Country Name	Project for HIV/AIDS Control in Tanzania (2005 I/II、2006 II/II & 2007)
United Republic of Tanzania	

Ⅰ Project Outline

Background

The estimated HIV prevalence amongst adults (ages 15–49) was 8.8% and 1.60 million people were living with HIV, including both adults and children, and deaths due to HIV/AIDS was 160,000 in Tanzania as of 2003[1]. The Government of Japan (GOJ) conducted two grand aid projects; *Project for Infectious Diseases Contro*l and *the Project for Infectious Diseases Control Phase II* between 2002 and 2004 to provide necessary equipment and commodities, such as HIV rapid test kits, Syphilis test kits, equipment for laboratory, drugs for Sexually Transmitted Infections (STI) and cold chain equipment in Tanzania. Following these projects, the Government of Tanzania (GOT) planned to strengthen and scale up the Voluntary Counselling and Testing Services (VCT), Blood Safety, and Treatment for STIs in order to prevent HIV infections in *the Health Sector HIV/AIDS Strategy for Tanzania I 2003-2006.* GOJ continuously provided the necessary equipment and commodities through this grand aid project to support GOT.

Objective of the Project

To strengthen VCT, Blood Safety, and STI treatment by providing necessary equipment and commodities in order to prevent HIV infections for the HIV/AIDS control programme in Tanzania.

Output of the Project

1. Project Site: Entire Country
2. Japanese side: Provision of health commodities for HIV control:

Table 1

Item	Unit	2005 (I)	2006 (II)	2007 (III)	Total Quantity
Capillus HIV1/HIV2 (HIV test kits)	Kit	5,785	----------	----------	5,785
Determine HIV-1/2 (HIV test kits)	Kit	1,470	1,500	2,846	5,816
SD Bioline (HIV test kits)	Kit	----------	19,550	33,013	52,563
Elisa-Vironostika HIV Uniform II, HIV1/2 plus**.** (HIV test kits)	Kit	385	385	----------	770
Syphilis RPR test kits	Kit	6,360	5,500	14,144	26,004
Blood lancet	Box	----------	830	----------	830
Vacuum Blood collecting Tube (5ml)	Pack	4,135	4,215	24,048	32,398
Vacuum Blood collecting Tube (10ml)	Pack	7,095	6,240	----------	13,335
Vacuum Blood collecting needle	Pack	11,230	10,455	24,048	45,733
Holder for vacuum blood collecting tube	Pc.	----------	----------	24,050	24,050
Latex examination glove (L size)	Box	35,900	36,000	----------	71,900
Latex examination glove (M size)	Box	12,000	12,000	----------	24,000
Safety box	Box	9,800	9,500	44,900	64,200
Disposable syringe with needle	Pc.	186,000	179,000	160,750	525,750
Benzathine Benaylpenicillin injection	Vial	157,200	151,100	132,500	440,800
Erythromycin Stearate tablet	Tablet	759,000	734,000	818,000	2,311,000
Clotrimazole vaginal tablet	Box	57,100	51,600	72,173	180,873
Ciprofloxacin tablet	Tablet	269,000	267,000	275,000	811,000
Doxycycline tablet	Tablet	----------	4,234,000	4,417,000	8,651,000
Metronidazole tablet	Tablet	----------	1,980,000	2,461,000	4,441,000
Cefrtiaxone injection	Vial	26,900	26,700	17,000	70,600
Tetracycline eye ointment	Tube	80,500	74,300	93,300	248,100
Erythromycin powder for oral suspension	Bottle	----------	7,800	10,850	18,650
Clotrimazole cream tube	Tube	10,300	11,500	----------	21,800
Spectinomycin injection	Vial	1,100	1,200	750	3,050

[1]The Joint United Nations Programme on HIV and AIDS (UNAIDS) Global Report 2004

Co-trimoxazole tablet	Tablet	----------	2,919,000	----------	2,919,000
Silver nitrate single use pencil	Box	60	60	----------	120
Water for injection 10 ml	Pc.	186,000	179,000	160,750	525,750

(Source: Completion Inspection Reports in September 2007 (I), April 2008 (II) and September 2009 (III))

