

Summary of the Result of the evaluation survey

1. Outline of the Project	
Country: Republic of Madagascar	Project title : The HIV Prevention Strengthening Project
Issue Sector : Health and Medical	Cooperation scheme: Technical cooperation project
Division in charge : Human Development Department, Health Group 1, Health Division 2	Total cost : 296 million Yen
Period of Cooperation (R/D): 25 th March 2008 – 24 th March 2012 (4 years)	Partner Country's Implementing Organization : Ministry of Public Health, General Direction of Health, National Program for the Fight against STDs/aids
	Supporting Organization in Japan : N/A
<p>1-1. Background of the Project</p> <p>In the Republic of Madagascar (hereinafter referred to as “Madagascar”), HIV prevalence among adults has been estimated at 0.2 - 0.3% (UNAIDS, 2009), and the country has maintained a relatively low HIV prevalence in sub-Saharan Africa. However, in some areas in Madagascar, the prevalence of syphilis, which has the same infection route of HIV, is more than 18% among the pregnant women (Ministry of Health, 2008). Therefore the spread of HIV is concerned and its prevention has become a critical national agenda.</p> <p>Under such circumstances, The Government of Madagascar requested the technical cooperation of “the HIV Prevention Strengthening Project” (hereinafter referred to as “the Project”) to strengthen the prevention capacity of HIV. This Project is intended to strengthen the implementation system of counseling and testing service on HIV in Madagascar with the National program for the Fight against STDs/Aids, the General Direction of Health, and the Ministry of Public Health (hereinafter referred to as “MPH”) as counterparts of the Project. The Project has been conducted for four years from March 2008.</p>	
<p>1-2. Project Overview</p> <p>(1) Overall Goal HIV prevalence is maintained below 1% in Madagascar.</p> <p>(2) Project Purpose Capacity of providing quality HIV counseling and testing (CT) services is strengthened.</p> <p>(3) Outputs</p> <p>1. National policy, standards, guidelines, manuals related to CT services are revised to be used by service providers and organizations concerned.</p>	

2. Data collection and analysis for CT service are strengthened at the central (MPH) and regional levels.
3. Recommendations / Solutions to improve the accessibility to CT services are shared.

(4) Inputs

Japanese side :

Dispatch of Japanese Experts

Long-term expert 5 experts
 Short-term expert 6 experts

Training in Japan and Overseas

Training in Japan 1 trainee (in 2008)
 Overseas Training (Tunisia) 6 trainees (2 in 2009, 4 in 2010)

Procurement of equipment

Equipment procured by Project (Computers, HIV Test kits, etc.) 25,122,902 JPY

Local cost

From March 2008 to September 2011 85,782,009 JPY

Madagascar side :

Counter part

Project Director
 Project Manager
 Full-time C/Ps 2 members (Total 3 members)

Facility and budget

Project office
 Operational cost

2. Evaluation Team

Members of Evaluation Team	Team Leader	Mr. Akio OKAMURA	Director, Human Development Department, Japan International Cooperation Agency
	Technical Advisor	Dr. Yuriko YANAGA	Clinical Psychologist, Center for Infectious Diseases and Infection Control, School of Medicine, Keio University
	Planning and Management	Ms. Yuka IINO	Associate Expert, Human Development Department, Japan International Cooperation Agency
	Survey Planning	Mr. Taku ICHIYAMA	Project Formulation Advisor, Madagascar office, Japan International Cooperation Agency
	Evaluation and Analysis	Mr. Satoshi NAGASHIMA	Senior Consultant, Icons Inc.
Period of Evaluation	28 th September 2011 – 26 th October 2011		Type of Evaluation : Final Evaluation

3. Results of Evaluation

3-1 Verification of Achievement

(1) Level of the Achievement of Outputs

Regarding Output 1, the policy, standards and forms, etc., which were originally supposed to be developed, have been already developed. However, the end-line survey conducted by the Project clarified some testing sites not to have received the policy, standards and forms, etc. due to issues such as the inconvenient transportation system in Madagascar, and it is desirable to continue to support the dissemination and implementation of these materials.

As part of the activities of the Output 2, the Project assisted to update the GESIS database and the format of monthly activity reports of health facilities (RMA) to integrate HIV indicators into the general health information of GESIS. In consequence, the significant improvement was found in submission rates of RMA, and information gathering capability has been enhanced. Greater efforts of central level and regional level are required in order that health facilities are capable to submit the RMA timely and precisely. In addition, the Project's support in logistics by developing guidebooks contributed to the significant reduction of the cases of running out of materials such as HIV test kit.

