付　属　資　料

１．討議議事録・ミニッツ（2006年３月）

２．ミニッツ（2005年11月）

３．PCMワークショップ報告書（2005年11月）

４．プロジェクト活動概念図

５．プロジェクトサイト情報（地図・データ）

６．フィールド調査ノート、所感

７．収集資料一覧

RECORD OF DISCUSSIONS
BETWEEN
JAPAN INTERNATIONAL COOPERATION AGENCY AND
AUTHORITIES CONCERNED OF THE GOVERNMENT OF
THE REPUBLIC OF ZAMBIA
UPON JAPANESE TECHNICAL COOPERATION
FOR
THE INTEGRATED HIV AND AIDS CARE IMPLEMENTATION PROJECT
AT DISTRICT LEVEL

Japan International Cooperation Agency (hereinafter referred to as "JICA") exchanged views and had a series of discussions with the authorities concerned of the Republic of Zambia with respect to the details of the technical cooperation program concerning the Integrated HIV and AIDS Care Implementation Project at District Level (hereinafter referred as to "the Project").

As a result of the discussions, JICA and the Zambian authorities concerned agreed upon the matters referred to in the document attached hereto.

Lusaka, 23rd March, 2006

Mr. Eiji INUI
Resident Representative,
Japan International Cooperation Agency,
Zambia Office

Dr. Simon. K. Miti
Permanent Secretary,
Ministry of Health
Republic of Zambia

THE ATTACHED DOCUMENT

I. COOPERATION BETWEEN JICA AND THE GOVERNMENT OF ZAMBIA

1. The Government of Zambia will implement the Integrated HIV and AIDS Care Implementation Project at District Level (hereinafter referred to as "the Project") in cooperation with JICA.

2. The Project will be implemented in accordance with the Master Plan which is given in Annex I.

II. MEASURES TO BE TAKEN BY JICA

In accordance with the laws and regulations in force in Japan, JICA will take, at its own expense, the following measures according to the normal procedures under the Technical Cooperation Scheme of Japan.

1. DISPATCH OF JAPANESE EXPERTS
   JICA will provide the services of the Japanese experts as listed in Annex II.

2. PROVISION OF MACHINERY AND EQUIPMENT
   JICA will provide such machinery, equipment and other materials (hereinafter referred to as "the Equipment") necessary for the implementation of the Project as listed in Annex III. The Equipment will become the property of the Government of Zambia upon being delivered C.I.F. (cost, insurance and freight) to the Zambian authorities concerned at the ports and/or airports of disembarkation.

3. TRAINING OF ZAMBIAN PERSONNEL
   JICA will receive Zambian personnel connected with the Project for technical training in Japan or third countries.

III. MEASURES TO BE TAKEN BY THE GOVERNMENT OF ZAMBIA

1. The Government of Zambia will take necessary measures to ensure that the self-reliant operation of the Project will be sustained during and after the period of Japanese technical cooperation, through full and active involvement in the Project of all related authorities, beneficiary groups and institutions.

2. The Government of Zambia will ensure that the technologies and knowledge acquired by the Zambian nationals as a result of Japanese technical cooperation will contribute to the economic and social development of Zambia.

3. The Government of Zambia will grant in Zambia privileges, exemptions and benefits as listed in Annex IV and will grant privileges, exemptions and benefits no less favorable than those granted to experts of third countries or international organizations performing similar missions to the Japanese experts referred to in II-1 above and their families.

4. The Government of Zambia will ensure that the Equipment referred to in II-2 above will be utilized effectively for the implementation of the Project in consultation with the Japanese experts referred to in Annex II.

5. The Government of Zambia will take necessary measures to ensure that the knowledge and experience acquired by Zambian personnel from technical training in Japan will be utilized effectively in the implementation of the Project.

6. In accordance with the laws and regulations in force in Zambia, the Government of Zambia will take necessary measures to provide at its own expense:

   (1) Services of the Zambian counterpart personnel and administrative personnel as listed in Annex V;

   (2) Land, buildings and facilities as listed in Annex VI;

(3) Supply or replacement of machinery, equipment, instruments, vehicles, tools, spare parts and any other materials necessary for the implementation of the Project other than the Equipment provided through JICA under II-2 above; and

7. In accordance with the laws and regulations in force in Zambia, the Government of Zambia will take necessary measures to meet:

(1) Expenses necessary for transportation within Zambia of the Equipment referred to in II-2 above as well as for the installation, operation and maintenance thereof;

(2) Customs duties, internal taxes and any other charges, imposed in Zambia upon the Equipment referred to in II-2 above; and

(3) Running expenses necessary for the implementation of the Project.

IV. ADMINISTRATION OF THE PROJECT

0. The Permanent Secretary for the Ministry of Health, as the Project Director, will bear overall responsibility for the administration and implementation of the Project.

1. The Director of the Directorate of Clinical Care and Diagnosis Disease, MoH will be responsible for the project, as the Project Manager.

2. The Japanese Technical Experts on the Project will provide necessary recommendations and advice to the Project Director and the Project Manager on any matters pertaining to the implementation of the Project.

3. The Japanese Technical Experts on the Project will provide necessary technical guidance and advice to the Zambian counterparts on technical matters pertaining to the implementation of the Project.

4. For the effective and successful implementation of technical cooperation for the

Project, a Joint Coordinating Committee, whose functions and composition are described in Annex Ⅶ, will be established.

V. JOINT EVALUATION

Evaluation of the Project will be conducted jointly by JICA and the Zambian authorities concerned, during the last six months of the cooperation term in order to examine the level of achievement.

VI. CLAIMS AGAINST JAPANESE EXPERTS

The Government of Zambia undertakes to bear claims, if any arises, against the Japanese experts engaged in technical cooperation for the Project resulting from, occurring in the course of, or otherwise connected with the discharge of their official functions in Zambia except for those arising from the willful misconduct or gross negligence of the Japanese experts.

