

Ex-Post Evaluation for Grant Aid Project

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Country Name	The Project for HIV/AIDS Control in Kenya (2007)				
Republic of Kenya					
I. Project Outline					
Background	Although trend analysis of HIV infection shows a decline in HIV prevalence among the general population after 2000, HIV prevalence has remained relatively stable since the late 2000's. However, it still remains at a high level globally. According to the Kenya AIDS Indicators Survey (KAIS) in 2007, the estimated HIV prevalence amongst adults (aged 15–49 years) was 7.6%. It was reported that 1.46 million people are living with HIV in Kenya in 2009. KAIS 2012 reported an estimated 5.6% of HIV prevalence amongst adults. It has been a crucial strategy in HIV/AIDS control to provide Kenyans with HIV testing opportunities in order to reduce new HIV cases and AIDS mortality. The Government of Kenya (GOK) has been actively setting up HIV service delivery points and has managed to provide rapid HIV testing kits to those HIV service points. At the same time, many Development Partners supported GOK to secure a stable supply of HIV test kits and medicine. However, in 2006 UK's Department for International Development (DFID) discontinued its contribution to the provision of rapid HIV test kits. After that it became uncertain whether or not the Global Fund for AIDS, Tuberculosis and Malaria (GFATM) would continue its funding in Kenya after 2008. In 2007, GOK requested the Government of Japan (GOJ) to provide rapid HIV test kits in order to ensure continuous HIV testing services for HIV/AIDS control throughout the country.				
Objectives of the Project	To strengthen the HIV testing services for HIV/AIDS control by supplying Kenya with rapid HIV test kits.				
Outputs of the Projects	1. Project Site: Entire country				
	2. Japanese side				
	Provision of HIV testing kits for the year 2007/2008 (Unit: Test)				
	Level of Test	Products	Number of kits planned to be procured	Actual number of kits procured	
	1st	Determine	2,000,000	2,000,000	
	2nd	SD Bioline	800,000	800,000	
	Confirmation	Unigold	32,000	32,000	
	Total		2,832,000	2,832,000	
	There was no change to the types and numbers of test kits.				
	3. Kenyan side: It was confirmed that the Kenyan side undertook all necessary and agreed actions: to bear the cost of custom clearance, appropriate storage and quality control, and provide transportation to deliver the test kits.				
Ex-Ante Evaluation	Feb.-Mar. 2007	E/N Date	18 Sep. 2007	Completion Date	Apr. 2009
Project Cost	E/N Grant Limit: 365 million yen Actual Grant Amount: 301 million yen				
Implementing Agency	National AIDS and Sexual Transmitted Infection (STI) Control Programme (NASCOP), Ministry of Public Health and Sanitation				
Contracted Agencies	Japan International Cooperation System (JICS), Toyota Tsusho Corporation				

II. Result of the Evaluation¹

1 Relevance

Although the HIV prevalence and mortality rates in Kenya reached a peak in the mid 1990s and has since then declined, it still remains high. HIV/AIDS control was addressed as an important issue in the Second National Health Sector Strategic Plan (NHSSPII) 2005-2010 and 2nd Medium-Term Plan (MTP) 2013-2017 of Kenya Vision 2030. Providing HIV testing services has been a major pillar of HIV/AIDS control in Kenya. National AIDS Control Council (NACC) formulated the Kenya National HIV/AIDS Strategic Plan (KNASP) I, II and III. HIV/AIDS control was implemented under the KNASP III during the ex-ante evaluation of this project. In 2014, KNASP IV was developed as an AIDS control framework and is used as a guideline for decentralizing HIV/AIDS control activities to the local governments. Therefore, this project was highly relevant to the national development policy and HIV/AIDS strategic plans of Kenya during both ex-ante and ex-post evaluation. HIV testing is very important since early detection and treatment of HIV considerably suppress the progress of symptoms of HIV/AIDS. GOK aims to test 80% of the population, which requires a large amount of HIV test kits. Many development partners and NGOs have been providing support for HIV/AIDS control in Kenya. However, it was a great challenge for GOK to secure a continuous and sufficient supply of HIV test kits. Therefore, provision of HIV test kits through this project met the development needs of the country during both ex-ante and ex-post evaluation. This project was also highly consistent with Japan's ODA policy for Kenya during the ex-ante evaluation. Therefore, **Relevance** of this project is high.

