Internal Ex-Post Evaluation for Technical Cooperation Project

conducted by Madagascar Office: September 2017

Country Name	The HIV Prevention Strengthening Project
Republic of Madagascar	

I. Project Outline

Background	The estimated HIV positivity rate in Madagascar remained 0.5% (2006), which was low compared with other Sub Saharan countries, according to the Joint United Nations Programme on HIV/AIDS (UNAIDS). However, there were concerns about expansion of HIV prevalence in the country due to the high infection rates of sexual transmitted diseases such as syphilis. In addition, there were other risks of HIV prevalence through increasing mobility of the population stimulated by the economic development under the promotion by the government, including tourism development and mining development as well as through the increase in the number of migrating labors. Under the situation where the HIV control was a key issue for the country, the government of Madagascar established the National Committee of Fight against AIDS (CNLS: Comité National de Lutte Contre le SIDA) under the President Office in order to prevent expansion of HIV/AIDS prevalence. On the other hand, there were issues of limited public awareness for HIV control and limited capacity of counseling for preventive education at public health institutions, etc. Under those situations, the government of Madagascar requested the technical cooperation project to strengthen a system to provide counseling and testing service on HIV in Madagascar.
Objectives of the Project	Through revision and/or development of national policy and guidelines on CT service and trainings for the persons on the CT services, the project aimed at strengthening capacity of the persons to be engaged in the CT services, thereby contributing to maintain the HIV prevalence at low level of less than 1% in Madagascar. 1. Overall Goal: HIV prevalence is maintained below 1% in Madagascar 2. Project Purpose: Capacity of providing quality HIV counseling and testing (CT) services is strengthened
Activities of the project	1. Project site: Whole country of Madagascar 2. Main activities: 1) revision and/or development of national policy and guidelines on CT services, 2) revision and review of training method, training curricula, manuals based on the national policy and guidelines, 3) delivery of trainings on logistics, data management and analysis including Monthly Activity Report (RMA), monitoring and supervision to the persons in charge of CT services, 4) monitoring of data, supervision and regular meetings at the pilot region and districts, 5) situation analysis of CT services and development of plans to improve the accessibility to the services 3. Inputs (to carry out above activities) Japanese Side 1. Experts: 12 persons 2. Acceptance of trainees in Japan: 3 persons 3. Acceptance of trainees in overseas: 6 persons 4. Equipment: HIV test kits, PCs, Printers, Projectors, Vehicles, Centrifugal machine, Software, etc. Madagascar Side 1. Counterpart personnel: 4 persons 2. Land and Facilities: Office spaces for the project

Ex-Ante Evaluation	2008	Project Period	March, 2008 - March, 2013 (Extension: March, 2012 - March 2013)	Project Cost	(Ex-ante) 340 million yen (Actual) 376 million yen

Implementing Agency	Ministry of Public Health(MOH), General Direction of Health, National Program for the Fight against STDs/AIDS (PNLS, currently Directorate for the Fight against STIs and AIDS (DLIS))
Cooperation Agency or Contract Agency in Japan	-

II. Result of the Evaluation

< Special Perspectives considered in the ex-post evaluation >

Verifiable indicators for the Project Purpose

Verifiable indicators for the Project Purpose defined in the Project Design Matrix (PDM) do not set specific target value to assess achievement level of each indicator. Therefore, this ex-post evaluation verified achievement level of each indicator by the following target values according to the Project Completion Report

- Indicator1 (Number of CT sites which confirm to the national standards): Improvement of the number of health facilities with conformity with the national standard of more than 75% checked by the checklist distributed by the project for the health facilities providing HIV test service in 2010 (196 facilities responding) and 2012 (119 facilities responding to the end-line survey in 2012)
- Indicator 2 (Proportion of clients having HIV test among clients having pre-test counseling): Improvement of the proportion of the number of clients having the HIV test among clients having pre-test counseling from 2010 to 2012.
- Indicator 3 (Proportion clients having post-test counseling among clients having HIV test): Improvement of the proportion of clients having the post-test counseling among clients having the HIV test from 2010 to 2012.
- Indicator 4 (Number of new cases of PVVIH (Person Living With HIV) per year: increase in the number of new cases detecting HIV positives in order to verify hypothesis assuming the number of new cases detecting HIV positives by improved accessibility to the HIV test for the population and increase in the number of the HIV test. It is because that there had been a large gap between the estimated number of HIV infections and the actual number of HIV positives in Madagascar.