VII. MUTUAL CONSULTATION

There will be mutual consultation between JICA and the Government of Zambia upon any major issues arising from, or in connection with this Attached Document.

VIII. MEASURES TO PROMOTE UNDERSTANDING OF AND SUPPORT FOR THE PROJECT

For the purpose of promoting support for the Project among the people of Zambia, the Government of Zambia will take appropriate measures to make the Project widely known to the people of Zambia.

IX. TERM OF COOPERATION

The duration of the technical cooperation for the Project under this Attached Document will be Three (3) years from 1st, April, 2006.

ANNEX I	MASTER PLAN
ANNEX II	LIST OF JAPANESE EXPERTS
ANNEX III	LIST OF MACHINERY AND EQUIPMENT
ANNEX IV	PRIVILEGES, EXEMPTIONS AND BENEFITS FOR JAPANESE EXPERTS
ANNEX V	LIST OF ZAMBIAN COUNTERPART AND ADMINISTRATIVE PERSONNEL
ANNEX VI	LIST OF LAND, BUILDING AND FACILITIES
ANNEX VII	JOINT COORDINATING COMMITTEES

ANNEX I

MASTER PLAN

OVERALL GOAL

Interventions to improve the HIV and AIDS care services for PLWHAs demonstrated at target districts are introduced in other districts.

PROJECT PURPOSE

HIV and AIDS care services are improve and accessible at target districts.

OUTPUTS

Output 1: Access to HIV counseling and testing is improved in order to detect HIV infection more and earlier

<Activities>

0-0. To identify and provide training for lay counselors

0-0. To conduct exchange visits for lay counselors

0-0. To train more professional counselors

0-0. To conduct quarterly review meetings for counselors

0-0. To conduct orientation courses on Counseling and Testing at community level

0-0. To promote Recommended/ Routine Counseling and Testing in health facilities such as TB, STI and antenatal clinic.

0-0. To introduce the Finger Pricking HIV testing in health centers

0-0. To ensure to refer the HIV detected to the district hospitals/referral health centers

Output 2: District hospitals and referral health centers are strengthened to provide appropriate care services to PLWHAs

<Activities>

2-1. To install and provide guidance for maintenance for necessary medical equipment, such as x-ray machine, CD4 Counter, and others, at district health centers/ referral hospitals

2-2. To conduct training for staff of the district hospitals/ referral health centers on HIV/ART management, including prevention and care for opportunistic infections

Output 3: Standard[1] ART services are decentralized and scaled-up

<Activities>

3-1. To conduct training for community people, such as treatment supporters, care givers, community health workers, and traditional birth attendants

3-2. To conduct training for clinical staff of health centers on HIV/ART management, including prevention and care for opportunistic infections

3-3. To conduct training for staff of the health centers on commodity management

3-4. To conduct regular supporting supervising visit to health centers and lay counselors by DHMTs

3-5. To introduce ART/DOT for necessary PLWHAs

Output 4: Quality of TB and TB/HIV services are improved

<Activities>

4-1. To conduct training/ sensitization in TB/HIV co-infection management for clinical staff

4-2. To conduct follow-up of defaulters for both TB and HIV treatment

4-3. To strengthen DOT strategy for both TB and HIV

4-4. To upgrade sputum smear examination of laboratory capacity and quality by quality assurance

Output 5: Necessary management capacities of DHMTs to strengthen HIV and AIDS care services are enhanced

<Activities>

5-1. To ensure that national guidelines for HIV and AIDS care are available and followed by DHMTs

5-2. To improve communication, referral, and transportation systems among health facilities

5-3. To conduct training for DHMT staff to improve necessary management skills for strengthening HIV and AIDS care services, such as performance assessment, monitoring and evaluation, District Integrated Logistic Assessment Tool, and technical support

5-4. To develop HIV/ART/TB planning system

5-5. To conduct experience sharing meetings between pilot districts

Output 6: Innovative approaches to improve the HIV/AIDS situation are identified through Operational Research (OR)

<Activities>

---

[1] Standard ART services ; implementation of ART/DOT and/or ARV drugs refilling at nearest health facilities

6-1. To conduct baseline, follow-up, and end-line surveys for OR

6-2. To plan and implement OR in collaboration with concerned organizations

6-3. To monitor and evaluate the progress and findings of OR

Output 7: Networking with concerned organizations is strengthened at central level

<Activities>

7-1. To conduct Taskforce Meeting quarterly

7-2. To conduct periodical sharing workshop bi-annually

ANNEX II

LIST OF JAPANESE EXPERTS

1. Health Administration / Infectious Disease Control
2. HIV and AIDS Care
0. Coordinator/ Community Participation
0. Other experts (e.g. TB/HIV control, TB/HIV laboratory , Laboratory quality assurance Logistics, Health management ,Advocacy/IEC ,OR) from Japan and third countries

ANNEX III

LIST OF MACHINERY AND EQUIPMENT

1. Necessary equipment mutually agreed upon for the transfer of technology by the Japanese experts will be provided.
0. Other materials and equipment mutually agreed upon as necessary will be provided.

The Government of Zambia will bear the cost of maintenance and operation for the equipment and facilities.

The cost of the purchase, maintenance and operation of equipment and facilities that are used for direct implementation of the Project activities will be covered by JICA.

Note:

1. The above-mentioned equipment is limited to equipment necessary for the transfer of technology by the Japanese experts.
2. The contents, specifications and quantity of the above-mentioned equipment to be provided each year will be discussed in principle every year between the Japanese experts and Zambian counterpart personnel based upon the annual plan of the Project, within the allocated budget of the Japanese fiscal year.

