conducted by Kenya Office: February 2018

Country Name	**Project for Strengthening People Empowerment Against HIV/AIDS in Kenya (SPEAK) Phase 1&2**
Republic of Kenya	

I. Project Outline

Background	Following the launch of the 2nd National Health Sector Strategic Plan (NHSSP II, 2005 – 2010), HIV/AIDS continued to be one of the priority public health problems targeted for response by the Government of Kenya. Kenya had been implementing a successful multi-sectoral response to HIV/AIDS under the leadership of National AIDS Control Council (NACC). In order to tackle the HIV pandemic, HIV Testing and Counseling (HTC) was one of key approaches adopted as an entry point for prevention as well as care and treatment. The Government of Kenya aimed to reach universal access goal of 80 % of Kenyans knowing their HIV status by the year 2010, but only 36% had been attained. In line with the national strategy, the technical cooperation project for Strengthening of People Empowerment against HIV/AIDS in Kenya, christened SPEAK Project (hereafter referred to as "Phase1") was implemented from 2006 to 2009. Phase1 made significant contribution towards the achievement of the target by development of the National HTC Guidelines, which standardized various HTC services. Phase1 contributed to increase accessibility of HTC services. In the process of scaling up of HTC services, however, the Government of Kenya faced numerous challenges in achieving targets for universal access. One of the challenges to be urgently addressed was improving quality of HTC service and thus the implementation of a succeeding project (hereafter referred to as "Phase2") was requested. (Phase 1 and Phase 2 are hereafter collectively referred to as "the project" in this report)
Objectives of the Project	Through standardizing HTC related services, trainings for HIV counselling and testing service providers and awareness building activities on HIV in the Phase 1 and enhancement of management and coordination capacity of the National AIDS and Sexually Transmitted Disease (STI) Control Programme (NASCOP), and quality control (QC) and quality assurance (QA) of HTC services in the Phase 2, the project aimed at provision of quality HTC services at HTC delivery points, and thereby contributing to increase in the number of Kenyans tested for HIV. 1. Overall Goal: The number of Kenyans (especially the youth aged 15-24 years) tested for HIV increases annually. 2. Project Purpose: Quality HTC (HIV Testing and Counseling) services are provided at HTC service delivery points. (Note) The objectives of the project were restructured for this ex-post evaluation based on the actual frameworks of the Phase 1 and Phase 2 since there were logic inconsistencies in the design of the projects. Details are explained in "Special Perspectives Considered in the Ex-post Evaluation".
Activities of the project	(Phase 1) 1. Project site: NASCOP in Nairobi 2. Main activities: 1) Rolling out new M&E tools and maintaining HTC related database, 2) standardizing HTC related services, harmonizing HTC related guidelines, training curriculum, and improving coordination among NASCOP, 3) producing and broadcasting radio programmes to increase awareness and understanding of HIV issues, 4) training of HTC service providers. (Phase 2) 1. Project sites: NASCOP in Nairobi and HTC Model Sites in Nairobi, Nakuru and Mombasa Counties 2. Main activities: (1) Strengthening of management and coordination capacity of NASCOP (development of national strategies, service standards and other necessary tools, development of business plan and others) (2) Conducting training of HTC service providers, (3) enhancement of QC and QA, (4) improving data quality for HIV programs, (5) facilitating and evaluating of full application of QC/QA/ QI measures for HTC in the demonstration sites, and (6) Informing national policies with the results of the evaluation of the application of QC/QA/QI. Inputs for Phase 1 and Phase 2 (to carry out project activities) Japanese Side 1) Experts: 2 persons (Phase 1), 4 persons (Phase 2) 2) Trainees received (Japan and the third country training): 13 persons (Phase 2 only) 3) Equipment: container (project office), vehicles, PCs and others (Phase 1), vehicle and others (Phase 2) 4) Local expenses: training expenses, printing costs, radio programmes (contracted to BBC WST) (Phase1), training expenses (Phase 2) Kenyan Side 1) Staff allocated: 41 persons (Phase 1), 56 persons (Phase 2) 2) Provision of Project offices 3) Local Expense: utility fee (Phase 1), part of training expenses (Phase 2)

