

## Summary

### 1. Outline of the Project

Country: United Republic of Tanzania

Project Title: The Project for HIV/AIDS Control in the Ngerengere Division and Mlali Division

Issue/Sector: Healthcare and medical care

Cooperation Scheme: Grassroots Technical Cooperation Program (former JICA Partnership Program)

Division in Charge: JICA Tanzania Office

Total cost: 97.27 million Japanese yen

Period of Cooperation:

(R/D) November 2003–November 2006

Partner Country's Implementing Organization: Morogoro district, Mvomero district

Supporting Organization in Japan: World Vision Japan

Related Cooperation:

#### 1-1 Background of the Project

In Tanzania, the HIV/AIDS infection rate had been steadily increasing since the first AIDS patient was discovered in 1983. To cope with this problem, the Tanzanian government announced a National HIV/AIDS Policy in 2003 and requested that not only the healthcare and medical care fields but all fields, including education, agriculture and local administration, get involved and cope with the problem at each level of state, region, district, division and village. As a result of this effort, the estimated HIV/AIDS infection rate in Tanzania has been on a gradual decline, from 9.6% in 2002, to 8.8% in 2003, to 7% in 2004 (all are infection rates in 15 – 49-year-old people). The rate, however, is still high and the pandemic is the second highest reason for adult mortality. Therefore, the prevention of HIV/AIDS transmission in Tanzania has been very high in demand, necessity and urgency.

Through JICA and based on the proposal by a specified nonprofit corporation, World Vision Japan, the Japanese government implemented for three years from November 2003 "The Project for HIV/AIDS Control in the Ngerengere division and Mlali division," targeting regional control of HIV infection in the Ngerengere division (Morogoro district) and Mlali division (Mvomero district) of the Morogoro Rural district (later divided into the Morogoro district and Mvomero district) in the Morogoro Region. The project was implemented in cooperation with World Vision Japan as a "JICA

Partnership Program," JICA's program to be implemented in cooperation with an NGO.

## 1-2 Project Overview

### (1) Overall Goal

To reduce the HIV infection rate in the Morogoro district

### (2) Project Purpose

To decrease behaviors that lead to high risk against HIV infection in the Ngerengere division and Mlali division

### (3) Project Outputs

1. The government's basic healthcare system for HIV/AIDS and sexually transmitted diseases is enhanced, and a home care system for HIV carriers is established.
2. The residents participate in the enlightening education in the region and gain accurate knowledge on HIV/AIDS.
3. The environment is established to protect young people and women from risk of HIV/AIDS infection.
4. The environment is established to protect Masai, truck drivers who move around, and guesthouse workers, etc. from risk of HIV/AIDS infection.

### (4) Project Inputs (as of this evaluation)

Japanese side (through the JICA Partnership Program):

1. Japanese Project Manager of World Vision Japan: 1 person
  2. Staff and specialists of World Vision Tanzania: 11 persons
  3. Project cost: 1.02139 billion Tsh 92.85 million yen
  4. Expenses borne by World Vision Japan: 48.68 Tsh 4.43 million yen
- Total 97.27 million yen (1 yen = 11 Tsh)

Tanzanian side:

1. Land and facilities: The land of three voluntary counseling/test centers and two HIV/AIDS resource centers
2. Others: Medicines, HIV test kits, etc.

## 2. Evaluation Team Overview

Member of the evaluation team

Area in charge; name; title

Leader/Supervisor; Koji Makino; Deputy Resident Representative, JICA Tanzania

Measures against AIDS; Shinichi Takenaka, JICA Expert (Chief Adviser for Technical Cooperation Project "The Project for the Strengthening of Institutional Capacity for

HIV Prevention Focusing on STIs and VCT Services in Tanzania"), Lecturer, School of Medicine, Nagasaki University

Evaluation analysis: Hidemitsu Usuda Cranberry Co., Ltd.