ANNEX IV PRIVILEGES, EXEMPTIONS AND BENEFITS FOR JAPANESE EXPERTS

1. To exempt from income tax and other charges of any kind imposed upon or in connection with the living allowances remitted from abroad for the Japanese experts.
2. To exemption from income tax, import duties and any other charges imposed on personal household effects of the Japanese experts and their families, including one motor vehicle per expert.
3. To use all its available health facilities to provide medical and other necessary assistance to the Japanese experts and their families.
4. To issue, upon application, entry and exit visas for the Japanese experts and their families free of charge.
5. To issue identification cards to the Japanese experts and their families to secure the cooperation of all governmental organizations necessary for the performance of the duties of the experts.
6. To exempt from customs duties for the import and export of machinery and equipment by the Japanese experts in connection with the Project activities.

ANNEX V

LIST OF ZAMBIAN COUNTERPART AND ADMINISTRATIVE PERSONNEL

0. Project Director;

Permanent Secretary for the Ministry of Health

0. Deputy Project Director

The Director of the Directorate of Planning and Development

0. Project Manager;

The Director of the Directorate of Clinical Care and Diagnosis Disease

3. Counterpart personal

1) ART coordinator of the Directorate of Clinical Care and Diagnosis Disease
2) TB specialist
3) Laboratory specialist
4) PMTCT specialist
5) Director of District Health Management Team
6) Director of Provincial Health Office
7) National HIV/AIDS/STI/TB Council

ANNEX VI LIST OF OFFICE SPACE AND FACILITIES

(1) Sufficient office space for the implementation of the Project.

(2) Other necessary as mutually agreed facilities for Japanese Experts.

(3) Utilities and services, such as the supply of electricity, gas and water, sewerage system, telephones and furniture necessary for the Project activities.

(4) Other facilities mutually agreed upon as necessary for the implementation of the Project.

ANNEX VII JOINT COORDINATING COMMITTEES

1. Functions

The Joint Coordinating Committee shall meet at least once a year and whenever the necessity arises, in order to fulfill the following functions:

(1)To approve the annual plan of operation for the Project under the framework of the Record of Discussions.

(2)To review the overall progress of the Project as well as the achievements of the above-mentioned annual plan of operation.

(3) To review and exchange views on major issues arising from or in connection with the Project.

(4) To review the status of coordination and problems if exist in networking between the Project and line –agencies at central and district level.

2. Composition

(1) Chairperson:

Permanent Secretary, MOH (Project Director)

(2) Co-chairperson:

Resident Representative of JICA Zambia Office

(2) Members

a) Zambian Counterparts

- Directorate of Clinical Care and Diagnosis Services, MOH (Secretary)
- Directorate of Planning and Development, MOH
- Directorate of Public Health, MOH
- Representative of National HIV/AIDS/STI/TB Council (NAC)
- Counterparts in ART coordinator of the Directorate of Clinical Care and Diagnosis Services, MOH

b) Japanese side

- Japanese Experts of the Project
- Other Japanese Experts working in the field of HIV and AIDS
- JICA Zambia Staff

c) Other members mutually agreed by both sides

Notes: Representative(s) of the Embassy of Japan in Zambia may attend the Joint Coordinating Committee meeting as observer(s).

MINUTES OF MEETING
BETWEEN
JAPAN INTERNATIONAL COOPERATION AGENCY
AND
AUTHORITIES CONCERNEDOF
THE GOVERNMENT OFTHE REPUBLIC OF ZAMBIA
UPON JAPANESE TECHNICAL COOPERATION
FOR
~~THE INTEGRATED HIV AND AIDS CARE IMPLEMENTATION PROJECT~~
AT DISTRICT LEVEL

Japan International Cooperation Agency (hereinafter referred to as "JICA") exchanged views and had a series of discussions with the authorities concerned of the Republic of Zambia with respect to desirable measures to be taken by JICA and the Government of the Republic of Zambia for successful implementation of the above-mentioned Project (hereinafter referred to as "the Project").

As a result of the discussions, both sides agreed upon the matters in the document attached hereto. This Document is related to the Record of Discussions on the Project, signed on the same date.

Lusaka, 23rd March 2006

Mr. Eiji Inui
Resident Representative,
Japan International Cooperation Agency,
Zambia Office

Dr. Simon. K. Miti
Permanent Secretary,
Ministry of Health
Republic of Zambia

THE ATTACHED DOCUMENT

I. PROJECT DESIGN MATRIX

The Project Design Matrix (hereinafter referred to as "PDM") was elaborated through discussions by JICA and the Zambian authorities concerned. Both sides agreed to recognize PDM as an implementation tool for project management, and the basis for monitoring and evaluation of the Project. The PDM will be utilized by both sides throughout the implementation of the Project. The PDM (Version 1.) is shown in Annex 1.

The PDM will be subject to change within the framework of the Record of Discussions when necessity arises in the course of implementation of the Project by mutual consent.

II. Ex-ante Evaluation Sheet

Both side agrees the Ex-ante Evaluation Sheet which was produced after discussing the project implementation mechanism, such as concerned organizations, personnel, and budget. This sheet is to evaluate the project in terms of the 5 evaluation criteria below, particularly the relevance of the Project and the form of its project design reflected. This sheet is shown in Annex 2.

- Relevance: A criterion to examine whether the expected effects of the project will meet the needs of the intended beneficiaries and provide proper solutions to the problems and issues in the area or sectors concerned, whether the project is consistent with the country's policies, whether the approach of the project is reasonable, and whether the project should be funded by ODA or public money.
- Effectiveness: A criterion to examine whether the implementation of the project will benefit the intended beneficiaries and the target society
- Efficiency: A criterion to examine whether the degree of output will justify the input
- Impact: A criterion to judge the impact of a project, the longer-term, indirect, and ripple effects of the implementation of the project, including unpredicted positive and negative impacts.
- Sustainability: A criterion to examine whether the effects produced by the project are likely to be sustained even after the project completion

ANNEX 1 PDM(Version 1.)
ANNEX 2 Ex-ante Evaluation Sheet

Annex 1 Project Design Matrix (PDM)

Project Name: Integrated HIV and AIDS Care Implementation Project at District Level

