Internal Ex-Post Evaluation for Technical Cooperation Project

conducted by Zambia Office: February, 2020

Country Name	The Project for Scaling up of Quality HIV and AIDS Care Service Management
Republic of Zambia	

I. Project Outline

Background	In Zambia, the HIV infection rate was estimated at 14.3% among adults (age of 15-49) in 2007. The estimated number of death cases caused by HIV/AIDS was approximately 100,000 each year. After the introduction of antiretroviral therapy (ART) using anti-retroviral (ARV) drugs in 2003, ART services were rapidly expanded under the strong initiative of the government of Zambia such as the provision of free ARV drugs since 2005. The number of national ART centers increased by more than 300 in 2007. As a result, the number of patients under ART reached to more than 220,000 in 2008. However, challenges in the ART service became concurrently evident such as adherence to ART, the disparity of service quality between urban and rural areas, and overburdened health personnel. To address these issues, the JICA technical cooperation project entitled "Integrated HIV and AIDS care Implementation Project at district Level (2006-2009)" was conducted in Chongwe and Mumbwa in order to establish a feasible component of "Mobile ART Services" in rural areas. Yet, it remained an issue to roll out the ART services to the other areas as well as to ensure the sustainability of providing the services on a regular basis which was critical in avoiding the risk of HIV drug resistance.		
Objectives of the Project	Through the establishment of a system for providing mobile ART services, the project aimed at improving the management capacity for sustainable service provision at all levels for the expansion of quality ART services in Mumbwa, Chongwe, Kalomo, and Kazungula, thereby contributing to the improvement of access to quality ART services in rural areas in Zambia. 1. Overall Goal: Access to quality ART services in rural areas is improved in Zambia. 2. Project Purpose: Management capacities for sustainable service provision are improved at all levels for the expansion of quality ART services in rural areas.		
Activities of the Project	1. Project Site: Districts of Mumbwa, Chongwe, Kalomo, Kazungula 2. Main Activities: Inputs (to carry out above activities) 1) Operational research and information sharing to improve mobile ART services by the District Medical Offices (DMOs) in target districts, 2) Provision of technical support supervision by the Provincial Medical Offices (PMO) to districts for ART services, 3) Technical training for DMOs and supervisions for health centers by DMOs, 4) Introduction and management of mobile ART services as per the National Guidelines.		
	Japanese Side 1) Experts: 25 persons 2) Trainees received: 27 persons 3) Equipment: vehicles, laboratory equipment (CD4 T-cell counter, portable X-ray system, bio-chemistry analyser, haematology counter), etc.		Zambian Side 1) Staff allocated: 25 persons 2) Facilities: Office for the experts in the Ministry of Health 3) Local cost: Administrative and operational expenses
Project Period	November 2009 – November 2015 (Extension phase: November 2014 – November 2015)	Project Cost	(ex-ante) 430 million yen, (actual) 438 million yen
Implementing Agency	The Ministry of Health (MOH)		
Cooperation Agency in Japan	The National Center for Global Health and Medicine Japan Anti-Tuberculosis Association		

II. Result of the Evaluation

1 Relevance

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

The project was consistent with the development policies of Zambia since the Government of Zambia addressed the issues of HIV/AIDS as national crises and placed the countermeasures as prioritized agenda in the "5th National Development Plan"(2006-2010). Furthermore, the MOH prioritized "treatment, care and support expansion for people living with HIV and AIDS: PLWHA" as per the "National HIV/AIDS Measure Strategic Framework" (2006-2010) and placed universal access to quality ART services as on of priority strategies for the "HIV/AIDS Control in National health Strategic Plan" (2011-2015).

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

The project was consistent with the development needs of Zambia. Because of the weak health administration capacities, it was difficult to provide quality ART services on a strictly regular basis, particularly in rural areas where patients have less access. According to the report of the Joint United Nations Programme on HIV/AIDS (UNAIDS) in 2012, the ART services coverage was an estimated 80% of the adult population. Although HIV prevalence was slightly decreased from 14.3% in 2007 to 12.7% in 2012, it remained alarmingly high. There was no change in the needs for improvement fo the quality and the sustainability of the ART services by the time of project completion.

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

The project was consistent with the "Country Assistance Program to Zambia" (2002) as it prioritized to assist in the enhancement of cost-effective health services including the control of infectious diseases, notably HIV/AIDS.