The following are the changes in commodities from the original plans

Table 2

	Original Plan	Revised Plan	Term
1	Determine HIV-1/2 (HIV test kits)	SD Bioline (HIV test kits)	2006, 2007 (II&III)
2	Uni-Gold (HIV test kits)	Determine HIV-1/2 (HIV test kits)	2006, 2007 (II&III)
3	Elisa-Vironostika HIV Uniform II, HIV1/2 plus (HIV test kits)	Rapid Test Kits (HIV test kits)	2007 (III)

(Source: Completion Inspection Reports)

The changes shown above were made due to the changes of Tanzania HIV Rapid Test Algorithm (Test 1: SD Bioline, Test 2: Determine and Test 3: Uni-Gold). Elisa-Vironostika HIV test kit requires health staffs that can diagnose test results and cold storages. It also requires conducting a lot of tests at once. Therefore, it was changed to a rapid test kit.

3. Tanzania side:

It was not confirmed through the evaluation carried out by JICA Tanzania office in 2012 whether or not the Tanzania side undertook all necessary and agreed actions such as bearing the cost of custom clearance, appropriate storage and quality control, provision of transportation to deliver the kits, and reporting monitoring results of delivering kits. This Ex-Post Evaluation Study decided not to look into the situation further because it was expected to be more difficult to get information compared to the situation of 2012.

The medical doctor of National AIDS Control Programme (NACP) confirmed in his response to the questionnaire for this Ex-Post Evaluation Study that the necessary training for utilization of new HIV rapid test kits provided by this project (SD Bioline and Uni-Gold) were conducted accordingly.

Ex-Ante Evaluation	March, 2005	E/N Date	August, 2005 (I) September, 2006 (II) September, 2007 (III)	Completion Date	August, 2007 (I) January, 2008 (II) May, 2009 (III)
Project Cost	2005	E/N Grant Limit	303 million yen	Actual Grant Amount	297 million yen
	2006		341 million yen		241 million yen
	2007		352 million yen		281 million yen
Implementing Agency	National AIDS Control Programme (NACP), Ministry of Health and Social Welfare (MOHSW)				
Contracted Agencies	Japan International Cooperation System & Toyota Tsusho Corporation (I & II, Lot 1 of III) Sirius Consulting Ltd. (Lot 2 of III)				

Ⅱ Result of the Evaluation[2] [3]

1 Relevance

The need to strengthen HIV Testing and Counselling Services (HTC), Blood Safety, and STI treatment were identified in the *National Multi-Sectoral Strategic Framework on HIV/AIDS 2003-2006(NMSF)* and *the Health Sector HIV/AIDS Strategy for Tanzania I* at the time of ex-ante evaluation and in the *Health Sector HIV and AIDS Strategic Plan (HSHSP- III) 2013-2017* at the time of ex-post evaluation as a strategy to prevent HIV infections. Therefore, this project was highly consistent with the Tanzanian national development policy and needs during both ex-ante and ex-post evaluations. This project was also highly consistent with Japan's ODA policy since Tanzania was one of the priority countries of *Global Issues Initiative on Population and AIDS (GII),* and

[2] Evaluation for this project was carried out by JICA Tanzania office in 2012. Therefore, this ex-post evaluation was conducted based on information and data collected by the 2012 evaluation by JICA Tanzania office, and additional information from the responses of questionnaires to the counterparts and literature review of existing materials, and it did not conduct the field surveys.

[3] 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.

responding to health challenges, including population and HIV/AIDS and child health were specified under the country assistance programme for Tanzania of GOJ (2001)[4]. The country assistance programme also planned to support GOT for health education and awareness activities in HIV prevention and family planning. This Ex-Post Evaluation Study confirmed that the needs for HIV and STI tests and treatment were high during both ex-ante and ex-post evaluation and this project met the needs. Therefore, **Relevance** of this project is high.

