

Terminal Evaluation Results

1. Outline of the Project	
Country: The United Republic of Tanzania	Project title: Project for Institutional Capacity Strengthening for HIV Prevention
Issue/Sector: Healthcare-HIV/AIDS	Cooperation scheme: Technical cooperation project
Division in charge: of Infectious Disease Control Division, Human Development Department, JICA	Total cost (as of the time of evaluation): Approx. 370 million yen
Period of cooperation: From March 29, 2006 to March 28, 2010 (conclusion of R/D: March 17, 2006)	Partner country's implementing organization: National AIDS Control Programme (NACP) of the Ministry of Health and Social Welfare: (MOHSW)
	Supporting Organization in Japan: None
	Related cooperation: Grant Aid "The Project for HIV/AIDS Control" (HIV and syphilis checkup and the procurement of equipment such as therapeutic medicines for sexually transmitted infections) (2005–2007, 2009–2011) Dispatch of Japan Overseas Cooperation Volunteers (rural community development officer, AIDS countermeasures, etc.)
1-1. Background of the Project	
<p>The ratio of HIV positive in the United Republic of Tanzania (hereafter "Tanzania") is high (6.2% of the population aged between 15 to 49: UNAIDS 2008), and it is becoming a priority issue of the country, with the government taking measures as a national emergency. Japan is implementing the HIV/AIDS Response Programmes (2005–2010) aiming for the prevention of HIV infection, as part of its support for Tanzania. The Project for Institutional Capacity Strengthening for HIV Prevention, which is a technical cooperation project of JICA, is the project playing a central role in the Programmes.</p> <p>This Project will reinforce the organization of the National AIDS Control Programme (NACP) of the Ministry of Health and Social Welfare: (MOHSW), which has charge of the AIDS Programme in the healthcare field of Tanzania. At the same time, it aims to standardize the quality of prevention services of HIV infection in Tanzania and to reinforce the healthcare system for providing such services. With NACP as a counterpart organization, the Project is implemented for four years from March 2006 to March 2010.</p> <p>The Project is working on the improvement of the quality of voluntary counseling and testing (VCT) and the treatment service of sexually transmitted infections (STI), and the monitoring and evaluation</p>	

(M&E) of the system reinforcement (specifically, reinforcement of the information report system for those who went through VCT and STI patients). The Project also supports the development of national guidelines, national standard training curriculum and training materials package, reference materials for the work of service providers (job aid), recording and reporting tools, and visiting instruction tools. The outcome of the Project such as national guidelines will be disseminated from national level to regions, and from regions to districts, and from districts to health facilities through the cascade system of Tanzania administration. It is expected that the quality of STI and VCT services will be standardized and improved throughout Tanzania in the future.

1-2. Project Overview

(1) Overall Goal

The quality of STI and VCT services is improved (in terms of availability, accessibility and utilization).

(2) Project Purpose

Institutional capacity of the NACP in the management of STI and VCT services is strengthened with special focus on close linkage with regional and district levels.

(3) Outputs

- 1) Standardized and user-friendly national guidelines, training materials and job aids on STI and VCT services are developed and disseminated to regional and national trainers.
- 2) M&E system related to STI and VCT services is improved.
- 3) Effective and sustainable supportive supervision related to STI and VCT services is implemented.
- 4) Logistics information management system related to STI and VCT services is strengthened.

(4) Inputs (as of the time of evaluation)

1) Japanese side

Dispatch of experts: 9 people
Acceptance of trainees: 4 people
Equipment: 7,275,000 yen
Local costs: 171,091,000 yen

2) Tanzanian side

Assignment of counterpart personnel: 19 people
Local cost: Counterpart payroll, utility costs, etc.

Provision of land and facility			
2. Evaluation Team			
Members of the evaluation team	Field in charge	Name	Affiliation
	Japanese side		
	Leader	Mr. Ikuo Takizawa	JICA Regional Project Formulation Advisor for Health, JICA Kenya Office
	Evaluation plan	Ms. Akiko Ito	Staff, Infectious Disease Control Division, Human Development Department, JICA
	Tanzanian side		
	Head evaluator	Dr. Henock A. M. Ngonyani	Director of Health Services Inspectorate Unit, MOHSW
Period of evaluation	From November 4 to 18, 2009		Type of evaluation: Terminal evaluation
3. Results of Evaluation			
3-1. Confirmation of achievements			
(1) Outputs			
1) Output 1			
It is judged that Output 1 is achieved.			
Tools such as national guideline, training materials package, standard operating procedures, job aid, monthly report form, recording books and others are developed and distributed, and an orientation program was also implemented. The orientation on VCT service is yet to be organized in the Tanga Region, but is scheduled to be undertaken by the end of the Project.			
As for the preparation of tools, the Project has been involving various partners and formed consensus with them, trying to harmonize the outcome tools through participatory approach.			
As a result, this harmonizing process led all stakeholders safely utilizing the outcome tools. In addition, the process such as need surveys and field tests made it possible to develop tools incorporating the needs and usability of users, resulting in high-quality outcome.			
2) Output 2			
Output 2 is expected to be achieved according to the indicators of PDM by the end of the Project.			
The Project developed standardized and harmonized recording books and monthly report forms. The reporting system was also standardized and developed according to the decentralization of healthcare administration. Although there is still much room for improvement regarding the operation of the reporting system, it was confirmed that the forms			

are already used widely.

