping in mind that UNAIDS-data showed that the largest drop in incidence occurred prior to 2007. Also, progress towards the attainment of this objective was linked with broad institutional strengthening involving line ministries, centrally and at decentralized levels.

Revised Rating
Substantial

Objective 2

Objective
Increase the efficiency of targeted and evidence-based HIV/AIDS interventions (applies only to the project under the original objectives)

Rationale
The ICR did not provide enough information to assess this objective. There were no indicators that would allow assessing efficiency gains of interventions. The ICR stated that the project did not analyze trends using epidemiological monitoring and project data to enable related assessments over time, across intervention types, or across implementers, and that this was an omission that has limited decision-making during the project and beyond it (ICR, p. 23).

Rating
Negligible

Revised Objective
Not applicable as the objective was dropped at restructuring.

Revised Rationale
Not applicable as the objective was dropped at restructuring.

Revised Rating
Not Rated/Not Applicable
Objective 3

Objective
Increase the sustainability of targeted and evidence-based HIV/AIDS interventions (applies only to the project under the original objectives)

Rationale
As stated above under Objective 2, the ICR did not provide information to assess this objective, and there were no indicators that would help in assessing increased sustainability of HIV/AIDS interventions.

Rating
Negligible

Revised Objective
Not applicable as the objective was dropped at restructuring.

Revised Rationale
Not applicable as the objective was dropped at restructuring.

Revised Rating
Not Rated/Not Applicable

5. Efficiency

The PAD included an analysis (Financing and Delivery of HIV/AIDS Prevention, Treatment, & Social Support Services in Botswana: An Economic Analysis) that provided contextual information and economic arguments, relying on a review of the literature. It did not include project-specific calculations or estimates of net present value, economic rate of return, or cost-effectiveness. Hence, it was not possible, according to the ICR, to compare estimates and expectations between the baseline and the end line at project closure (ICR, p. 26). According to the ICR, it was not possible to make a conclusive judgment on the impact and cost-effectiveness of behavioral change approaches applied under the project due to the lack of data on interventions or program costs, and on the observed efficacy in terms of cases averted (ICR, p.58). However, the ICR assumes that behavioral interventions were inefficient, while integrated approaches with TB and cervical cancer were efficient (ICR, p. 27).

There were issues in the efficiency of implementation during the first three years of implementation. Effectiveness was delayed by one year because related conditions were not met. Implementation was slow in the early stages, procurement performance fluctuated, and the project suffered from periodic short-staffing in financial management, procurement, and M&E. Disbursement attained only 26% at the end of 2011. However, performance substantially improved starting in 2012. Activities were completed after two extensions totaling 18 months. The loan was fully disbursed at project closing on 3/31/2015.

Efficiency Rating
Modest

a. If available, enter the Economic Rate of Return (ERR) and/or Financial Rate of Return (FRR) at appraisal and the re-estimated value at evaluation:
6. Outcome

**Under the original objectives**, which were to increase coverage, efficiency and sustainability of targeted and evidence-based HIV/AIDS interventions, relevance of objectives is rated high because AIDS was the top cause of mortality in the country in 2008, and the objectives were responsive to the strategies of the Borrower and the Bank. Relevance of design is rated Modest as the design was only partially consistent with the stated objectives. Expanding HIV/interventions through the ministry of health, seven line ministries, and civil society organizations was expected to increase coverage, and the results chain for attaining such an enhanced coverage was plausible. But it is not clear how project activities would have led to increased efficiency and sustainability, as related activities and expected results were not defined. The objective to increase coverage of targeted and evidence-based HIV/AIDS interventions was substantially achieved, with expansion of safe male circumcision, HIV testing, ART, and HIV-TB services, although questions remains about the impact of knowledge and behavior change interventions. The two other objectives on increased efficiency and sustainability of targeted interventions are rated Negligible as there was no information about progress towards their attainment, nor evidence about their achievement. Efficiency is rated Modest because of the lack of project-specific data on cost-effectiveness and because of inefficiency in implementation. The review findings are indicative of significant shortcomings under the original objectives, and therefore an outcome rating of Moderately Unsatisfactory.