Evaluation planning: Saeda Makimoto, Infectious Disease Control Team, Group IV, Human Development Department, JICA

Evaluation Period

October 16–27, 2006

Evaluation type: Terminal evaluation

### 3. Overview of Evaluation Results

#### 3-1 Achievements

##### (1) Outputs

###### [Output 1]

Output 1 has almost been achieved. All voluntary counseling/test (VCT), medical treatment service for sexually transmitted diseases, and mobile clinic service have been incorporated into the basic healthcare system and are implemented. VCT centers have been built on the premises of healthcare centers in the Ngerengere division, Mlali division and Melela division, and 1,622 people used the VCT service until June 2006. The medical care system for sexually transmitted diseases and opportunistic infection diseases and the mother and child healthcare unit to prevent mother-to-child transmission have been established within the healthcare centers. Thus, basic healthcare systems in the Ngerengere division, Mlali division and Melela division have been improved.

In addition, it was confirmed that the community counselors (local volunteers) who support HIV carriers (People Living with HIV/AIDS : PLWHA) were functioning well. All 202 people who became PLWHA by June 2006 received home care from 126 community counselors (local volunteers) who had been trained by the project.

###### [Output 2]

Output 2 has been achieved. The training on the basic knowledge and preventive measures for HIV/AIDS and on the role in communities were given to 1,500 people in total, who are influential in communities (school teachers, religious leaders, traditional midwives, traditional therapists, village leaders and officials, etc.), and they deepened their understanding on HIV/AIDS. The plans on the activities to change

behaviors were made in 45 villages in the target area, were approved by village AIDS committees, and were implemented. As a result, according to a survey, 90% of both male and female residents became aware of how to get condoms, which was higher than the target value of 85%. HIV/AIDS resource centers—the activity bases of the local volunteers to provide enlightening education and care for the PLWHA—were established in the Ngerengere and Mlali divisions, and working committees aiming at independent administration have been formed.

#### [Output 3]

Output 3 has been achieved. For the students of 53 elementary and high schools, young people who do not go to school and the women in the communities in the target area, 554 peer educators (local volunteers) were fostered, and the enlightening activities using interaction among peers inside and outside schools were held. Scholarships were given to 48 students who lost parents to HIV/AIDS. According to a survey, the women who replied that they were able to ask their partners to use a condom increased from about 20% to more than 60% among both adult and adolescent women.

#### [Output 4]

The enlightening activities for the groups that were at risk against HIV infection were held through the training for Masai leaders, who have a strong influence on Masai communities, fostering of peer educators of young Masais, the training of truck drivers who move around inside and outside the area and for the women working in restaurants. The behavioral change, as a result of the project activity, was confirmed with Masai communities. The one with another moving population cannot be confirmed due to technical problems. Therefore, the degree of achievement is estimated at around 50%.

#### (2) Project Purpose

The project purpose "To decrease behaviors that lead to high risk against HIV infection in the Ngerengere division and Mlali division" has been nearly achieved. The following phenomena have been confirmed as the actual behavioral changes to indicate the decrease in risky behaviors.

- The rate of the women who replied that they were able to ask a partner to use a condom increased by 20% at the time of terminal evaluation in comparison with that at the time of mid-term evaluation.

- The ratio of people who replied that they had sexual intercourse with more than one person decreased to half with men and to one-third with women, in comparison with those at the time of mid-term evaluation.
- 1,622 people used the VCT service.
- Traditional midwives and traditional therapists have quit using a cutting tool for more than one person for delivery and circumcision, which is considered unsanitary.
- Masai communities established norms for HIV prevention.

### 3-2 Summary of Evaluation Results

#### (1) Relevance

The relevance of the project was still high at the time of the evaluation. HIV infection in pregnant women and nursing mothers in the Morogoro district is 9% and is higher than the national average 7.3%. The reason for the high relevance is that HIV infection is spreading in local areas and prevention and care by the residents are necessary. In addition, the project complies with the direction of JICA's sector support program, and the purpose is same with the promotion of prevention and care at the division and village levels described in the "National Multi-Sectoral Strategic Framework on HIV/AIDS 2003-2207" of Tanzania. It is also appropriate in its method of the approach at the grassroots level.