2 Effectiveness/Impact

A) **Effectiveness**

In general when it comes to the improvement of the disease situation, it is difficult to evaluate **Effectiveness** of health commodities, such as medicines and test kits, since they are only one element of the entire input for the diseases control programmes. However, **Effectiveness** of the procured health commodities can be measurable when the direct causal relationship between the procured commodities and the projects are defined. For example, it is possible to measure **Effectiveness** with indicators such as the increased number of people taking HIV tests. Although the Evaluation team could not confirm the distribution at lower-level distribution points/health facilities, since test kits provided by this project covered around 60% of the total amount of procured HIV test kits in 2008 in Kenya, to a certain extent this project contributed toward increasing the number of people who took HIV tests. Therefore, **Effectiveness** of this project is high.

- **【Performance Indicators】** (Since the indicator was not set-up during the basic design period, it was proposed at the time of ex-post evaluation.)

Scheduling for delivery and utilization of HV test kits within the expiration dates was properly managed.

¹ As a characteristic of Project for Health Commodity Provisions, since the procured commodities had already been consumed at the time of ex-post evaluation, there are limitations to obtaining information about said commodities. While **Sustainability** examines "whether the effectiveness by the project is likely to continue after the project completed", in the case of Projects for Health Commodity Provisions, it is difficult to judge the sustainability of the effects of commodities because the health commodities are consumed in a short time period. Furthermore, since the beneficiaries (patients) take such commodities (drugs, test kits and mosquito nets) only during a specific time period, their effects are only apparent within that limited time. Thus, it is not possible to evaluate **Sustainability** of effects of the procured commodities at the time of ex-post evaluation. The Effectiveness of Projects for Health Commodity Provisions should instead be evaluated with confirmation of delivery status, utilization of the procured commodities, and the status of relevant disease control programs. The conventional Grant Aid Projects measure performance and effects indicators a few years after the completion of the projects during ex-post evaluation. However, in principal, it is not possible to conduct the same type of ex-post evaluation to measure **Effectiveness** and **Impact** for Projects for Health Commodity Provisions, since the causal relationship between those indicators and the projects is not necessarily clear. It may be possible to evaluate **Effectiveness**, when the direct causal relationship between the procured commodities and the projects are defined and the indicators are set according to the available data. It may also be possible to evaluate to some degree **Impact** for Projects for Health Commodity Provisions, in cases where there are no other projects in the same geographic areas during the same time periods as the projects. The evaluation of **Effectiveness** and **Impact** for the individual nine Grant Aid Projects of Project for Health Commodity Provisions is explained in each Ex-Post Evaluation Report. This Ex-Post Evaluation Study conducts the overall evaluation for each project in terms of Relevance, Effectiveness and Efficiency.

HIV test kits procured by this project between 2008 and 2009 were loaded and stored in Kenya Medical Supplies Agency (KEMSA) and delivered to the District² Ministry of Health (DMOH). Lower-level health facilities brought request forms to their DMOHs and received HIV test kits in accordance with the forms. Therefore, KEMSA does not have the distribution records of lower-level health facilities and the Evaluation team could not confirm the delivery points of HIV test kits. Therefore, it was not possible to conclude whether or not this indicator was achieved.

【Effect Indicators】

①: the number of HIV test and counseling increased.

Figure 1 shows the progress of the numbers of people who received HIV Testing and Counseling (HTC). Between 2008 and 2009, when the HIV test kits procured by this project covered around 60% of total test kits, the numbers of people who received HTC increased dramatically. Therefore, this project contributed toward increasing the number of HIV test and counseling since it was assumed the required HIV test kits were secured through this project.

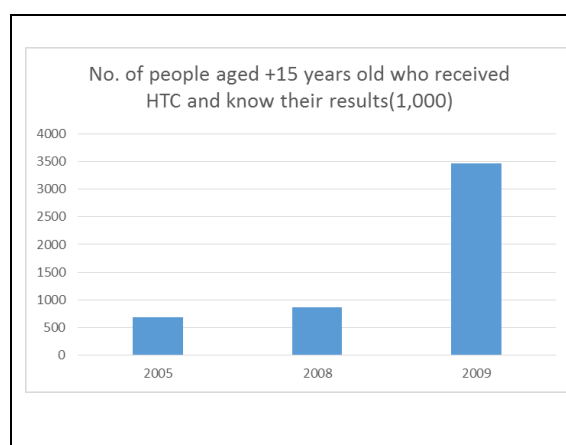


Figure 1: progress of the numbers of people who received HTC services in 2005, 2008 and 2009
(Source: Kenya AIDS Response Progress Report, 2014, for 2005, Summary county profile of HIV/AIDS treatment scale up, WHO)

②: the number of HIV positive people confirmed by HIV tests increased.