2 **Effectiveness/Impact**

A) Effectiveness

Regarding the VCT services, both Tanzania Demographic and Health Survey (TDHS) 2005/2005 and 2010 and Tanzania HIV/AIDS and Malaria Indicator Survey (THMIS) 2007/08 and 2011/12 show that the numbers of adults who took the HIV tests have tended to increase. Therefore, it is confirmed that VCT services in Tanzania has been strengthened. Although the numbers of HIV tests conducted by this project were not confirmed, this project contributed to the increase of the number of people who took HIV tests and to the strengthening of VCT services because of many reasons: HIV test kits provided by this project covered more than 50% of the total amount of procured HIV test kits in 2006-2008 in Tanzania, and the evaluation carried out by JICA Tanzania office in 2012 and responses from NACP to the questionnaire for this Ex-Post Evaluation Study confirmed that the HIV test kits were distributed to the VCT centres and health facilities. As for Blood Safety, during the implementation of this project between 2006 and 2008, the HIV prevalence rates among the registered blood donors of National Blood Transfusion Services (NBTS) have decreased. This decrease might be largely attributed to the introduction of NBTS and it is not possible to verify the degree of contribution from this project. However, since this is the only project that procured HIV test kits for Blood Safety, this project undeniably contributed to the strengthening of the blood screening system in Tanzania. Since reported numbers of STI treatments are not consistent and the data could be unreliable, it is not possible to conclude that the STI treatment system was strengthened. However, as only GOJ mainly procured STI drugs since 2002, contribution of this project to STI treatments is recognized.[5]

Therefore, **Effectiveness** of this project is fair. Since the indicators were not set up during the basic design period, the following indicators were proposed at the time of evaluation by JICA Tanzania office in 2012. Effect indicators were proposed and examined during this Ex-Post Evaluation Study.

【Performance Indicators】

Strengthening VCT services

- Indicator 1: The numbers of people who took HIV tests at the VCT centres increased

Although there are no data available for the numbers of people who took HIV tests procured by this project, it is possible to confirm the increase of numbers of people who took HIV tests from past statistics. Table 3 shows the coverage of HIV testing by age and sex.

Table 3. Coverage of HIV testing

Women	**Percentage ever tested for HIV**				**Percentage who received results for last HIV test taken in the past 12 months**			
Age	TDHS 2004/05	THMIS 2007/08	TDHS 2010	THMIS 2011/12	TDHS 2004/05	THMIS 2007/08	TDHS 2010	THMIS 2011/12
15-19	7.9	24.3	31.9	34.4	5.0	14.7	20.5	20.8
20-24	18.0	51.7	71.1	78.4	8.3	22.6	37.9	38.6
25-29	18.9	53.2	73.5	84.3	8.0	24.9	34.5	37.4
30-39	14.5	44.8	68.5	79.0	5.9	18.9	32.5	34.3
40-49	8.7	30.4	51.0	61.9	3.9	15.0	31.9	20.2

Men	**Percentage ever tested for HIV**				**Percentage who received results for last HIV test taken in the past 12 months**			
Age	TDHS 2004/05	THMIS 2007/08	TDHS 2010	THMIS 2011/12	TDHS 2004/05	THMIS 2007/08	TDHS 2010	THMIS 2011/12
15-19	2.9	14.6	20.3	20.3	2.0	11.2	13.0	13.1
20-24	12.4	31.0	44.8	44.8	7.4	21.3	27.9	30.3
25-29	20.2	36.6	55.2	55.2	9.8	22.8	30.9	31.9
30-39	18.5	35.6	52.6	52.6	8.1	22.6	29.7	30.9
40-49	17.1	32.6	48.6	48.6	6.7	18.8	28.2	30.4

Blood Safety

- Indicator 2: The numbers of HIV tests increased at the time of blood transfusion

NACP's reports stated that since the introduction of NBTS in 2006, HIV prevalence rates among the voluntary blood donors have decreased. In the past, since the blood transfusion services predominantly relied on family donations, prevalence rates of HIV and other infections were high. With the introduction of NBTS, the blood from the voluntary donors who are at a low risk of HIV and other infections are utilized for blood transfusion. However, *HSHSP- III 2013-2017* reported that only 35.7% of transfusion blood

[4] Ministry of Foreign Affairs of Japan

[5] Project for HIV/AIDS Control in Tanzania (2010) was the last project that GOJ procured STI drugs and other commodities for Tanzania. The last consignments were handed over to Tanzania in December 2011.

was screened in 2013. Furthermore, during an emergency, instead of using blood from NBTS, the hospitals still tend to use blood donated by family members without proper screening for infectious diseases. Blood safety is still a big challenge in Tanzania.

