Terminal Evaluation

Africa

I. Outline of the Project

- Country : Republic of Zambia
- Project title : Cross Border Initiative(Corridors of Hope)Project
- Field : HIV/AIDS
- Type of Assistance : Technical Cooperation Project
- Department concerned : JICA Zambia Office
- Sum of Cooperation : 50 million yen
- Period of cooperation : June 6, 2003 to March 31, 2006
- Zambian Authorities concerned : Ministry of Health
- Japanese Cooperating Agencies : None
- Other related Cooperation :
  "HIV/AIDS and Tuberculosis Control Project," a Technical Cooperation Project
  "AIDS Control and Blood Tests," a Medical Equipment Supply Program
  "Infectious Disease Control Phase 1 and 2," a Grant Aid Project
  "Project for Capacity Building to Implement VCT Services in Pilot Areas," a Small-scale Development Study
  Individual expert "HIV/AIDS and Tuberculosis Control Programme Coordinator," a Individual Expert

1-1 Background for and Overview of Cooperation

This project was started as a successor to "Zambia HIV Prevention Border Initiative Program", a Community Empowerment Program implemented under a joint US-Japan framework for 4 years from April 1999. The program targeted high-risk groups identified as commercial sex workers and their partners (long distance truck drivers, etc.). The aims were to scale up the treatment and control of sexually transmitted infections, promote public sensitization activities designed to change sexual behavior, and encourage the use of condoms, among others. The confirmed effects of the project included the fact that systems for treating sexually transmitted infections were developed at various project sites, more commercial sex workers were able to engage in awareness campaigns aimed at their colleagues and others, and the system of distributing condoms via social marketing was enhanced.

The conclusion was reached, however, that more time was needed to establish a method of approaching high-risk groups with a view to changing their sexual behavior, including cultural and economic considerations. In 2003, therefore, we started a new technical cooperation project to this end. While maintaining the joint US-Japan framework, USAID would contribute funding to FHI while JICA would send experts to World Vision Zambia (an NGO commissioned to implement the project) and provide technical cooperation such as training. Planning, implementation, monitoring and evaluation would be carried out jointly.

1-2 Cooperation Specifics

(1) Overall goal

To reduce HIV prevalence rates in Zambia.

(2) Project Purpose

To reduce the transmission of HIV among high-risk groups and the bridging population at border sites.

(3) Outputs

1) Increased access to and use of condoms amongst Commercial Sex Workers.

2) Increased access to and use of quality STI services amongt Commercial Sex Workers.

3) Increased knowledge about HIV prevention; including condom use and early health seeking behaviors for STI treatment amongst secondary target groups.

(4) Japanese input

Japanese input:

Local activity costs	48 million yen
short-term expert	1

1) Local activity expense (JICA portion) (purchase of drugs to treat sexually transmitted infections, project activity costs, training costs, etc.)

FY 2003: 16,075,000 yen
FY 2004: 16,924,000 yen
FY 2005: 14,873,000 yen

Breakdown (thousand yen)

Fiscal year	Management costs	Materiel (drugs to treat sexually transmitted diseases, equipment, etc.)	Training, workshops, etc.	Others (development of teaching materials, etc.)
2003	4,018	4,020	5,626	2,411
2004	7,615	9,308	-	-
2005	6,841	6,991	1,041	

2) Record of expert dispatch

Yasushi Sawazaki
February 10th - March 8th, 2004
Subject: Project monitoring and evaluation

(5) US input

Approximately $8.8 million (personnel costs of implementing NGOs, etc.)

II. Evaluation

(1) Relevance

In view of the following, the project is judged to have had a high degree of relevance.

- The HIV prevalence rate among 15 to 49-year-olds in Zambia is about 16% (Zambia Demographic and Health Survey, 2002), one of the highest in southern Africa. This is a factor that hinders the socio-economic development of the country. Therefore, support in fighting AIDS is important not only from a humanitarian angle and in terms of supporting health development, but also from the angle of supporting socio-economic development.
- The National HIV/AIDS/STI/TB Council (NAC) has drawn up a "National HIV/AIDS/STI/TB Strategic Plan (2002-2005)". One of its targets is to promote a reduction in the prevalence of HIV/AIDS and sexually transmitted infections among young people and women.
- Establishing project sites in border areas that form entry points from surrounding countries, and in urban areas near these borders, makes it possible to give direct support to the high-risk groups that concentrate in these areas.
- Compatibility with Japan's program related to HIV/AIDS, which aims to expand access to high-quality treatment for HIV sufferers, was guaranteed.
- Activity with a focus on high-risk groups that are vulnerable to HIV was consistent with the rationale of "Human Security", as an activity guaranteed to reach people in weak social positions.