Evaluation team could not obtain data of the number of HIV positive people confirmed by HIV tests for the indicator. As a proxy indicator, it was considered to evaluate the numbers of HIV positive people who know their HIV status. However, only the data from 2007 and 2012 were available. According to Kenya AIDS Indicator Survey 2012 of NACC, although only 16.3% of the HIV positive people knew their seropositive status in 2007, 46.9% of them knew their seropositive status in 2012. Since UNAIDS estimated that around 1.6 million people were infected with HIV from 2001 to 2012 in Kenya, it is possible to consider that the number of HIV positive people confirmed by HIV tests increased. Therefore, this project contributed toward increasing the number of HIV positive people confirmed by HIV tests.

[Factors that contributed to the Effects]

Since the numbers of HCT practiced was not available, the Evaluation team could not confirm the ratio of HIV test kits provided by Japanese Grant Aid Project (JGA) to the total number of HCT in the years 2008-2009. During the period, this project alone provided 2.83 million HIV test kits while the U.S. President's Emergency Plan for AIDS

² The District has been re-categorized as Sub-Country during the time of field visit for the ex-post evaluation, due to the recent reform of the decentralization.

Relief (PEPFAR)³ provided 2 million HIV test kits in Kenya. Therefore, it could be concluded that since the required number of rapid HIV test kits were provided by this project and PEPFAR, this project contributed toward increasing the numbers of HIV tests in the years of 2008-2009.

[Synergistic Effects with JICA's technical assistance and others]

Technical cooperation project (Strengthening of People Empowerment Against HIV/AIDS in Kenya: SPEAK I) and Japanese Overseas Cooperation Volunteers (JOCV) in HIV/AIDS sector were implemented during the same period of this project. However, the Evaluation team could not confirm the synergistic effects among the JICA's projects in HIV/AIDS sector, partly because the project input was geographically spread apart.

B) Impact

Impact of this project alone is not measureable since the causal relationship between the indicators developed during the ex-ante evaluation shown below and HIV test kits procured by this project was not necessarily clear. Some impact indicators were not relevant and not possible to be measured.

The following indicators were set in the basic study report of this project:

- **The impact indicator ①:** By reducing the risk of infection, the project will contribute to the prevention of new infections, reduction of HIV infection rates, and decrease in the number of HIV/AIDS patients. .
- **The impact indicator ②:** By reducing the risk of infection and the number of HIV/AIDS patients, health care expenditure and the burden on healthcare workers can be reduced..
- **The impact indicator ③:** Since many HIV-infected people belong to the highly productive generation that shoulders the economic development of the country, a decrease in the number of HIV-infected people may lead to an increase in workforce and productivity.

(1) Prevention of new infections, decreased HIV prevalence rate and number of people living with HIV

As described in the section of **Relevance**, the above goals were achieved. However, factors outside of this project, such as pre- and post-HIV test counselling treatment and behavior change intervention also contributed towards improving them. Therefore, it is difficult to specify the causal relationship between a project's procurement of HIV test kits and those changes in Kenya.

(2) Reduction of health care costs and burdens to health staffs and (3) improved economy and productivity

The data for those indicators are not available. Therefore, it is not possible to evaluate **Impact** of this project.

■ **Other negative impact**

During the field study, negative impacts on environments were not confirmed.

3 Efficiency

The output of this project was mostly implemented as planned within the planned project cost. Despite the fact that the project period was extended for two months, there was no adverse effect from expiration dates of test kits caused by the delay. Therefore, **Efficiency** of this project is fair.

4 Summary of the Evaluation

This project covered the entire country and procured three different kinds of HIV rapid test kits (around three hundred million Japanese yen worth) to be used in the years of 2008 to 2009. This ex-post evaluation measured only relevance, efficiency and effectiveness. Since HIV test kits procured by this project were consumed in a short time period it is not possible to evaluate **Sustainability** of effects of the procured HIV test kits during ex-post evaluation. Thus, this Ex-Post Evaluation Study did not evaluate **Sustainability**. The following is the

³ The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) is the biggest component of the US President's Global Health Initiatives. In Kenya, PEPFAR started its support in 2004 in order to strengthen HIV/AIDS control. PEPFAR annually provided around \$500 million to Kenya and procured HIV rapid test kits, medicines for HIV/AIDS, condoms and nutritional supplemental food.

Summary of the Evaluation based on those three evaluation criteria:

Relevance of this project is high. HIV prevalence and mortality rates in Kenya still remain high even though they have been steadily declining since they reached a peak in mid 1990s. Since provision of HIV testing services have been a major pillar of HIV/AIDS control in Kenya, assistance to this area was highly relevant. Early detection and treatment of HIV considerably suppress the progress of symptoms of HIV/AIDS, therefore provision of HIV test kits through this project met the development needs of Kenya and **Relevance** of this project is evaluated as high.

