Internal Ex-Post Evaluation for Technical Cooperation Project

conducted by Tanzania Office: June, 2019

Country Name	[Phase 1] Project for Institutional Capacity Strengthening for HIV Prevention
United Republic of Tanzania	[Phase 2] Health System Strengthening for HIV and AIDS Services Project

I. Project Outline

Background	In the United Republic of Tanzania, HIV/AIDS (1) epidemic had grown as a national emergency and great threat to the development of the country since the epidemic in 1983. Tanzania had been undertaking Health Sector Reform programs in parallel with Local Government Reform, but the decentralization of health services to the local government had not functioned well. Tanzanian Commission for AIDS (TACAIDS), established in 2001, was responsible for coordination among sub sectors and for HIV/AIDS response, National AIDS Control Program (NACP) under the Ministry of Health and Social Welfare (MOHSW) by then, now Ministry of Health Community Development, Gender, Elderly and Children (MOHCDGEC), had served as the coordinating body. However, constraints in the institutional capacity of NACP had made it difficult to manage the STIs/RTIs (2) and VCT (3) services effectively delivered through coordination among various health institutions throughout the country. Therefore, the project started to strengthen the institutional capacity of NACP in management of STIs/RTIs and VCT services with special focus on linkage between RHMTs(4) and CHMTs(5) **[Phase 1]**. One of the weaknesses identified throughout the project (Phase 1) was the monitoring and evaluation system. Therefore, in order to cope with the crosscutting nature of monitoring evaluation, it was decided that the manual and guideline for the Comprehensive Supportive Supervision and Mentoring (CSS&M) (6)as well as integrated health statistics using M&E database software (M&E system) were to be demonstrated in model regions for scale-up under the succeeding project **[Phase 2]**. Throughout the process, it was expected that prevalence of HIV/AIDS and STIs/RTIs would be reduced. (1)HIV/AIDS: Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome, (2)STIs/RTIs: Sexually Transmitted Infections, /Reproductive Tract Infections, (3) VCT: Voluntary Counseling and Testing, (4)RHMTs: Regional Health Management Teams, (5)CHMTs: Council Health Management Teams, (6)CSS&M: Comprehensive Supportive Supervision and Mentoring
Objectives of the Project	**[Phase 1]** By developing and disseminating the standardized guideline and improving the monitoring and evaluation system as well as supportive supervision and strengthening logistic information management system for STIs/RTIs and VCT services, the project aims to strengthen the institutional capacity of NACP in management of STIs/RTIs and VCT services with special focus on linkage between RHMTs and CHMTs, thereby improving the quality of STIs/RTIs and VCT services in terms of its availability, accessibility and utilization leading to the reduction of the prevalence of HIV/AIDS and STIs/RTIs.. **[Phase 2]** By integrating the endorsed essential indicators for routine monitoring of HIV/AIDS health services into national M&E system, strengthening of M&E system in model regions as well as CSS&M at both national level and model regions and enhancement of synergetic effect between M&E system and CSS&M, the project aims to develop and demonstrate CSS&M and effective M&E system for health sector HIV/AIDS services for scale-up, thereby strengthening the health system for HIV/AIDS services in Tanzania.
	[Phase 1] ✧ Super Goal: The prevalence of HIV/AIDS and STIs/RTIs is reduced 1. Overall Goal: Quality of STIs/RTIs and VCT services is improved. (Availability, Accessibility and Utilization) 2. Project Purpose: Institutional capacity of NACP in management of STIs/RTIs and VCT services is strengthened with special focus on linkage between RHMTs and CHMTs. **[Phase 2]** 1. Overall Goal: Health system is strengthened through Comprehensive Supportive Supervision, Mentoring and effective M&E system for health sector HIV /AIDS services. 2. Project Purpose: Comprehensive Supportive Supervision, Mentoring and effective M&E system for health sector HIV /AIDS services is developed and demonstrated for scale-up.
Activities of the Project	1. Project Site: **[Phase 1]** Tanzania Mainland (21 regions)* The number of regions increased to 26 since 2016. **[Phase 2]** Model regions of Pwani and Dodoma (2 regions) 2. Main Activities: **[Phase 1]** For both STIs/RTIs and VCT services, 1) Development of standardized national guideline and dissemination to RHMTs/national trainers, 2) Improvement of monitoring and evaluation system, 3) Improvement of effective sustainable supportive supervision, 4) Strengthening of Logistics Information Management System **[Phase 2]** 1) Endorsement of essential indicators for routine monitoring of HIV/AIDS health services to integrate into national M&E system 2) Strengthening of M&E system in model regions, 3) Strengthening of CSS&M at both national level and model regions, 4) Enhancement of synergetic effect between M&E system and CSS&M 3. Inputs (to carry out above activities)
	[Phase 1] as of Project Completion (July 2010)

