

1. Definition of Evaluation and the Target

1-1. Definition

1. Evaluation is an assessment, as systematic and objective as possible, of an ongoing or completed project, programme or policy, on its design, implementation and results. The aim is to determine the relevance and fulfilment of the objectives, effectiveness, development efficiency, impact and sustainability. An evaluation should provide information that is credible and useful, enabling the improvement of the situation based on recommendations and incorporation of lessons learned into the project, programme or policy design process by both the recipients and donors.

1-2. Evaluation Targets

2. The evaluation target includes all activities in the Technical Cooperation Project on Strengthening People Empowerment against HIV and AIDS in Kenya (hereinafter referred to as “the SPEAK Project”) commenced in July 2006. The status of the Project’s collaboration with Kenyan authorities related to the national HIV & AIDS programme, as well as stakeholder relationship was also looked into so that the structure of the Project could be analysed within the wider contexts of national programme against HIV & AIDS prevalence.

1-3. Evaluation Team

3. This evaluation was conducted as a mid-term exercise in line with the Record of Discussions (R/D) on the Project. In order to assure the coherence, transparency and logic, the evaluation processes were monitored both by Japanese and Kenyan professionals assigned to the evaluation. The evaluation was conducted jointly by JICA and NASCOP through a team whose membership is attached hereto as annex 1

2. Background

2-1. Introduction – from project formulation to the current status –

4. HIV and AIDS continue to be one of the priority target public health problems by the Government of Kenya. According to the KNASP (2005/6 ~ 2009/10), Kenya is implementing a successful multi-sectoral response to HIV/AIDS. Overall prevalence rates are falling, voluntary counseling and testing services are increasingly widely available, and a growing proportion of Kenyans are aware of their HIV status.

5. However, progress cannot be taken for granted; enormous challenges remain. The rate of new infections remains unacceptably high, and there are major differences in the risk of infection faced by different population groups; the youth being among such groups.

6. The Government of Kenya (GOK) therefore established the National AIDS Control Council (NACC) in 1999 to spearhead the national response and serve as the main GOK coordinating body. GOK through NACC implemented a comprehensive multi-sectoral national strategy in the fight

against HIV/AIDS, National Strategic Plan on HIV/AIDS, 2002 ~ 2005. The strategy included institutional, legal and programmatic reforms. The Government established a cabinet sub-committee on HIV/AIDS, chaired by H.E. the President and restructured NACC. It also promulgated a bill on HIV/AIDS that was enacted into the HIV and AIDS Prevention and Control Act, 2006 to provide to an explicit legal framework for the national response. At the same time, GOK committed to continue its focus on the prevention of new HIV infections among the 90% of Kenyans who were not infected.

7. Kenya's Investment Programme of the Economic Recovery Strategy for Wealth and Employment Creation (2003 ~ 2007), otherwise known as the IP-ERS, states in chapter 4 that; " the primary objective of the health sector reform process is to enhance accessibility and affordability of quality basic health services for all Kenyans with special emphasis on the poor and vulnerable. Formidable challenges in the sector make the achievement of this objective an uphill task. These include the emergence and re-emergence of some diseases such as HIV/AIDS, tuberculosis and drug-resistant malaria, which have increased the disease burden and the increasing poverty level" The IP-ERS went further to highlight the target of the Ministry of Health to reduce HIV prevalence by 10% over the strategy period. The KNASP 2005/6 - 2009/10 sets out national policies and priorities; its three main pillars are prevention, quality of life of people infected and affected (incorporating care, treatment and protection of human rights) and impact mitigation.

8. In line with these policy and strategic objectives, the SPEAK Project commenced on the 1st of July 2006 as a three year technical cooperation project between the Government of Kenya and the Japan International Cooperation Agency (JICA). Its purpose is to annually increase the number of Kenyans (especially the youth aged 15 ~ 24 years in southern Rift Valley and Nyanza provinces) tested for HIV. The overall goal is to change people's behaviour to the risk of HIV infection through promotion of HIV testing.

9. The mid-term evaluation is intended to monitor the progress of the Project and summarize both the achievements and constraints inherent in the implementation. The findings of the mid-term evaluation study are expected to provide some ideas or guide on how the ongoing implementation process of the Project can be adjusted in the latter half of the Project to achieve the desired results.

10. The monitoring and evaluation in the mid-term, the Project is expected to obtain some recommendations to adjust the ongoing implementation process for the latter part of the Project period until termination in June 2009.

2-2. Methodology of Evaluation

11. The Project Cycle Management (PCM) method was applied for the evaluation. The evaluation is conducted by comparing the design and outcomes of the Project using the 5 evaluation criteria: relevance, effectiveness, efficiency, impact and sustainability. The evaluation team used an initial Project Design Matrix (PDM) as revised at the 1st JCC in July 2007 as a guide to conduct the mid-term evaluation.

