

Ex-Post Evaluation for Grant Aid Project

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Country Name	The Project for HIV/AIDS Control in Kenya (2008-2010)
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 in Kenya, 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 were 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 them with rapid HIV test kits. 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 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. Following the provision of rapid HIV test kits (RTKs) by the Government of Japan (GOJ) in 2007, GOK requested GOJ to continuously provide a three year supply of RTKs for 2008-2010 in order to secure the required test kits for 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 rapid HIV test kits between 2008 and 2010				
	Number of test kits planned to be procured (Unit: test)				
	Level of Test	Products	2009/10	2010/11	2011/12
	1st	Determine	1,654,000	1,654,000	1,654,000
	2nd	SD Bioline	804,000	804,000	—
		Uni-Gold (2011/12)	—	—	365,775
	Confirmation	Uni-Gold	18,000	18,000	18,000
	Total		2,476,000	2,476,000	2,037,775
Ministry of Public Health and Sanitation issued a notification of change (NASCOP/ADMIN/2011/100) in December 2011 about recalling SD Bioline (South Korean-manufactured kit), which was chosen as the 2nd level test kit during the Basic Design Study. The notification entailed that in lieu of SD Bioline, Uni-Gold (Ireland-manufactured kit) would be tentatively used as the 2nd level test kit. According to this notification, the project changed the products and amounts of test kits, all of which are approved by JICA in January 2012.					
Changes in provision of commodities (Source: Completion inspection report)					
Original plan					
SD Bioline (2nd test)		804,000 tests			
Uni-Gold (3rd test)		18,000 tests			
Changed plan					
SD Bioline (2nd test)		0			
Uni-Gold (2nd and 3rd tests)		383,775 tests (18,000 tests + additional 365,775 tests)			

	Since the unit cost of Uni-Gold is about double that of SD Bioline, the amount of Uni-Gold purchased was decreased to half of the originally planned amount.				
	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	Jun. 2008 - Jan. 2009	E/N Date	28 Jan. 2009 (1st) 6 July 2009 (2nd) 10 Dec. 2010 (3rd)	Completion Date	May. 2010 (1st) Mar. 2011 (2nd) Jun. 2012 (3rd)
Project Cost	2008	E/N Grant Limit	365 million Yen	Actual Grant Amount	259 million Yen
	2009		308 million Yen		263 million Yen
	2010		294 million Yen		273 million Yen
Implementing Agency	National AIDS and STI Control Programme (NASCOP), Ministry of Public Health and Sanitation				
Contracted Agencies	Binko International Ltd., 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 1st Medium-Term Plan (MTP) 2008-2012 and 2nd MTP of 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. 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, thus acquiring a stable supply of HIV test kits became an urgent task. Because of this, GOK requested GOJ to provide a three year supply of RTKs (three types). 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.

¹As 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..

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. Through interviews at the limited number of health facilities during the field study, it became clear that the health facility staff could not distinguish RTKs procured by the Japanese government from those procured by other development partners (U.S. President's Emergency Plan for AIDS Relief PEPFAR²). However, since test kits provided by this project covered around 30% to 40% of the total amount of procured HIV test kits from 2010 to 2013 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 HIV test kits within the expiration dates was properly managed.

HIV test kits procured by this project between 2010 and 2013 were loaded and stored in Kenya Medical Supplies Agency (KEMSA). Although the monitoring reports, including the distribution details (destinations and amounts) were not submitted to the Japanese side, the Evaluation team confirmed from the distribution records in KEMSA that HIV test kits procured by this project were distributed at the health facilities and did not find any problems from expiration dates of test kits. Therefore, it was evaluated that 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). For three years between May 2010 and May 2013, when the HIV test kits procured by this project covered around 40% of total test kits, the numbers of people who received HTC increased dramatically. Therefore, this project contributed toward increasing the number of HIV testing and counseling.

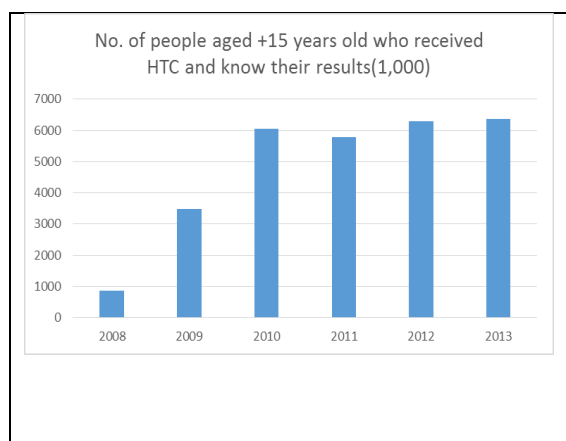


Figure 1: progress of the numbers of people who received HTC services between 2008 and 2013

(Source: Kenya AIDS Response Progress Report, 2014)

² 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 rapid HIV test kits, medicines for HIV/AIDS, condoms and nutritional supplemental food.