(2) Effectiveness

In view of the following, the project is judged to have had a high degree of effectiveness.

Zambia Antenatal Clinic Sentinel Surveillance, carried out every two years, measures HIV-positive rates among pregnant women. There are no measured data on HIV prevalence rates in high-risk groups for each activity area in this project. In two project activity sites, however, HIV-positive rates among 15 to 19-year-old pregnant women, who account for a certain proportion of high-risk groups, had decreased in 2004 (after the project started) compared to 2002 (before the project started).

From this, we may assume that this project implemented effective activities that have reduced HIV prevalence rates in high-risk groups.

Survey Site	2002 (%)	2004 (%)
Livingstone	24.1	11.7
Kapiri Mposhi	20.5	14.4

(Zambia Antenatal Clinic Sentinel Surveillance Report 1994-2004)

As a result of activities in the former Community Empowerment Program, meanwhile, outcomes (a) and (b) below were confirmed with regard to the prevalence of sexually transmitted infections that lead to increased HIV infection in high-risk groups. This is largely attributed to two facts: (1) that it has become possible to treat sexually transmitted infections thanks to the permanent availability of treatment drugs in Drop-in Centres (places where people in need of support go to receive treatment for sexually transmitted infections and obtain information on HIV/AIDS, etc.) established in all project sites, and (2) that they were able to receive continuous treatment during the project period without discrimination against high-risk groups.

(a) Prevalence rates of sexually transmitted infections among commercial sex workers (over the last 12 months) showed an increase in mid-term figures but had decreased slightly at the time of the final evaluation.

	2000 (baseline)	**2003 (mid-term figure)**	**2006 (final figure)**
Genital discharge	107/401 (26.6)	217/574 (38.4)	211/736 (27.3)
Genital ulcers	128/399 (31.4)	214/575 (37.2)	212/727 (36.8)

(Behavioral Surveillance Survey (BSS) 2006) (in parentheses: %)

(b) Prevalence rates of sexually transmitted diseases among partners of commercial sex workers (long distance truck drivers) over the last 12 months decreased between 2000 and 2006.

	2000 (baseline)	**2003 (mid-term figure)**	**2006 (final figure)**
Genital discharge	36/562 (6.4)	32/565(5.7)	24/901 (4.9)
Genital ulcers	30/562 (5.3)	47/587 (5.6)	25/901 (2.8)

(Behavioral Surveillance Survey (BSS) 2006) (in parentheses: %)

Public sensitization activities, meanwhile, have produced the following outcome.

(c) The rate of condom usage between commercial sex workers and partners has increased.

	2000 (baseline)	**2003 (mid-term figure)**	**2006 (final figure)**
Use of condom in last sexual intercourse	200/403 (49.6)	313/573 (54.6)	575/732 (78.6)

(Behavioral Surveillance Survey (BSS) 2006) (in parentheses: %)

(d) With the introduction of peer educators (people placed in the same predicament; here, commercial sex workers), group work aimed at encouraging commercial sex workers to change their behavior, individual sensitization activities, and other activities were held, and an improvement in knowledge of sexually transmitted infections and HIV was confirmed.

	2000 (baseline)	2003 (mid-term figure)	2006 (final figure)
Correct knowledge on HIV	248/399 (62.2)	333/564 (59.0)	502/719 (69.8)

(Behavioral Surveillance Survey (BSS) 2006) (in parentheses: %)

Besides these, the following points have also been taken into account.
Incorporating VCT in activities has improved the user rate of VCT services among commercial sex workers.

	2000 (baseline)	2003 (mid-term figure)	2006 (final figure)
User rate of VCT services among commercial sex workers	55/398 (13.7)	86/569 (15.1)	363/729 (49.8)

(Behavioral Surveillance Survey (BSS) 2006) (in parentheses: %)

- Reports on the implementation of HIV antibody tests and number of sexually transmitted infections and HIV were sent to each District Health Management Team (DHMT), and these were then reflected in national statistics via HMIS. In this way, a comprehensive project operation was implemented to cover everyone from health authorities to the direct beneficiaries of the project.