Project Period: April 2006- March 2009 (3years)

Target Groups: ❶ PLWHAs (Estimated 29,000 persons[*1]) ❷ DHMTs at district level (About 300 professional staff)

Date: March, 2006

Target Area: Chongwe and Mumbwa Districts

PDM Version_1

Narrative Summary	Objectively Verifiable Indicators[*2]	Means of Verification	Important Assumptions
Overall Goal			
Interventions to improve the HIV and AIDS care services for PLWHAs demonstrated at target districts are introduced in other districts	Number and contents of interventions introduced in other districts	1 Record of Ministry of Health and National HIV/AIDS/STI/TB Council	
Project Purpose			
HIV and AIDS care services[*3] are improved and accessible at target districts	1 Number of death of PLWHAs while on care/ Total number of enrolled PLWHAs	1 Record of district hospitals and health centers	1 HIV/AIDS policy of the Government of Zambia, including free provision of ARV drugs, does not change significantly
	2 Population coverage by HIV and AIDS care services in the targets districts	2 Record of district hospitals and health centers	
	3 Case detection rate of HIV positive (Number of HIV+ detected / Estimated sero plevalence of HIV+)	3 Record of district hospitals and health centers	
Outputs			
1 Access to HIV counseling and testing is improved in order to detect HIV infection more and earlier	1-1 Number of people counseled and tested	1-1 Record of health centers	1 Necessary amount of ARV drugs is available at target districts
	1-2 Persentage of HIV tested among TB ,STI ,ANC clinic	1-2 Record of district hospitals/ referral health centers	
	1-3 Proportion of clinical stage 1 & 2 (WHO criteria) among all the HIV detected	1-3 Record of district hospitals/ referral health centers	2 Concerned non-governmental organizations, including mission hospitals, at districts are cooperative to HIV/AIDS related activities of DHMT
	1-4 Percentage of referred PLWHAs among all the HIV detected	1-4 Record of district hospitals and health centers	
2 District hospitals and referral health centers are strengthened to provide appropriate care services to PLWHAs	2-1 Number of PLWHAs received ART eligibility screening	2-1 Record of district hospitals/ referral health centers	
	2-2 Number of PLWHAs screened with CD4 count	2-2 Record of district hospitals/ referral health centers	3 The political, economic, and social situation is not severely worsened than at the commencing time of the Project
3 Standard ART services are decentralized and scaled-up	3-1 Number of health centers with ART program	3-1 Record of health centers	
	3-2 Number of ART patients	3-2 Record of health centers	
	3-3 Adherence rate of ART is over 95%	3-3 Record of health centers	4 Number of new infection is not increased rapidly
	3-4 Case mortarity rate of ART patients	3-4 Record of health centers	
	3-5 Percentage of health centers having community participation	3-5 Record of health centers	
	3-6 Number of ART patients under DOT	3-6 Record of health centers	
4 Quality of TB and TB/HIV services are improved	4-1 TB Cure (Treatment success) rate	4-1 District Health Office	
	4-2 Number of sputum examination	4-2 District Health Office	
	4-3 Number of case detection of TB	4-3 District Health Office	
	4-4 Percentage of TB patient receiving HIV counseling and testing	4-4 District Health Office	
	4-5 Percentage of PLWHAs receiving TB screening	4-5 District Health Office	
5 Necessary management capacities of DHMTs to strengthen HIV and AIDS care services are enhanced	5-1 Degree of capacity building	5-1 Checklist developed by the Project	
6 Innovative approaches to improve the HIV/AIDS situation are identified through OR	6-1 Number of OR conducted and reported	6-1 Project Report	
7 Networking with concerned organizations is strengthened at central level	7-1 Degree of Networking	7-1 Checklist developed by the Project	

Narrative Summary	Objectively Verifiable Indicators *2	Means of Verification	Important Assumptions
Activities	Inputs		
1-1 To identify and provide training for lay counselors *4	Japanese Side	Zambian Side	1 Frequent transfer of trained personnel at district level does not occur
1-2 To conduct exchange visits for lay counselors	1 Dispatch of experts	1 Assignment of counterpart personnel at central and district level	
1-3 To train more professional counselors	(1) Long-term Expert (3 person)	2 Provision of land, spaces, and other necessary facilities at central and district level	2 Medical technology regarding HIV and AIDS services does not significantly change
1-4 To conduct quarterly review meetings for counselors	Health Administration/Infectious Disease Control, HIV/AIDS Care, Coordinator/Community Participation	3 Allocation of operational costs for the Project	
1-5 To conduct orientation courses on Counseling and Testing at community level			
1-6 To promote Recommended/ Routine Counseling and Testing in health facilities such as TB,STI and Antenetal clinic	(2) Short-term Expert TB/HIV Control, TB/HIV Laboratory, Laboratory quality Asureance , Logistics, Health Management, Advocacy/IEC, OR and others		
1-7 To introduce the Finger Pricking HIV testing in health centers			
1-8 To ensure to refer the HIV detected to the district hospitals/referral health centers	2 Provision of equipment CD 4 Counters, HIV test kits, x-ray machine, Other laboratory equipments, Vehicles, Office equipment, Audio/visual equipment, Computers, and others		
2-1 To install and provide guidance for maintenance for necessary medical equipment, such as x-ray machine, CD4 Counter, and others, at district health centers/ referral hospitals			
2-2 To conduct training for staff of the district hospitals/ referral health centers on HIV/ART management, including prevention and care for opportunistic infections	3 Training of counterparts in Japan and third country (ies) About 1-3 persons/ year		
3-1 To conduct training for community people, such as treatment supporters, care givers, community health workers, and traditional birth attendants	4 Dispatch of study team when necessary		
3-2 To conduct training for clinical staff of health centers on HIV/ART management, including prevention and care for opportunistic infections	5 Allocation of operational costs for the Project		
3-3 To conduct training for staff of the health centers on commodity management			
3-4 To conduct regular supporting supervising visit to health centers and lay counselors by DHMTs			
3-5 To introduce ART/DOT for necessary PLWHAs			
4-1 To conduct training/ sensitization in TB/HIV co-infection management for clinical staff			
4-2 To conduct follow-up of defaulters for both TB and HIV treatment			
4-3 To strengthen DOT strategy for both TB and HIV			
4-4 To upgrade sputum smear examnation of laboratory capacity and quality by quality assurance			