For the Output 3, although the workshop which is for reporting the results of operational research activities has not been implemented yet, the planned activities are expected to be completed by the end of the Project.

(2) Level of the Achievement of Project purpose:

Capacity of providing quality HIV counseling and testing (CT) services is strengthened.

Due to the progress of three Outputs described above, despite the political crisis in 2009, the Project purpose is expected to be mostly achieved based on set indicators in PDM such as Proportion of tested clients compared with clients pre-test counseled. However according to the result of the end-line survey, even though number of testing sites had increased rapidly, it was found that HIV testing sites complying with more than 75% of the national standards were only one fourth of the total number. In order to implement high quality CT services, continuing effort to reinforce the system of service provision is necessary.

(3) Achievement of Overall goal: HIV prevalence is maintained below 1% in Madagascar.

"According to the analysis by the CNLS with Spectrum, software developed by UNAIDS to presume the number of HIV positive, and the interview surveys carried out in the final evaluation, the HIV prevalence among 15 - 49 year-olds has been stable at low level among 0.2 - 0.4% since 2008 and the overall goal is likely to be achieved. There is no doubt that this Project will contribute to the achievement of the overall goal, but a lot of other activities in order to block the spread of HIV, such as educational activities on the HIV prevention, the activities of other donors, still remain. Therefore, it is difficult to evaluate how much achieving the goal of this Project contributes to the achieving the overall goal.

3-2 Summary of Evaluation results

(1) Relevance : High

Consistency with necessity

- In Madagascar, prevalence of HIV among 15 - 49 year-olds is less than 0.5% at present. However, it is confirmed that the positive rate of syphilis which has same infectious route of HIV is more than 18 % in one region. Therefore there is always a high risk of HIV prevalence.
- In Madagascar, there is high necessity of reinforcement on the standardized implementing system of CT services due to the low quality of CT services.

Consistency with national development plan

- In the Madagascar Action Plan (MAP), “Win the fight against HIV and AIDS” was raised as Challenge 3, and “Improve and ensure implementation of quality standards for the delivery of integrated services at all levels” at which the Project is aiming, was raised as one of the strategies.
- In Madagascar Action Plan for effective response to HIV and AIDS 2007-2012, the reinforcement of policy, decentralization and logistics management are emphasized.

Cooperation with other donors

- In collaboration with UNICEF, the World Bank, Global Fund, the Project has achieved the design of integrated training curriculum on the syphilis and HIV, training of trainers, integrated training and training on RMA/GESIS through standard modules in 22 regions and 111 districts, with certain quality and without duplication. Therefore, the coordination and harmonization with other donors have been successful.

Comparative advantages of technology of Japan

- The Project is primarily designed to strengthen HIV prevention, not treatment, based on the experiences of technical cooperation projects carried out in Senegal, Kenya and Tanzania. Therefore, the achievements and lessons from HIV related technical cooperation of JICA are effectively utilized for the project formulation process.

(2) Effectiveness : High

The Prospect of the Project objective Achievement

- As the number of testing sites has increased through the Project. The decrease in the number of tests necessary to find a new case and the improving quality of CT service are observed.”
- There is a room to improve the quality of counseling. However, the improvement of the quality of counseling is difficult because it is impossible to sit with counselors and improve the practical techniques of counseling due to the strict confidentiality rule in Madagascar.
- Supervisory visits cannot cover the whole country and the logistics system remains fragile. Therefore, regular supervision system for HIV testing sites in remote areas needs to be developed.

Contribution of Output on the achievement of the Project purpose

- The integrated training in nationwide supported by several donors was conducted from 2010 to the first half of 2011. Through this effort, the number of testing sites had increased from 503 to 1,544. In addition, through strengthening of the logistics by supporting the development of the guidebooks, the supply of test kits and management tools, the rate of stock-out of test kits has decreased dramatically. This result is explained by the contribution of Output 1 and Output 2 of the

Project and the efforts of other partners.

- Output 3 activities are being implemented. Strengthening HIV related measures utilizing the outcome of operational researches and the pilot activity of the ICC (Integrated Care Centre), which encourages vulnerable groups to visit health facilities for CT services, will contribute to improving CT services in the future.