Table 4. Distribution of replacement blood donors for the period of 2001 to 2007 by Sex

Year	Male （number）	Female（number）	Total （number）
2001	126,309	28,867	155,176
2002	120,807	26,350	147,157
2003	121,767	26,510	148,277
2004	128,969	25,076	154,045
2005	107,057	22,146	129,203
2006	41,952	5,635	47,587
2007	44,569	5,267	49,836

(Source: HIV/AIDS/STI Surveillance Report: Report No. 21, 22, 23(2009, 2011, 2013)NACP)

Table 5. Numbers of HIV tests by voluntary blood donors registered in National Blood Transfusion Services (NBTS)

Year	Male （number）	Female（number）	Total （number）
2006	1,703	591	2,294
2007	9,908	4,835	14,743
2008	8,567	4,073	12,640
2009	48,032	13,922	61,954
2010	57,095	12,341	69,436
2011	69,029	25,281	94,310
2012	83,609	25,769	109,378

(Source: HIV/AIDS/STI Surveillance Report: Report No. 21, 22, 23(2009, 2011, 2013)NACP)

【Effect Indicators】

Blood Safety

- Indicator 1: The HIV prevalence rates of blood by voluntary blood donors registered in NBTS decreased

Table 6.Trends of HIV prevalence rates of blood by replacement/family blood donors

Year	Male HIV prevalence rate	Female HIV prevalence rate
2001	10.3%	13.6%
2002	9.1%	12.3%
2003	8.2%	11.9%
2004	7.2%	10.7%
2005	7.3%	10.8%
2006	5.7%	8.1%
2007	6.5%	9.6%

(Source: HIV/AIDS/STI Surveillance Report: Report No. 21, 22, 23(2009, 2011, 2013)NACP)

Table 7.Trends of HIV prevalence rates of blood by voluntary blood donors registered in NBTS

Year	Male HIV prevalence rate	Female HIV prevalence rate
2006	3.9%	3.9%
2007	2.6%	3.1%
2008	2.6%	3.1%
2009	2.6%	2.4%
2010	1.6%	1.7%
2011	0.81%	0.83%
2012	1.0%	1.4%

(Source: HIV/AIDS/STI Surveillance Report: Report No. 21, 22, 23(2009, 2011, 2013)NACP)

Strengthening STI Treatment

- Indicator 2: The numbers of STI treatments at the STI clinics increased

Table 8.Trends of numbers of STI treatment from 2005

Year	2005	2006	2007	2008	2009	2010	2011	2012	2013
Number of STI treatments	325,998	234,510	105,932	N/A	188,611	243,944	99,346	162,101	N/A

(Source: Response to ex-post questionnaire by NACP 2014, GLOBAL AIDS RESPONSE COUNTRY PROGRESS REPORT, March 2014）

NACP reported the distribution of new STI episodes by syndromes at the health facilities shown below

Table 9. Distribution of new STI episodes by syndromes at the health facilities[6]

	2005	2006	2007	2009	2011	2012
GDS	143,616	105,676	45,719	61,884	44,153	69,985
GUD	69,074	43,162	23,071	88,541	18,921	22,706
PID	76,039	53,562	25,182	16,713	7,339	11,691
Others	37,269	32,110	11,960	21,515	15,348	26,157
Total	325,998	234,510	105,932	188,613	85,761	130,539

※ Data in 2008 and 2010 are not available.

(Source: HIV/AIDS/STI Surveillance Report: Report No. 21, 22, 23(2009, 2011, 2013)NACP)

According to the TDHS (2004-2005), 11% (2,352,105 persons) of women and men between ages 15-49 who ever had sexual intercourse reported having an STI and/or symptoms of an STI. Among them, 60% (1,411,263 persons) reported having received treatments at health facilities. With the gaps between the TDHS report (2004-2005) and the incomplete data of new STI episodes by syndromes at the health facilities (Table 9) and unstable numbers of STI treatment from 2005 (Table 8) from NACP, it is assumed that STI treatment data are not reliable.

B) Impact

The **impact** indicators were set up during this ex-post evaluation. The proxy indicator: HIV prevalence rates among youths between ages 15-19 were utilized for Indicator 1: new HIV infection rates among the adults. It remained almost unchanged. Indicator 2: Mother-to-Child HIV transmission rates and number of HV positive infants increased slightly and remained almost unchanged. Thus, prevention of HIV infection has not improved greatly. Since many HIV prevention activities were conducted during the implementation of this project, it is difficult to accurately determine the direct causal relationship and the degree of **Impact** this project had on HIV prevention. This Ex-Post Evaluation Study concluded that it is not possible to measure **Impact** of this project.