	Japanese Side 1) Experts: 9 persons 2) Trainees received: 18 persons 3) Equipment: Vehicles, PC, copiers, etc. 4) Local expenses	Tanzania Side 1) Staff allocated: 16 persons* *As of Terminal Evaluation in November 2009 2) Office for JICA project team 3) Local cost	
	[Phase 2] as of Project Completion (October 2014)		
	Japanese Side 1) Experts: 3 persons 2) Trainees received: 3 persons 3) Equipment: PC, projectors, digital cameras, weight machine, software, etc. 4) Local expenses	Tanzania Side 1) Staff allocated * *The actual number is not available. 2) Office for JICA project team 3) Local cost	
Project Period	**[Phase 1]** March 2006 - July 2010 (Extended period: April 2010 - July 2010) **[Phase 2]** October 2010 - October 2014	Project Cost	**[Phase 1]** (ex-ante) 370 million yen, (actual) 388 million yen **[Phase 2]** (ex-ante) 400 million yen, (actual) 290 million yen
Implementing Agency	**[Phase 1]** National AIDS Control Program (NACP), Ministry of Health and Social Welfare (MOHSW) **[Phase 2]** National AIDS Control Program (NACP), Ministry of Health and Social Welfare (MOHSW)* *Currently known as "Ministry of Health Community Development, Gender, Elderly and Children (MOHCDGEC)"		
Cooperation Agency in Japan	None		

II. Result of the Evaluation

<Constraints on Evaluation>

・It is not possible to assess the effect of the project by itself because of the nature of issues on HIV/AIDS prevention under the health system strengthening and a large scale of assistance by other development partners. It should be well noted that the continuation status of the project effects and outcomes expected as the Overall Goal and the Super Goal of the project are the combined effects by other projects, such as "Project for Strengthening Hospital Management of Regional Referral Hospitals (2015-2020)" that are currently ongoing.

・The study covered two model regions for field survey. There was a limitation of data collection and site observation as it was not possible to obtain the sufficient data within the given timeframe.

< Special Perspectives Considered in the Ex-Post Evaluation >

[How to evaluate the two phases combined]

・Integrated Evaluation Method: This ex-post evaluation evaluates the two phases together in the following way: for Relevance, evidence is confirmed for each phase, based on which the two phases are evaluated as combined; for Effectiveness/Impact, the status of achievement of the project objectives are judged for each phase, based on which the two phases are evaluated as combined (with more weight given to Phase 2 which was built upon the achievement of Phase 1); for Efficiency, each phase is evaluated, based on which the two phases are evaluated as combined; for Sustainability, the two phases are evaluated as combined.

・Indicators to be used for judgment on Effectiveness/Impact: For assessment of the status of achievement of the Project Purpose and the Overall Goal of Phase 1, all indicators set in the project framework for the respective objectives are to be verified. On the other hand, the continuation status of project effects is assessed based on selected Output and Project Purpose indicators. As to evaluate two phases combined, it was identified that the approach was changed from the Phase 1 focusing on the types of health services such as STIs/RTIs and VCT services to a more comprehensive one focusing on cross cutting areas such as CSS&M and M&E system in Phase 2, Under this change, the integrations of M&E tools of STIs/RTIs, related guideline and reporting formats and its procedures, etc. were conducted. Consequently, indicators except 4 have become invalid as related activities were not carried out as originally planned. Therefore, the continuation status of project effects of Phase 1 is assessed by Indicator 4 only,

1 Relevance

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

[Phase 1] At the time of ex-ante evaluation, this project was relevant to the core policy on HIV/AIDS developed by TACAIDS, "National Multi-sectoral Strategic Framework on HIV/AIDS 2003-2007 (NMSF)", which emphasized the importance of HIV/AIDS prevention. Under this framework, MOHSW/NACP developed "Health Sector HIV/AIDS Strategy (2003-2006)" and "National Care and Treatment Plan (2003-2008)" to implement preventive measures. At the time of project completion, the subsequent framework, "NMSF (2008-2012)", launched in January 2008 stated that the NMSF postulates as Number 1 priority for the country to enhance HIV/AIDS prevention efforts.