Table 1 shows the proportion of HIV test kits procured by GOJ in the total numbers of HIV testing. Although numbers of RTKs procured by GOJ decreased year by year, on average test kits provided by this project covered around 40% of the total amount of HIV test kits during those periods in Kenya. Furthermore, due to the recall of SD Bioline and the change to the more expensive Uni Gold in 2011/12, the amount of test kits procured by this project decreased and accordingly the proportion of HIV test kits procured by GOJ in the total numbers of HIV testing decreased. However, the procured numbers of Determine, the 1st test kit and most frequently used in HTC, did not decrease and remained at around 40% coverage in total numbers of 1st HIV testing in HTC. Therefore, this project contributed toward increasing the number of people who took HIV tests as expected.

Table 1: Proportion of HIV test kits procured by Japan in the total numbers of HIV testing

	2009/2010	2010/2011	2011/2012
Total Number of HIV Testing	6,053,000	5,778,000	6,297,000
Number of HIV test kits procured by Japan	2,476,000	2,476,000	2,033,375
Proportion of HIV test kits procured by Japan in total HIV test kits	40.9%	42.9%	32.3%

(Source : National Forecasting & Quantification Report for HIV/AIDS commodities for the year 2011/12 & 2012/13. NASCOP, 2011)

②: the coverage of pregnant women who received HIV tests increased.

Figure 2 shows the significant increase of HIV test coverage among the pregnant women between 2009 and 2013. Since the test kits procured by the projects covered around 40% of total test kits, this project contributed toward increasing the coverage of pregnant women who received HIV tests.

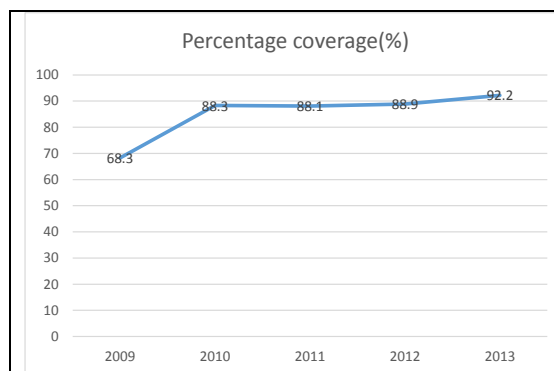


Figure 2: coverage of pregnant women who received HIV tests

(Source: Kenya AIDS Response Progress Report, 2014)

③: 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 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.

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

JICA technical cooperation project (Strengthening of People Empowerment Against HIV/AIDS in Kenya: SPEAK I & II) and Japanese Overseas Cooperation Volunteers (JOCV) in HIV/AIDS sector were implemented during the same period of this project. The technical cooperation project provided the advice about input on this Grant Aid project when the SD Bioline was recalled in 2012. However, the Evaluation team could not confirm synergistic effects among JICA's

projects in the HIV/AIDS sector, partly because the project input was geographically spread apart.

B) Impact

In general when it comes to **Impact** for Projects for Health Commodity Provisions, since the causal relationship between those indicators and the projects is not necessarily clear, in principle, it is not possible to measure impact indicators. Regarding **Impact** of this project, causal relationship between the indicators shown below and rapid HIV test kits procured by this project was not clear, and 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: In the short to medium term, HIV-positive persons who were confirmed through HTC services and the treatment and care increased.**
- **The impact indicator ②: In the long term, the risk of HIV infection was reduced, new infections were prevented and HIV prevalence rate and the number of people living with HIV were reduced.**
- **The impact indicator ③: health care costs and burdens to health staffs were reduced by decreased HIV prevalence rate and numbers of people living with HIV.**
- **The impact indicator ④: economy and productivity were improved by decreased HIV prevalence rate and numbers of people living with HIV, since many of them are economically productive age groups.**

The Evaluation team could not obtain the data of the number of HIV-positive persons who were confirmed through HTC services in order to measure **Impact** indicator ①. 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, the proportion of HIV positive people who knew their HIV status in 2012 is much greater than that of 2007. Since the estimated total number of people living with HIV did not change between 2001 and 2012, it is considered that the number of HIV-positive persons who were confirmed through HTC services increased. However, the Evaluation team could not confirm the proportion of HIV positive persons who know their HIV status during the project period between 2008 and 2011.