<Evaluation Result>

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

2 Effectiveness/Impact

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

The Project Purpose was achieved by the project completion. According to the terminal evaluation report, a total of 58 health facilities started to deliver the ART services (Indicator 1). In all the four target districts, more than 80% of health facilities delivering the ART services achieved the retention rate of clients of more than 75% (Indicator 2). MOH, PMOs, and DMO of Chongwe attained the target execution rate of over 75% to hold regular ART review meetings, although the other three target DMOs did not. (Indicator 3). The scientific evidence and experiences generated from the project activities and operational researches were presented globally through various channels (Indicator 4). More than 1 mobile ART site has been transited into static ART sites in all the 4 target districts (Indicator 5).

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

The project effects have been continued since the project completion. After the adoption of the "90-90-90[1]" in 2017 and the "Test and Treat[2]" strategic approach in 2018, all the health facilities are mandated to conduct ART services. As a result, a total of 97 health facilities in the 4 target districts delivered ART services. ART sites have been transited into static ART sites in the 3 target districts (Chongwe, Kalomo, Kazungula) and 4 mobile ART sites have been transited into static sites in Mumbwe. In all the target districts, more than 80% of the health facilities delivering ART services have sustained the retention rate of clients of more than 75%. The stakeholder/review meetings have been regularly held by MOH, PMOs of the three target provinces and DMOs of the four target districts. Major findings of the project contributed to improving ART services are; being able to immediately connect tuberculosis (TB) patients to ART with due consideration of superinfection of TB and HIV/AIDS, through increased monitoring, providing continuous training, better documentation of client records and proper follow-ups, etc.

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

The Overall Goal has been achieved at the time of ex-post evaluation. According to the survey results of the ex-post evaluation, relevant policies and donors' support have driven the expansion of ART services to all district health centers across the country to be able to test and treat HIV/AIDS. With some remaining logistical issues, only very few sites were inevitably conducting mobile ART but already in the transition process to static ART site. It is noteworthy that it was improved from 44. 73% of adults on ART in 2013 to 92.39% in 2019, despite 12% of adult HIV prevalence during the period in Central Province.

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

No negative impact was confirmed at the time of ex-post evaluation.

<Evaluation Result>

In light of the above, the effectiveness/impact of the project is high.

Achievement of Project Purpose and Overall Goal

Aim	Indicators	Results
(Project Purpose) Management capacities for sustainable service provision are improved at all levels for the expansion of quality ART services in rural areas.	Indicator 1 more than 48 health facilities in target districts provide ART services by the year 2014	Status of the Achievement: achieved (continued) (Project Completion) As of July 2015, a total of 58 health facilities started to deliver ART services with the new establishment of 10 mobile ART sites. (Ex-post Evaluation) The combined efforts of "90-90-90" (UNAIDS) and "Test and Treat" (MOH) have enforced that all health facilities were to deliver ART services at static sites. As a result, a total of 97 health facilities in the 4 target districts deliver ART services in 2019.
	Indicator 2 more than 80% of mobile ART site keep more than 75% of active cases (less than 25% of lost or death cases) by the year 2014	Status of the Achievement: achieved (continued) (Project Completion) ・ The proportion of health facilities achieved 75% ART retention rate of clients (2013~2014): Chongwe 100%, Mumbwa 83 %, Kalomo 100%, Kazungula 91%, The retention rate of clients in the target districts (2013-2014): Chongwe 91%, Mumbwa 85 %, Kalomo 100%, Kazungula 88% (Ex-post Evaluation) ・ The proportion of health facilities achieved 75% ART retention rate of clients (2019): Chonwe 100%, Mumbwa 80%, Kalomo 100%, Kazungula 87%, The retention rate of clients in the target districts (2019): Chonwe 96%, Mumbwa 80%, Kalomo 85%, Kazungula 87%[3]
	Indicator 3 more than 75% of planned ART stakeholder's meetings are held at all levels by the year 2014	Status of the Achievement: achieved (continued) (Project Completion) ・ MOH and Provincial level attained 100% execution rates. ・ While Chongwe attained the target value of the execution rate, the 3 target districts did not attain it to hold regular ART review meetings because of a chronic shortage of budgetary and human resources. (Ex-post Evaluation)

[1] In order to accelerate progress towards ending the epidemic, the concrete numerical targets have been set in 2016; 90% of population to be tested, 90% to be put on ART, and 90% to have their viral load suppressed.

[2] "Test and Treat" eliminated the need for determining CD4 count as a requirement prior to commencement of treatment. It avoids possible delays in commencing ART in rural settings where there are no adequate laboratory facilities.

[3] The results of some districts have been affected by changes underlying dynamics of demography, such as rural-to-urban migration and the client's death caused by AIDS.