[Phase 2] At the time of ex-ante evaluation, this project was relevant to the "NMSF (2008-2012)" as stated above as well as the "National Health Sector Strategic Plan (HSSP) III (2009-2015)" in which one of the priority areas was the improvement of human resource for health and the quality improvement of health care. At the time of project completion, "HSSP III (2009-2015)" was still effective. Furthermore, the "Health Sector HIV/AIDS Strategy III (HSHP III) (2013-2017)" stated that the health systems should be strengthened in order to provide high-quality HIV/AIDS services emphasizing on establishment of a comprehensive monitoring and evaluation system for health sector response to HIV/AIDS.

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

[Phase 1] This project was consistent with Tanzania's development needs to improve the human resources for health as a means for HIV/AIDS prevention at the time of ex-ante evaluation as described in "Background" above. At the time of project completion, although there was an indication that HIV/AIDS prevalence had been stabilized at 6 to 7% among women in reproductive ages, there was a possibility for secondary increase to occur due to increase in rural incidence, etc. Therefore, the needs to further improve the human resources for health was continued at the project completion.

[Phase 2] This project was consistent with Tanzania's development needs to further improve the system of health services, especially on the monitoring and evaluation, as described in "Background" above. At the time of project completion, the strengthening of health systems

for HIV/AIDS services was the main responsibility of NACP. The capacity building for the effective and efficient delivery of HIV/AIDS services was an urgent need for the staff of NACP, national supervision members of RHMTs and CHMTs in the model regions. The project was still in consistency with the needs of the target group.

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

[Phase 1] The project was consistent to the priority issues of the former Country Assistance Program for the United Republic of Tanzania (June 2000), "HIV/AIDS and Child Healthcare". The Japanese government pledged their assistance toward HIV/AIDS infection control namely "The HIV/AIDS Control Program".

[**Phase 2]** The project was consistent to the priority issues of the Country Assistance Program for the United Republic of Tanzania (June 2008) in which the Japanese government committed to continue assistance toward the health sector, such as Malaria Controls as well as HIV/AIDS prevention, development of plan for human resources for health, and strengthening of regional health administration system as well.

<Evaluation Result>

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

2 Effectiveness/Impact

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

[Phase 1] By the project completion, the project did not achieve its purpose of "Institutional capacity of NACP in management of STIs/RTIs and VCT services is strengthened with special focus on linkage between RHMTs and CHMTs". Four indicators to examine the achievement level were not achieved and one indicator was partially achieved. The project was designed under the assumption that decentralization of health system would be further progressed in Tanzania with capacity of both RHMTs and CHMT being strengthened for resource mobilization, which would facilitate dissemination of national standards materials from RHMTs to CHMTs and then to health facilities. But the targets set for the Project Purpose covering Tanzania Mainland within the project period was very challenging for NACP to disseminate the national standards nationwide, monitor, and evaluate the compliance to and effectiveness of such standards due partly to the slow process of decentralized health system and evolving capacity of RHMTs and CHMTs. Therefore, in order to cope with the weaknesses identified in Phase 1, namely, monitoring and evaluation system, it was decided that the manual and guideline for the Comprehensive Supportive Supervision and Mentoring (CSS&M) as well as integrated M&E system were to be demonstrated in two model regions for scale-up under Phase 2.

[Phase 2] By the project completion, the project partially achieved its purpose of "Comprehensive Supportive Supervision, Mentoring and effective M&E system for health sector HIV/AIDS services is developed and demonstrated for scale-up". Concordance rates to HIV /AIDS tests of two indicators increased by 7 to 11% in the model regions. The target was partially achieved (Indicator 1). Both RHMTs and 13 CHMTs in the model regions were oriented on the M&E system developed by the project (Indicator 2). Both RHMTs had mostly implemented CSS&M on HIV/AIDS services with the tools (Indicator 3).

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

[Phase 1] Though no data to show the proportion of the utilization of the supervision tools in each region, it was pointed out through the interview with the MOHCDGEC, all 26 regions have continuously conducted the supportive supervisions with supervision tools on quarterly basis. It was also identified by the field study that the supportive supervision by RHMTs with supervision tools has continued at RHMTs of model regions. It is likely that the subsequent project that are currently ongoing has contributed to sustaining the effects as well. According to the study, NACP supported the capacity building of RHMTs in the areas related to HIV/AIDS services, so that RHMTs could supervise and support CHMTs through the supervisory visits and information sharing.