Narrative Summary	Objectively Verifiable Indicators *2	Means of Verification	Important Assumptions
5-1 To ensure that national guidelines for HIV and AIDS care are available and followed by DHMTs			
5-2 To improve communication, referral, and transportation systems among health facilities			
5-3 To conduct training for DHMT staff to improve necessary management skills for strengthening HIV and AIDS care services, such as performance assessment, monitoring and evaluation, District Integrated Logistic Assessment Tool, and technical support			
5-4 To develop HIV/ART/TB planning system			
5-5 To conduct experience sharing meetings between pilot districts			
6-1 To conduct baseline, follow-up, and end-line surveys for OR			
6-2 To plan and implement OR in collaboration with concerned organizations			Pre-conditions
6-3 To monitor and evaluate the progress and findings of OR			1 Project concept, and roles and responsibilities of project stakeholders are shared and clearly understood among them
7-1 To conduct Taskforce Meeting quarterly			
7-2 To conduct periodical sharing workshop bi-annually			

*1 Estimated Adult Positive Population in 2005 includes only the population from which the Zambia Demographic Health Survey derived the prevalence rate - men (15-59) and women (15-49)

*2 Indicators must be quantified within a month after the commencement of the Project

*3 HIV and AIDS services include counseling (including prevention and social support), testing for ART eligibility by CD4 counting/immunology/ bio-chemistry/ x-ray, and prevention and care of opportunistic infections for both ART eligible and non-eligible PLWHAs, and ART services for ART eligible PLWHAs

*4 Lay counselors are defined as community people, such as community workers and volunteers, who don't have professional medical background

Abbreviation:
ART: Anti-Retroviral Treatment, ARV: Anti-Retroviral, DHMT: District Health Management Team (including District Health Offices, District Hospitals, and Health Centers), DOT: Directly Observed Treatment, OR: Operational Research, PLWHA: Person Living With HIV/AIDS

Ex-ante Evaluation Sheet (Technical Cooperation Project)

Date: 21st March 2006

Division in Charge: JICA Zambia Office

1. Project Title: Integrated HIV and AIDS Care Implementation Project at District Level

2. Project Background

(1) Overview of the Project

The project aims to improve the quality and accessibility of HIV and AIDS care services in two target districts by strengthening the existing public healthcare service system. Project activities are to detect HIV-positive persons and provide Persons Living With HIV/AIDS (PLWHAs) with appropriate care service, including Antiretroviral Treatment (ART), at district and community levels.

(2) Period of Cooperation

April 2006 – March 2009 (3 years)

(3) Total Amount of Cooperation (Japanese Side)

Approx 350 million yen

(4) Implementing Agency

Ministry of Health, Republic of Zambia

(5) Supporting Agency in Japan

The Research Institute of Tuberculosis (JATA/RIT), Japan Anti-Tuberculosis Association etc

(6) Beneficiary Groups

① PLWHAs (Estimated 29,000 persons *1) at Chongwe District and Mumbwa District

② District Health Management Team (DHMT) staff of Chongwe District and Mumbwa District (About 300 professional staff)

*1 Estimated Adult Positive Population in 2005 includes only the population from which the Zambia Demographic Health Survey derived the prevalence rate of men (15-59) and women (15-49)

(Zambia Demographic and Health Survey 2001-2002)

3. Outline of the Project

(1) Current Situation and Challenges

Zambia has been severely hit by the pandemic of HIV/AIDS with the adult HIV infection rate of 16.5 % at the end of 2003, which is much higher than the world average (1.1%) and the average of Sub-Saharan African countries (7.5%). The socio-economic development of the country has been hindered by the ravages of the disease through the loss of human resources in all sectors.

(2) Relation to National Policy of Zambia

The Zambian government has been strengthening its effort to expand care services to PLWHAs, including introduction and free provision of ART, with increasing levels of support form external funding agencies, such as President Bush's Emergency Plan For AIDS Relief (PEPFAR) and Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM). However, the effort of the government to provide PLWHAs with the right care at the right time has been constrained by the insufficient institutional capacity and coordination among healthcare facilities. The government pledged the '3 by 5 Initiative' , a global effort to provide ART to three million people in developing and transitional countries by the end of 2005, and made it a goal

to ensure access to 100,000 PLWHAs by the end of 2005. However, the work of the government has languished as only 33,000 had access to ART as of September 2005. Given the urgent need to ensure the access to care services for PLWHAs, the government is eager to develop approaches to expand the services through strengthening the existing public healthcare system. It expressed the intention to expand HIV testing and treatment facilities to all 72 districts and as close to the household as possible in the draft of Fifth National Development Plan for 2006-2011 released in October 2005. This project aims to develop a model to expand HIV and AIDS/TB care services at the district level. Thus the scope of the Project matches the HIV/AIDS control policy in Zambia.

(3) Relation to Official Development Assistance of Japan

The government of Japan has been supporting the fight against HIV/AIDS in Zambia through the implementation of technical cooperation projects, provision of HIV rapid testing kits, dispatch of experts, Japan Overseas Cooperation Volunteers Program (JOCV) and others. Prevention and care of infectious diseases including HIV/AIDS is categorized as a major sector in the policy dialogue between Japan and Zambia. As the HIV/AIDS problem is, and will continue to be, a major threat to the socio-economic development of Zambia, it makes sense to continue the assistance to the HIV/AIDS sector in Zambia. The Project is expected to be a core project of JICA's "Programme on Support for Measures against HIV/AIDS and Infectious Disease in Zambia" and to be effectively implemented in link with other cooperation, such as dispatch of Japanese experts and JOCV volunteers.