		Stakeholder meetings are held every quarter in all districts with mostly 100% execution rates against the plan. The review covers, not only ART but also integrated with other health areas because ART became a part of outpatient department services. The following ART stakeholders/review meeting have been regularly held for the period from 2015 to 2018: ・ MOH has sustained monthly meeting ・ PMOs of Lusaka, Central and Southern have sustained quarterly meetings. ・ DMOs of Chongwe, Mumbwa, Kalomo, and Kzungula have sustained quarterly meetings.
	Indicator 4 lesson learned through mobile ART services are disseminated at the various forums (i.e. meetings, international/national conferences)	Status of the Achievement: achieved (continued) (Project Completion) Presented at following international fora; International AIDS Conference (2010, 2012, 2014) International AIDS Society Conference (2011, 2013, 2015) International Workshop on Pediatric HIV (2011, 2012) International Conference on AIDS and STIs in Africa (2011, 2013) International Conference on AIDS in Asia and Pacific (2011) International Union against TB and Lung Diseases (2011, 2012, 2013) International Workshop on HIV Treatment, Pathogenesis and Prevention Research in resource-Poor Settings (2014), etc. (Ex-post Evaluation) Despite the discontinuation of the operational research of the project, MOH has continued to implement what was disseminated as valuable lessons learned. Major findings from the research and lessons learned presented at various forums that have remained contributed to improving service quality are as followed; (1) the linkages of clients from testing to initiation of treatment (e.g. TB patients to ART), (2) increased monitoring yields results, (3) continuous training and motivation of lay counselors, (4) data review meetings and sharing of lessons learnt for improved service delivery, (5) good documentation of client records to identify clients missing ART clinic appointments for immediate follow-up.
	Indicator 5 more than 1 mobile ART sites in each target district has been transited into static ART sites	Status of the Achievement: achieved (continued) (Project Completion) The number of mobile ART sites of 4 target districts where transition static ART sites; Chongwe: 2 sites out of 5 mobile ART sites, Mumbwa: 3 sites out of 8 mobile ART sites, Kalomo: 4 sites out of 6 mobile ART sites, Kazungula: 1 site out of 15 mobile ART sites. (Ex-post Evaluation) A pronouncement by the Head of State in 2018 has enabled every health center to provide ART services. Chongwe: All, Mumbwa: 4 Kalomo: All, Kazungula: All (2019)

(Overall Goal) Access to quality ART services in rural areas is improved in Zambia	Indicator 1 80% of districts in Zambia mainstream mobile ART services into their operational plan for HIV/AIDS control	Status of the Achievement: achieved. (Ex-post Evaluation) The government of Zambia mandated all domestic health centers to provide ART in 2018. Thus, it had to ensure all district health centers to be able to test and treat HIV/AIDS. And all 112 districts in Zambia have mainstreamed mobile ART services into the operation plan (100%). As a result, the percentage of adults on ART has been improved. The community-based interventions such as door to door HIV testing and treatment, having community ambassadors (role models), traditional leaders involvement in advocacy for drug adherence implemented with support from USAID projects (SAFE: Supporting an AIDS-Free Era[4] and-DISCOVER-H: District Coverage of Health Services[5]) operating in Central province are notable cases in point.

Table 1: The Percentage of Adults on ART by Province (%)

	2013	2014	2015	2016	2017	2018
Central	44.73	56.07	70.97	76.21	87.57	92.39
Copperbelt	57.4	67.11	74.03	76.94	79.82	77.86
Eastern	61.01	69.68	75.15	73.98	78.87	86.87
Lusaka	48.34	54.79	65.9	67.03	66.23	74.08
Muchinga	57.83	66.17	81.82	61.11	63.1	86.18
North Western	51.47	50.07	60.15	66.15	60.46	79.54
Southern	55.81	61.56	54.68	57.9	65.73	76.19
Luapula	42.85	43.57	50.85	58.77	58.22	73.12
Western	41.99	47.45	52.54	52.54	61.29	68.82
Northern	44.45	47.19	55.56	55.91	51.92	71.33
Total	50.96	57.86	65.15	66.95	70.06	77.68

Source : Questionnaire responses from MOH Headquarters; Interviews with Department of Clinical Care specialist, HIV/AIDS National Coordinators, and field survey interviews with Central Provincial Health Office, USAID SAFE and DISCOVER H project staff.

3 Efficiency

Both the project cost and project period exceeded the plan (ratio against the plan: 101% and 120%, respectively). The outputs were produced as planned. Thus, the efficiency of the project is fair.

4 Sustainability

<Policy Aspect>

The promotion of ART services has retained its importance in the national policy of the Government of Zambia. The "National Health Strategic Plan" (2017-2021) addressed that the major goal of the HIV Program was to decisively reduce new HIV infections and AIDS-related mortality by 75%. This was strongly resonated with the above-mentioned the "90-90-90 Strategy" (2016) by UNAIDS in 2016. Furthermore, the MOH launched the "Test and Treat Policy" on HIV/AIDS in 2018 in order to eliminate administrative barriers considered hindering HIV intervention, otherwise, it would have been more effective. The newly introduced "Test and Treat" method is to facilitate the expansion of ART services as accreditation is no longer a prerequisite to be an ART site. It is also seen to expedite decentralization of the concerned service delivery and generally improved the retention ratio of ART.

