

Simplified Ex-Post Evaluation for Grant Aid Project

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Project Name	The Project for Infectious Disease Control Phase II	March 2010—December 2010

I Project Outline

Country Name	United Republic of Tanzania
Project Period	June 2004 ~ March 2006
Implementing Agency	Ministry of Health (MoH)
Project Cost	Grant Limit: 302 million yen Actual Grant Amount: 273 million yen
Main Contractors	(Procurement Contract) Toyota Tsusho Corporation
Main Consultants	Japan International Cooperation System (JICS)
Basic Design	“Basic design study report on the project for the infectious diseases control phase II in the United Republic of Tanzania”, JICA, April, 2004
Related Projects (if any)	JICA Experts “Health Sector Advisors (2001~2003),” collaborated with this Project. JICA “Special Medical Equipment (AIDS Blood Tests) (2000, 2001)” was a predecessor of this Project. Project Formulation Survey, “USA-Japan Joint Project Formulation Missions (HIV/AIDS/Infectious Diseases/Population and Health) (January-February, 2001),” served as a planning study for this Project. Grant Aid “Infectious Diseases Control (2002, 2003)” was also a predecessor. Technical Assistance Project “Project for Institutional Capacity Strengthening for HIV Prevention Focusing on Sexual Transmitted Infections (STIs) and Voluntary Counselling and Testing Services (March 2006-July, 2010),” also collaborated with this Project.
Project Background	Despite Tanzania's efforts in prevention of HIV infection dating back in 1985, the number of HIV positive people has been on increase: In 2002, it was estimated that 1.5 million people were infected with HIV while annual death due to AIDS was 140,000 in Tanzania. The Ministry of Health had formulated and launched the “Health Sector HIV/AIDS Strategy for Tanzania 2003-2006,” which aimed at: (1) ensuring HIV testing of blood transfusion; (2) reinforcing HIV testing and counselling; (3) providing regular HIV tests among pregnant women to prevent mother-to-child transmission; and, (4) reducing the risk of HIV transmission through treatment of STIs. There were growing concerns not only over European Union's announcement on termination of STI drugs supply after 2003, but also over “the 3 by 5 Initiative” which would drastically expand demands for the equipment and supplies as well as training needs for HIV testing and counselling. Meanwhile, Japan had conducted a joint project formulation study in 2001 under the Japan-US common agenda in the health sector, and later supported test kits/STI drugs procurement through the Grant Aid scheme, under the Project for Infectious Diseases Control (2002, 2003). While a demand for testing equipment was expected to further grow in future also with impending enforcement of obligatory re-testing of those wish to receive AIDS treatment, there was no prospect of obtaining the necessary fund at that time. As such, Tanzania has requested assistance from Japan for the effective implementation of HIV/AIDS control, which is one of the urgent and most highly prioritised issues in the country.
Project Objective	To provide necessary equipment (HIV/STI test kits, laboratory supplies, STI medicines) in order to strengthen blood donor testing, HIV testing and counselling and STI control programme, as well as to increase number of patients receiving proper STI treatments in Tanzania.
Output[s] (Japanese Side)	1) Procurement of the HIV test kits and laboratory consumables for use by 420 testing and counselling sites and by 86 hospitals providing blood transfusion sites 2) Procurement of syphilis test kits, STI medicines and consumables for use by ante-natal clinics

II Result of the Evaluation

Summary of the evaluation

- This project has been highly relevant to the country's development plan and development needs, both at the time of planning and at the time of ex-post evaluation. As well, the Project was in line with Japan's ODA policy at the time of planning: Therefore, its relevance is rated high. Efficiency is rated high, as it obtained all the planned Outputs within the planned project cost and period. The Project has reached most of its planned targets, and thus, the effectiveness is also rated high. In terms of sustainability, the management of logistics and HIV/STI control programme has no major institutional or technical problems, and so does financial aspect, provided that foreign assistance for HIV testing kits and STI drugs continue. Short-term stock-outs could be expected in case Tanzania fails to secure continuous funding from its largest donor, the Global Fund, in which case sustainability of the effects could be limited, or rated fair.
- In light of the above, this project can be evaluated to be highly satisfactory so far as the Government can secure foreign assistance for procurement of the equipment; or, be satisfactory should the Government fails to secure such resources. Given historical records and humanitarian nature of the support, and government's experiences gained over the past years in proposal development and grant management, it is however unlikely that an interruption of external funding becomes long-term.

<Recommendations for the Ministry of Health (MoH) and Tanzania Commission for AIDS>

- To secure financial and human resources, as well as continuous improvement in quality of programme interventions for maintaining the benefits of the nation-wide coverage of HIV testing and STI testing/treatment.

<Recommendations for the Medical Stores Department (MSD)>

- To further strengthen logistics management as well as to secure trained human resources in all Zonal MSD warehouses.

<Constraints of this evaluation study>

- 1) The data obtained by direct observation are not included in this study because this study was conducted based on only the document review and the questionnaire to the counterparts and the consultant.
- 2) When indicator data in response to the questionnaire is used, the raw data and types of formula were not confirmed.
- 3) There was no avenue to discuss appropriateness and feasibility of the recommendations with the counterparts.
- 4) The ex-post evaluator did not exercise strict control over who should respond to the questionnaire, nor anonymity of the response.