The indicators for the long term **Impact** ②, such as decreasing numbers of new HIV infections, HIV prevalence rates and numbers of people who died due to HIV/AIDS, are attributed to the combined efforts of multiple activities and measures in a comprehensive programme. Thus, it is not possible to define what the direct contribution by RTKs procured by GOJ is. Some staffs of NASCOP suggested the same point.

Similarly, the causal relationships of **Impact** indicator ③: decreased health care costs and burdens to health staffs by decreased HIV prevalence rate and numbers of people living with HIV, **Impact** indicator ④: improved economy and productivity by decreased HIV prevalence rate and numbers of people living with HIV, and RTKs procured by this project are not possible to be confirmed. The higher the level of indicators, the more the causal relationships between those indicators and provision of HIV test kits for several years diminish, not only by the project effects but also because of socio-economic factors.

However, since HIV testing is an entry point for HIV prevention, care, and treatment, in the long term HIV testing is considered to contribute toward reducing the risk of HIV infection, prevention of new infections, and decreasing HIV prevalence rates. Furthermore, considering the characteristics of HIV infections, it is necessary to follow up those **Impact** indicators in the long term perspectives. Therefore, it is important to consider the relevant **Impact** indicators for the Projects for Health Commodity Provisions like this project. Here, we would use the percentage of pediatric HIV infections from HIV-positive women as the proxy **Impact** indicator, since the routes of HIV transmission is clear and the causal relationship between the transmission and HIV testing is direct. Figure 3 shows the percentages of child HIV infections from HIV-positive women during the project periods.

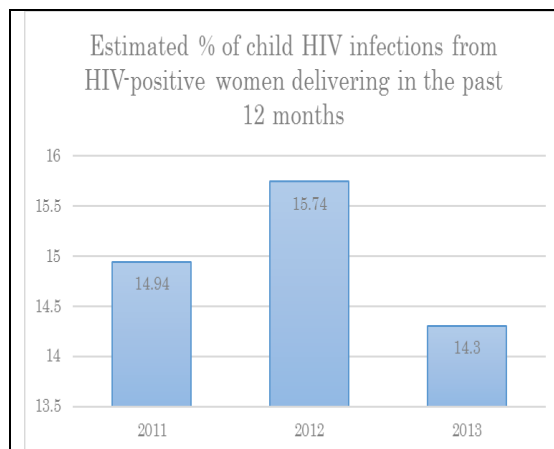


Figure 3: percentages of child HIV infections from HIV-positive women
(Source: Kenya AIDS Response Progress Report, 2014)

As we described in the section of **Effectiveness**, HIV testing coverage among pregnant women between 2009 and 2013 increased dramatically. However, pediatric HIV infection rates from HIV-positive women did not change very much (between 14% and 15%). This suggests that Antiretroviral therapy as a preventive measure for pediatric HIV infection has not been scaled up yet. Thus, even though the HIV testing coverage has increased, unless care and treatment for people living with HIV are also increased, rates of HIV prevalence and mortality due to HIV/AIDS will not improve. Therefore, while it is necessary to follow up on the declining numbers of new infections and HIV prevalence rates in the long terms as the **Impacts** of Projects for Health Commodity Provisions, it is difficult to prove whether or not it is the impact of the specific commodities procured by the projects.

■ Other impact

(1) Impact on Gender

As Figure 4 shows, regarding the rates of number of AIDS patients to the total population by sex, although there is not much change in the rates of men, the rates of woman tend to decrease year by year because data shows that women are disproportionately more affected than men are. In 2012, in spite of declining rates among women living with HIV, rates of women are still three times higher than those of men and still the gap between men and women is very big. It is difficult to clarify the project impact on genders, since it is attributed to other social factors.

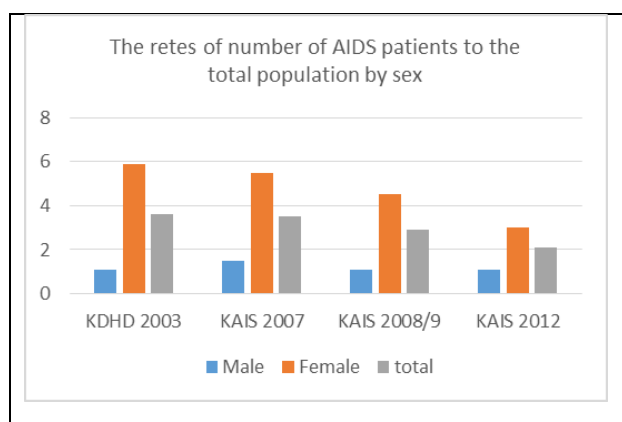


Figure 4: rates of number of AIDS patients to the total population by sex
(Source : Kenya AIDS Response Progress Report, 2014)

(2) Impact on Environment

The field study as well as the Questionnaires for the NASCOP and KEMSA did not confirm any negative impacts on environments. Other impacts were not confirmed.