(3) Efficiency

In view of the following, the project is judged to have had a high degree of efficiency.

- As examples of the outcome of this project, more than 600,000 people took part in sensitization activities designed to change sexual behavior, another 33,000 or so in high-risk groups received treatment for sexually transmitted infections, and nearly 8,000 received tests and counseling for HIV.
- Although the JICA budget was only about a twentieth of the USAID outlay, a mutually complementary system was established and the merits of US-Japan collaboration were fully harnessed. An example of this is that JICA was able to provide support through drugs to treat sexually transmitted infections, which USAID was constitutionally prevented from supplying.
- Although only one Japanese expert was sent in the first year, the JICA expert "HIV/AIDS and Tuberculosis Control Programme Coordinator" subsequently carried out monitoring jointly with the FHI experts, and other Japanese resources external to the project were deployed in an attempt to maximize efficiency in terms of cost.
- Efforts were made for efficient deployment of equipment by appropriately procuring materiel and developing a stock management register, etc.

(4) Impact

Since the HIV-positive rates of pregnant women have decreased in the project activity area, there is ample room to expect that preventive sensitization activities in areas with lively HIV infection will contribute to reducing HIV prevalence rates in the whole of Zambia in future.

In interviews with stakeholders, meanwhile, the following issues have been pointed out as positive wave effects brought to the area by the project.

- Thanks to sensitization activities (e.g. dramas, posters, etc.), knowledge of HIV/AIDS and sexually transmitted infections has improved among ordinary residents, and access to treatment of sexually transmitted infections has become possible for partners of commercial sex workers in the community.
- Stigma and discrimination against commercial sex workers has eased, activities by support groups consisting of people in the same predicament have become lively, and the existence of commercial sex workers has come to be accepted by local residents.
- Collaboration between related bodies and transport companies has been intensified, and sensitization activities in the workplace have been developed.

(5) Sustainability

Implementing the project under a US-Japan framework is thought to have produced the following constraints in terms of empowerment.

For example, high-quality treatment for sexually transmitted infections, VCT services, and others have led to a reduction in incidence rates of sexually transmitted infection in high-risk groups, through collaboration between the project and DHMTs during the period of activity. Results have also been achieved in sensitization activities.

After the conclusion of the project, moreover, the Zambian government will further strengthen the referral system between communities and DHMTs. The appropriate provision of materiel needed to treat sexually transmitted infections, VCT services, and others will be assured, and the project outcome will thereby be sustained or expanded. During the project period, however, it was difficult in some respects for JICA to adequately undertake its own activities aimed at sustainability. This was due to requests that we accommodate the aid method used by the US side (entrusting technical cooperation to local NGOs, focusing on achieving outcomes based on indicators within a limited period of time, etc.).

Also, direct approaches to commercial sex workers, a group that is frequently on the move and whose lifestyle habits differ from those ordinary local residents, helped to increase the ability of peer educators and other staff concerned with sensitization activities in the community. As mentioned above, however, unless the continuous support of the Zambian government can be assured, it is expected to take a certain amount of time before the project outcome can be established in public health facilities involved in treating sexually transmitted infections, etc.

III. Matters of note (including proposals and lessons learnt, etc.)

In this project, attempts have been made to expand project sites and the range of activities, partly thanks to a colossal injection of capital from the US government during the project period under the "President's Emergency Plan for AIDS Relief (PEPFAR)". One advantage of this was that the number of direct beneficiaries increased. At the same time, however, the number of participating NGOs needed to maintain the expanded project also increased, and reconstructing the system of implementation in line with this was time-consuming.

Steps had to be taken to reinforce shared awareness of this kind of difference in project management cycles between Japan and the USA, as well as the difference in the aid method (i.e. that JICA includes direct technical cooperation by experts while USAID completely entrusts technical cooperation to NGOs), and so on.

As a result of this project, commercial sex workers – people whose lives, livelihoods and dignity are threatened and who are in a vulnerable position – acquired accurate knowledge about diseases and learnt how to protect themselves from sexually transmitted infections by using condoms and practice safe sexual behavior. They were also provided with necessary treatment services. This is expected to help them overcome their social vulnerability and, in future, promote their empowerment as well. Partly for this reason, a future issue will be how Zambian society can guarantee their independence, including economic aspects.