4. Cooperation Framework

(1) Objective of Cooperation (Outcome)

① **Project Purpose: HIV and AIDS care services*2 are improved and accessible at target districts**

*2 HIV and AIDS services include counseling (including prevention and social support), testing for ART eligibility by CD4 counting/immunology/ bio-chemistry/ x-ray, and prevention and care of opportunistic infections for both ART eligible and non-eligible PLWHAs, and ART services for ART eligible PLWHAs

<Indicators>

- Number of death of PLWHAs while on care/ Total number of enrolled PLWHAs
- Population coverage by HIV and AIDS care services in the targets districts
- Case detection rate of HIV positive (Number of HIV+ detected / Estimated sero prevalence of HIV+)

Indicators for Project Purpose, Overall Goal, and Outputs will be quantified within a month after the commencement of the Project based on the discussion at district level.

② **Overall Goal: Interventions to improve the HIV and AIDS care services for PLWHAs demonstrated at target districts are introduced in other districts**

<Indicator>

- Number of interventions by types introduced in other districts

2

(2) Project Output

① **Output 1: Access to HIV counseling and testing is improved in order to detect HIV infection more and earlier**

<Activities>

1-1.To identify and provide training for lay counselors

1-2.To conduct exchange visits for lay counselors

1-3.To train more professional counselors

1-4.To conduct quarterly review meetings for counselors

1-5.To conduct orientation courses on Counseling and Testing at community level

1-6.To promote Recommended/ Routine Counseling and Testing in health facilities such as TB, STI and antenatal clinic.

1-7.To introduce the Finger Pricking HIV testing in health centers

1-8.To ensure to refer the HIV detected to the district hospitals/referral health centers

<Indicator>

- Number of people counseled and tested
- Percentage of HIV tested among TB , STI and antenatal clinic
- Proportion of clinical stage 1 & 2 (WHO criteria) among all the HIV detected
- Percentage of referred PLWHAs among all the HIV detected

② **Output 2: District hospitals and referral health centers are strengthened to provide appropriate care services to PLWHAs**

<Activities>

2-1. To install and provide guidance for maintenance for necessary medical equipment, such as x-ray machine, CD4 Counter, and others, at district health centers/ referral hospitals

2-2. To conduct training for staff of the district hospitals/ referral health centers on HIV/ART management, including prevention and care for opportunistic infections

<Indicators>

- Number of PLWHAs received ART eligibility screening
- Number of PLWHAs screened with CD4 count

③ **Output 3: Standard *3ART services are decentralized and scaled-up**

<Activities>

3-1. To conduct training for community people, such as treatment supporters, care givers, community health workers, and traditional birth attendants

3-2. To conduct training for clinical staff of health centers on HIV/ART management, including prevention and care for opportunistic infections

3-3. To conduct training for staff of the health centers on commodity management

3-4. To conduct regular supporting supervising visit to health centers and lay counselors by DHMTs

3-5. To introduce ART/DOT for necessary PLWHAs

3

<Indicators>

- Number of health centers with ART program
- Number of ART patients
- ART adherence rate over 95%
- Case mortality rate of ART patients
- Percentage of health centers having community participation
- Number of ART patients under DOT

*3 Standard ART services; implementation of ART/DOT and /or ARV drugs refilling at nearest health facilities

④ ~~Output 4: Quality of TB and TB/HIV services are improved~~

<Activities>

4-1. To conduct training/ sensitization in TB/HIV co-infection management for clinical staff

4-2. To conduct follow-up of defaulters for both TB and HIV treatment

4-3. To strengthen DOT strategy for both TB and HIV

4-4. To upgrade sputum smear examination of laboratory capacity and quality by quality assurance

<Indicator>

- TB Cure (Treatment success) rate
- Number of sputum examination
- Number of case detection of TB
- Percentage of TB patients receiving HIV counseling and testing
- Percentage of PLWHAs receiving TB screening

⑤ **Output 5: Necessary management capacities of DHMTs to strengthen HIV and AIDS care services are enhanced**

<Activities>

5-1. To ensure that national guidelines for HIV and AIDS care are available and followed by DHMTs

5-2. To improve communication, referral, and transportation systems among health facilities

5-3. To conduct training for DHMT staff to improve necessary management skills for strengthening HIV and AIDS care services, such as performance assessment, monitoring and evaluation, District Integrated Logistic Assessment Tool, and technical support

5-4. To develop HIV/ART/TB planning system

5-5. To conduct experience sharing meetings between pilot districts

<Indictor>

- Degree of capacity building

⑥ **Output 6: Innovative approaches to improve the HIV/AIDS situation are identified through Operational Research (OR)**

<Activities>

6-1. To conduct baseline, follow-up, and end-line surveys for OR

6-2. To plan and implement OR in collaboration with concerned organizations

6-3. To monitor and evaluate the progress and findings of OR

4

<Indictors>

- Number of OR conducted and reported

⑦ **Output 7: Networking with concerned organizations is strengthened at central level**

<Activities>

7-1. To conduct Taskforce Meeting quarterly

7-2. To conduct periodical sharing workshop bi-annually

<Indictors>

- Degree of networking

(3) Input

① **Japanese Side (Total: approx 350 million yen)**

- Personnel

  Long-term Experts 3 persons (Health Administration/ Infectious Disease Control, HIV/AIDS Care, Coordinator/ Community Participation)

  Short-term Experts About 3-6 persons/ year (TB/HIV Control, TB/HIV Laboratory, Laboratory quality assurance, Logistics, Health Management, Advocacy/IEC, OR and others)

- Equipment

  CD 4 Counters, HIV test kits, X-Ray and other laboratory equipment, vehicles, office equipment, Audio/visual equipment, computers, and others

- Dispatch of Trainees to Japan and third country (ies)

  About 1-3 persons/ year

- Operational costs for the project

② **Zambian Side**

- Counterpart at central and district level
- Land spaces and other necessary facilities at central and district level
- Operational costs for the project such as medicines including antiretroviral drugs, medical consumables, office utility cost, and others

(4) Important Assumptions

1) Pre-conditions

- Project concept, and roles and responsibilities of project stakeholders are shared and clearly understood among them.