Project Period	(Phase 1) July 2006-June 2009 (Phase 2) January 2010-January 2014	Project Cost	(Phase 1) (ex-ante) 380 million yen, (actual) 294 million yen (Phase 2) (ex-ante) Approximately 400million yen, (actual) 371 million yen

Implementing Agency	(Phase 1) National AIDS and STI Control Programme (NASCOP), Ministry of Public Health and Sanitation, Provincial AIDS and STI Coordinators (PASCOs) and District AIDS and STI Coordinators (DASCOs) (Phase 2) NASCOP
Cooperation Agency in Japan	-

II. Result of the Evaluation

< Special Perspectives Considered in the Ex-Post Evaluation >

There were some logical inconsistencies in the Project Design Matrix (PDM) for both Phase 1 and the Phase 2. Although better quality of HTC services and change in the people's behavior to the risk of HIV infection through awareness building lead to the greater number of people having HIV test, the Project Purpose for Phase 1 was to increase in the number of people taking HIV testing which should have been an expected impact of the project and the Overall Goal of the Phase 2 was provision of quality HTC services which should have been the intended outcome of both Phase 1 and Phase 2 as the Project Purpose. The original PDMs were as follows:

(Phase 1)

- Overall Goal: People's behavior to the risk of HIV infection is changed by HIV testing promotion.
- Project Purpose: The number of Kenyans (especially the youth aged 15-24 years) tested for HIV increases annually.

(Phase 2)

- Overall Goal: Quality HTC (HIV Testing and Counseling) services are provided at HTC service delivery points.
- Project Purpose: National capacities to scale up quality HTC services are strengthened.

・ For this ex-post evaluation, therefore, it was required to restructure the actual project framework for both Phase 1 and Phase 2 in order to verify actual achievements by Phase 1 and Phase 2 based on "the project designs actually intended." The Project Purpose and the Overall Goal of Phase 1 and Phase 2 were reclassified as mentioned in "Project Outline" above and "Effectiveness/Impact" of phase 1 and that of phase 2 were integrally evaluated in order to capture the outcome brought about by the project as a whole.

・ Sustainability of the project effects were also integrally assessed for Phase 1 and Phase 2 during this ex-post evaluation since the project effects were not able to be separated by each of Phase 1 and Phase 2.

1 Relevance

<Consistency with the Development Policy of Kenya at the Time of Ex-Ante Evaluation and Project Completion>

Phase 1 was consistent with the development policy of Kenya. At the time of ex-ante evaluation, "the Kenya National HIV/AIDS Strategic Plan 2005/6－2009/10 (KNASP) prioritized expanding Voluntary Counseling and Testing (VCT)". At the time of project completion, KNASP (2005/2006-2009/10)" identified "prevention of new infections" as one of the three pillars.

Phase 2 was consistent with the development policy of Kenya. At the time of ex-ante evaluation, the Government of Kenya was drafting "Kenya National HIV/AIDS Strategic Plan: KNASP III (2009/2010-2012/2013)" in which HIV service delivery was one of the four pillars. It planned to provide quality HIV service in line with guidelines and standards at 80% of the service delivery point by 2013. At the time of project completion, "the Kenya Health Sector Strategic and Investment Plan (KHSSIP) (2013–2017)" articulated among others a strategic objective to reduce the burden of communicable conditions. Among the health service packages to be provided is prevention of HIV and STIs. Similarly, "the Kenya AIDS Strategic Framework (2014/15–2018/19)" identifies scaling up of effective approaches to HIV prevention among them innovative HTC models.

<Consistency with the Development Needs of Kenya at the Time of Ex-Ante Evaluation and Project Completion >

Phase1 was consistent with the development needs of Kenya for HIV/AIDS service delivery. At the time of ex-ante evaluation, Kenya was one of the countries with a high rate of HIV infection (6.7% as of 2003). Though people have knowledge on HIV testing and HIV/AIDS, behavior changes to avoid the risk of infection were not widely taken in the population. At the time of project completion, the target age group of Phase 1 also remained appropriate: "the Kenya AIDS Indicator Survey 2007" (KAIS) (Preliminary Report) indicated that the infection rate of the youth age 15-24 remained high and that women age 15-24 were 4 times more likely to be infected than men.