Regarding the computer-based M&E system, the Project made a course correction during the cooperation period, from the development of an original database on STI and VCT to supporting the pilot test on the introduction of DHIS¹ by the MOHSW. Although some short-term inconvenience was caused, this correction ultimately resulted in improving efficiency through integration with the existing system and sustainability of the output.

While the list of national trainers and facilities are being compiled, the list of those who take the training course is yet to be compiled.

3) Output 3

Output 3 is only partially achieved.

The Project made a course correction, during the cooperation period, from the institutionalization of the supportive supervision system covering only STI and VCT services to the support of institutionalization of comprehensive supportive supervision and the clinical mentoring² system for the entire HIV/AIDS services. Although this was an adequate change from the perspective of support effect, it increased the scope of activities and relevant parties, resulting in the increase of cost and time necessary for coordination. The manuals and tools will go through field tests and are expected to be completed by the end of the Project. However, orientation in regions thereafter should require an additional period of few months until project termination.

4) Output 4

It is judged that Output 4 is achieved according to the indicators of PDM.

Matters related to the logistics information management system are included in the training materials package, and national trainers all took the training course on calculating the quantity of pharmaceutical and medical products.

(2) Project Purpose

The achievement of the Project Purpose was limited according to the indicators of PDM. As a background, the decentralization of the healthcare system of Tanzania is still on its way towards

¹ District Health Information System: This is a comprehensive management database software for healthcare and medical information, developed in South Africa. Aiming for the reinforcement of the entire healthcare information system, MOHSW implemented a pilot introduction test in the Coast (Pwani) Region at first, envisaging the operation throughout the country in the future.

² The clinical mentoring is defined by WHO as follows: Clinical mentorship is a system of practical training and consultation that fosters ongoing professional development to yield sustainable high-quality clinical care outcomes." WHO encourages the implementation of clinical mentoring as a measure to expand HIV/AIDS service in developing countries. It is expected to contribute in improving the services of the entire HIV/AIDS Programmes, through the harmonization within the entire NACP by avoiding different supervision for each strategy in the NACP in the future.

completion, and the achievement of the Project Purpose should be backed up with the improvement of the capacity of regional and district governments on the basis of further progress of the decentralization. The values of the indicators were also set at a relatively unrealistic level to be achieved within the period of the Project.

By sharing the understanding on the “institutional capacity of the NACP,” as set forth in the Project Purpose, among the relevant parties and making qualitative considerations, the following items were derived. First, functions required for the central government to undertake while the decentralization of function to provide services is under way include: (i) capacity to set standards for adequate service (qualitative management), (ii) capacity to supervise and evaluate whether the standards are thoroughly notified at the level of local administrative organizations and service provision facilities, and (iii) capacity to make an approach for improvement to local administrative organizations when, as a result of supervision and evaluation, the actual implementation is found to be unfavorable. This Project aims to comprehensively strengthen these capacities. As for (i), the Project achieved a notable result by also involving other development partners, such as the formulation of national guidelines, development of a standard training module and the development of standardized reference materials for the work of service providers (job aid). Regarding (ii) and (iii), because strengthening of the capacity of regions and districts according to the decentralization of health administration did not progress as expected, the achievement remains only partial at the time of the evaluation survey. If the capacity reinforcement of the region and district in line with the decentralization of health administration in Tanzania is promoted, and the M&E system (Output 2) and the system for comprehensive supportive supervision and clinical mentoring (Output 3) synergistically work, achievements can also be expected for (ii) and (iii).