1 Relevance

<Consistency with the Development Policy of Madagascar at the time of ex-ante evaluation and project completion>

The project was consistent with the Madagascar's development policy of "Madagascar Action Plan (MAP) 2007-2012", "Health Sector Development Plan 2007-2011", and "Madagascar Action Plan for Effective Response to HIV/AIDS 2007-2012" as well as "National Strategic Plan to respond to STI/HIV/AIDS 2013-2017" prioritizing HIV/AIDS prevention.

<Consistency with the Development Needs of Madagascar at the time of ex-ante evaluation and project completion >

The project was consistent with the Madagascar's development needs of HIV prevention to cope with growing risk of HIV prevalence due to the increase in the traveling laborers and accelerating people's movement by the economic growth.

<Consistency with Japan's ODA Policy at the time of ex-ante evaluation>

The project was consistent with the Japan's ODA policy based on the policy dialogue on economic cooperation between Japan and Madagascar (2006), prioritizing supporting maintenance of infrastructures and human resource development for agriculture and fishery industries/rural development including improvement of healthcare condition.

<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 mostly achieved by the project completion. The number of CT sites compliant with 75% to the national standards (Indicator 1) was 49 in 2012 decreased from 52 in 2010 but the proportion of CT sites compliant with 75% in the total number of CT did not exacerbated since the total number of CT sites also decreased from 196 in 2010 to 119 in 2012. The proportion of the number of clients having the HIV test among the ones receiving pre-test counseling (Indicator 2) improved from 77% in 2010 to 82% in 2012 though it decreased from 90% in 2011. It was because of promotion of pre-test counseling which was sustained by CT sites through the project period despite the lack of HIV test kits caused by supply shortages linked to complicated and time-consuming supply chain. The proportion of the number of clients having the post-test counseling among clients having the HIV test (Indicator 3) sustained at 97-98% from 2010 to 2012. The number of cases of HIV positive newly detected per year (Indicator 4) increased from 138 in 2008 to 409 in 2011 and decreased 277 in 2012 due to the lack of HIV test kits.

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

The project effects have been mostly continued since the project completion. MOH continuously monitored the conformity of the CT sites with the national standards but the number of CT sites monitored has been limited due to the lack of fund. While the number of CT sites examined by the checklist to assess conformity to the national standard has sustained at 80 since 2013, the number of CT sites confirming the national standards decreased from 32 in 2013 to 24 in 2016 and its proportion in the total number of CT sites examined by the checklist has been decreased from 40% to 30% for the same period. The proportion of the clients who took HIV test after pre-test counseling has sustained at 87% in 2013 and 83% in 2014. Also, the proportion of the clients having post-test counseling among the total number of clients having HIV test sustained at 99% in 2013 and 2014 but slightly decreased to 93% in 2015. The number of HIV positive newly detected per year has increased from 239 in 2013 to 613 in 2015 and it is recognized as the alarming trend for the increase despite of no concreate explanation about the reasons for the trend. As mentioned above, the changes in the number of HIV positive detected have been affected by the availability of HIV test kits.

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

The Overall Goal has been achieved. According to the Spectrum 2015[1], the HIV prevalence among adult (15-49 years) population is 0.4%. This leads to believe that HIV prevalence in Madagascar is still lower than 1% in the adult population.

However, there was a fear of concentrated epidemic among at-risk populations such as the men who have sex with Men (MSM) (prevalence of 14.8%), the injecting drug users (IDU) (prevalence of 7.1%), the sex worker (SW) (prevalence of 1, 2%), and the people living with sexual transmissible infection (STI) (prevalence of 6.14%), due to increased vulnerability and poverty.

The services of CT sites may have partly contributed to the sustained low level of the HIV prevalence in Madagascar through pre-test and post-test counseling services to provide essential information for HIV control, including prevention methods of HIV transmission.

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

No negative and positive impact was observed at the time of ex-post evaluation.

<Evaluation Result>

In light of the above, the project mostly achieved the Project Purpose and the Overall Goal through capacity development for providing HIV CT services. While the number of the CT sites compliant with national standards decreased, the coverage of the CT services has sustained. Therefore, the effectiveness/impact of the project is high.