Phase 2 was consistent with the development needs of Kenya for HIV/AIDS service delivery. At the time of ex-ante evaluation, the rate of adults (15-64 years old) who tested for HIV in 2007 was 36%, which was far lower than the targeted 80%. At the time of project completion, HIV infection continuously remained a serious issue in Kenya. According to the Kenya AIDS indicator survey 2012, the HIV positive ratio was estimated to be 5.6%, which means the rate had not been improved so much in past years.

<Consistency with Japan's ODA Policy at the Time of Ex-Ante Evaluation>

The project was also consistent with Japan's ODA Policy. Japan's "Country Assistance Program to Kenya 2000" prioritized the health sector and especially highlighted the support for measures to tackle HIV/AIDS.

<Evaluation Result>

In light of the above, the relevance of the project is high.

2 Effectiveness/Impact

<Status of Achievement for the Project Purpose at the time of Project Completion>

The Project Purpose was deemed to be partially achieved by the time of project completion as a part of indicators (set to measure the achievement of the Project Purpose of the logic model made under the ex-post evaluation) such as "the proportion of facilities achieving the National HTC standards."(indicator 1) was attained, while there is no data for "Discrepancy rate of HIV testing (false positive/negative) is minimized" (indicator 2), and "Client's satisfaction for HTC services is improved." (indicator 3). Many Development Partners (DPs) such as USAID, JHPEIGO (a non-profit organization by Johns Hopkins University), CDC (US Center for Disease Control), USAID/WHO, The Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM) supported HTC services and therefore, the project contributed to the improvement in HTC services to some extent.

<Continuation Status of Project Effects at the time of Ex-post Evaluation>

After the project was completed, measures for HIV/AIDS testing have continuously shown improvement. The number of facilities providing HTC services has increased from 5,345 in 2013 to 6,524 in 2016. As to the quality of services, there was no data available to

show the number of facilities achieving the national HTC standards, nor the discrepancy rate of HIV testing. However, the field survey by the ex-post evaluation revealed that national tools for quality management were still being referenced in service provision. Also, the HTC service providers indicated that they still offer quality services following the national quality standards[1]. Though data on the discrepancy rate of HIV testing is not available[2], DPs continue to help facilities create an enabling environment for quality HTC services, such as the support for training programs, revision of tools and distribution of Standard Operation Procedures (SOPs), guidelines and relevant job aids. This has minimized the possibility of discrepancy of HIV testing results. In one instance, one HTC counselor said, "I have never encountered nor seen any discrepant test results". It was also noted that county Medical Laboratory Technologists provide regular supervision to the HTC providers with an aim of improving proficiency and quality in service provision. Although client satisfaction surveys have not been conducted recentlya report by Kenyatta National Hospital (KNH): Exit Interviews at KNH VCT and Prevention Centre, 2014, which looked at client exit interviews, indicated that the clients perceived KNH as having high standards and that is why they opted to receive services there.

Many of the national standards and tools developed by the project (through technical working group headed by NASCOP) are in use and have been revised. However, some are still waiting to be revised. NASCOP continues to receive support from DPs such as GFTAM, USG (USAID, U.S. President's Emergency Plan for AIDS Relief (PEPFAR), CDC), to develop guidelines, curricula, IEC materials and to print and disseminate these to the counties. The partners support the work of the various technical working groups headed by NASCOP.

<Status of Achievement for Overall Goal at the time of Ex-post Evaluation>

The Overall Goal is mostly achieved. The number of Kenyans annually tested for HIV surpassed the target for KNASP III and significantly increased from 10.6 million in 2013 to 13.1 million in 2016. The field survey results did not have disaggregated data for the youth aged 15-24 years. The numbers of Kenyans tested annually rose beyond the target projections due to:

1) major shift of strategy from voluntary testing to provider HTC since 2014
2) buy in by health providers who have promoted HTC to all patients.
3) DPs have supported the scale up of HIV testing and treatmentand others.