**Under the revised Objectives**, which were simplified to include only increased access to prioritized prevention services, relevance of objectives is rated Substantial as access remained highly relevant, but the objectives no longer captured increasing national concerns about sustainability and efficiency aspects in confronting AIDS. Relevance of design is rated Substantial as the results chain clearly laid out how the expansion of HIV/AIDS interventions, involving seven ministries and civil society organizations, would lead to increased access. Efficacy is rated Substantial as the objective of increasing access to prioritized interventions was substantially achieved. Efficiency is rated Modest as discussed above under the original objectives. The review findings are indicative of moderate shortcomings under the revised objectives, therefore an outcome rating of Moderately Satisfactory.

According to IEG/OPCS guidelines, when a project's objectives are revised, the final outcome is determined by the weight of Bank disbursements under each set of objectives:

- Under the original objectives, the outcome is rated Moderately Unsatisfactory with a weight value of 0.78 (3 x 26% in disbursement).
- Under the revised objectives, the outcome is rated Moderately Satisfactory with a weight value of 2.96 (4 x 74% in disbursement).
- All aggregate at 3.74 (rounded to 4) which is indicative of a moderately satisfactory rating. Taken together, these ratings indicate moderate shortcomings in the project's preparation and implementation, and therefore an overall Outcome rating of Moderately Satisfactory.

a. **Outcome Rating**
   Moderately Satisfactory

7. Rationale for Risk to Development Outcome Rating

Financial commitments to maintain the HIV/AIDS response at a high level are expected to be under increasing pressure due to slowing economic growth and diminishing fiscal contribution from diamond mining. Expectations of reduced donor funding and diminishing domestic fiscal resources would lead to more intense competition between the various claims on government spending. At the institutional level, the past response was considered by the government to be an emergency response mode justifying the presence of NACA as a standalone entity. In the context of a stabilized epidemic, a more integrated approach will be pursued in the future with an added focus on efficiency, and the government would be integrating NACA into the Ministry of Health (ICR, p. 31). The absence of a dedicated coordinator of the multi-sectoral platform may be challenging in the short term until the institutional links are well developed and clarified across sectors. The Bank continues its engagement
with the government, and is supporting analytical work on sector efficiency and sustainability challenges with respect to health and HIV/AIDS financing. Also, a health systems strengthening operation, supported by the Bank, is currently under preparation with an expected delivery in 2017.

a. Risk to Development Outcome Rating
Substantial

8. Assessment of Bank Performance

a. Quality-at-Entry
Preparation support was intensive during a 20-month period because of the novelty of financing instruments for the IBRD-buy down arrangement, the unfamiliarity of the Borrower with Bank operations, and because the project was considered a flagship operation (ICR, p. 6). The PAD reflected the breadth of the technical soundness of interventions. Preparation of project components was based on analysis of identified challenges in the national response to the HIV/AIDS epidemic. A Quality Enhancement Review was undertaken by the Bank in April 2008 and concluded that the PDO was relevant and appropriate, and confirmed the importance of the operation moving forward on a priority basis. The Review indicated the need to avoid excessive expectations, and provided recommendations on technical issues, social assessment, and the development of operational plans. Effective coordination was undertaken with the European Commission as co-financier, Government counterparts, and other country-level development partners. The Bank team provided emphasis on client support and capacity building in Bank policies and procedures.

However, there were some shortcomings in elucidating the operational details for project activities and performance-based financing processes. An evaluation component, as an integral part of the project, would have further informed implementation. Higher level systemic and structural impediments were underestimated (ICR, p.31) with a delay in meeting project effectiveness conditions. The magnitude of the risks was underestimated, including implementation capacity limitations. In addition, the original project design did not include activities to support the sustainability and efficiency objectives.

