Country Name	Projects for HIV/AIDS Control in Tanzania (2008-2010) (I/III～III/III)
United Republic of Tanzania	

Ⅰ Project Outline

Background

Although the Government of Tanzania (GOT) forecasted that 1.4 million people would take HIV tests in 2007, only 750,000 people actually took HIV tests during that period. GOT kept making efforts to secure the government budget in order to further scale up HIV testing services. However, the problems of HIV/AIDS were so serious and urgent that it was not possible for GOT alone to respond to them. GOT's continued efforts largely depended on the support of development partners. Ninety percent of HIV control programmes were financially supported by them in 2006. The Government of Japan (GOJ) conducted several grand aid projects; *the Project for Infectious Diseases Contro*l and *the Project for Infectious Diseases Control Phase II* between 2002 and 2004 and *the Project for HIV/AIDS Control in Tanzania* (2005I/II, 2006II/II & 2007) and procured necessary equipment and commodities, such as HIV rapid test kits, Syphilis test kits, equipment for laboratories, drugs for Sexually Transmitted Infections (STI) in Tanzania. GOJ continuously provided the necessary equipment and commodities for HIV prevention through this grand aid projects to support GOT.

Objective of the Project

To strengthen and scale up Voluntary Counselling and Testing Services (VCT) and STI treatment by providing necessary equipment and commodities, such as HIV rapid test kits, Syphilis test kits and STI drugs in order to prevent HIV infections for 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	2009 (I)	2010 (II)	2011 (III)	Total Quantity
SD Bioline 1/2 3.0 (HIV test kits)	Kit	29,178	18,034	3,096	50,30
Determine HIV-1/2 (HIV test kits)	Kit	2,516	1,555	267	4,338
Syphilis RPR test kits	Kit	17,192	18,052	----------	35,244
SD Bioline Syphilis test kits	Kit	----------	----------	5,514	5,514
Clotrimazole vaginal tablet	Box	87,730	92,110	96,720	276,560
Doxycycline tablet	Tablet	537,000	564.000	592,000	16,930,000
Erythromycin Stearate tablet	Tablet	993,000	1,043,000	1,095,000	3,131,000
Metronidazole tablet	Tablet	2,991,000	3,143,000	3,298,000	9,432,000
Ciprofloxacin tablet	Tablet	334,000	350,000	368,000	1,052,000
Erythromycin powder for oral suspension	Bottle	263	276	290	829
Oxy-Tetracycline eye ointment	Tube	7,000	7,300	7,700	22,000
Benzathine Benaylpenicillin injection	Vial	161,000	169,100	177,500	507,600
Cefrtiaxone injection	Vial	33,400	35,000	36,800	105,200
Spectinomycin injection	Vial	850	900	950	2,700
Water for injection 10 ml	Pc.	195,250	205,000	215,250	615,500
Clotrimazole cream tube	Tube	11,553	12,131	12,738	36,422
Podophyllin	Bottle	9,684	10,168	10,676	30,528
Acyclovir tablet	Tablet	485,250	509,490	534,960	1,529,700

(Source: Completion Inspection Reports in March 2010 (I), November 2010 (II) and February 2012(III))

Syphilis RPR[1] test kits were changed to SD Bioline Syphilis test kits for Phase III. This change was made in 2008 based on discussions among the stakeholders; World Health Organization (WHO), National AIDS Control Programme (NACP), and Reproductive and Child Health (RCH) of Ministry of Health and Social Welfare (MOHSW). Syphilis RPR test kits required electricity, cold storages, blood rotators and health staffs that could diagnose test results. Following GOT's field study between 2003-2004 of four Syphilis test kits[2] that did not requires such facilities, equipment, and skilled health staffs and with the verification of field study, GOT decided to make the change to SD Bioline Syphilis test kits. (Source: Case Study: Rapid Syphilis Tests in Tanzania: A Long Road to Adoption. Center for Human Services. June 2009)

3. Tanzania side:

Questionnaire response from NACP, and Audit Report on Global Fund Grants to Tanzania[3] all confirmed that the commodities procured by this project were distributed to the health facilities. However, this Ex-Post

[1] Rapid Plasma Reagin (RPR)
[2] Determine® Syphilis TP、 VisiTect Syphilis、Syphicheck-WB、SD Bioline Syphilis 3.0.
[3] Audit Report on Global Fund Grants to Tanzania (Office of Inspector General), June 2009. Audited five GFATM projects in three Regions. The following areas were evaluated; health commodity procurement, supply management, following up on their activity progress and financial management.