Regarding the indicator 2, due to the declining trends in HIV prevalence (Kenya AIDS Indicator Survey, 2012), while the number of clients newly testing positive for HIV has declined and so is the number being enrolled into care and treatment from newly tested clients, ratio of the number of new clients receiving care against the number of people who are newly found positive by HIV testing has been worsened. ccording to the former HTC Manager at NASCOP, the decline in the ratio of clients receiving care to those newly tested positive is mainly attributed to the following factors; (1) Loss of newly tested clients found positive in follow up at HIV treatment sites after referral, (2) Client / patient factors such as self-denial and refusal to enroll for treatment, and (3) Challenges in the referral system for HIV treatment services

<Other Impacts at the time of Ex-post Evaluation>

As a result of promotion of HIV testing, people now have a lot of information about HIV, what it is, how it is transmitted, how to prevent and even what to do if it is HIV positive. However, the field survey did not yield any hard evidence to indicate that this has translated to behavior change towards the risk of HIV infection.

No negative impacts were observed on natural environment and no land acquisition occurred under this project.

<Evaluation Result>

In light of the above, through the project, the Project Purpose was partially achieved at the time of project completion, the effects of the project partially continued after the project completion and the Overall Goal is mostly achieved. Therefore, the effectiveness/impact of the project is fair.

Achievement of Project Purpose and Overall Goal

<table>
<tr><th>Aim</th><th>Indicators</th><th>Results</th></tr>
<tr><td rowspan="2">(Project Purpose)
Quality HTC (HIV Testing and Counseling) services are provided at HTC service delivery points. (phase 2-overall goal, phase 1-output 4)</td><td>Indicator 1: % of facilities achieving the National HTC standards</td><td>Status of the Achievement: achieved (partially continued)
(Project Completion)
The target: 50%, Actual result: 73.4%
(Ex-post Evaluation)
<table>
<tr><th></th><th>2013</th><th>2014</th><th>2015</th><th>2016</th></tr>
<tr><td>Percentage of facilities achieving the National HTC Standards</td><td>73.4%</td><td>n.a</td><td>n.a</td><td>n.a</td></tr>
<tr><td>No. of facilities achieving the National HTC Standards</td><td>n.a</td><td>n.a</td><td>n.a</td><td>n.a</td></tr>
<tr><td>No of total facilities which provide HTC services</td><td>5,345</td><td>5,829</td><td>6,190</td><td>6,524</td></tr>
</table>
(Reference)
At the project completion of phase 1, the project improved the quality of HTC services, as the output 4, "the quality HIV testing services are provided at VCT centers and other clinical settings". The project achieved the indicator of "Totally 30% of applied sites pass the accreditation".</td></tr>
<tr><td>Indicator 2: Discrepancy rate of HIV testing (false positive/negative) is minimized.</td><td>Status of the Achievement: unverifiable(continuity unverifiable)
(Project Completion) No data is available.
(Ex-post Evaluation) No data is available.</td></tr>
</table>

[1] During the field survey it was observed that, national tools that were developed through the project and distributed to the HTC sites are being referenced in service provision. However, according to Sub-CASCO (County HIV /AIDS and STI Control Officer) in one of the county's, some of the tools are out of stock because of budget constraints. The counties are not able to reprint and redistribute the tools to be used at the facilities. Nonetheless, the service providers are still able to offer quality HTC services and adhere to a large extent the quality standards.

[2] In 2013, there was a data abstraction exercise sponsored by the project that aimed at among other things looking at discrepancy rates but due to the changing systems from Dry Blood Spot (DBS) to Proficiency Testing (PT) made this hard to determine.