【Impact Indicators】

Although the basic design report of this project identified the decrease of HIV prevalence rate as its **Impac**t, baseline and target values were not clearly stated. The numbers of HIV positive persons and HIV prevalence rates are considered inappropriate indicators, because those numbers and rates remain high while many HIV positive people continue to live due to the availability of treatment, care, and support. If pregnant women are identified with an HIV positive status, it is possible to prevent Mother-to-Child HIV transmission during pregnancy and labour and after delivery. Therefore, Mother-to-Child HIV transmission rates can be considered good indicators for HIV prevention. Thus, this Ex-Post Evaluation Study proposed and examined the following two indicators.

- **Indicator 1: New HIV infection rates among the adults and the numbers of new HIV infections decreased**

Since it is difficult to measure the new HIV infection rates, the HIV prevalence rate among youth between ages 15-19, who are considered to have less sexual experiences, is usually used as a proxy indicator for the new HIV infection rates. However, only two sets of data of the HIV prevalence rates among these youths are available in Tanzania as shown in Table 10. Therefore, it is not possible to determine if these rates are improving or not. As supportive references, the HIV prevalence rates among youth between ages 20-24 are also shown in Table 10.

Table 10. Trends of HIV prevalence rates by age

	15～49		15～19		20～24	
	Men	Women	Men	Women	Men	Women
THMIS 2007/08	4.6%	6.6%	**0.7%**	**1.3%**	1.7%	6.3%
THMIS 2011/12	3.8%	6.2%	**0.8%**	**1.3%**	1.7%	4.4%

(Source：THMIS 2007/08、THMIS 2011/12 Ministry of Health)

- **Indicator 2: Mother-to-Child HIV transmission rates and number of HV positive infants decreased**

HIV test for infants of HIV positive mothers started in 2009 in Tanzania. Table 11 shows the data of **Mother-to-Child HIV** transmission rates since 2010.

Table 11. Trends of Mother-to-Child HIV transmission rates

Year	Number of Infants tested for HIV	Infants tested positive for HIV	Number of HIV positive infants
2010	22,033	9.8%	2,159
2011	27,245	7.1%	1,934
2012	26,608	8.7%	2,315

(Source: HIV/AIDS/STI Surveillance Report: Report No. 21, 22, 23(2009, 2011, 2013)NACP)

[6] GDS: Genital Discharge Syndrome, GUD: Genital Ulcer Disease, PID: Pelvic Inflammatory Disease

3 Efficiency

Efficiency of this project is fair. This Ex-Post Evaluation Study confirmed that the output of this project was implemented as planned according to the evaluation carried out by JICA Tanzania office in 2012 and Completion Inspection report of this project. Changes in commodities in Phases II & III were made due to the changes of Tanzania HIV Rapid Test Algorithm, and they were relevant and met the needs of the Tanzanian side. Test 1 was changed from Capillus HIV1/HIV2 to SD Bioline, and Test 2 was changed from Uni-Gold to Determine. It was confirmed from NACP's response to the questionnaire for this Ex-Post Evaluation Study that necessary training for utilization of new HIV rapid test kits provided by this project (SD Bioline and Uni-Gold) were conducted upon the changes of test kits. The questionnaire response also confirmed that STI drugs and HIV test kits were distributed to the health facilities as planned. According to the audit report by Headquarters of Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) in the areas of health commodity procurement, supply management, following up on their activity progress and financial management in January through February in 2009 in Tanzania[7], they did not find any stock-out of SD Bioline and Determine, which were procured by this project in the health facilities. Therefore, we can also conclude that the STI drugs and HIV test kits procured by this project were distributed as planned. The actual project cost was slightly higher than what was initially planned (ratios to the plans; 1st phase: 98%, 2nd phase: 105% and 3rd phase: 127%). The total project period was also longer than the initially planned period (ratio to the plan: 105%).

4 Summary of the Evaluation

There are various HIV prevention activities that are conducted by many different stakeholders in Tanzania and the improvement of HIV transmission and HIV testing services are attributed to all efforts. Therefore, it is not possible to measure the sole effects of this project alone. Because of that, this Ex-Post Evaluation Study did not evaluate **Impact**. Since HIV test kits and STI drugs procured by this project were consumed in a short time period and the beneficiaries (patients) took HIV test kits and STI drugs only during a specific time period, their effects were only apparent within that limited time. Therefore, since it is not possible to evaluate **Sustainability** of effects of the procured HIV test kits and STI drugs, this Ex-Post Evaluation Study could not evaluate **Sustainability** of this project. As seen from the reasons described above, this Ex-Post Evaluation Study only evaluated **Relevance**, **Effectiveness** and **Efficiency**. The following is Summary of Evaluation based on those three evaluation criteria:

Relevance of this project is high. This project was highly consistent with the Tanzanian national HIV/AIDS control policy and development needs during both ex-ante and ex-post evaluations. Especially the need to strengthen HIV Testing and Counselling Services(HTC), Blood Safety, and STI treatment were confirmed during both ex-ante and ex-post evaluations. This project was also highly consistent with Japan's country assistance programme for Tanzania.