#### (2) Effectiveness

The approach of the project was effective in decreasing the high-risk behaviors for HIV infection in the target area and in improving social support for the PLWHA. What can be identified as its reasons are that the residents accepted VCT and its usage rose, that mechanism and care of social support for the PLWHA in the communities have been established, that the tradition has changed in the method of circumcision and in sexual behavior on multiple partners, that discrimination and prejudice on the PLWHA have decreased, and that participation in the activities of preventive education was positive. The survey result proves that the knowledge on how to get condoms has increased and women's negotiation skills to use condoms has improved. However, effectiveness on the behavioral change in the moving population cannot be clearly assessed, because the change in the groups moving in and out of the area, such as truck drivers, could not be confirmed.

### (3) Efficiency

The project was efficient on the whole. The reasons are the personnel of World Vision Tanzania was useful, local volunteers were fostered as human resources at the core of the activities by the communities, and the local resources were effectively used. In addition, almost all inputs and activities have contributed to the achievement of the project outcomes and the purpose. However, the repair work of mother and child healthcare units and the construction of the HIV/AIDS resource centers that provide AIDS information in the communities were delayed, and the situation has not reached the point that the inputs are completely available, so the usage during the project period was limited.

### (4) Impact

It is difficult to judge the achievement of the overall goal of reducing the HIV infection rate in the Morogoro district, because the population of the target area is merely 4% of that of the district. On the other hand, various positive impacts were recognized within the PLWHA, communities and Masai communities. Therefore, if the activities continue into the future, it is expected to contribute to the achievement of the overall goal. The PLWHA came out of a passive situation and let on about their being PLWHA. Also, they have become supportive of other PLWHA who are in the same situation. In the communities, the social change is being accepted, in which a side of or a parent of a couple getting married makes it a condition for the marriage to the other side to have an HIV test at a VCT center. Masai leaders changed the norms of Masai communities for HIV prevention.

### (5) Sustainability

Because VCT services and medical care services for sexually transmitted diseases and opportunistic infection diseases are incorporated in the basic healthcare system of districts and municipalities of divisions, it has become possible to book the budget related to these services in districts' budgets, and sustainability has been secured in both aspects of system and finance. To enhance the continuity of the project effects, it is important to maintain the motivations of the fostered community volunteers through continuous training and support for their activities.

The PLWHA are pushed into increasing poverty due to not only the health problem but also, in some cases, discrimination. The project took an approach to contribute to poverty reduction by supporting social independence of the PLWHA while controlling discrimination and prejudice. In addition, gender consideration was taken

into account for traditional Masai culture and the balance of male and female counselors. Because of these social and cultural considerations, sustainability of the project can be expected.

### 3-3 Contributing Factors in the Production of Effect

#### (1) Planning

This project was implemented for "HIV/AIDS Prevention Program"— a component positioned in community development projects that are the original projects of World Vision. This project started at the time when the social preparation of the community had been made up, to some extent, by drawing the ownership of the residents themselves as a result of the World Vision's trials and errors in past cooperation, and also when some good examples of the HIV/AIDS prevention program as World Vision's original project had been made. Therefore, the project not only could take advantage of the merit of grassroots technical cooperation, namely to scale up the result of an NGO's activity by JICA's financial support, but also became highly efficient and effective.

#### (2) Implementation Process

The existence of the PLWHA who revealed that they were HIV positive pioneered the breaking of discrimination and prejudice, and enhanced the effect of counseling among peers.

In addition to community counselors and community educators, the people who have voices in communities, such as village leaders, traditional midwives, teachers and religious leaders, participated in the training, totaling more than 1,500. Involvement of stakeholders contributed to the achievement of the project purpose.