12. As a table of evaluation work plan, the team produced an evaluation grid. For each of the above criteria, evaluation questions were set and method of data collections was decided.

13. For this study, both quantitative and qualitative methods of data collection were employed. For the quantitative data, a data collection form with a format following the PDM was developed through which NASCOP reported the Project achievements. The qualitative data collection included individual interviews with the concerned personnel of the Project and relevant document reviews. In addition, a series of focus group discussions were held with PASCOS/DASCOS from several districts and provinces. The Joint Co-ordination Committee (JCC) was held at the final stage of the evaluation study to share the results and recommendations from the evaluation exercise.
14. Further details of the evaluation's methodology and scheduling are provided in the Annexes.

2-3. Criteria for Evaluation

15.

Relevance: An overall assessment of whether the project purpose and overall goal are in keeping with Japan's and the Kenya's policy and with the needs and priorities of the target group and beneficiaries.

Effectiveness: A measure of whether the project purpose has been achieved. This is then a question of the degree to which the outputs contribute towards achieving the intended project purpose.

Efficiency: the productivity of the implementation process. A measure of the production of outputs (results) of the Project in relation to the total resource inputs, In other words, how economically the various inputs were converted into outputs.

Impact: The positive and negative changes produced directly and indirectly as the result of the Project, which is foreseen and unforeseen consequences for society, including the extent of the prospect of the achievement of the overall goal.

Sustainability: An overall assessment of the extent to which the positive changes achieved by the Project can be expected to last after the completion of the Project.

3. Record of Evaluation Procedures

3-1. Review on the Narrative Summary of the Project in the original PDM

16. Assessment of the original PDM was carried out through discussion among the team members and a resident expert of the Project. This Process provided the basis for drawing some of the results of the evaluation study.
17. The narrative summary of the Project was prepared from the PDM for evaluation as below to devise evaluation questions along the five evaluation criteria which are shown in the Annex.

Overall Goal:

Peoples' behavior to the risk of HIV infection is changed by HIV testing promotion

[Indicators]:

- (a) Peoples' risky behavior to HIV infection decreases

Project Purpose:

To annually increase the number of Kenyans (especially the youth aged 15~24 years in southern Rift Valley and Nyanza provinces) tested for HIV

[Indicators]:

- (a) In southern Rift Valley and Nyanza provinces, the number of people especially the youth aged 15~24 years who tested for HIV increases by 10%.

Outputs:

(1) System for monitoring and evaluation on HIV testing is reinforced

[Indicators]:

- (a) Reporting rate for HIV testing services increases to over 90% by June 2009

(2) Capacity of assessment and planning on HIV testing promotion at central level is enhanced

[Indicators]:

- (a) At least one (1) national guideline, manuals, standard operating procedures and/or other publications are published by June 2009

(3) Correct knowledge on HIV/AIDS that enables people to avoid new HIV infection is distributed by mass media and other way

[Indicators]:

- (a) In the target area of the radio program, 3% of the people who listen to the program take an HIV test by June 2009

(4) Quality HIV testing service is provided at VCT centre and any other clinical settings

[Indicators]:

- (a) 40% of registered VCT sites have applied for national accreditation by June 2009
 (b) 30% of the VCT sites that applied for national accreditation are been accredited by June 2009

Inputs**Japanese side:**

- Dispatch of Japanese Experts: - Chief Technical Adviser/Monitoring and Evaluation (Long term)
 - Project Coordinator/BCC (Long term)
 - Social Marketing (Long/short term)
 - HCT service (Short term)

Provision of equipment:	- Equipment for Project operation (vehicle, computer etc) - Others
Operational costs:	- Local activity costs
Others	- Training (In-country etc) - Local Consultant and NGO (sub-contracting)
Kenyan side	
Assignments of suitable counterparts	- NASCOP/Ministry of Health and other relevant departments - PASCOS, DASCOS
Accommodation	- Salaries to staff of NASCOP etc - Operation and running costs - Project office - Drivers - Sites for training

3-2 Evaluation Questions and the Assessment Result

19. Based on the above summary of the content of PDM and actual activities conducted in details, the assessment was carried out on relevance, effectiveness, efficiency, impact and sustainability of the Project. Referring to the indicators set up in the PDM and evaluation criteria, various evaluation questions were set for information collection and compiled as questionnaires and interview guides. These discussions served to verify the results of the questionnaire survey as well as deepen insights into the Project implementation so far.

20. The results were thereafter summarized and assessed by the Team. The information related to the above five criteria of evaluation were then extracted from the collected data and summarized as the "Evaluation based on the Five Criteria" combined with the result of field survey.