[Phase 2] Project effects in terms of CSS&M and M&E system have continued in model regions since project completion. According to the interview with RHMTs in Pwani and Dodoma, they found the system easy to use and to follow up on identified gaps. They also found the tools developed by the project helpful to cover all intervention in HIV/AIDS and to identify gaps, having made it easier to follow up challenges and to avoid the duplication of works.

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

[Phase 1] It is observed that the Overall Goal, "Quality of STIs/RTIs and VCT services is improved. (Availability, Accessibility and Utilization)" was not verifiable due to that no data for two indicators on STIs/RTIs and VCT for Tanzania Mainland is available. The study only suggested that in two regions there has been an increasing trend for the number of STIs/RTIs service providers, that of VCT counselors who were trained using standardized modules as well as that of sites of VCTs (Indicator 1). But no data can ensure whether or not the proportions of clients properly diagnosed and treated for STIs/RTIs and counseled and tested for VCT have been increased for Tanzania Mainland (Indicator 2).

[Phase 2] It is observed that the Overall Goal, "Health system is strengthened through Comprehensive Supportive Supervision, Mentoring and effective M&E system for health sector HIV/AIDS services" was achieved. Though there is no data to show the proportion of utilization of CSS&M for Tanzania Mainland, it was pointed out by the MOHCDGEC that RHMTs in all 26 regions have conducted the CSS&M using data feedback[1] under M&E system, and the field study physically identified this situation in two regions. It is likely that activities of CSS&M have been taken over and effectively been assisted by the subsequent project. As for Dodoma region, the proportion of implementing CSS&M using data feedback under M&E system has achieved 100% since 2016. As for Pwani region, there is no data obtained, but according to the interview with those concerned at the RHMT, it was pointed out that the proportion is 50% achieving the target (Indicator 1).

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

Some ripple effects have been identified during the study. According to the questionnaire with MOHCDGEC/NACP, the prevalence of HIV/AIDS and STIs/RTIs, which was the Super Goal for Phase 1, reduced from 5.1% (2011) to 4.7% (2012). It was also identified that the capacity building programmes by both phases facilitated RHMTs' personnel more familiar and capable on issues involving NACP, which eventually increased interactions between NACP and RHMTs.

<Evaluation Result>

Therefore, the effectiveness/impact of the project is fair.

[1] Data Feedback is defined as a cycle in which the routinely collected data are analyzed, explained by table and/or figure with interpretation and returned to the field as necessary information for their health services.

Achievement of Project Purpose and Overall Goal

<table>
<tr><th>Aim</th><th colspan="2">Indicators and Results</th></tr>
<tr><td>(Project Purpose)
[Phase 1]
Institutional capacity of NACP in management of STIs/RTIs and VCT services is strengthened with special focus on linkage between RHMTs and CHMTs.</td><td colspan="2">(Project Completion)
<table>
<tr><th>Indicators</th><th>Status of Achievement</th><th>STIs/RTIs</th><th>VCT</th></tr>
<tr><td>1. All CHMTs oriented on national guidelines, training packages, M&E tools and supervision tools of STIs/RTIs and VCT services through decentralization system.</td><td>Not achieved</td><td>In average of 46.0% (35.2%-56.3%)(1)</td><td>In average of 45.1% (29.6%-60.6%)(1)</td></tr>
<tr><td>2. All STIs/RTIs and VCT sites having necessary documents such as guidelines, registers, monthly summary forms and job aids.</td><td>Partially achieved</td><td>In average of 59.4% (26.0%-88.5%)(1)</td><td>In average of 47.8% (1.6%-96.1%)(1)</td></tr>
<tr><td>3. 90%of monthly summary reports of STIs/RTIs and VCT services submitted by RHMTs to NACP.</td><td>Not achieved</td><td>4.8%</td><td>39.8%</td></tr>
<tr><td>4. 50% supportive supervision carried by RHMTs with supervision tools developed by the project.</td><td>Not achieved</td><td colspan="2">Supervision tools were not developed.</td></tr>
<tr><td>5. All STIs/RTIs and VCT training conducted with the newly developed training packages.</td><td>Partially achieved</td><td>76.5% (2)
49.2%</td><td>21.4%(2)
64.5%</td></tr>
</table>
Note: (1) The percentage in the parenthesis indicates the range of percentage for CHMTs being oriented.
(2) The upper figures represent the percentage according to the Assessment Report 2009 by the Project and the lower figures according to the Questionnaire to District AIDS Control Coordinators on their Orientations and Trainings, 2009.