Quality-at-Entry Rating
Moderately Unsatisfactory

b. Quality of supervision
Given that the Bank did not have an active portfolio in the country and had not been active in Botswana for 20 years, the team dedicated substantial time to explore the country context to build the foundations for an effective relationship with the Borrower. Following effectiveness, the team focused on the most critical reasons for delays, notably meeting the legal and technical conditions, and issues related to the hiring of the requisite technical assistance. Throughout supervision, the Bank team was proactive in identifying bottlenecks and feasible solutions. The restructuring was timely and proactive, occurring when only 26% of financing had disbursed. Supervision missions were focused and regular. The Implementation Status Reports (ISRs) were coherent, appropriately reflected the nature of the implementation challenges, and suggested solutions. The ICR states that the mission Aide Memoires were clear and actionable, and that the mid-tern review issues paper was robust (ICR, p. 33). The Borrower’s feedback on the Bank’s implementation support was positive, except for concerns about delays in providing no objections to procurement. The Bank Team support led to notable quality enhancements in the civil society organization component, data management, and in performance-based financing mechanisms and validation.

Quality of Supervision Rating
Moderately Satisfactory

Overall Bank Performance Rating
Moderately Satisfactory

9. Assessment of Borrower Performance
a. Government Performance

The Government was closely and consistently engaged in shaping the content and design of the operation. While the government has shown high commitment and support to the HIV/AIDS agenda throughout the project period, and in engaging the private sector, it was less effective in dealing with the initial bottlenecks during early implementation. These included issues related to the hiring freeze for civil servants, and slow facilitation of the broader political processes that have delayed parliamentary approval.

Government Performance Rating
Moderately Satisfactory

b. Implementing Agency Performance

In view of the mult-sectorality of the operation, NACA’s performance was intertwined with the broader public sector performance. In spite of capacity limitations, NACA performed sufficiently well in orchestrating project activities, while coordinating a complex implementation platform, which included seven line ministries, the Tertiary Education Council, and 54 civil society organizations. Short-staffing in financial management, procurement, and M&E was common in the first three years of implementation. The technical capacity of focal points was mixed. The agency’s management changed twice causing a temporary discontinuity. The agency had an uneven relationship with line ministries. However, starting in late 2012, NACA demonstrated adequate performance overall, including in its effective engagement with civil society.

Implementing Agency Performance Rating
Moderately Satisfactory

Overall Borrower Performance Rating
Moderately Satisfactory

10. M&E Design, Implementation, & Utilization

a. M&E Design

The country already had a reasonably well established monitoring system and the project aimed at strengthening it, notably at the decentralized levels, and in standardizing the metrics and reporting across the ministries and civil society organizations. The project’s results framework was shaped by the Bank’s Multi-country HIV/AIDS Program’s (MAP) Global Results Scorecard (GRS, 2006). Although the MAP was recognized for its flexibility and learning by doing approach, the GRS had limitations. Specifically, some targets were ambitious, generic and broad. The IBRD-buy down was focused on an output-based budget support. The European Commission was closely involved in determining the indicators during appraisal as they would be used to trigger disbursements. More importantly, the design did not plan for the assessment of cost-effectiveness and efficiency aspects.

b. M&E Implementation

Initial difficulties and fluctuations were faced mainly due to human resources constraints and understaffing at the district level. The midterm review contributed to addressing identified challenges through specific and time-bound human resource recommendations, including hiring a Senior Community M&E specialist in 2011. Subsequently, performance improved. The community M&E technical assistance helped in streamlining performance-based community grants, and addressed earlier data gaps. The External Results Verification Report (Euro Health Group, 2013), which involved 9 health districts, noted the issues in the definition of indicators and their multiplicity, but concluded that the M&E framework was comprehensive and useful. In general, reporting was adequate during the second part of the project period, from 2012 and beyond, keeping in mind the persisting need to further harmonize among different levels of the M&E platform, and the need for a fully centralized HIV/AIDS database. NACA’s report, the Investment Case (2015) identifies M&E as a strategic priority to improve the effectiveness and efficiency of the national response to HIV/AIDS, and notes the continued need to further strengthen data collection and M&E systems.
c. M&E Utilization

The findings were regularly shared with the Bank and stakeholders, including because results were used to trigger disbursements of the Buydown instrument. The ICR noted that the project M&E provided momentum to increase capacity, transparency, and accountability at the level of the government, development partners, ministries, administrative levels, and civil society organizations. The project also served as a catalyst for harmonization between the inpatient and outpatient health management information systems managed by the Ministry of Health.