<table>
<tr><td></td><td>Indicator 3: Client's satisfaction for HTC services is improved.</td><td>Status of the Achievement: unverifiable(partially continued)
(Project Completion) No data is available
(Ex-post Evaluation) No data is available. However, exit Interviews at KNH VCT and Prevention Centre in 2014 indicated that the clients perceived KNH as having high standards</td></tr>
<tr><td rowspan="2">(Overall Goal)
The number of Kenyans (especially the youth aged 15-24 years) tested for HIV increases annually.
(phase 1-project purpose)</td><td>Indicator 1: At least 4 million of Kenyan adults per year are tested according Kenya National AIDS Strategic Plan (KNASP) III targets.</td><td>Status of Achievement: achieved
(Ex-post Evaluation)
Number of adults per year tested
<table>
<tr><td></td><td>2013</td><td>2014</td><td>2015</td><td>2016</td></tr>
<tr><td>No. of adults who are tested</td><td>10,653,166</td><td>6,544,584</td><td>14,370,536</td><td>13,190,088</td></tr>
</table></td></tr>
<tr><td>Indicator 2: Ratio of # of new clients receiving care: # of people who are newly found positive by HIV testing</td><td>Status of the Achievement: achieved
(Ex-post Evaluation): Achieved
Actual result: 0.73:1
<table>
<tr><td></td><td>2013</td><td>2014</td><td>2015</td><td>2016</td></tr>
<tr><td>ratio of # of new clients receiving care: people who are newly found positive by HIV testing</td><td>1.07:1</td><td>0.74:1</td><td>0.66:1</td><td>0.73:1</td></tr>
</table></td></tr>
</table>

Source: JICA internal documents, questionnaires and interviews with NASCOP staff, former Counterpart in charge of HTC services and interviews with HTC counselors (8 HTC counselors from 10 model sites visited during the filed survey)

3 Efficiency

(Phase 1) Both the project cost and the project period were within the plan (ratio against the plan: 77%, 100%).
(Phase 2) Both the project cost and the project period were within the plan (ratio against the plan: 93%, 100%).
Therefore, the efficiency of the project is high.

4 Sustainability

<Policy Aspect>

The latest government policies as of ex-post evaluation continuously specify the necessity and importance of HIV prevention and control. “Kenya HIV Prevention Revolution Road Map-countdown to 2030” by Ministry of Health indicates that “HTC is a cornerstone for this Prevention Roadmap in order to identify eligible and high risk populations for targeted HIV prevention interventions and is a routine primary health intervention”. In addition, “the Kenya AIDS Strategic Framework (2014/15–2018/19)” identifies scaling up of effective approaches to HIV prevention among them innovative HTC models.

<Institutional Aspect>

NASCOP has an organization structure and staff establishment necessary to carry out its core mandate of HIV policy formulation, development of standards and guidelines, quality assurance and technical assistance to counties. However, the number of staff allocation is not sufficient. In HTC services, there is only one program officer deployed. This one person is not sufficient to monitor current status, or even support the scale up of quality HTC activities.

HTC service provision is now mandated to county governments as health service delivery is a devolved function specified in Schedule 4 of the Constitution of Kenya. The County Departments of Health Services are headed by a County Executive Committee (CEC) Member in charge of health, supported by a Chief Officer of Health (COH) as the Accounting Officer. The County Health Management Teams (CHMTs) are led by County Directors of Health (CDH) and manage the technical services. As members of the CHMT, County AIDS and STI Coordinators (CASCOs) are responsible for management of the HIV program activities at County level. Counties ensure availability of health staff with appropriate skills, commodities and tools for service provision. Counties have varied requirements for human resources for health depending on their local capacities and health needs. However, according to NASCOP the key management positions for disease control programs have the required staff establishment across counties.

<Technical Aspect>

NASCOP has qualified staff with sufficient experience in HIV program management. In terms of providing technical support, while there is still room for developing quality management tools, printing and disseminating these to the rest of the country, NASCOP implements Continuous Professional Development (CPD) programs with University of Maryland, USA, and holds regular Continuing Medical Education sessions (CMEs) for skills upgrade, professional development and accreditation of staff by relevant authorities..