(Ex-post Evaluation)
After the project completion of Phase 1, the approach focusing on the types of health services such as STIs/RTIs and VCT services was changed to a more comprehensive one and tools, formats and related documents on STIs/RTIs were integrated accordingly. Thus, indicators except 4 have become invalid as related activities were not carried out as originally planned.
<table>
<tr><th>Indicators</th><th>Continuation status</th><th>STIs/RTIs</th><th>VCT</th></tr>
<tr><td>4. 50% supportive supervision carried by RHMTs with supervision tools developed by the project.</td><td>Partially continued in RHMTs of 26 regions</td><td colspan="2">It was confirmed that the development of supportive supervision tools was completed in 2014 and have been in use at the time of ex-post evaluation for both STIs/RTIs and VCT. It was pointed out by the interviews with MOHCDGEC that RHMTs of all 26 regions (100%) have conducted the Supportive Supervision under the smooth takeover by subsequent JICA project.</td></tr>
</table>
Note: The indicator 4 is used as it best represents the continuation status of project effects of Phase 1.</td></tr>
<tr><td rowspan="2">(Overall Goal)
[Phase 1]
Quality of STIs/RTIs and VCT services is improved. (Availability, Accessibility and Utilization)</td><td>Indicator 1: Proportions of STIs /RTIs and VCT sites, which meet national standards, are increased by 2013</td><td>(Ex-post Evaluation) Not verifiable
・No data to show the condition for entire Tanzania Mainland is available. However, the data obtained from several districts during the study suggested that there has been an increasing trend for those numbers of STIs/RTIs service providers and VCT counselors who were trained using standardized modules as well as the number of sites of VCTs.</td></tr>
<tr><td>Indicator 2: The proportions of clients properly diagnosed and treated for STIs/RTIs and counseled and tested for VCT are increased.</td><td>(Ex-post Evaluation) Not verifiable
・No data to show the condition for entire Tanzania Mainland is available.</td></tr>
<tr><td rowspan="3">**[Phase 2]**
(Project Purpose)
Comprehensive Supportive Supervision, Mentoring and effective M&E system for health sector HIV and AIDS services is developed and demonstrated for scale-up</td><td>Indicator 1: Concordance rates of the two indicators will increase by 10% in the model regions.</td><td>Status of the Achievement: Partially achieved (Continuation status not verifiable)
(Project Completion)
・Concordance rate* of indicator 1, “Total number of Ante Natal Care (ANC) clients tested for HIV” increased by 11% and indicator 2, “Total number of HIV positive clients at ANC” increased by 7.6% from the baseline survey in the model regions.
*Rates of concordance between the numbers in the register and the monthly summary report of two indicators, 1) Total number of ANC clients tested for HIV and 2) Total number of HIV positive clients at ANC.
(Ex-post Evaluation)
・Data is not available.</td></tr>
<tr><td>Indicator 2: 2 RHMTs and 13 CHMTs in the model regions will be oriented on the M&E system developed by the Project.</td><td>Status of the Achievement: Achieved (Continued)
(Project Completion)
・2 RHMTs and 13 CHMTs in the model regions were oriented on the M&E system developed by the Project.
(Ex-post Evaluation)
・It was confirmed by MOHCDGEC that all RHMTs and CHMTs of model regions (Pwani and Dodoma) have been continuously using the system developed by the project since project completion. According to the interview with RHMTs of both regions, they found the system user-friendly and easy to follow up on identified gaps, as well as to help reducing bulk materials for evaluation. Those worked for CHMTs have acquired the skills to analyze the data and to share them with other stakeholders.</td></tr>
<tr><td>Indicator 3: All of RHMTs will be implementing CSS&M on HIV/AIDS services with</td><td>Status of the Achievement: Partially achieved (Continued)
(Project Completion)
・50% of RHMTs were implementing CSS&M on HIV/AIDS services with the tools approved by MOHSW in the model regions.</td></tr>
</table>