2) Assumptions to achieve Outputs

- Frequent transfer of trained personnel at district level does not occur.
- Medical technology regarding HIV and AIDS services does not significantly change.

3) Assumptions to achieve Project Purpose

- Necessary amount of ARV drugs is available at target districts.
- Concerned NGOs, including mission hospitals at districts, are cooperative to HIV/AIDS related activities of the DHMT.

5

- The political, economic, and social situation is not severely worsened than at the commencement time of the Project.
- The number of new infection rate does not increase rapidly.

4) **Assumptions to achieve Overall Goal**

- HIV/AIDS policy of the Government of Zambia, including free provision of ARV drugs, does not change significantly.

All assumptions are likely to be satisfied. However, the future provision of sufficient antiretroviral drugs at national level is still uncertain and it should be monitored through Project Task Force.

5. Results of Evaluation

In view of the evaluation results based on the following five criteria, the implementation of the project is relevant and recommended.

Relevance

- The socio-economic development of Zambia has been hindered by the ravages of the disease through the loss of human resources in all sectors. It is relevant to support the mitigation of the HIV/AIDS impact in Zambia not only in terms of humanitarian assistance and healthcare development but also in terms of socio-economic development.
- As mentioned in "3. Outline of the Project (2) and (3)" of this ex-ante evaluation sheet, the scope of this Project is consistent with the needs in Zambia and official development assistance policy of Japan.
- Japan's accumulated experience in appropriate medical technology and strengthening the healthcare system through the implementation of TB control projects and cooperation with HIV/AIDS projects in Zambia can be utilized for effective and efficient implementation of the Project.
- A framework for effective donor coordination for each development subject in the healthcare sector has been established in Zambia. JICA is a member of a leading donor group in HIV/AIDS along with Centers for Disease Control and Prevention (CDC, USA), World Bank, WHO, and UNAIDS. The Project is expected to contribute to strengthening the initiative of Japan in the subject. It is also expected to contribute to overall HIV/AIDS control in the nation by sharing with other donor agencies the effects of fresh approaches of the Project, such as introduction of Finger Pricking HIV testing [*4] at health centers, appropriate care for ART non-eligible PLWHAs, and linkage with TB and HIV/AIDS.

  [*4] Finger Pricking HIV Testing: Rapid blood sampling method without using venous blood
- The Project has been designed with the participation of stakeholders through formation of Project Task Force whose members are Ministry of Health, JICA Zambia Office, and other concerned organizations. Project formulation has also been done through discussion in the Project Cycle Management (PCM) Workshop in which concerned persons from target districts took part. Therefore, it is fair to say that the needs for the intervention at national level and problems and necessary countermeasures at district level have been sufficiently reflected in the project design.
- Two target districts, Chongwe District and Mumbwa District, have been selected by the following five criteria: 1) Accessibility, 2) Number of targeted PLWHAs with access to ART as projected in the ART scale-up

6

upgrading implementation plan, 3) Commitment of district health staff and local authorities to enhancing access to ART, 4) Existence of a government hospital as contact base, and 5) Interventions supported by other donor agencies. Though HIV infection rates are not notably higher in these districts than in others, it is fair to say that the selection of the districts is rational in terms of model development. Chongwe District is a target of African Village Initiative (AVI) and the implementation of the project at the district can be integrated with other interventions to develop a model for human security. Number of districts targeted by the Project is justified by considering activity and scale of the project, necessity for urgent and comprehensive implementation of the activities, and development of model by close monitoring and technical support.

Effectiveness

To improve the quality and accessibility of HIV/AIDS care services (Project Purpose), it is necessary to detect the HIV-positive persons at an early clinical stage (Output 1) and provide appropriate care services at district level (Output 2) and community level (Output 3). Moreover, it is important to focus on TB/HIV double infections based on the fact that more than half of TB patients are estimated HIV positive and that PLWHAs tend to be infected with TB (Output 4). It is also necessary to enhance the management and coordination capacity of healthcare facilities (Output 5) and strengthen the network at central level for policy and technical support and procurement of anti-retroviral drugs (Output 7). Furthermore, introduction and study of fresh approaches under Operational Research also contribute to the effective provision of HIV and AIDS care services (Output 6). As explained above, the Project Purpose is logically set based on the well-structured Project Outputs.

■ This project aims to provide CD4 counting and other necessary services at district health hospitals/ referral health centers as well as to provide HIV testing and antiretroviral drugs at about 50 health centers in two target districts. It would not be easy to achieve the aim. Currently more than 30 public health facilities provide CD4 counting services in the country and only 4 facilities provide antiretroviral drugs at the two target districts. However, as the commitment level of district health staff is high and as concerned persons, including Japanese experts, can provide close monitoring and technical support to the limited districts, the realization of the project purpose is considered feasible.

Accessible and reliable indicators of the Project Purpose were set in the PCM workshop mainly by the participants from the districts who themselves will collect the information after the start of the Project. It is necessary to quantify the indicators based on further discussion among concerned staff at district level.

Efficiency

Project activities are developed to achieve each Output, which are logically set to realize the Project Purpose as explained above. It is necessary to further discuss at district level to scrutinize the activity plan in terms of scale, schedule, and priority before the commencement of the Project.

This Project is designed to expand the HIV testing and care service, including ART, at community level through strengthening the existing healthcare service system. As close monitoring and technical support by Japanese experts are essential for effective implementation of the Project, dispatch of 3 long-term Japanese experts is appropriate. The total budget of the Project, approx 350 million yen for 3 years, is also justified based on the comparison with other community-based healthcare projects.

