

## Summary of Evaluation Result

1. Outline of the Project	
Country : Kenya	Project Title : Strengthening People Empowerment against HIV/AIDS in Kenya (SPEAK)
Issue/Sector : Health	Cooperation Scheme : Technical Cooperation Project
Division in Charge : JICA Kenya Office	Total Cost(As of final evaluation) : JPY 267,042,000
Period of Cooperation	July 2006 to June 2009 (3 years).
	Partner Country's Implementation Organization : National AIDS and STI Control Programme (NAS COP), Ministry of Public Health and Sanitation*, Provincial AIDS and STI Coordinators(PASC Os) and District AIDS and STI Coordinators(DASC Os) Supporting Organization in Japan : None
Related Cooperation : Grant Aid: Project for Infectious Disease Control in Kenya (HIV/AIDS Control), Japan Overseas Cooperation Volunteers (HIV Control), Equipment Supply(HIV/AIDS Control)	
<p>1-1 Background of the Project</p> <p>HIV and AIDS continue to be one of the priority public health problems targeted by the Government of Kenya. According to the Kenya National AIDS Strategic Plan (KNASP 2005/6-2009/10), Kenya has been implementing a successful multi-sectoral response to HIV/AIDS. In order to tackle the HIV pandemic, HIV Testing and Counseling (HTC) is one of key approaches adopted as an entry point for prevention as well as care and treatment. The government of Kenya aims to reach universal access goal of 80 % of Kenyans knowing their HIV status by the year 2010, but only 36% has been attained according to Kenya AIDS Indicators Survey(KAIS) 2007 and much work remains to be done. In line with these policy and situation, the SPEAK Project commenced on the 1st of July 2006 as a three year technical cooperation project between the Government of Kenya and the Japan International Cooperation Agency (JICA). Its purpose was to increase the number of Kenyans (especially the youth) tested for HIV annually.</p> <p>1-2 Project Overview</p> <p>(1) Overall Goal: People's behavior to the risk of HIV infection is changed by HIV testing promotion.</p> <p>(2) Project Purpose: The number of Kenyans (especially the youth aged 15-24 years) tested for HIV increases annually.</p> <p>(3) Outputs:</p> <ol style="list-style-type: none"> <li>1) System for monitoring and evaluation on HIV testing is reinforced.</li> <li>2) Capacity of assessment and planning on HIV testing promotion at the central government level is enhanced.</li> </ol>	

\* After the establishment of grand coalition government in 2008, Ministry of Health was split into two ministries: Ministry of Public Health and Sanitation(MoPHS) and Ministry of Medical Services(MoMS). NASCOP was also divided into two in a way that NASCOP in MoPHS takes care of prevention and NASCOP in MoMS takes care of treatment and care. In this regard, SPEAK Project was officially decided to be implemented by NASCOP in MoPHS in February, 2009.

- 3) Correct knowledge on HIV/AIDS that enables people to avoid new HIV infection is distributed by mass media and other means.
- 4) Quality HIV testing services are provided at VCT(Voluntary Counseling and Testing) centres and any other clinical settings.

(4) Input:

< Japanese side >

Dispatch of Japanese experts	<ul style="list-style-type: none"> <li>• 2 long term experts (Chief advisor/ M&amp;E, Project coordinator/IEC/BCC)</li> <li>• 1 short term expert (Analysis on improvement of quality on HTC services)</li> </ul>
Equipment and materials	<ul style="list-style-type: none"> <li>• Office expansion(fabricated from a container), 3 vehicles and other computer related equipments, equivalent to 14, 910,000 Ksh</li> </ul>
Local cost	<ul style="list-style-type: none"> <li>• Cost for trainings, workshops, printing etc, and equivalent to Ksh 71,018,000 (as of 13 of March, 2009)</li> </ul>

< Kenya side >

Allocation of Counterparts	<ul style="list-style-type: none"> <li>• 41 NASCOP staff</li> <li>• PASCOs and DASCOS</li> </ul>
Facilities	Land for project activities
Operational Cost	<ul style="list-style-type: none"> <li>• Water supply, electricity, communication, PC maintenance, office supply</li> <li>• Human resources such as data clerks and support staff etc, equivalent to Ksh 18, 085,000 for 2006/2007-2007/2008 and Ksh 12, 651, 000 projected for 2008/2009</li> </ul>