3-2. Summary of Evaluation Results

(1) Relevance

It is judged that the relevance of the Project is high. This Project matched the healthcare/medical needs and the political issues of Tanzania, as well as the aid policy in Japan. According to the report by the Joint United Nations Programme on HIV/AIDS (UNAIDS) in 2008, the HIV positive ratio among the adult population in Tanzania is around 6-7%. However, the report points out the possibility that the ratio may rise again, as seen in the rise of positivity ratio in rural areas. Thus, countermeasures against HIV/AIDS are the priority political issue in Tanzania. The issue is also mentioned in the National Strategy for Growth and Reduction of Poverty (Jun 2005–Oct 2009), Health Sector Strategic Plan III (2009–2015), National Multi-Sectoral HIV/AIDS Framework (2008–2012), etc. On the other hand, efforts to prevent HIV/AIDS and other infections are also one of the priority issues of the ODA of Japan. Recently, the commitment of the Japanese government is clearly stated in the Okinawa Infectious Diseases Initiative (2000),

Health and Development Initiative (2005), Yokohama Action Plan of the Fourth Tokyo International Conference on African Development (TICAD IV) (2008), and the Toyako Framework for Action on Global Health (2008).

(2) Effectiveness

Effectiveness of the Project is moderate. As for the strengthening of the institutional capacity of the NACP stated in the Project Purpose, the functions required for the national government to undertake while the decentralization of the service providing function is progressing include (i) capacity to set standards for adequate service (qualitative management), (ii) capacity to supervise and evaluate whether the standards are thoroughly notified at the level of local administrative organizations and service provision facilities, and (iii) capacity to make an approach for improvement to local administrative organizations (and directly to the service providing facilities in some cases) when, as a result of supervision and evaluation, the actual implementation is found to be unfavorable, so the Project aimed for the comprehensive strengthening of these capacities. As for (i), the process of developing national standard guidelines and national standard training materials went through steps such as making coordination with various stakeholders and ensuring that the outcome tools are meeting users' needs and user friendly, at the same time of good quality. The process succeeded in making a significant achievement. Thus, it was found that the effectiveness is very high. However, regarding (ii) and (iii), while the Project was designed on the premise that the capacity strengthening of regions and districts is progressing according to the decentralization of healthcare administration in Tanzania, the decentralization was actually still on its way towards completion, and the achievement of the Project did not reach the level of showing effectiveness. Although the setting of the prerequisite did conform to the direction of the policy in Tanzania and was reasonable from the long-term perspective, it was unrealistic to achieve within the Project Period. Therefore, some problem on the adequateness of the project design remains.

(3) Efficiency

Efficiency of the Project is judged as high from the long-term perspective. For the development of national standard guideline and other tools, this Project went through the process of ensuring the quality of the outcome tools by involving various stakeholders. Because such process required considerable time, it sometimes caused delays in the activities thereafter. However, going through these processes ensured that all stakeholders utilize the outcome tools, resulting in the speedy development of the effort throughout the country. As a result, it can be said that the Project efficiently attained large effects with limited resources.

(4) Impact

While there are some positive impacts, no negative impacts were found. Standardization and harmonization of national guidelines and national training materials served as the basis for the expansion of operations thereafter. For instance, training for more than 800 STI service providers and more than 500 VCT counselors are implemented by using the national training materials developed by the Project. The number of VCT centers is increasing from 1,022 (2006) to 1,734 (2009). The content of the VCT national training materials developed by the Project is also incorporated in the pre-service training curriculum, and is contributing in the improvement of the knowledge of certified healthcare and medical professionals. This is not an effect that was expected when the Project was first planned. Further, the Project provided support for the DHIS pilot test, limited to the modules of STI and VCT areas. This resulted in backing up the reinforcement of the healthcare information system by introducing DHIS throughout the country, which is promoted by the MOHSW. The Project is becoming the favorable example of cooperation for a certain disease also having an impact on the reinforcement of the entire healthcare system.

(5) Sustainability

Although sustainability is relatively high in terms of technology and finance, there are certain concerns left for sustainability in terms of organization. Through the Project, counterparts (C/Ps) set the standards of adequate services in the areas of STI and VCT areas. It is expected that the funds necessary for the area are secured through the application for the Global Fund to Fight AIDS, Tuberculosis and Malaria. However, in the area of HIV/AIDS where the policies tend to change rapidly, capacity to continue to cope with the latest situation will be important, and accordingly, capacity to coordinate within the organization is becoming necessary.

3-3. Factors that promoted the realization of effects

1) Indirect support by Japanese experts focusing on the independence of C/P

Under the initiative of C/Ps on Tanzanian side, the Japanese experts were able to increase commitment and ownership of C/Ps by focusing on the “catalytic support” that promotes self-motivation. C/Ps individually participated in the Project from its designing stage to implementation stage, and conducted work in close cooperation with Japanese experts. This relationship is recognized as one of the characteristics of JICA technical cooperation projects. In addition, Japanese experts also worked as “catalysts” in various other relationships, including those among the sectors of the NACP, between the NACP and the MOHSW, and the NACP and various other partners, and promoted cooperation among them.