■ Dispatch of short-term Japanese experts in 8 professional fields is planned with the average of 6 experts per

7

year. It is necessary to study whether the utilization of local resources and third country experts in place of Japanese experts is feasible for efficient implementation of the Project.

The Project is designed to provide the care service efficiently with the limited human resources at district health facilities by introduction of a referral system and appropriate medical equipment to reduce the burden of health staff.

- The WHO Zambia Office, which has been involved in the formulation of the Project, has expressed an interest in supporting the Project by funding parts of project activities, such as training and Operational Research. Such cooperation will lead to the efficient implementation of the Project as well as the promotion of the coordination among donors. The cost sharing of the Project by the Zambian side is also high as anti-retroviral drugs and reagents for FBC and CD4 are being procured by the government of Zambia through the international support.

Impact

- Experience of the Project in improving the quality and accessibility of the HIV and AIDS care services at district level (Project purpose) will be shared at the national level through Project Task Force and introduced at other districts (Overall Goal). Furthermore, the Project may also contribute to the universal access of HIV/AIDS care services and standard HIV care as close to patients as possible at the national level in the long run through the introduction of project approaches at other districts.
- The Project activities include implementation of Operational Research and networking at the national level. In other words, the mechanism to share the effect of the project approaches with concerned persons at the national level and, eventually to introduce at other districts even before the completion of the Project, is incorporated in the project design.
- Improvement of PLWHAs' health by the project intervention which introduces integrated system from diagnosis to treatment, care and support is expected to lead to the mitigation of stigma and increase in the number of people tested for HIV. Such improvement is also expected to help generate positive socio-economic impacts, such as increase in household income, contribution to the local economy, decrease of orphans, and others.
- The burden of the district hospitals/ referral health centers will increase immediately after the project intervention because of an increased number of referred PLWHAs from health centers. However, the burden of the district hospitals/ referral centers will decrease in the long run by the improved health of PLWHAs. By strengthening the existing public health facilities, the Project is also expected to contribute to overall improvement of healthcare services in the districts.
- The Project expects detecting HIV-positive people at health centers and putting these detected PLWHAs in the appropriate care system through coordination between health centers and districts hospitals/referral health centers. However, if the number of PLWHAs referred to the district hospitals/ referral health centers rapidly increases beyond the capacity of facilities to provide appropriate care services, these facilities may lose the trust of the people. It may not only prevent the realization of the Project Purpose but also produce a negative impact on the overall healthcare service system in the districts. Thus it is necessary to further examine and thoroughly discuss the project activities in terms of interrelations among activities, schedule, scale and priority before the commencement of the Project. It will be appropriate to focus on strengthening the functions of district hospitals/ referral health centers for a certain period after the start of the Project.
- The expansion of ART will occur even without the Project, the intervention of the Project is unlikely to worsen

8

the situation. However, there is a risk that poorly designed and unprepared scale-up of ART may cause the emergence of a drug-resistant virus.

Sustainability

- As the government of Zambia recognized the fight against HIV/AIDS as one of the most important strategies for the nation's socio-economic development, the care service for PLWHAs, including ART, is expected to continue being promoted after the completion of the Project as it will be integrated into the existing ART expansion programme in the country.
- The estimated cost of basic ART prescription is US$ 300 per person per month. Given the poor economic status of Zambia, it is unrealistic to expand and maintain high expense of the ART service for the PLWHAs by the national budget. Therefore, support from the international donor community is absolutely needed to procure the anti-retroviral drugs for years. Effective and efficient expansion of the ART program in Zambia, by the contribution of the Project and other interventions, is expected to enhance the trust of international donor agencies and help secure the stable provision of the drug in the country.

The Project focuses on improvement of HIV and AIDS care services by the capacity building of healthcare staff members. Drain of the trained staff to labor markets abroad remains a possibility. However, the effect of the training and capacity building during the project period is expected to last even after the completion of the Project because the transfer of the staff at health facilities in target districts is rare.

6. Considerations for Poverty, Gender, and the Environment

- Improvement of health by the project intervention is expected to enable PLWHAs to work and improve their economic status.
- Poor PLWHAs who tend to have limited access to the healthcare facility are expected to benefit from the expansion of services at the health center level. Women, who have more difficulties than men in leaving their houses due to household chores for long time, are especially likely to benefit from such expansion of services.
- The HIV counseling/ testing and care services for pregnant women will be promoted by the Project and reduce HIV infection of babies.

<Human Security>

The Project will contribute to the establishment of society where each person can live with dignity through the improved care service to PLWHAs, and it bears directly upon the concept of human security promoted by the government of Japan. The Project is related to JICA' s all seven perspectives to support human security. Particularly following 3 perspectives are met by the Project.

Reaching those in need through a people-centered approach

Focusing on the most vulnerable people, whose survival, livelihood and dignity are at risk

Working with both governments and local communities to realize sustainable development

7. Lesson Learned from Similar Projects in the Past

- The operational research by the "HIV/AIDS and Tuberculosis Control Project (2001-2006) ", a JICA technical cooperation project, has been accumulating lessons for the promotion of ART at community level

using TB DOTS as an entry point. The experience of the operational research will be utilized in the Project. The Project also monitors the fresh activities, such as introduction of Finger Pricking HIV testing, as Operational Research to give feedback to the project activities.

- Dynabeads CD4 count, which is relatively inexpensive compared with other methods, has been introduced by the Zambian government upon the advice of the "HIV/AIDS and Tuberculosis Control Project" mentioned above. The Project plans to introduce the same method for CD4 count in target districts.

8. Evaluation Plan

- Mid-term Evaluation: 1.5 year after the commencement of the Project
- Final Evaluation: 6 month prior to the Project completion
- Post Evaluation : 3 year after the completion of the Project

10