	the tools approved by MOHSW in the model regions.	(Ex-post Evaluation) ・It was confirmed by the study that 2 RHMTs have been implementing CSS&M on HIV/AIDS services with the tools approved by MOHCDGEC since project completion. They found the tools helpful to cover all intervention in HIV/AIDS and to identify gaps, so that it has made it easier to follow up challenges and to avoid the duplication of works.
[Phase 2] (Overall Goal) Health system is strengthened through Comprehensive Supportive Supervision, Mentoring and effective M&E system for health sector HIV and AIDS services.	Indicator 1: Proportion of regions implementing supervision and mentoring using data feedback will be 50% in Tanzania.	(Ex-post Evaluation) Achieved ・Regarding the proportion of regions implementing CSS&M using data feedback, data is not available for Tanzania Mainland, but it was pointed out by the MOHCDGEC that CSS&M have been implemented to all 26 regions. ・The field study physically identified the situation of two regions. As for Dodoma region, according to the data provided by NACP-HIV Prevention Unit, the proportion of implementing CSS&M using data feedback has achieved 100% since 2016 up to now and for Pwani region, according to the interview with those concerned at RHMT, it was pointed out that the proportion of regions implementing supervision and mentoring using feedback has achieved 50%.

Source : Project Completion Report, Questionnaire Survey and Interviews with those concerned at RHMTs and CHMTs of model regions and MOHCDGEC

3 Efficiency

[Phase 1] Both of the project cost and project period exceeded the plan (ratio against plan: 105%, 108%). The project period was extended for about four (4) months because it needed to complete the orientation to all the RHMTs of the Comprehensive Supportive Supervision and Mentoring. In this regards, the cost of training exceeded the plan. The Outputs were produced as planned. Therefore, the efficiency of the project is fair.

[Phase 2] both of the project cost and project period were within the plan (ratio against plan: 73%, 100%). The Outputs were produced as planned. Therefore, the efficiency of the project is high.

In light of the above, the overall efficiency of the projects combined is fair.

4 Sustainability

<Policy Aspect>

The "Health Sector Strategic Plan (2015-2020)", the core country development plan in health sector, and "Comprehensive Council Health Plan (2007-2018)" focus on strengthening of health service delivery including HIV/AIDS. As for HIV/AIDS-specific, TACAIDS and NACP have been amending the current policy, plan and programme, whose aims are to further reduce the HIV/AIDS incidents. Presence of those strategies and plans have ensured to sustain the project effect in policy aspect.

<Institutional Aspect>

The structure of health service delivery on HIV/AIDS has been well established. In the central level, NACP in the Directorate of Preventive Services under the MOHCDGEC takes overall responsibilities in terms of technical issues on HIV/AIDS nationwide. There are 22 staff and 1 manager in NACP who has been taking the leadership in the national effort to roll-out the CSS&M beyond RHMTs with coordinated support from external donors. As for the social aspects, TACAIDS under the Prime Minister's Office takes responsibilities.

In the regional level, regional AIDS Control Program Coordinators of RHMTs are responsible for the implementation of HIV/AIDS program in collaboration with medical professionals at regional referral hospitals. According to the RHMTs, there are sufficient number of staff available as they can manage to use other cadre staff, who may not the HIV/AIDS specialists but can work jointly for Comprehensive Supportive Supervision. In the district level, District AIDS Control Coordinators of CHMTs are responsible for implementing all technical related works down to the grassroots levels, working as a team with staff at all health facilities in terms of STIs/RTIs and VCT services. The team is consisted of all section heads of health facilities in the district.

<Technical Aspect>

Both RHMTs and CHMTs in the model regions have continuously using the CSS&M and M&E system established by the project since project completion. They have sufficient knowledge and skills to conduct CSS&M and have utilized the JICA training guidelines which have also helped strengthen the capacity of new staff of NACP. Furthermore, there is a mechanism for RHMT and CHMT to share knowledge and experiences of CSS&M and effective M&E system among themselves through quarterly meetings and data review meetings at regional level. In the RHMTs of Dodoma region, all 8 Counterpart Personnel have continued working since project completion. They have carried out managerial tasks. In case of Pwani region, only 3 Counterpart Personnel have remained. According to the interview with NACP, consultations from MOHCDGEC/NACP to RHMTs and from RHMTs to lower health facilities during supportive supervisions have served well to solve the challenges and to further improve the service delivery. They have also made efforts to enhance training on M&E and the results have been good.