### 3-4 Problems and Factors that Raised Further Problems

#### (1) Planning

The project has brought about various behavioral changes in the community. However, because the designs for monitoring and evaluation had been unclear, a great part of the information was about qualitative changes obtained from the group who directly took part in the project, and there was an aspect of scarce scientifically based objective evaluation.

## (2) Implementation Process

It is not easy to carry on construction by local workers as scheduled in the local area of Tanzania; and the repair work of mother-and-child healthcare units and the construction of the HIV/AIDS resource centers were delayed due to the delay in the work of the builders. Therefore, their input has not become completely available, and their usage during the project period was limited.

The monitoring on the VCT centers in the project target area was done separately by the governmental monitoring system and World Vision's system. Therefore, VCT centers and the administration teams of districts/divisions had to do the work twice, and the burden increased. Monitoring needs to be unified, as a governmental monitoring system, and be organized.

## 3-5 Conclusions

The project target "To decrease behaviors that lead to high risk against HIV infection in the target area (Ngerengere division and Mlali division)" has nearly been achieved. Through the leaders, teachers and traditional midwives of villages, who are influential in the communities, the project promoted the residents' changes in understanding, attitudes, and implementations, and built mechanism of social support for the PLWHA. In addition, VCT services and diagnosis/medical care services for sexually transmitted diseases and opportunistic infection diseases were incorporated into the existing healthcare system, to increase the residents' use of the services. Although there was a delay in the arrangement of RCH units to prevent mother-to-child transmission and HIV/AIDS resource centers, the project has been efficiently implemented as a whole.

It is difficult to observe the overall goal of reducing the HIV infection and sexually transmitted diseases at present, but various changes have been recognized among the PLWHA, communities (especially Masai communities), and healthcare system of districts. Therefore, if the activities continue in the future, it is expected to result in the reduction of HIV infection. The project was implemented by taking poverty, gender and community empowerment into consideration. The sustainability is expected to be secured if each stakeholder continues the activities, cooperation is made among the people concerned, and fostered community volunteers are provided continuous training and support for their activities, after the project completion.

## 3-6 Recommendations



(1) It is recommended that the districts' municipalities take necessary measures to gain authorization on VCT centers that were supported by the project, so that healthcare facilities that practice VCT services and medical care for sexually transmitted diseases in the area of the project can continue to provide services necessary for the residents.

(2) The monitoring of the VCT centers in the project target areas were done separately by the governmental monitoring system and World Vision's system. Monitoring needs to be unified, as a governmental monitoring system, and be organized.

(3) Although the project has brought about various changes in the communities, these changes, unfortunately, are not expressed with scientific basis. It is important to set quantitative indicators and establish a standardized monitoring method through planning and implementation of a project.

(4) NGOs value process and flexibility, but JICA is applying periodical and fixed-point monitoring based on a logical framework. When JICA and an NGO carry out a project together, the method of monitoring and evaluation that emphasizes process should be examined.

### 3-7 Lessons Learned

(1) For residents to access basic healthcare services while the district experiences a shortage of personnel who provide healthcare services, such as officials of local municipalities and medical care staff of healthcare facilities, it is important to make a system in which communities play the roles they can play. Communities' participation and involvement are indispensable.

(2) The relationship among the government, NGOs, and communities and regular communication are the keys for the effectiveness of a project and enhancement of its sustainability. With this project, meetings among the people concerned and Joint Coordinating Council played important roles. A project transfer plan was prepared under such everyday relationship. As a process for checking and confirming with each other on the roles of people concerned after the project completion, consensus building from the early stage of such project transfer plan is also useful for other projects.

(3) It is quite difficult to grasp the behavioral change of the moving group, such as truck

drivers. Instead of working as a solo project, cooperation with other organizations and NGOs that target moving groups is necessary.

(4) With the cooperation of counselors and VCT counselors, home care was provided to the people who need it the most in the communities. It highlighted the importance of counselor's roles and the importance of formulating a human network based on targeting.