2. Evaluation Team

Members Of Team	<p>(1) Team Leader: Mr. Yoshiyuki Takahashi, Chief Representative, JICA Kenya Office</p> <p>(2) Health Cooperation: Mr. Ikuo Takizawa, Regional Project Formulation Advisor for Health, JICA Regional Office for Africa</p> <p>(3) Cooperation Planning : Mr. Kohei Takimoto, Representative, JICA Kenya Office</p> <p>(4) Evaluation/Analysis : Keiko Kita, Senior Consultant, Global Link Management Co.</p>	
Period	28 February – 15 March, 2009	Type of Evaluation : Final Evaluation

3. Summary of Evaluation

3-1 Result of Cooperation

(1) Achievement of Project Purpose

As shown in Table 1 below, the Project has achieved the Project Purpose by the time of the Final Evaluation in the light of the Objectively Verifiable Indicator(Number of people especially the youth aged 15-24 years old who tested for HIV increases by 10% annually) set in the PDM. The number of people who received Voluntary Counseling and Testing (VCT) in Kenya increased since 2005. The number of the youth at the age of 15-24 who received VCT also increased by more than 10%. The achievement of the Project Purpose that was aligned to the national target was realized because of the close collaboration with the other development partners. Project's significant contribution toward the common goal was the development of the national HTC guideline/supporting documents and provision of financial and technical supports to implement the National HTC Campaigns. On the other hand, challenges for the future could be seen in the

fact that the Project only covered VCT which is a part of HTC and that the current number is still far below the national target.

< Table 1 >

	HTC uptake (All population)	Rate of Increase	HTC uptake (15-24 yrs)
2005	499,448	48%	N/A
2006	734,414	16%	N/A
2007	850,097	-	125,581
2008 ( up to 3 <sup>rd</sup> Quarter)	788,317	-	143,759

## (2) Achievement of Output

Output 1: System for monitoring and evaluation on HIV testing is reinforced.

As for indicator 1-1“Reporting rate of HIV testing services increases to over 90 % by June 2009”, the reporting rate was increased to 89.4% in the first quarter of 2008 but started to decrease to approximately 50% in fourth quarter of 2008. This was due to the confusion by the introduction of new integrated reporting format by Division of Health Management Information System, MoPHS. As for indicator 1-2 “Timeliness of HTC reports improves in monitoring districts by June 2009” and 1-3“Accurateness of HTC reports improves in monitoring districts by June 2009”, baseline data were collected from the tentative monitoring districts, but actual intervention to the districts have not been initiated because of rapid increase in the number of districts. For the same reason, indicator 1-4 “Summarized national data is distributed to all districts quarterly by June 2009” was also not achieved since national data has not been disaggregated to all the districts.

Output 2: Capacity of assessment and planning on HIV testing promotion at the central government level is enhanced.

The indicator (At least one national guideline and two other supporting documents are published by June 2009) was achieved because the Project supported NASCOP to develop national HTC policy and guideline in collaboration with other development partners and other supporting training manuals and operational guidelines. 10,000 copies were printed for distribution together with orientation package which is under development.

Output 3: Correct knowledge on HIV/AIDS that enables people to avoid new HIV infection is distributed by mass media and other means.

The Output recently has made up for the delay during the first half of the Project period due to little consensus between the Project and an NGO as the implementer of the Output under the contract with the JICA Kenya office on what would be the goal of the radio program and how the impact of the program would be measured. The Project has progressed well toward the achievement of most of the indicators(Discussion generated within youth and with others e.g. parents, Appropriateness of contents of the radio programmes in stimulating behavior change, Testimonies of positive behavior change to avoid new HIV infection) modified at the time of Mid-term evaluation. It was revealed through focus group discussions and audience participation events that the radio program was an effective IEC intervention for

the urban youths but not much for the rural youth. The Project recently has undertaken repackaging of the radio program into educational materials for further promotion of HIV testing services.

Output 4: Quality HIV testing services are provided at VCT centres and any other clinical settings.

As shown in Table 2 below, the Output has made a satisfactory progress toward the achievement of the indicators: the accreditation rate reached the target at the time of Final Evaluation. Intervention to ensure the quality of services at facilities has also been in progress through the development the training curriculum for supervisors and the supervisor training for laboratory technologists/technicians. Monitoring and follow-up activities after the training remains as future challenges.