M&E Quality Rating
Substantial

11. Other Issues

a. Safeguards

The Project was classified under environmental category “C”. No safeguard policies were triggered by the project.

b. Fiduciary Compliance

Financial Management. Given Botswana’s good performance in governance aspects in the past, the financial management risk was considered low at the start. The implementation unit’s computerized accounting system performed well. Internal controls were applied per the Operations Manual. No issues in the flow of funds and disbursements were noted. Interim financial reports were produced on a quarterly basis. By September 2010, the project met all financial management expectations, except when the office of the Auditor General had not cleared all audit backlogs, and when challenges to the recruitment of finance staff in the public sector were encountered. In June 2011, the midterm review noted that the project’s financial management arrangements were acceptable to the Bank. The implementing agency ensured continued compliance with financial management requirements. Process difficulties were noted in using the government accounting system to support the preparation of interim financial reports. By April 2012, due to reduced capacity in the financial management unit, performance declined, interim financial reports were delayed, and quality deteriorated. The audit report for the fiscal year ending in March 31, 2011 was submitted five months late. The Bank expressed its concerns in 2013 on the delays in reporting and disbursement, and proposed advanced disbursement of funds up to 6 months to pay for eligible expenditures. According to the project team, there were no issues with fiduciary compliance.

Procurement. Procurement performance fluctuated during the implementation period. After a slow startup, procurement improved and the post procurement assessment of October 2010 showed a satisfactory performance. But by April 2012, procurement slowed down due to a vacuum in technical assistance in NACA resulting in stalled procurement during an 8-month period from 09/2011 to 05/2012. Procurement activities were re-initiated with support and training from the Bank’s procurement specialist, and the revised procurement plan was cleared by the Bank. Most procurement activities in the revised plan remained on track. Performance further improved with the recruitment of a second procurement position.

c. Unintended impacts (Positive or Negative)

None noted.

d. Other

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12. Ratings

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<th>IEG</th>
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<td>Outcome</td>
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<td>Moderately Satisfactory</td>
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<tr>
<td>Risk to Development Outcome</td>
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<td>Substantial</td>
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<td>Quality of ICR</td>
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Note
When insufficient information is provided by the Bank for IEG to arrive at a clear rating, IEG will downgrade the relevant ratings as warranted beginning July 1, 2006.

The “Reason for Disagreement/Comments” column could cross-reference other sections of the ICR Review, as appropriate.

13. Lessons

Among the lessons identified by the ICR (pages 36-37), the following are noted:

- Even within a limited resource envelope, integration of HIV with other communicable disease and non-communicable disease services is possible, through a focus on functions (prevention, treatment, and care) rather than disease categories. In particular, this project illustrates the potential for integration of cervical cancer screening and care into the HIV/AIDS service delivery platform, leveraging HIV-related investments to cover other diseases that share underlying social determinants, interacting co-morbidities, and common solutions.
- Careful design and implementation of a robust evaluation agenda are prerequisites for an efficiency analysis that can inform resource allocation decisions and policy formulation. In this case, lack of data on some interventions and program costs precluded full assessment of the impact and cost-effectiveness of various behavior change interventions.

14. Assessment Recommended?

No

15. Comments on Quality of ICR

The ICR is thorough and systematic in its analysis of both the project experience and the broader contextual environment. It is notable in its candor and its elucidation of the shortcomings in project implementation. It is also notable in elucidating the stakeholders’ influences in shaping the results framework. At times, the ICR’s narrative is not fully clear as it digresses and provided lengthy details that unnecessarily extend its length to 37 pages. Lessons are well drawn from the project’s experience. The overall quality of the report is rated substantial.

a. Quality of ICR Rating
   Substantial