

**PROJECT INFORMATION DOCUMENT (PID)
APPRAISAL STAGE**

Report No.: PIDA3

Project Name	Test Project (P000755)
Region	AFRICA
Country	Ethiopia
Sector(s)	Roads and highways (92%), Central government administration (8%)
Theme(s)	Rural services and infrastructure (33%), Urban services and housing for the poor (67%)
Lending Instrument	Specific Investment Loan
Project ID	P000755
Borrower(s)	Budget Division, Department of Economic Affairs
Implementing Agency	Ethiopian Roads Authority
Environmental Category	A-Full Assessment
Date PID Prepared/Updated	08-Apr-2013
Date PID Approved/Disclosed	24-May-2014
Estimated Date of Appraisal Completion	20-Sep-2012
Estimated Date of Board Approval	15-Jan-1998
Decision	test april 5 Institutional Strengthening and Capacity Building Support for Regional Government Rural Roads Organizations. IDA, in conjunction with the Nordic Development Fund, will provide financing for consultancy services for the implementation of the proposed program of regional rural roads improvements and maintenance. The strengthening and support is to include: (a) provision of technical assistance and capacity building of selected Regional Government Rural Road Organizations in respect of project preparation, prequalification, bidding, evaluation, contract award and implementation; and (b) provision of consulting services for preparatory economic feasibility studies, detailed engineering designs, and preparation of contract documents.
Other Decision	atest april 5 Country Selection Participating countries will be selected and prioritized based on several criteria: (i) epidemiological situation (i.e. burden of TB, HIV, and drug resistant TB, as discussed in Annex I); (ii) existing laboratory capacity to address HIV related and drug resistance tuberculosis, (iii) presence of other partners and agencies and projected funding gaps; and (iv) country interest to participate in this regional operation and willingness to contribute one-third to the total cost

	<p>from the respective IDA allocations. WHO has done a preliminary analysis of the countries in greatest need based on TB burden, country preparedness, and existing capacity. The analysis draws on country-specific reports to the WHO and takes into account WHO recommendations for minimal laboratory capacity per capita. The tentative list of countries includes Benin, Burkina Faso, Cameroon, DR Congo, Kenya, Madagascar, Malawi, Mali, Mozambique, Nigeria, Rwanda, Tanzania, Uganda, and Zambia. This group of target countries account for over 52 percent of the total population of Africa and 51 percent of the continent's preventable deaths due to TB. Final country selection will take place following internal and external consultations.</p> <p>Test 123 test</p>
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I. Project Context

Country Context

test april 5 Sub-Saharan Africa has the highest rates of tuberculosis and the worst treatment outcomes, with the continent contributing significantly to the global rise in TB. While other regions have shown a steady decline in the TB burden, the numbers of new cases and mortality rates have been on the rise in Africa since 1990, fuelled by the HIV/AIDS epidemic. Of the 22 high burden countries worldwide nine are in Africa (DR Congo, Ethiopia, Kenya, Mozambique, Nigeria, South Africa, Tanzania, Uganda and Zimbabwe) . About a dozen countries on the continent are afflicted with the highest incidence rates in the world, including Swaziland, Lesotho, Botswana, Zambia, and Malawi.

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Sectoral and institutional Context

test april 5 The average incidence rate on the continent is about 350 cases per 100,000 in contrast to 62 per 100,000 in Brazil, 102 per 100,000 in China and 4 per 100,000 in the United States. Sub-Saharan Africa represents about 10 percent of the global population yet carries over 30 percent of the global burden of TB cases and related deaths. In 2006, Africa reported an estimated 2.7 million new cases of TB and 600,000 deaths, with tuberculosis figuring among the top causes of adult mortality in the region. Tuberculosis programs in Africa are finding only 50 percent of TB cases and successfully treating only 70 percent of those, in comparison to the global targets of detecting 70 percent of cases and treating 85 percent of these cases.