< Table 2 >

Objectively Verifiable Indicators	Results as Final evaluation			
Totally 40% of registered and applicable VCT site apply accreditation exercise by June 2009.	Summary results of National VCT Accreditation is as follows:			
Totally 30% of applied sites pass the accreditation by June 2009.		2006	2007	2008
	Applied	29.0%	39.3%	37.9%
	Accredited	39.3%	38.6%	48.4%
Percentage of answering “Very Good” and “Fare” for Question 24 of Client Exit Interview increases in selected VCT sites	Baseline data for client satisfaction will be available.			

### 3-2 Summary of Evaluation Results

#### (1) Relevance

The Project Purpose and Overall Goal remained relevant in terms of Kenyan national policies in areas of prevention of HIV/AIDS: The Project design was aligned to the Kenya National AIDS Strategic Plan (2005/2006-2009/10) which identified “prevention of new infection” as one of the three pillars. The target age group of the Project also remained appropriate: KAIS 2007 (Preliminary Report) indicated that the infection rate of the youth age 15-24 remained high and that women age 15-24 were 4 times more likely to be infected than men.

#### (2) Effectiveness

The Project Purpose, which was fully aligned to the national target identified in the Kenya National AIDS Strategic Plan (2005/2006-2009/10), was achieved while some Outputs were still in the process toward the achievement. Among four Outputs, Output 2 made most significant contribution to achieve the Project Purpose because of the close collaboration with other development partners and the successful mobilization of other Japanese ODA resources while the progress of Output 1 and 4 were negatively affected by changes in the Important Assumption caused by the 2007 post-election effects.

#### (3) Efficiency

Efficiency is high in terms of number of Japanese experts compared to required work and range of the project support. Kenyan counterparts considered that the allocation, timing and expertise of Japanese experts were appropriate. The types and numbers of the equipment provided by the Japanese side were

vehicles in use was delayed. What maximized the efficiency of the Project implementation was the mobilization of the Japanese resources as well as the proactive collaboration with other partners at the central level for the development of the national guidelines and conducting national HTC campaigns and at the field level for trainings and accreditation exercises.

It is difficult to evaluate cost effectiveness of media campaign by BBC World Service Trust under output 3 because the project has qualitative indicators but not quantitative indicators. The cost-effectiveness of the collaboration depends on how the outputs of the media activities would be utilized in the future.

#### (4) Impact

The indicators were left without quantitative target till the time of the Final Evaluation. Yet some qualitative information collected through media campaigns implies that the Project was on the right track toward the Overall Goal. It was the common perspective that it would take more time to reach the Overall Goal. HIV testing promotion (Project Purpose) is an important step to change People's behavior and that repeat testing was required for the current knowledge of his/her HIV, which encourages people to avoid his/her behavior to the risk of HIV infection (Overall Goal). The Final Evaluation Team was not reported/observed any negative impact.

#### (5) Sustainability

It is the common perspective among stakeholders that the political commitment to fighting against HIV/AIDS would be sustained with continuous technical and financial supports from development partners. Although NASCOP/MoPHS still has depended much of its financial requirement on external financial resources to maintain activities, the fact that NASCOP/MoPHS has been proactive for fund raising and coordinating development partners would secure the maintenance of the benefits of the Project. Organizational sustainability seemed to be also secured after the completion of the Project because the Project has been fully mainstreamed in the routine operations of NASCOP. The NASCOP personnel of whom about 90 percent were the permanent staffs have learnt the project cycle management (planning, implementation and evaluation). Data proceeding and analysis for appropriate planning were considered as the areas for further improvement. Another challenge would be the establishment of the technical sustainability at the districts and the facility levels with high turn-over rate of the staff.

### 3-3 Promoting Factors:

#### (1) Factors related to Planning:

- The Project was fully aligned to the KNASP, which enabled the Project to achieve the Project Purpose in collaboration with other development partners while some Project outputs have not been achieved due to changes in Important Assumptions.
- The Project was placed at the national level and integrated in the NASCOP work plan, which helped the Project to mainstream itself into the national high-level policy dialogues.

#### (2) Factors related to Implementation Process:

- The Project successfully mobilized other ODA resources (procurement of HIV rapid kits, provision of medical equipments and assignment of Japanese volunteers) to maximize the efficiency of the Project implementation.