3 Efficiency

The output of this project was mostly implemented as planned within the planned project cost (ratio to the plan: 79%). Despite the fact that the project period was extended for four months (ratio to the plan: 111%), there were no adverse effects from expiration dates of test kits caused by the delay. Therefore, **Efficiency** of this project is fair.

4 Summary of Evaluation

This project covered the entire country and procured three different kinds of rapid HIV test kits (around three hundred million Japanese yen worth) to be used from 2008 to 2010. 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 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 the mid 1990s. Since provision of HIV testing services has 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 HIV/AIDS symptoms, 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, even though the project period was extended for four 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. Around 30% to 40% of the estimated required HIV test kits for 2009-2012 were procured by this project. Furthermore, it was confirmed that KEMSA delivered them to the lower-level health facilities and the numbers of people who received HTC services increased dramatically during 2009-2012 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 most essential and important pillars for HIV/AIDS control in order to reduce the numbers of new HIV infections and deaths due to HIV/AIDS. Therefore, it is very important for GOK to secure a stable supply of rapid HIV test kits. We recommend that the JICA Kenyan office continue monitoring the development of the HIV/AIDS control situation and keep close contact with stakeholders in terms of forecasting and supplying rapid HIV test kits so that GOJ can quickly respond if necessary. At the same time, we recommend 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 rapid HIV 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 & II) and this Grant Aid Project were implemented but were not designed to be synergetic. In Myanmar, similar Grant Aid Project (Project for Malaria Control) distributed the commodities 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) Agreement of the system of monitoring and evaluation (M&E) among the stakeholders during the planning and rigorous implementation of M&E

Minutes of Discussions (M/D) of this project articulated monitoring during the project period. It was agreed that implementing agencies (NASCOP/KEMSA) fulfilled their obligations of submitting biannual reports regarding the distribution, utilization, and problems of the HIV test kits procured by this project at the end of June and December. However, during the field study the Evaluation team found that regular monitoring was not conducted nor were reports submitted to the Japanese side. It might be necessary for the Japanese side to be more proactive in firmly requesting reports and/or developing and providing reporting forms for necessary information. Some types of enforcement might be necessary for monitoring and reporting.

The indicators described in the ex-ante evaluation reports and the "direct effects and indirect effects" described in the basic design reports were not shared with the counterparts (C/Ps) of Kenya. During the planning stage, it is necessary to discuss, understand and agree on the indicators among the stakeholders of both countries and to document them in the project agreements. Otherwise, it is difficult to get support from C/Ps for monitoring as well as during the ex-post evaluation.

3) Monitoring on quality of commodities

The Evaluation team found that C/Ps did not conduct monitoring activities for delivery of the procured RTKs by this project through field study. Furthermore, the Evaluation team found that other than one-time sampling inspections for the quality of RTKs that were conducted when the RTKs arrived at the Central Warehouse of KEMSA, no monitoring for the quality of the RTKs at the lower-level health facilities was conducted at all. While JICA Kenya Office urges C/Ps: NASCOP, KEMSA and county governments, to conduct regular monitoring activities, JICA Kenya Office should also conduct a field survey visiting several lower-level health facilities as well as the Central and Intermediate levels of storages. With such pro-active intervention, it will be possible to obtain indirect evidence to comprehend the general conditions of storage, delivery and record-keeping etc., even if they cannot track down the actual RTKs procured by this project. This also allows JICA Kenya Office to comprehend the storage conditions, the problems in regard to the quality of RTKs, and utilization of RTKs etc., through field interviews. It is strongly recommended to conduct the field survey, visiting several lower-level health facilities and the Central and Intermediate levels of storages during the project implementation or one year after the completion of the Projects for Health Commodity Provisions in order to check the quality of procured health commodities.

4) 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, since they provide the same products at the same time, it is very difficult to distinguish Japanese Grant Aid 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 rapid HIV test kits in Kenya

In the past, multiple development partners supplied RTK and other health commodities required for the 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 GOJ provided a one-year supply of RTKs through this project in 2007 followed by a three-year supply of Grant Aid 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 19 counties and the rest of RTKs are shared among 28 other counties. Now, those 28 counties have less than 1,000 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.