	Evaluation Study could not confirm whether or not the Tanzania side, particularly Medical Store Department (MSD) and NACP, 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.				
Ex-Ante Evaluation	**Basic Design Study** •January-March, 2008 (I) •May-July, 2008 (II) **Detailed Design Study** •August-September, 2008 (III) (Due to the design changes)	E/N Date	November, 2008 (I) September, 2009 (II) October, 2010 (III)	Completion Date	February, 2010 (I) October, 2010 (II) December,2011(III)
Project Cost	2008 (I)	E/N Grant Limit	230 million yen	Actual Grant Amount	211 million yen
	2009 (II)		171 million yen		161 million yen
	2010 (III)		115 million yen		108 million yen
Implementing Agency	National AIDS Control Programme (NACP), Ministry of Health and Social Welfare (MOHSW)				
Contracted Agencies	O.P.C Corporation & Sirius Consulting Ltd. (I & II), Toyota Tsusho Corporation (III)				

Ⅱ Result of the Evaluation[4]

1 Relevance

The need to strengthen HIV Testing and Counselling Services (HTC), Blood Safety, and STI treatment in order to prevent HIV transmission was identified in the *National Multi-Sectoral Strategic Framework on HIV/AIDS (NMSF) 2008-2012* 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. Therefore, this project was highly consistent with the Tanzanian national development policy and needs during both ex-ante and ex-post evaluation. This project was also highly consistent with Japan's ODA policy since Tanzania is one of the priority countries of *Global Issues Initiative on Population and AIDS: GII*, and *responding to health challenges, including population and HIV/AIDS and child health was* specified in GOJ's country assistance programme for Tanzania (2001)[5]. 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: 2004/2005 and 2010) and Tanzania HIV/AIDS and Malaria Indicator Survey (THMIS: 2007/08 and 2011/12) showed that the numbers of adults (ages 15–49) who took HIV tests were increasing. Therefore, it is confirmed that VCT services in Tanzania have been strengthened. Considerable numbers of total required HIV test kits were covered by procurements of GOJ between 2009 and 2011. Questionnaire responses from NACP and Audit Report on Global Fund Grants to Tanzania both confirmed that MSD distributed the commodities procured by this project to the VCT centres and health facilities. Therefore, this Ex-Post Evaluation Study confirmed that this project contributed toward increasing the numbers of people who took HIV tests and strengthening the HTC including VCT. Since reported numbers of STI treatments are not consistent and data could be unreliable, it is not possible to conclude that the STI treatment system was strengthened. However, contribution of this project for STI treatments is recognized as only GOJ mainly procured STI drugs since 2002.[6] While this project contributed toward strengthening HTC services, including VCT and implementing STI tests and treatments, there was not sufficient information available to verify strengthening STI services. Therefore, **Effectiveness** of this project is fair.

Project Basic Design Study Report (July, 2008) described the following three as the direct effects of this project;

[4]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.

[5] Ministry of Foreign Affairs of Japan

[6] 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.

1. Number of people who are tested for HIV positive increased
2. Treatment and counselling were provided to the newly diagnosed Syphilis patients
3. STI treatments were provided and the numbers of STI patients decreased.

The following were expected indirect effects of this project described in the Project Basic Design Study Report;

1. This project contributed toward reducing the risks of HIV and STI transmission, which would lead to public welfare and poverty reduction among Tanzanians.
2. Numbers of deaths due to HIV/AIDS decreases by distributing the drugs properly.

This Ex-Post Evaluation Study proposed and examined the following performance and effect indicators:

【Performance Indicators】

Strengthening VCT services

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

Although there were no data available for the numbers of people who took HIV tests procured by this project, it is possible to confirm an increase in numbers of people who took HIV tests from past statistics. Table 2 shows the coverage of HIV testing by age and sex.

Table 2. 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	THMIS 2007/08	TDHS 2010	THMIS 2011/12	THMIS 2007/08	TDHS 2010	THMIS 2011/12
15-19	24.3	31.9	34.4	14.7	20.5	20.8
20-24	51.7	71.1	78.4	22.6	37.9	38.6
25-29	53.2	73.5	84.3	24.9	34.5	37.4
30-39	44.8	68.5	79.0	18.9	32.5	34.3
40-49	30.4	51.0	61.9	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	THMIS 2007/08	TDHS 2010	THMIS 2011/12	THMIS 2007/08	TDHS 2010	THMIS 2011/12
15-19	14.6	20.3	20.3	11.2	13.0	13.1
20-24	31.0	44.8	44.8	21.3	27.9	30.3
25-29	36.6	55.2	55.2	22.8	30.9	31.9
30-39	35.6	52.6	52.6	22.6	29.7	30.9
40-49	32.6	48.6	48.6	18.8	28.2	30.4

Strengthening STI treatment

- Indicator 2: The numbers of people who took Syphilis tests increased.

This Ex-Post Evaluation Study could not confirm the numbers of people who took Syphilis tests.

【Effect Indicators】

Strengthening VCT services

- Indicator 1: The numbers of people who are tested for HIV positive at the VCT centres increased.

This Ex-Post Evaluation Study could not confirm the numbers of people who tested positive for HIV at the VCT centres.

Strengthening STI Treatment

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

Table 3 shows the trends of numbers of STI treatments from 2008. This Ex-Post Evaluation Study could not confirm the increase in STI treatments.