On the part of county governments, they have departments of health technically led by Directors of Health Services. They are in-charge of preventive, promotive, clinical, and rehabilitative as well as community health services. In terms of management, there exist County Health Management Teams (CHMTs) with technical expertise across the health system.

<Financial Aspect>

Although NASCOP did not avail data on financing, HIV prevention, care and treatment still remains a high priority for the Government of Kenya. NASCOP is funded from the Exchequer to execute its mandate and also receives external technical and financial support from DPs

The counties are also funded from the Exchequer to provide health services as one of the priority devolved functions.

Overall, there are still significant contributions by DPs particularly USG, GFTAM among others.

<Evaluation Result>

In light of the above, slight problems have been observed in terms of the institutional, technical and financial aspects of the implementing agency, such as insufficient number of personnel, limited capacity to provide technical support, and dependence on support from DPs. Therefore, the sustainability of the effectiveness of interventions through the project is fair.

5 Summary of the Evaluation

The project partially achieved the Project Purpose at the time of project completion, as the indicator, “the proportion of facilities achieving the National HTC standards.” was attained. Although some data were not obtained, the provision of quality services in accordance with the national quality standards is continued after the project completion. The Overall Goal is mostly achieved as the

number of Kenyans who tested for HIV significantly increased.

As for sustainability, although slight problems have been observed in terms of institutional, technical and financial aspects, no problem has been observed in terms of policy aspect.

Considering all of the above points, this project is evaluated to be satisfactory.

III. Recommendations & Lessons Learned

Recommendations for Implementing Agency:

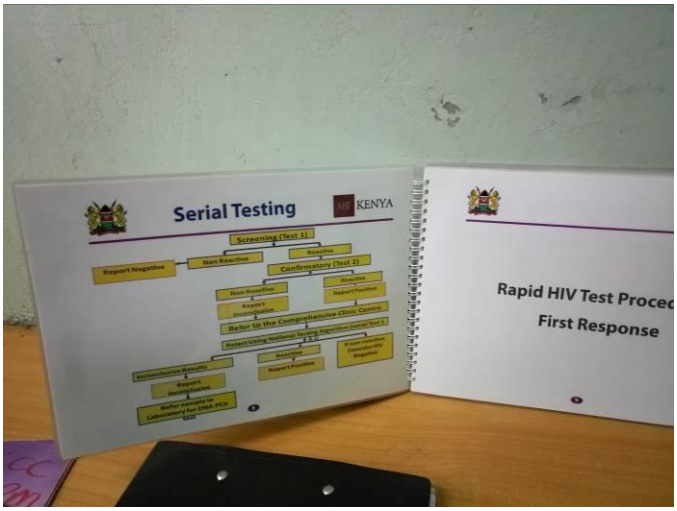
NASCOP is recommended to:

- review and update of guidelines, SOPs, job aids by accelerating the work of Thematic Technical Working Groups (TWGs) at NASCOP
- conduct training of HTC managers and service providers (conduct CPD and CME activities at NASCOP and County Departments)
- activate and roll out the Proficiency Testing (PT) program for HTC service providers nationally.
- strengthen management of strategic information, and monitoring and evaluation (M&E)
- conduct mentorship and support supervision to counties
- conduct technical support to HTC model sites, and
- develop and implement strategies to increase domestic financing for HIV response by advocating for increased Exchequer financing for HIV services and by mobilizing resources from the private sector

County Department of Health is recommended to increase domestic financing for HIV response by advocating for increased Exchequer financing for HIV services and by mobilizing resources from the private sector.

Lessons Learned for JICA:

- It was difficult to collect data at the ex-post evaluation stage. At the project planning and monitoring stage, it is important to set indicators which data can be collected on routine basis for monitoring and also during the post project implementation stage.
- Where routine M&E data sets are not sufficient for monitoring of the post project implementation stage, data management activities such as re-designing or modification of databases and data quality audits could be included as part of project outputs



SOPs at HTC Service Point at Model Site (July 2017)

HTC Service Trolley supplied in Phase 2 (July 2017)