<Financial Aspect>

Sufficient budgets to carry out CSS&M and M&E system in both at the central and regional levels are secured by the government. However, it is often the case that the disbursement to NACP has not been executed as planned since the actual amount of revenue collected and government priorities of that time have taken into account to determine actual amount to be allocated, which has often resulted the budget shortages for related activities.

MOHCDGEC/NACP and other concerned authorities have been planning to further strengthen the health systems for HIV/AIDS services at their own resources through "National HIV/AIDS Trust Funds", established under TACAIDS.

Budget for CSS&M — Currency Unit: Tanzanian Shilling in million

Fiscal year	2015/16	2016/17
Central level	114,100	132,100

Source: NACP

<Evaluation Result>

Therefore, the sustainability of the effects through the project is fair.

5 Summary of the Evaluation

In Phase 1, the project did not achieve the Project Purpose for “Institutional capacity of NACP in management of STIs/RTIs and VCT services is strengthened with special focus on linkage between RHMTs and CHMTs” by the time of project completion partly due to the slow process of decentralized health system and evolving capacity of RHMTs and CHMTs and the target being very challenging to achieve within the project period. However, the effect of the project, implementation of supportive supervision has continued after the project completion under the smooth takeover by subsequent JICA project. As for the Overall Goal, “Quality of STIs/RTIs and VCT services is improved. (Availability, Accessibility and Utilization)” was not verifiable due to the non-availability of data.

In Phase 2, with more comprehensive approach focusing on CSS&M and M&E system, the project partially achieved the Project Purpose for “Comprehensive Supportive Supervision, mentoring and effective M&E system for health sector HIV/AIDS services is developed and demonstrated for scale-up”. The effect of the project has continued after the project completion and the Overall Goal, “Health system is strengthened through Comprehensive Supportive Supervision, Mentoring and effective M&E system for health sector HIV/AIDS services” has been achieved. It is likely that the subsequent project that are currently ongoing has also contributed to sustaining the effects by this project as well.

As for sustainability, some problems have been observed in terms of financial aspects. As for efficiency, both of project cost and period exceeded the plan in Phase 1, but both were within the plan in Phase 2. Thus, the overall efficiency of the projects combined is fair.

Considering all of the above points, this project as two phases combined is evaluated to be partially satisfactory.

III. Recommendations & Lessons Learned

Recommendations for Implementing Agency:
To: Permanent Secretary, Prevention Service Dept. and NACP manager, RHMTs & CHMTs

1) To keep on conducting on the job training for the new staff, review materials and tools and share knowledge and experience, so that those assets are effectively utilized.

Although no problems have been observed in terms of technical aspects of sustainability so far, there is still a need of OJT for the new staff. Considering the current level of population growth and migration of people from one area to another, it is very likely that the increased number of staff are required to maintain the appropriate level of health services. Therefore, NACP should consider to keep on conducting OJT for those new staff and updating related materials and tools.

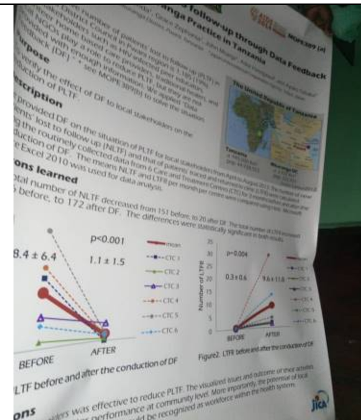
2) To allocate budgets for conducting M&E system, supportive supervision at all levels and disburse the fund as planned to carry out the intended activities timely.

The budget allocation is not enough to carry out CSS&M and M&E system. Even though the government plan a budget, which is sufficient to carry out activities of supportive supervision and M&E system, it is not fully disbursed as planned since the amount to be allocated depends on the actual amount of revenue collected and government priorities of that time. As a result, the budget allocation to NACP is not enough.

Lessons Learned for JICA:

Uses of developed tool on CSS&M and effective M&E system for health sector HIV/AIDS services and continued conduct mentoring and data feedback eventually strengthened HIV/AIDS services. The tool elaborated clearly on timely reporting, improved management of supplies, improved patients’ management, report writing and adherences of HIV/AIDS situation, which yield sustainable high quality demonstrated competent services.

Pictures

	
Dodoma regional office: Notice board where announcements and instructions including materials produced by the project placed	Mkuranga District office in Pwani Region: Report on Follow up through Data feedback practices