Table 3.Trends of numbers of STI treatments from 2008

Year	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**
Number of STI treatments	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 4. Distribution of new STI episodes by syndromes at the health facilities[7]

	2009	**2011**	**2012**
GDS	61,884	44,153	69,985
GUD	88,541	18,921	22,706
PID	16,713	7,339	11,691

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

Others	21,515	15,348	26,157
Total	188,613	85,761	130,539

※ Data in 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 4) and unstable numbers of STI treatment from 2005 (Table 3) 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 remained almost unchanged. Indicator 2: Mother-to-Child HIV transmission rates and number of HV positive infants increased slightly or 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** of this project 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 mortality rates* as its indirect effects, as of now, it was not possible to obtain the data concerned with the mortality. Furthermore, it was difficult to specify the causal relationship between the procurement of HIV test kits and STI drugs by a project and the decreased of HIV mortality rates. Thus, this Ex-Post Evaluation Study proposed and examined the following two indicators to measure the improvement of HIV prevention.

- **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 rates among youth between ages 15-19 who are considered to have less sexual experience are 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 5. 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 5.

Table 5. 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 tests for infants of HIV positive mothers started in 2009 in Tanzania. Table 6 shows the data of **Mother-to-Child HIV** transmission rates since 2010. There is no clear trend in the Mother-to-Child HIV transmission.

Table 6. 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)

3 Efficiency

Efficiency of this project is high. This Ex-Post Evaluation Study confirmed that the output of this project was produced as planned according to the Completion Inspection report of this project. NACP's response to the questionnaire for this Ex-Post Evaluation Study also confirmed that STI drugs and HIV test kits were distributed to the health facilities as planned. According to the audit report of 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 2009 in Tanzania,[8] they did not find any stock-out of SD Bioline and Determine, which were procured by this project in the health facilities. Therefore, this Ex-Post Evaluation Study concluded STI drugs and HIV test kits were distributed to the health facilities. The change from Syphilis RPR test kits to SD Bioline Syphilis test kits for Phase III was made based on the decision by stakeholders in Tanzania with evidence from the field study. The actual project cost was lower than what was initially planned (ratio to the plan: 88%). Project period was also within the planned period (ratio to the plan: 90%). Therefore, **Efficiency** of this project is high.

4 Summary of the Evaluation

There are various HIV prevention activities that are conducted by many different stakeholders in Tanzania and the improvement of

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

HIV transmission and HIV testing services are attributed to all efforts. Therefore, this Ex-Post Evaluation Study concluded that 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) take 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 during ex-post evaluation, 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 the 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) 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. Regarding the VCT services, both TDHS 2005/2005 and 2010 and THMIS 2007/08 and 2011/12 show that the numbers of adults who took HIV tests have increased. Therefore, it is concluded that this project contributed toward strengthening the VCT services 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 by this project. Since only GOJ mainly procured STI drugs during 2002-2012, contribution of this project to STI treatments is recognized.

Efficiency of this project is high. The output of this project was produced as planned, and both the project costs and periods were within what was initially planned. Changes in the commodities (III/III) were made based on the Tanzania stakeholders' decision to change the type of Syphilis test kits. This Ex-Post Evaluation Study confirmed that the commodities procured by this project were distributed to the health facilities with the questionnaire response from NACP, and Audit Report on Global Fund Grants to Tanzania.

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 the Tanzania government because at present, people have to continue to take very expensive medication all throughout their lives. 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 and especially to NACP, the implementing agency of HIV/AIDS control in Tanzania:

1. Securing funds to scale up HIV testing services

Further efforts to strengthen and scale up 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 HIV testing services requires steady procurement of HIV test kits, good maintenance of health facilities, securing skilled health personnel and their capacity building opportunities, and establishing a 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 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, adjusting the procured amounts of commodities and total commodity management are strongly required.

3. Strengthening STI treatment for HIV Prevention

a) After Japanese withdrawal from procuring STI drugs, GOT could not receive new support. Thus STI drugs have been procured only by the GOT. Therefore, it is reported that STI drugs are constantly insufficient. This project is the last of a series of Japanese grants aid assistance for procuring STI drugs that had taken over the assistance of Europe Union (EU). With a long term commitment of GOJ in this area with a series of Grant Aid Projects for Health Commodity Provisions for HIV/AIDS Control in Tanzania and the technical cooperation projects for Institutional Capacity Strengthening for HIV Prevention (2006-2010) and Health Systems Strengthening for HIV and AIDS Service Project (2010-2014), there might be implicit expectations and assumptions that GOJ would continuously support STI programmes in Tanzania among other development partners as well as GOT. This could be a reason why NACP has a hard time finding a new financial resource, even after the end of this project. Another reason of difficulty to find resources could be that GFATM and the US Government mainly support *expensive AIDS treatments.* STI drugs and STI treatment are not expensive and do not require advanced technique. But STI treatment is widely practiced in most countries because it is a very effective measure to prevent HIV transmission in terms of reproductive health as well as the public heath perspective. Securing an adequate and stable supply of STI drugs is strongly expected.

b) 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 could also 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.