II. Proposed Development Objectives

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The World Bank's support to and association with the India's Revised National Tuberculosis Control Program (RNTCP) spans over a decade and a half. Since 1997, the International Development Association (IDA) has financed over USD 312 million (TB control project, Credit 2936-IN, USD 142 million, closing September 2005; and RNTCP II, Credit 4228-IN, USD 170 million, closing September 2012) of the program costs for TB control; in the past five years, the Bank contribution to the program costs being almost 46%. This investment and commitment has reaped rich dividends.

The Second National Tuberculosis Control Program in its five years of implementation has met the

global targets, exceeding 70% detection of new smear positive TB cases (73.5% to the third quarter of 2011) and successfully treating over 85% of those cases (87.6% to the third quarter of 2011). During this period, the program examined more than 36 million persons through sputum-smear microscopy and treated more than 7.5 million TB patients, saving more than 1 million lives. The RNTCP II has firmly established decentralized diagnosis through 13,000 quality-assured microscopy centers embedded in the health system and has expanded community-based treatment to a network of more than 600,000 community treatment providers. The quality of program management, monitoring, and supervision systems are notable. The RNTCP has intensively upgraded the response to multi-drug resistant TB, rapidly established forty-two specialized laboratories and ensured basic services to diagnose and treat multi-drug resistant cases, which are available in half of the districts in the country. The majority of TB patients treated under the RNTCP are now screened for HIV, and an increasing proportion are linked to anti-retroviral treatment.

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Testing

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III. Project Description

Component Name

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Comments (optional)

Component Name

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Comments (optional)

IV. Financing (in USD Million)

Total Project Cost:	538.00	Total Bank Financing:	309.20
Financing Gap:	213.90		
For Loans/Credits/Others			Amount
BORROWER/RECIPIENT			0.00
International Development Association (IDA)			309.20
UK British Department for International Development (DFID)			0.30
EC European Commission			6.10
GERMANY, Govt. of (Except for BMZ)			0.60
JAPAN Gov. of (excl. Ministry of Finance - PHRD Grants)			0.30
Nordic Development Fund (NDF)			7.60
Total			324.10

V. Implementation

test april 5 The Bank has a long standing presence and global experience both in health systems and

in addressing control of communicable diseases. While the Global Fund finances primarily country-focused grants the World Bank is well placed to tackle the regional public good nature of tuberculosis prevention and control. The Board recently approved the Regional Integration Assistance Strategy which sets forth the Africa region's vision and strategy and accompanying action plans for regional cooperation and integration.

VI. Safeguard Policies (including public consultation)

Safeguard Policies Triggered by the Project	Yes	No
Environmental Assessment OP/BP 4.01	x	
Natural Habitats OP/BP 4.04	x	
Forests OP/BP 4.36	x	
Pest Management OP 4.09	x	
Physical Cultural Resources OP/BP 4.11	x	
Indigenous Peoples OP/BP 4.10	x	
Involuntary Resettlement OP/BP 4.12	x	
Safety of Dams OP/BP 4.37	x	
Projects on International Waterways OP/BP 7.50	x	
Projects in Disputed Areas OP/BP 7.60	x	

Comments (optional)

VII. Contact point

World Bank

Contact: Kodaganallur G. Sundar
 Title: Senior Information Officer
 Tel: 458-4277
 Email: ksundar@worldbankgroup.org

Borrower/Client/Recipient

Name: Budget Division, Department of Economic Affairs
 Contact: Mr Ritvik Pandey
 Title: Director
 Tel: 23093810
 Email: ritvik@nic.in

Implementing Agencies

Name: Ethiopian Roads Authority
 Contact:
 Title:
 Tel: (251-1) 525-392
 Email: era1@telecom.net.et

VIII. For more information contact:

The InfoShop
The World Bank
1818 H Street, NW
Washington, D.C. 20433
Telephone: (202) 458-4500
Fax: (202) 522-1500
Web: <http://www.worldbank.org/infoshop>