Achievement of project purpose and overall goal

Aim	Indicators	Results
(Project Purpose) Capacity of providing quality HIV counselling and testing (CT) services is strengthened.	(Indicator 1) Number of CT sites compliant with the national standards.	<u>Status of the achievement: Partially achieved</u> (Project Completion) ● The number of health facilities compliant with the national standards of 75% sustained at almost same level of 52 in 2010 (n=196, 27%) to 49 in 2012 (n=119, 41%) ● Although there was no agreement between the Ministry of Health and PNLS about the target value for the proportion of the number of HIV tests following the national standards in the total number of HIC tests, it was verified by the checklist whether each site gained over 75 % or not for confirming the national standards. And the indicator increased 14.2% in 2012 compared to 2010. (Ex-post evaluation) Limitedly continued. ● The number of CT sites compliant with the national standards and its proportion in the total number of CT sites examined by the checklist have been decreased.

[1] The Spectrum program is a software program which has been developed by UNAIDS to support national estimates and projection of HIV epidemic.

	2013	2014	2015	2016
No. of CT sites examined by the checklist of the national standards (a)	80	80	80	80
No. of CT sites confirming the national standards (b)	32	28	28	24
(b)/(a) (%)	40%	35%	35%	30%

(Indicator 2)
Proportion of clients having HIV test among clients receiving pre-test counseling*.

*Pre-test counseling provides information such as reasons why HIV test and counseling is recommended, available services and treatment, potential risks of the HIV-positive, and so on.

Status of the achievement: Achieved
(Project completion)
[Proportion of the number of clients having the HIV test among clients receiving pre-test counseling]

	No. of clients who took pre-test counseling	No. of clients who took HIV test	%. of clients who took HIV test after pre-test counseling
2010	233,452	179,387	77%
2011	551,956	498,290	90%
2012	306,365	251,850	82%

(Ex-post Evaluation) Continued

	No. of clients who took pre-test counseling	No. of clients who took HIV test	% of clients who took HIV test after pre-test counseling
2013	409,035	357,088	87%
2014	348,053	288,529	83%
2015	N.A.	310,047	N.A.

(Indicator 3)
Proportion clients having post-test counseling* among clients having HIV test

*Post-test counseling is an integral component of the HIV-testing process. There are two types of counseling. One is for HIV-negative persons providing information about explanation about the test results and basic advice on methods to prevent HIV transmission. Another one is for HIV-positive persons provides not only information about the test results and follow-up services and treatment and method to prevent HIV transmission as well as psychosocial support to cope with the emotional impact of the test results.

Status of the achievement: Achieved
(Project completion)
[Proportion of clients having the post-test counseling among clients having the HIV test from 2010 to 2012]

	No. of clients having HIV test	No. of clients post-test counseling	% of the clients having post-test counseling among the total no. of clients having HIV test
2010	179,387	173,610	97%
2011	498,290	484,580	97%
2012	251,850	246,695	98%

(Ex-post Evaluation) Continued

	No. of clients having HIV test	No. of clients post-test counseling	% of the clients having post-test counseling among the total no. of clients having HIV test
2013	357,088	353,147	99%
2014	288,529	284,670	99%
2015	310,047	289,695	93%

(Indicator 4)
Number of new cases of PLHIV (people living with HIV) per year.

Status of the achievement: Achieved
(Project completion)
[The number of new cases detecting HIV positives from 2006 to 2012]

Year	No. of HIV test	No. of necessary test for detecting ones new HIV positive	No. PLHIV newly detected
2008	428,285	3,104	138
2009	209,939	1,337	157
2010	234,163	984	238
2011	543,703	1,329	409
2012	265,392	958	277

(Ex-post Evaluation) Continued

	No. of HIV test	No. of necessary test for detecting ones new HIV positive	No. of PLHIV newly detected
2013	357,088	1,494	239
2014	288,529	792	364
2015	310,047	N.A.	613

(Overall goal)
HIV prevalence is maintained below 1% in Madagascar

(Indicator 1)
HIV prevalence in adult (15-49 years) population

Status of achievement: Achieved
(Ex-post Evaluation)

[HIV prevalence in adult (15-49 years) population]

2011	2012	2013	2014	2015	2016
0.4%	0.35%	0.3%	0.3%	0.4%	N.A.

Source : Project Completion Report, the Management of Sanitation Information (Gestion de l'Information Sanitaire: GESIS), the Directorate of fight against SITs and AIDS (DLIS), Biological and Behavioural Surveillance 2012, Spectrum

3 Efficiency

The project cost and period exceeded the plan (ratio against the plan: 112%, 125%, respectively) in order to additionally establish a model for improvement of data quality in one target region and to undertake capacity enhancement of the Health Statistics Unit, Regional Directorates of Public Health (DRSP) and District Offices of Public Health (SDSP) for dissemination of the model. Also, the political crisis in Madagascar in 2009, which was unexpected and uncontrollable factor for the project implementation, caused the delay of dispatch of Japanese experts and the project activities and resulted the extenuation of the project period. Therefore, efficiency of the project is fair.