(3) Effectiveness: Relatively high

Achievement of Output

- Because of the delayed dispatch of the Japanese expert, the implementation of operational researches related activities has been slightly delayed. However, all Outputs are expected to be achieved as planned by the end of the Project.

Appropriateness of Input

- Inputs were implemented as the plan. However, because of the political crisis in 2009, the Project activities were slightly affected, as quoted above.

Effectiveness from the aspect of the Cost

- Through the Project, a nationwide dissemination of the revised RMA/GESIS was carried out through establishing a collaborating system with the health statistic service, despite a limited number of Japanese experts. In this sense, the efficiency of Project activities is high, and a cost-effectiveness result is justified.

Utilization of local resource

- GESIS, which was developed in 1998 but not had been used effectively, was revised in the Project and is fully utilized to improve the health statistics.

(4) Impact: High

The Prospect of the Overall Goal Achievement

- Referring to the past trend and interviews conducted during the final evaluation, the overall goal is expected to be achieved, and it is expected that HIV prevalence will be maintained below 1 % in Madagascar. However, considering the fact that finding rate of HIV positive is still low and that the number of HIV risk behavior such as CSW and MSM, and the prevalence of syphilis are high, it is necessary to enforce some countermeasures to prevent the HIV prevalence by utilizing the achievements of the Project with assistance of donors.

Influence for development policy of health sector

- Some achievements of the Project will be reflected and included in the content of the HIV National Strategic Plan for the period of 2013-2017, which will be developed by the year 2012.
- During the preparation of the goal for MDGs by the MPH and the UN, "the installation of testing services for HIV and syphilis in all medical institutes by 2015" is expected to be included as an objective. The Project promoted with other donors the installation of testing service for HIV and syphilis for over 40% of all medical institutes. Therefore the contribution of the Project is significantly high.

Other ripple effects

- The large-scale training conducted in order to integrate the indicators of STI/HIV/AIDS in RMA has improved the rate of report submission of RMA including other health-related information. By the collaboration between the Project and the Health Statistic Service, MPH, several health

statistics, which used to require related institutions to fill in independently, have been integrated in RMA and it contributed to the simplification of the health information system.

- Weak collaboration between PNLs and PNLT (National TB-Control Programme) has been activated by the collaboration on implementation of the operational Research

(5) Sustainability: Moderate

Policy and system aspects

- It is expected that political assistance continues in this area, because HIV prevention is one of the most important agenda in Madagascar.

Financial aspects

- Since the Malagasy government depends on donor assistance for the procurement of test kits, etc., donors' action plans tend to influence the Project there are still influenced by the action plan for partners. Therefore, sustainability of the Project activities depend on the assistance by donors. Since the HIV test is free and the Malagasy government budget isn't sufficient, it is difficult to solve the (current) situation by the independent effort of the Malagasy government. It is, therefore, necessary to approach donors for their assistance utilizing the strategic plan based on improved statistical information, which the Project contributed to improve the quality, etc.

Technical aspects

- Through the technical transfer performed by Japanese experts, the Ministry of Public Health has acquired the technical capacity to review and develop their own national policy documents, standards, guides, manuals and tools. However, there is always a problem of the funding the publication and dissemination of materials.

3-3 Contributing factors to (realize) the effects

(1) Support for policy making and statistics

By supporting the framework of HIV prevention, such as the revision of policies and guidelines, and the improvement of RMA/GESIS, the direction of MPH and donors became clear. Consequently, general activities of HIV sector, as well as the activities of this Project, have been smoothly implemented.

(2) Active collaboration with other donors

By the active collaboration with other donors, the coverage area of support has expanded. Furthermore, it became possible for each donor to provide the integrated assistance by the usage of unified curriculum of training.

(3) Contribution of PNLs for human resource

Not only PNLs assigns two fulltime C/Ps in the Project, but also other officers are involved in the Project activities well. These inputs greatly contribute to the smooth progress of the Project.

(4) Active collaboration with other departments except C/P organization

Collaboration with other departments specially with the statistic department, has been reinforced, and it enhanced the data collection process, resulting in the improvement of general health information.

(5) High communication skill of Experts

By the high communication skill and leadership of the Japanese experts, especially of the second Chief advisor/Health administration expert, the collaboration was realized not only with other unit of

PNLS except prevention unit, but also with other department as the health statistic service and other donors. This effective collaboration enabled the various Project activities to be conducted nationwide in spite of limited input and duration of the Project.