2) Flexible reaction

The Project had been cooperating with flexibility to the changes of the direction of the NACP or political changes. For example, according to the introduction of DHIS, which is database software aiming for the reinforcement of the national healthcare information system by the MOHSW, the development of the Project's original M&E database focusing on STI and VCT was discontinued. This is a reasonable judgment from a long-term perspective, and contributed in the reinforcement of the healthcare information system of Tanzania and the effective use of resources.

3) Cooperation with partners

Project activities had been implemented in cooperation with various partners. For example, the training materials package developed by the Project was utilized via the governmental budget and the funds of development partners. Such cooperation promoted the diffusion of national standard services, and contributed in the expansion of the Project output.

3-4. Factors that impeded realization of effects

1) Decentralization still on its way towards completion

The decentralization of Tanzania is still on its way towards completion. Financial and human capacities of regions and districts are still insufficient, which is also affecting the diffusion of national standards and the situation of information transmission.

3-5. Conclusion

As of the time of terminal evaluation, it is found that the Project has realized sufficient achievement. However, it is difficult to finish orientation in the regions, by March 2010, on the manuals and tools of comprehensive supportive supervision and clinical mentoring, which are the activities for Output 3. It was concluded that these activities should be completed by extending the terms. The Project must also concentrate on activities mentioned in the Recommendations below so as to further promote the achievement, in the remaining period of the Project. In general, the Project left significant achievement in the standardization and harmonization of STI and VCT services in Tanzania, and contributed largely to the expansion of the services. However, there are still some issues left for supervising and evaluating whether the standards are thoroughly notified at the level of local administrative organizations and service provision facilities, in the course of the decentralization of healthcare administration.

3-6. Recommendations (specific measures, suggestions and advices on this project)

The following must be implemented by the end of the Project.

- 1) Orientation of the manuals and tools for comprehensive supportive supervision and clinical mentoring for supervisors and mentors at the national and regional levels should be completed. In order to do so, the period of the Project should be extended.
- 2) The Project should conduct the orientation of VCT service national guideline and training materials packages at the remaining Tanga Region.
- 3) The Project should complete the DHIS orientation to regions by January 2010 as planned.
- 4) The Project should make a government-certified list of those who received training. The list should be renewed in conjunction with the issuance of the certificate of receiving the training.

The following items must also be implemented by the end of the Project and after the termination of the Project.

- 5) The NACP should consider the measures at the central government level so that the national standards are thoroughly notified at the level of local administrative organizations and service provision facilities.
- 6) Because the NACP is the pioneer department concerning DHIS, in ways such as being involved in the pilot test of DHIS, it should provide feedback necessary for problem solving to the M&E departments of the MOHSW based on such experience. It should also work actively for the development of DHIS throughout the country.

The following must be implemented after the termination of the Project.

- 7) The MOHSW, also including the NACP, should integrate each program when developing the DHIS throughout the country, and should keep in mind that the work burden at the facilities level can be minimized.
- 8) Each level of administration should analyze the reports submitted, and provide feedback utilizing the opportunity of supportive supervision. Adequate feedback may serve as an incentive for submitting reports.
- 9) The NACP should continuously involve regions during opportunities such as visiting instructions and information sharing, and reinforce the capacity of regions related to HIV/AIDS.
- 10) Envisaging the development of comprehensive supportive supervision and clinical mentoring to regional levels and below, the NACP should exert leadership to coordinate supports from various partners.

3-7. Lessons learned (matters derived from this project that can be used as a reference for the excavation/formulation, implementation and operation/management of other similar projects)

- 1) The participatory process taken by the Project for establishing through consensus matters such as

involving stakeholders in the development of national standards, requires considerable time. However, it is a necessary process for ensuring the utilization of the outcome tools. On the other hand, as for the area of HIV/AIDS countermeasures, prompt reaction to rapid technology innovation and policy changes is required. It is necessary to keep a balance between the harmonization process taking considerable time and the prompt reaction to changes.

- 2) Even though the Project is targeted to the central government level, it is important to incorporate mechanisms and processes to understand the actual site in order to confirm the needs and impacts at the working site of healthcare and medical service provision.
- 3) Even though the Project covers measures against certain diseases, if the project activities include cross-sectoral components such as the healthcare information management system and M&E, implementation of a survey with the perspective of the entire healthcare system becomes necessary. This makes it possible to prevent duplication of activities and unnecessary establishment of similar systems.
- 4) With increasing necessity for the integration of various HIV/AIDS countermeasures (checkup, counseling, maternal and child infection control, care and treatment, etc.), it is becoming even more important to enhance the organization of the national government, in terms of leadership and coordinating capacity.

3-8. Follow-up situation

The request letter for Phase II is submitted by the MOHSW as of the time of the terminal evaluation.