Efficiency of this project is fair. The output of this project was mostly realized as planned. The project costs were lower than planned, though the project period was extended for two months. Field study of the ex-post evaluation did not find any negative effect from expiration dates of test kits caused by the delay.

Effectiveness of this project is high. More than half of the estimated required HIV test kits for the years of 2008-2009 were procured by this project and it was confirmed that they were delivered by KEMSA to DMOH. Furthermore, the numbers of people who received HTC services increased dramatically during the years of 2008-2009 when this project was implemented. Therefore, it is concluded that this project to a certain extent contributed toward increasing the number of people who took HIV tests.

Overall, this project is evaluated to be satisfactory.

III. Recommendations & Lessons Learned

Recommendations to implementing agency:

None

Recommendation to JICA:

Providing opportunities for HIV testing and counseling to the general Kenyan population is one of the essential and important pillars for HIV/AIDS control in order to reduce the numbers of new HIV infection and deaths due to HIV/AIDS. Therefore, it is very important for GOK to secure a stable supply of HIV rapid test kits. We recommend that the JICA Kenyan office continues monitoring the development of HIV/AIDS control situation and keep close contact with stakeholders in terms of forecasting and supplying HIV rapid test kits so that GOJ can quickly respond if necessary. At the same time, it is recommended for the JICA Kenyan office to start a dialogue with Kenyan central and county governments on budgeting for procuring HIV related health commodities in order to ensure a sustainable supply of HIV rapid test kits.

Lessons learned

1) Synergistic effects through the collaboration with JICA's other relevant projects

In the countries where JICA's technical cooperation projects of infections control sector are implemented, Grant Aid Projects, which procure relevant equipment and commodities, are often implemented concurrently in the same countries. In Kenya's case, technical cooperation project (SPEAK I) and this Grant Aid Project were implemented but were not designed to be synergetic. Similar Grant Aid Projects such as the Project for Malaria Control in Myanmar distributed the commodities of Grant Aid Project as a part of the technical cooperation project (Major Infectious Diseases Control Project) with the same objectives, periods, and geographic areas. The soft component of Grant Aid Project was designed in order to disseminate the tools and approaches that were developed as models through the technical cooperation project to other areas. With such collaboration between different schemes of JICA's projects, the synergistic effects were acquired.

The specific contents and methodologies of collaboration among JICA's different schemes vary from one case to another depending on national/regional situations, targeted diseases, levels of counterpart agencies. However, in order to enhance efficiency and effectiveness of Japanese aid performances, JICA should take into consideration the designing of inter-scheme projects for synergistic effects.

2) Participation of joint evaluation of national disease control programmes

In most cases, provisions of health commodities such as HIV test kits are collaborative efforts not only from the

Japanese government, but also other development partners and recipient countries themselves. In such cases, it since they provide the same products at the same time, is very difficult to distinguish JGA commodities from the others. Therefore, it is necessary to measure the effects of commodities as a whole. The factors other than the commodities, such as technical cooperation, also contribute toward the project effects. Therefore, rather than evaluating individual projects, it would be more realistic and beneficial to be a part of joint evaluation teams for certain national disease control programmes with other stakeholders, including the development partners and the governments of recipient countries.

Column

Sustainable supply of HIV rapid test kits in Kenya

In the past, multiple development partners supplied HIV rapid test kits (RTK) and other health commodities required for implementation of HIV/AIDS control programmes. DFID discontinued its support in 2006 and since then PEPFAR has been a main source of RTK provision. The Government of Japan provided a one year supply of RTKs through this project in 2007 followed by a three year supply of JGA from 2008 to 2010 (the last Japanese procured RTKs were distributed in June 2012.) Therefore, the governments of USA and Japan were partners in the provision of RTKs for four years from 2008 until June 2012. At the end of 2014, PEPFAR reduced 50% of their supply of RTKs since the previous year. Therefore, GOK has to shift its strategy from scaling up the HIV testing services (namely the Universal Access) to prioritizing the target population: focusing on most-at-risk populations and pregnant women. Currently, PEPFAR distributes 80% of their RTKs in their 19 focusing counties and the rest of RTKs are shared among 28 other counties. Now, those 28 counties have less than 1000 cases of new HIV infections annually. However, it is not clear how the reduced supplies of RTKs affect the HIV/AIDS situation in those counties.