3-4 Inhibiting factors to cause the problem

(1) Political crisis in 2009

The Malagasy political crisis, happened in January, 2009, influenced the Project, both directly and indirectly.

- 1) Because of the political crisis, the Project activities were suspended due to unstable security around the (Project) office, field trips were restricted and the duration of dispatch of short-term experts was decreased.
- 2) The progress of the Project delayed, because counterparts and experts of the Project had to work only half of usual business hours for a month and a half due to a strike.
- 3) The World Bank, the lead donor in Madagascar, suspended the preparatory activities of new projects related to Health Sector, and the ongoing project, PMPS II, will be extended based on the remaining budget. As a result, their activities are expected to be scaled down. As it is concerned that procuring such as test kits, is expected difficult, the alternative plan should be considered.
- 4) Some staff members such as the project manager and project director have been replaced by the political crisis that affected the progress of the Project.
- 5) In 2009, the access to the general health services was deteriorated by the political crisis which has been little bit eased.

(2) Delay of decentralization

In Madagascar, though the decentralization is promoted, the sufficient budget has not been allocated for local governments. The lack of following up measures due to this financial constraint makes it difficult to sustain the outcome of various training, such as integrated training for HIV testing sites including supervision by rural governments, and training courses for RMA/GESIS. Under such circumstance, the necessity will remain to improve the accuracy of RMA entry by testing institutions, and the quality of CT services.

3-5 Conclusion

As the Project has been actively working in collaboration with other donors, no duplication was observed and each donor work is (rather) complementary. The Project has helped to generate synergy effects and the effective collaboration would be a factor of the achievement of the Overall Goal in the future.

The Project has carried out various activities to improve CT services, such as supporting the development of national policy, standards and procedures for HIV and training curricula, strengthening logistics and support for data management of health statistics through the RMA/GESIS and supply of test kits to the PNLS and the NRL.

The Project supports primarily the development of policies and manuals on counseling and testing and health statistics. Because the Project assists to develop the framework of the policy, the gains

from the implementation of these activities can be maintained even by other partners after the Project.

However, it is still necessary to improve the quality of CT service. First, although the Project contributed to improve RMA/GESIS, there are a lot of problems on completeness and timeliness of RMA, and the supervising systems in central, regional and district levels are all weak. This situation has been influenced by sluggish Project activities and delay of dispatching the Japanese experts caused by the political crisis in 2009. To improve the self-sustaining development, it is recommended to establish a model to improve the quality of data in a region and to build capacity of staff members of health statistic service, regional and district health departments to disseminate the model by extending the Project period for about one year.

Second, as the Project has mainly been done in the central and regional levels, improvement of the quality of the service itself in the districts and the testing sites is also necessary. As the Malagasy government tries to introduce HIV and syphilis test in all testing health institutes by 2015 for accomplishing MDGs, additional support for the district level and HIV testing sites is necessary, particularly in terms of integrated training on various topics, such as HIV and syphilis prevention, establishment of the supervision system by regional and district health departments and improving logistics. However, Madagascar-led efforts, including finding of other donors is also required.

3-6 Recommendation

(1) Disseminating and utilizing policies, standards, and guidelines

The Project has developed several documents as the national policy, standards and guideline, most of which have been recognized by the state. Although the stakeholders expressed their satisfaction with the content of these documents, (the result of) the end-line survey (June 2011) found that these documents has not been delivered to some districts and some sites, and the Project is recommended to see the receipt of these documents until the end of the cooperation term.

In addition, it was revealed that many sites have not yet reached a certain level of standards. Thus, it is important to plan feasible and specific activities and to make the appropriate efforts to improve the sufficiency of the standards over the medium term.

(2) Improving the quality of RMA / GESIS

The Project and the PNLS with other partners have integrated indicators of HIV / aids into the RMA. Related parties in the Project appreciated the use of revised RMA because it helps to improve the accuracy of data, and at the same time, to reduce the workload. The result of the end-line survey also shows that in CT sites has been improved compared to 2008. On the other hand, during interviews conducted by the final evaluation team, it was observed that some officials, particularly health statistic managers who have not received training on the RMA / GESIS expressed his/her opinion that it became difficult to understand a part of the RMA forms. Therefore, it is recommended to set up a system to provide answers to the questions posed by those who are responsible for data entry in order to maintain the completeness of reporting of activities and improve data quality.