1 Relevance

(1) Relevance to the Sector Strategy of Tanzania

Based on the “National Multi-sectoral Strategic Framework for HIV/AIDS,” MoH formulated the “Health Sector HIV/AIDS Strategy for Tanzania (2003-2006)” in 2003 to address particularly; 1) blood transfusion safety, 2) counselling for those being tested and for the infected, and, 3) treatment of sexually transmitted infections (STIs) in order to reduce HIV infection rate and mother-to-child HIV transmission. At the time of the ex-post evaluation, MoH has formulated and is implementing much similar Strategy document (2008~2012), with unchanged emphasis on the above-mentioned points. Thus, the Project is considered to be (a) highly relevant to Tanzania’s HIV/AIDS sector strategy both at the time of planning and at the time of the ex-post evaluation.

(2) Relevance to the Development Needs of Tanzania

At the end of 2002, Tanzania was estimated to have 1.5 million HIV positive people, 140,000 annual deaths due to AIDS, and the HIV prevalence in the population aged 15-49 of 9.6%. At the time of ex-post evaluation, despite the HIV prevalence has decreased from 7.0% in 2003/04 to 5.7% in 2007/08, the country remains unchanged in its status of the generalised epidemic. Furthermore, an introduction of the “3 by 5 initiative” expanded demands for HIV counselling and testing. Thus, the Project is still considered to be responsive to the needs of Tanzania.

(3) Relevance to Japan’s ODA Policy

The Japan’s ODA policy towards Tanzania (2000) included support for population and health including HIV/AIDS control, along with other four priority areas, namely, 1) promotion of agriculture and small-scale industries, 2) basic education, 3) improvement of living environment in urban areas, 4) forest conservation. Support for the population and health sector was punctuated with Tanzania being one of the key countries of the Global Issues Initiative on Population and AIDS. Therefore, this Project was in line with Japan’s ODA Policy at the time of planning. Moreover, 2002 was the year when the European Union announced withdrawal from the procurement support of STI drugs, which added to the urgency of support by Japanese government.

Given above, this project has been highly relevant to the country’s sector strategy, development needs, as well as Japan’s ODA policy. Therefore, its relevance is rated high.

2 Efficiency

(1) Project Outputs

All the medical equipment/supplies were procured as planned, both in terms of type and quantity specifications. According to the Completion Report, for third country procurement, the goods were last confirmed to have been loaded to the ship at the port of origin, while for in-country procurement, the goods were received by the central Medical Stores Department. According to MoH, goods received by the central MSD have then been delivered to Zonal MSD warehouse, relevant District Health warehouses and hospitals, as per the records of the central MSD. As for the delivery to destined health facilities and testing sites, the evaluator could not obtain proper records/information, despite requests made within the questionnaire. Nevertheless, the actual number of testing conducted the following year indicates that the delivery to destined facilities and utilisation of test-kit supplies did occur. Therefore, the Output is considered to have been achieved as planned.

(2) Project Period (Project Inputs)

The Project was executed within the planned period, with both the actual and planned periods being seventeen (17) months (100%). There was some delay due to issues in quality and quantity of certain goods procured, which was discovered in time prior to the shipment through a routine inspection conducted by the Consultant. However, the delay did not prolong the entire process.

(3) Project Cost (Project Inputs)

The actual Project Cost was 273 million yen (90%), lower than planned 302 million yen. The reason for a ten-percent under-run is considered to be reasonable, as it was a result of competitive bidding, or more specifically, due to participation of new competitors, who pushed down the price.

The Project has achieved its Outputs as planned, assuming that the procured equipment/supplies were delivered to destined health facilities and testing sites. Also, given that Project period and cost were within the plan, the efficiency of the Project is rated high.

3 Effectiveness / Impact

(1) Quantitative Effects

Test kits and STI drugs were all distributed to MSD Zonal warehouses, District Health stores, and hospitals. Assuming these supplies reached destined peripheral health facilities and testing sites, and were used during 2005 until the first half of 2006, there were 684,000 antenatal mothers and 644,000 people who received syphilis testing and HIV testing, respectively. Considering that: 1) these numbers surpass the amount procured by the Project (565,000 and 265,000); and 2) the actual number of STI cases (287,000 cases) exceeded the estimated 250,000 cases by the Project, most of the HIV and syphilis test kits and the STI treatment drugs were likely to have been utilized adequately. During that time, deficiency in test kits and drugs was met through procurement by either other external resources or MoH budget. There was also a report that there had been a few episodes of stock-outs of one or two STI drugs due to delayed disbursement during that time. Actual volume of blood screened against HIV was limited to 31,000 units as opposed to the expected 150,000 units, most likely due to the delay in establishing transfusion services until 2006, and to the failure to incorporate hospital-based data which can account more than 70%. (It is possible to divert unused HIV screening test kits to counselling and testing activities.) Given above, it is highly likely that most of equipment/supplies were properly utilized and contributed to the above- and below-mentioned benefits.