Effectiveness of this project is fair. Several nation-wide health surveys conducted in Tanzania showed that the numbers of adults who took the HIV tests have tended to increase for last years. Therefore, it is concluded that this project contributed to toward strengthening of the VCT services in Tanzania. As for Blood Safety, during the implementation of this project between 2006 and 2008, the HIV prevalence rates among the registered voluntary blood donors of NBTS have decreased. Therefore, this project contributed toward strengthening of blood screening system in Tanzania, although this decrease might be largely attributed by the introduction of NBTS. For the STI treatment, since reported numbers of STI treatments are not consistent and there might be a problem with reliability of data, it is not possible to conclude that the STI treatment system was strengthened by this project. However, contribution of this project for STI treatments is recognized as only GOJ mainly procured STI drugs since 2002.

Efficiency of this project is fair. The output of this project was produced as planned, and both the project costs and periods slightly exceeded what was initially planned. Changes in commodities in Phases II & III were made based on changes of Tanzania HIV Rapid Test Algorithm. These changes were relevant and timely and met the needs of the Tanzanian side. Evaluation results by JICA Tanzania office in 2012, the questionnaire response from NACP, and Audit Report on Global Fund Grants to Tanzania all confirmed that the commodities procured by this project were distributed to the health facilities.

Overall, this project is evaluated to be partially satisfactory.

Ⅲ Recommendations & Lessons Learned

Recommendations to implementing agency:

While many HIV positive persons could suppress the symptoms of AIDS and lead productive lives due to the wide availability of Anti-Retroviral Therapy (ART), this becomes a tremendous financial burden to GOT because at present, people have to continue to take very expensive life-long medicines. Therefore, HIV prevention plays a very important role. In order to achieve the goals and objectives that are specified in the *NMSF 2003-2006* and the *HSHSP-III 2013-2017*, this Ex-Post Evaluation Study recommends the following to the Ministry of Health, especially to NACP, the implementing agency of HIV/AIDS control in Tanzania:

1. Securing the funds to scale up HIV testing services

Further strengthening and scaling up the HIV test services are strongly expected. Due to the characteristics of HIV infection, one-time HIV testing is not safe at all and people must take HIV tests and be counselled repeatedly so that they can confirm their HIV status on a regular basis and take counter measures accordingly. Scaling-up of HIV testing services requires steady procurement of HIV test kits, good maintenance of health facilities, securing the skilled health personnel and their capacity building opportunity and establishing the strong logistic system for delivering health commodities.

2. Strengthening monitoring of health commodities, such as HIV test kits and STI drugs

Data of HIV testing and STI treatments as well as the data for health commodities and financial management are not yet in place

[7] Audit Report on Global Fund Grants to Tanzania (Office of Inspector General), June 2009. Audited five GFATM projects in three Regions.

and data itself are not reliable. It is recommended to establish and strengthen the integrated database for HIV/AIDS programme, which also includes the data of logistic management. It is also recommended to implement procurement and distribution of HIV test kits and STI drugs and to provide HIV tests and STI treatments based on such data/evidence. In order to do so, strengthening monitoring of health commodities (amounts of distribution as well as consumption), conducting the correct quantification based on data, and adjusting the procured amounts- total commodity management are strongly required.

3. Effective implementation of STI treatment

This Ex-Post Evaluation Study found that STI treatment data of NACP (STI Unit) are not necessarily consistent and that there could be a problem with data collection. However, it also could be inferred that STI drugs, most of which are anti-biotic, might be used for treatments other than STIs at the peripheral health facilities. In order to avoid such situations, some other countries use colour-coded pre-packaged STIs treatment kits. To implement more effective STI treatment and improve **Effectiveness** of the projects, using such kits might be one of the solutions.

Recommendations to JICA

None.

Lessons learned

None.