4 Sustainability

<Policy Aspect>

The current policy documents, such as the Health Sector Development Plan (PDSS) (2015-2019), the National Health Policy (PNS), and the 2013-2017 National HIV/AIDS Strategic Plan in Madagascar, have prioritized the fight against HIV/AIDS, including the promotion of CT services. In particular, the priorities of HIV/AIDS interventions have been the promotion of voluntary testing among the population and the strengthening of prevention activities, particularly among risk groups

<Institutional Aspect>

[Administration]

There have been changes in the organizational structure for implementation of HIV control activities, including provision of the CT services. The National HIV/AIDS Program (PLNS) became the Directorate for the fight against STIs and AIDS (DLIS) in 2014 but no change in their responsibilities for technical leadership in the national HIV/AIDS interventions and monitoring of performance and standards with regard to quality of the CT service. DLIS has 32 staffs with the clear division of tasks and the number of staff has been sufficient to conduct their task. The Executive Secretariat of the National AIDS Committee (SE-CNLS) has been in charge of strategic coordination and multi-sectoral management of HIV/AIDS responses at the national level. The Regional Health Directorate (DRS) and the District Health Service have been responsible for coordination, capacity building, monitoring and supervision at the regional level and the district level. For each DRS, 1 HIV/AIDS officer has been deployed and there are 22 HIV/AIDS officers in total at the regional level. Also, for each SDSP, 1 HIV/AIDS officer has been deployed and there are 119 HIV/AIDS officers in total at the district level. However, the numbers of HIV/AIDS officers at regional and district levels have not been sufficient to conduct their multi-task related to the HIV control activities. In terms of health statistics for HIV control, only 2 officers have been assigned. Since they have other tasks and sometimes do not have capacity without any training, the number of officers for health statistics has not been sufficient at the national level. Also, one officer in charge of health statistics has been deployed for each DRS and for each SDSP and the numbers of officers for health statistics have not been sufficient for the same reason.

[Health Facilities]

The health facilities, such as the Basic Health Centers (CBS), the District Hospital Centers (CHD) and the Regional Hospital of Reference (CHRR), provide the CT service. Each health facility assigns one responsible staff for the HIV/AIDS related activities, including

the CT service. There are 1,760 staffs in charge of the HIV/AIDS related activities in total nationwide. Also, one staff is assigned for data collection for health statistics. However, in particular, since there are only one or two staffs in one CBS, the number of staffs has not been sufficient to conduct various activities related to HIV control.

<Technical Aspect>

[Administration]

The staffs of DLIS have sustained necessary skills and knowledge of data management, monitoring and supervision of CT services but they have no chance to strengthen their skills and knowledge. The staffs of DRS have also sustained their skills and knowledge about coordination, monitoring and supervision over the work at district level. Although there have been reshuffling or retirement of staffs, the newly assigned staffs have been transferred necessary skills and knowledge through the On-the Job- Training (OJT). The staffs of SDSP have sustained necessary skills and knowledge of supervision, coordination and technical support for the health facilities but the newly assigned staffs have not had opportunities to receive "the integrated training on HIV/AIDS and syphilis" jointly developed by the project and UNICEF. However, due to the initiative of SDSP, they have received one or two hours training covering the module of "the integrated training" developed by the project at the time of monthly review at CBS.

[Health Facilities]

The staffs of health facilities have sustained knowledge about the HIV CT service. Although the newly assigned staffs have not formally received "the integrated training on HIV/AIDS and syphilis", they have received one or two hours training covering the module of "the integrated training" developed by the project at the time of monthly review at CBS as well.

[Training Opportunity and Utilization of Manuals and Guidelines]

Since 2014, "the Integrated Training on HIV/AIDS and Syphilis" has been delivered once a year in the eight intervention regions including Analamanga, Anosy, Atsinanana, Atsimo Andrefana, Boeny, Diana, Melaky, Menabe, supported by the Global Fund. However, no formal training has been delivered in the 13 remaining regions in order to sustain the CT service due to the lack of fund.

The guidelines and manuals developed by the project, such as "the Standards and Procedures for HIV Counseling and Testing" and "the Management Documents of Inputs", have been utilized and applied in the health facilities.