(2) Impacts (Including impacts on the natural environment, Land Acquisition and Resettlement, Unintended Positive/Negative Impact)

As indirect effects, 605,000 people, with potential JICA contribution of up to 83%, or 500,000, gained knowledge of their HIV status and also benefited from counselling services on both prevention and treatment. Among which, 42,000 people were able to start AIDS treatment, with potential JICA contribution of up to 83%, or 35,000. Another 42,000 ante-natal women received syphilis treatment based on proper diagnosis, with an estimated JICA contribution of up to 87%, or 37,000.

Furthermore, the number of STI cases reported, decreased by 55% in 2007. (This drastic drop, however, is overrated as the low number is partly a result of poor report submission by districts, due to changes in reporting method during the same period.) HIV infection rates among adolescents (age between 15~19) also dropped from 2.1% in 2003/04 to 1.0% in 2007/08, similar to a decreasing trend in the number of new infections.

Meanwhile, although there are some information on the lack of medical waste treatment facilities and equipment, no negative effects on environment were reported in the questionnaire or documents reviewed by the evaluator.

In light of above, as this project has largely achieved its objectives, and as no negative impacts were observed, its effectiveness is rated high.

4 Sustainability

(1) Structural Aspects of Operation Maintenance

Both at the time of planning and of ex-post evaluation, all the Health Districts and MSD Zonal warehouses were/are reported to have sufficient infrastructure and personnel for proper delivery of medicines and test kits for HIV/AIDS/STI control programme. All the Zonal MSD warehouses since 2005 and 70% of Health District warehouses since 2010 have temperature-controlled storage facilities. Human resources trained in logistics management are assigned in most of these facilities, except for a few Health Districts. There is a report referring to a certain remote areas still lacking in cold chains to preserve the rapid plasma reagin (RPR) test, a type of syphilis test kits procured under this Project. MoH has already addressed this issue by replacing RPR to SD Bioline, which can be stored at room temperatures, and thus cater for the needs of remote facilities with cold chain challenges. .

(2) Technical Aspects of Operation Maintenance

MoH is thought to have sufficient technical capacity to carry out proper storage, management and delivery of STI medicines and test kits, based on the following information gathered through questionnaire and published reports: 1) A manual for “Integrated Logistics Management System (ILS)” was produced in 2006 and revised in 2008; 2) 846 people have received ILS training between 2005~2009; 3) Thirteen (13) types of manuals and implementation guidelines were produced between 2005~2009, in order to strengthen HIV/AIDS/STI control programme; 4) 14,274 counsellors were trained in HIV counselling and testing through 570 training sessions; and, 5) 10,446 health workers were trained in STI control through 521 training sessions. Therefore, MoH has sufficient technical capacity to implement and to maintain the HIV/AIDS/STI control programme.

(3) Financial Aspects of Operation Maintenance

According to the questionnaire response and other published reports, MoH is likely to secure fair amount of funds from external support and own resources for another five years, in order to procure, store, manage and deliver equipment/supplies for HIV counselling and testing, as well as to manage and implement HIV/AIDS/STI control programme: This even with drastic increase in demands due to President’s HIV testing campaign and expansion of testing sites and resulting increase in access. Tanzania has increased its annual funding for HIV/AIDS quite significantly for the last ten years, from USD 2.8 million in 2001/02 to 30 million in 2005/06; and has recently stabilised around 20 million. It also continues to seek funding from multiple sources, including bilateral and multilateral donors to supplement its own budget, and currently exploring the possibility of establishing a fund to finance the national response to HIV/AIDS: An attempt to decrease dependency on external funding and to increase fund predictability.

On the other hand, Tanzania relied 44% of health budget on external resources in 2006, according to WHO. Tanzania also depends greater proportion of resources on the Global Fund for procurement of supplies. As the Global Fund determines continuation of support based on the quality of proposals and grant performance, it is difficult to predict likelihood of securing new or renewed support from the Fund. As of September 2010, MoH as a principal recipient held grant performance rating at 80% “meets expectations” or “adequate,” but 20% “unacceptable.” Therefore, financial aspect is considered stable so far as the external funding is delivered.

(4) Current Status of Operation Maintenance

According to some published reports and the questionnaire response, current status of operating logistics management and HIV/AIDS/STI control programme is good on the whole. Areas that still remain as challenges include: 1) stock-outs of HIV test kits and STI medicines at the facility level in some districts due to late or inadequate placement of orders; and, 2) stock-outs due to shortage of equipment/supplies from donor agencies coupled with delays by government procurement process.

In light of above, few major problems have been observed in the operation and maintenance of logistic system and programme management, except for dependency on external resources, therefore sustainability of the project effect is considered high, provided that Tanzania continues to secure sufficient external resources. On the other hand, should there be an interruption of external funding, short-term stock-outs of test kits and medicines are likely to occur, which, in turn, limit effects brought to by this Project. In such case, the sustainability is rated fair.

Given historical records and humanitarian nature of the support, and government’s experiences gained over the past years in proposal development and grant management, it is however unlikely that such stock-out lasts in the long-term.