### 3-4 Hampering Factors

#### (1) Factors related to planning:

- The participation of the counterparts in the process of the formation of the original PDM (PDM0) was limited and therefore it was not well acknowledged.
- Inadequate or unclear indicators were set in the original PDM, which prevented the stakeholders to build the consensus on the direction and goal of the Project.

#### (2) Factors related to implementation process:

- Restructuring of the Ministry of Health after the 2007 elections delayed official procedures for the placement of Project manager at NASCOP.
- The increased number of districts as the post-election coordination measure slowed down the progress of Output 1 and 4.

### 3-5 Conclusion

The Project was effective in addressing policy needs of the Government of Kenya in HIV/AIDS prevention, which continuously evolves reflecting the rapidly changing Program environment. The Project Purpose has been successfully achieved by the time of the Final Evaluation in conjunction with inputs from other development partners while some Project outputs were still struggling to come out partly because of the post-election effects and limited coordination exercises. The Project fits in the Kenya National AIDS Strategic Plan and was integrated with the national system, which enabled the Project to actively participate in the process of formulating the national guideline/manuals. The Project has maximized its contribution to reach the national target by mobilizing Japanese ODA resources, especially the procurement of HIV rapid test kits, and by partnership with other development partners. This approach has created efficiencies. It is the common perspective of key stakeholders that the political commitment of the Government of Kenya and its efforts to mobilize the funds would be sustained after the completion of the Project. However, the development of administrative capacities at each level would remain as a major challenge for future.

### 3-6 Recommendation

#### (1) Recommendation within the current Project framework:

- 1) updating of the new HTC indicators and data collection tools for MOH711, in collaboration with HMIS (Activity 1-1) (To NASCOP-SPEAK Project )
- 2) updating of the registered VCT sites (Activity 1-3) (To NASCOP-SPEAK Project )
- 3) finalization of the draft documents: Outreach VCT Operational Manual, Operational Manual (booklet) for Young People and VCT, Training Manual for Couple Counseling, and Training Manual for Lab Supervisor (Activity 2-2) (To NASCOP-SPEAK Project ),
- 4) completion of the report on the pilot mobile VCT activities in collaboration with the commercial sector in Nyando district to be ready for sharing its experiences with other areas (Activity 2-5) (To NASCOP-SPEAK Project ),
- 5) ensuring the development of the facilitation guide (To NASCOP-SPEAK Project and JICA Kenya Office) and distribution of the guide (Activity 3-4) (To NASCOP),
- 6) completion of national referral service directory in collaboration with districts (Activity 4-4) (NASOCP-SPEAK Project).

(2) Recommendation for the future(after the Project ends):

- 1) ensuring the distribution of the new MOH711 and monitor the progress of the reporting rate and establish the system to share the data with the other related division and other implementation partners (To MoPHS).
- 2) continuing the strengthening quality of HTC services while accelerating the scaled-up of HTC services. NASCOP to review the assessment on feasibility and sustainability of the existing VCT accreditation system under increasing VCT centers (To NASCOP).
- 3) development of the comprehensive training curriculum in line with the National HTC Policy Guideline and implement the training to the service providers throughout the nation (To NASCOP).
- 4) further strengthening M&E for evidence-based planning (To NASCOP).

3-7 Lessons Learnt

(1) Issues related to the formulation of the Project

- 1) Measurable indicators should be set based on the baseline data to create common perspectives among the implementers on where they are at the beginning of the Project and where they are expected to be at the end of the Project.
- 2) The participatory planning of the Project framework is a critical step to build the ownership of the counterparts and partnership between them and Japanese experts.

(2) Issues related to the intervention approaches

- 1) The positioning of the Project within the national agency maximises its contribution to the policy needs of the government because the Project can maintain frequent dialogue with the decision-makers. It also enables the Project to respond quickly to the emerging needs arising from the changing donor environment.
- 2) When the Project includes a component targeting the field, a mechanism to bridge between the national-level activities and the field-level activities is necessary to maximize the contribution of the Project.
- 3) The Project supports areas of national policies/strategies and systems, which could ensure the sustainability of the Project. The participatory approach involving a wide range of stakeholders was effective in ensuring smooth implementation of such policies/strategies.
- 4) The Project has encouraged the counterparts to summarize lessons learnt from the project activities as academic papers/journals, which were presented at the various international events. Such activities were effective to motivate the counterparts and build their confidence.