<Institutional Aspect>

The role and responsibility of the MOH have not been changed about the promotion of ART services. The MOH has been responsible for relevant policymaking, planning, budgeting, all the logistics for the service delivery, monitoring, evaluation, and capacity development to ensure ART services. Survey results show that it is equally ensured and strengthened the roles and responsibilities in Provincial, District and health center levels. As per manpower status to ensure ART services in rural areas, it was reported sufficient in MOH (10 staff), PMOs of Lusaka, Central, and South (6 staff each), and DMOs of the four target districts (6 staff each) All the staff members are able to adequately manage to perform their responsibilities in the extension of the services.

<Technical Aspect>

According to the survey results, as the current staff members have been trained and highly experienced, required skills have been sufficiently available. They intend to further conduct any necessary training on the new ART protocols at all levels regardless. The management capacity for ART services in rural areas has been institutionally retained at each and every level through the utilization of guidelines to enhance equitable access to quality ART services. Each PMO has carried out technical and supportive supervision to subordinate DMOs to increase their performance level. Likewise, DMOs have been able to provide supervision for their health facilities to retain and enhance their capacity through mentorship and sharing best practices and lessons learned among health facilities at the district level.

<Financial Aspect>

As Zambia has depended on the export of copper, it has been vulnerable in terms of the government funding mechanism for the last three years. MOH has not guaranteed to disburse the amount of budget as anticipated the lesser amount of revenue for the next fiscal year. Nonetheless, the annual budget has been allocated for overall integrated service delivery at Provincial, District and Health facility levels as 351 million Kwacha (ZMK) (2018), and 257 million ZMK (2019). However, as the grants from the central government have not adequately been disbursed in a timely manner, some provinces have entirely depended on donors' supports for ART services. The government of the United States (US) and the Global Fund are the major donors in terms of the promotion of ART services in both

[4]USAID SAFE: Supporting an AIDS-Free Era Program is reducing HIV mortality, morbidity, and transmission, while improving nutrition outcomes and family planning integration in three provinces:

[5]USAID DISCOVER-Health (Zambia District Coverage of Health Services Project in Central, Copperbelt, and North-Western Provinces) for control of HIV epidemic.

rural and urban areas. The donors' projects have enabled to fund logistics, laboratory equipment/consumables, community-based activities, client data management, staff mentorship/training in this regard. The US has funded a total of approximately 5.5 million US dollars (USD) (2016), 7.7 million USD (2017), 30.7 million USD (2018), and 38.0 million USD (2019). The Global Fund has provided a total of approx. 102.5 million USD (2018) and 20.3 million USD (2019).

<Evaluation Result>

Some problems have been observed in terms of the financial aspect. Therefore, the sustainability of the effects through the project is fair.

5 Summary of the Evaluation

The project has achieved the Project Purpose and the Overall Goal as ART services being enhanced and positively manifested in a country-wide extension of the services and the percentage of adults on ART. As for sustainability, with donors' support, it is institutionally and technically sufficient to perform each duty and to retain the skill set to promote the quality of ART services though the national budget has been precarious. As for efficiency, the project cost and period exceeded the plan.

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

III. Recommendations & Lessons Learned

Recommendations for Implementing Agency:

In order to enhance the sustainability of the project and increase ART retention rate, mainly to reduce critical turnaround time for lab results for ART services in the light of the "Test and Treat" policy of the MOH should strategically set up adequately equipped laboratories in central/zonal health facilities with better access and less logistical challenge. If properly located, blood sample testing and its result would come out within a shorter time period in order to provide more ART efficacy to an individual client.

Lessons Learned for JICA:

During the project, JICA provided allowances to volunteers and staff for conducting outreach activities. However, after the project completion, MOH failed to conduct the outreach activities on their own because there was no budget to pay allowances. This happened as any budget was not allocated to DMOs to sustain mobile ART activities in the fiscal framework in the first place. The project should have focused on how best to implement mobile ART services activities in a self-sustaining manner without payment of allowances. A study with detailed simulation on cost-benefit analysis should have been conducted before or during the project to compare costs on mobile ART services and Static services. This would have contributed to policymaking of the MOH and other donors as a basis for programming ART services within a larger picture of the provision of universal health coverage in the mid and long terms.

Static Laboratory at Mukuni RHC initiated by the project

The project introduced a filing system at a mobile health facility in Kazungula.