(3) Improving the capacity for data analysis

Through the Project activities, the level of submission rate and quality of data has been improved and this is appreciated by the Madagascar side. However, the most important point is for the collected data to be appropriately analyzed and effective policy is planned based on the analysis and implemented. In the Project, implementing operational research and training on GIS and statistical methods have been promoted, and it is necessary to continue and to reinforce the capacity development of data analysis.

Considering the situation in Madagascar, the support of donors is imperative to continue the work of counseling and testing. In order to obtain future supports from donors, it is required to elaborate the persuasive operational plan based on the precise analysis of accurate and reliable data.

(4) Feedback of data at all levels

A significant improvement in the rate of the completeness of the reporting was observed. However, the rate of submission of the reports about private health facilities and NGOs remains lower. It is essential that reporters (themselves) recognize the importance of continuous improvement of the reporting system and quality of data. It is also desirable to feedback timely and briefly the result of the data analysis in the periodically scheduled review meetings. In addition, it is necessary to examine the policy to keep and to develop the output of the trainee by “the list of testing sites and directory of STI / AIDS in Madagascar” and list of trainings.

(5) Utilizing the results of the operational research

It is expected that the results of the operational research is compiled into reports and that workshops will be organized to share the results. It is also expected that such results are reflected in the development of the national strategic plan and action plan.

(6) Strengthening comprehensive countermeasures for HIV/AIDS

The Project brought successful results through strengthening preventive measures, by improving counseling and testing. In order to make countermeasures for HIV/aids as a whole more effective, the further improvement of counseling and testing is not enough. It is expected for the Malagasy Government to take an initiative to elaborate and implement the overall strategy, which is effective and feasible, to fight against HIV/AIDS, containing not only counseling and testing, but also long-term treatment and care, and promotion to encourage people to take counseling and testing. The Malagasy Government can make the most use of the development process of the Strategy for HIV/AIDS for the period 2013 to 2017.

3-7 Lessons learned from the project

(1) Initiative of the recipient country and strengthening team spirit

Concerning the Project, the Ministry of Public Health recognizes the importance of taking the initiative in carrying out measures toward HIV/AIDS and the necessity for capacity building. The Ministry's active participation in the Project including the provision of counterpart personnel enabled the constructive discussions among Japanese experts and the Ministry's counterpart personnel, by which the governmental procedures for outputs of the Project have been preceded on timely manner. In the formulation and implementation of a project, it is necessary for both parties to understand that the initiative of the recipient country and its active participation in the project have influenced in the success of technical cooperation.

(2) Working with other partners

Through collaboration with other development partners, the Project has conducted training at the regional and district levels. Through this collaboration, the Project has managed to have an impact at national level. If a project is to obtain the national level impact under the circumstance that donors' support is indispensable to the implementation of the development plan, it is essential to encourage the mutual discussions and pursue the achievement of objectives.

(3) Clarification of the indicators for measuring the improvement of the quality

Initially, the Project identified that "increasing number of testing sites" as an indicator, but, during the mid-term evaluation, this indicator was replaced with the "number of sites complying with the CT standards". However, the specific number of indicator, such as "how many sites should comply with XX% of the standards to rank the result 'high'", couldn't be confirmed before the terminal evaluation, so it was difficult to evaluate observed numbers. If quantifiable indicators are to be applied to evaluate quality improvement, it is desirable for JICA and the recipient country to specify evaluation criteria as soon as possible, with due consideration to recipient country's standards and experiences of other cooperation projects.

(4) Strengthening the health system in the recipient country

The Project aims to strengthen the capacity of the services on the HIV counseling and testing, but its impact extended to the national health system. The Project pursued the improvement of the whole reporting system of health services providers, called RMA/GESIS, and involved the staff of the health statistics department, other health programs, and data managers in the regions and districts, to improve the completeness of the RMA. Although there still remains a room for further improvement, the contribution of the Project is huge because the improved RMA/GESIS is used throughout Madagascar and data with improved accuracy and completeness are utilized not only for measures toward HIV/AIDS, but also for other health related measures.

In the process of project formulation, due consideration should be given not only to utilize existing health systems in a recipient country, but also to strengthen the health system itself in the project activities.

(5) Implementing operational researches

In the case that operational researches are implemented as part of the project, it is essential to secure the necessary human resources after defining the position in the project framework, including the utilization of researches and recipient country's participation in the research activities.