<Financial Aspect>

The allocation of fund for the implementation of HIV related activities, including the promotion of CT services, from the government as well as the partners is very centralized. Concerning the fund from the government of Madagascar, they allocated their budget only for DLIS. The amount of budget allocated to DLIS has increased from 8,500 USD in 2014 to 10,750 USD in 2016 but the allocated amount has been limited. DILS has received support from the donors, including WHO, the World Bank, UNICEF and the Global Fund. The amount of funds allocated fluctuated year by year: 57,900 USD in 2013, 54,300 USD in 2014, 111,700 USD in 2015 and 48,800 USD in 2016. However, as for the public funds, these supports are specifically for the activities to be implemented for DLIS.(trainings, monitoring, and so on).

<Evaluation Result>

In light of the above, some problems have been observed in terms of the institutional/technical/financial aspects of the implementing agency. Therefore, the sustainability of the effectiveness through the project is fair.

5 Summary of the Evaluation

The project achieved the Project Purpose mostly achieved and the Overall Goal for improve the CT services in order to maintain the HIV prevalence below 1%. As for sustainability, the numbers of staffs at the central, the regional, the district levels and the health facilities have not been sufficient. Also, in particular, the newly assigned staffs at any level have not had formal trainings on the CT service due to the lack of fund. The government of Madagascar has not allocated sufficient budget to DLIS though the donors have provided support for the HIV control activities. As for efficiency, the project cost and the project period exceed the plan due to the delay of the dispatch of Japanese experts and the project activities due to the political crisis in the country. Additionally, the project period was extended in order to disseminate the model of the CT service developed by the project.

In the light of above, this project is evaluated to be high

III. Recommendations & Lessons Learned

Recommendations for Implementing Agency:

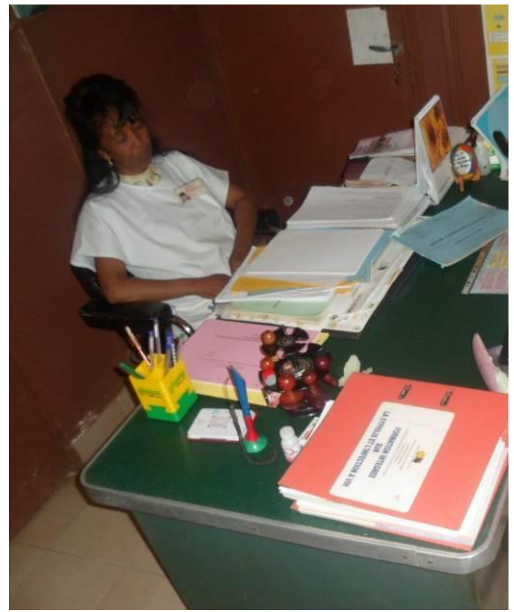
[For MOH]

- Although the CT service has continuously been conducted at the health centers and MOH has continuously monitored the health center to check the conformity of the national standards, the coverage of monitoring by MOH has been limited due to the budget constraint. In order to sustain or improve the quality of the CT service at the health centers, it is recommended to introduce complemental measures to check the quality of CT service, such as self-check of the conformity of the national standards by the health center using the checklist of MOH or simple questionnaire survey on satisfaction level of the users of the CT service at the health center.
- In Madagascar, the HIV prevalence still remains low due to the collaborative effort of all the stakeholders. However, there are concerns about future trends, especially the increasing number of newly detected HIV positive case and the deceasing number of the CT sites which confirm to the national standards. Therefore, the New National Strategic Plan 2018-2022 should also re-energize the whole program fighting against HIV/AIDS, especially in terms of securing the governmental budget for implementation of the CT service at the district and commune level as well as monitoring activities for checking the quality of the CT service by MOH.

Lessons learned for JICA

In order to mainstream the HIV indicators into health information system (GESIS), this project supported the update of GESIS, formatting the monthly activity report (Rapport Mensuel d'Activité: RMA), and delivery of trainings for its dissemination. As the result, the submission rate of RMA was significantly improved, and the information collection was strengthened. Although there are some challenges after the project completion for the data collection because of the personnel transfer and lack of supervision, it was relatively smooth to collect data for the indicators regarding effectiveness and impact for this ex-post evaluation. This project shows the good practice in that supporting their data collection as one project component, through various activities such as improvement and update of the GESIS and RMA, could enable the sustainable data collection and analysis to monitor effects of the health activities.

Responsible Person of AIDS SDSP, Antananarivo Antismondrano



Health Staff in charge of CT service at CSB 2 Itaosy