4. Evaluation Approach

4-1. Project Performance

Verification of the Implementation Process

Progress of the Activities and Monitoring

21. The Project has been implemented based on the R/D, the initial version of PDM (PDM₀) and the revised version of PDM of July 2007 (PDM₁). There are no significant gaps that have so far been observed as compared to the PO. However, it is slightly difficult for the Project to forecast the long term trend of activities due to periodic changes in the overall direction of NASCOP and its partners'

HIV prevention programs. The VCT component is on track whereas there needs to be some level of focus on the BCC component especially with regards to setting up of a regular monitoring system. Another area whose implementation needs to be stepped up is the development of materials to reinforce trained counselors. However, whenever the Project direction faces any changes or is imposed with some level of activity delays, the implementation schedules are being adjusted accordingly.

As regards Project monitoring, there are various forums where meetings are held to monitor the progress. The routine departmental meetings at NASCOP as well as steering committee and JCC are examples of such opportunities. The departmental meetings generally reviewed progress and work plans. Implementation was improved through learning from the lessons and making amendments where necessary along the way. There were other useful meetings in which the Project participated to monitor and inform progress among them the following;

1. HCT Policy Development/ Technical Working Group
2. NQAT
3. NQAT/Sub-committees and its working groups e.g. Mobile, Young People and VCT etc
4. TAP for BCC
5. National CT Week/ TWG and High Level Committee
6. MCG1 of NACC
7. Joint Annual Program, Review of HIV/AIDS

In addition to these, three steering committee meetings and one JCC have been held by the Project. The JCC reviewed the framework of the Project and the revised the PDM at its first sitting. Other issues discussed at that meeting were the major achievements of the Project, progress assessment by the indicators and work plan for the subsequent year.

Progress of Inputs

22. The implementing agency (NASCOP) and JICA actually provided the following inputs in line with the PDM for implementation of the Project activities.

Inputs from Japanese side <1st July 2006 ~ 31st January 2008>

- * Assignment of Long term Experts;
 - Chief Adviser/M&E
 - Project Coordinator/BCC/IEC
- * Assignment of Short term experts;
 - N/A
- * Opportunities for Counterparts' training <in Kenya >;
 - 263 provincial and district staff on M&E tools
 - 110 laboratory technicians/technologists on support supervision and basic VCT
- * Provision of equipment for Project operation;

- Vehicles: 3 4WD
- PCs: 12 units
- Office desk, cabinets, safe, water dispenser, shredder @ KES 102,727
- *Support to Local Activity Cost
- JFY 2006: KES 14,064,515.50
- JFY 2007: KES 17,590,254.27
- <Total: KES 31,654,769.77>

Inputs from Kenyan Side

* Counterpart Staff;

- 8 key personnel at NASCOP headquarters (in the fields of project management, HCT Manager, VCT Coordinator, PITC Coordinator, M&E Manager, Programme Officer for VCT M&E, Social and Communications Manager and Program Officer for Blood Safety/VCT)
- PASCOs and DASCOS

* Operational and running costs in 2006/7 <planned for 2007/8>;

- Water supply/cleaning services and other utilities: KES 1,041,390 <313,410>
- Electricity <1,445,331>
- Courier, telephone, internet and facsimile services: KES 1,170,540 <1,567,050>
- PC maintenance: KES 1,041,390 <313,410>
- Office supplies and welfare: KES 2,709,000 <2,559,515>

*Office space;

*Staff salaries;

Verification of Achievements

Contribution to Output 1: Reinforcement of the M&E system

23. Tangible progress has been made in the integration and roll out of M&E tools through provision of training (TOT) for 263 personnel at the district levels on the new integrated M&E tools (MOH 726/727). However, there were no training activities implemented at facility levels to support data collection and preparation. This facility level training was agreed to be conducted by USAID/APHIA II projects. In this regard, 100 copies of MOH 727 were printed and distributed nationwide as well as 10,800 copies of VCT recording/QA/reporting tools of 7 kinds and 222,500 VCT Client Cards. In addition, the 24 DHR/IO that were trained on capturing VCT client data were followed up with technical support at their work stations. The target reporting rate of Q3 of 2007 was 75% whereas the achievement was 85.5%. The reporting rate has since risen to 86.1% as at the time of this evaluation.

Contribution to Output 2: Promotion of the capacity of assessment and planning at central level

24. Operating as part of NASCOP, the Project has greatly contributed to the capacity building for NASCOP in developing policy and operational guidelines. On the other hand, NASCOP has demonstrated a good sense of leadership and participation in the process. The Project provided

technical guidance to the process through development of terms of reference, scope of work etc, whereas the actual drafting was done by the counterparts and a consultant hired by the Project.

As a result, the draft HIV counseling and testing national policy guidelines and operational manuals for mobile VCT services were developed. The operational manual for Young People and VCT was also drafted and currently under review. In addition, technical work was done towards integrating HCT related guidelines as well as other efforts towards improvement of national level coordination through the ICC and MCGs under NACC among other structures.

Contribution to Output 3: Dissemination of correct knowledge on HIV/AIDS

25. Since the launch of the BBC Swahili Service radio programme Kimasomaso under the auspices of the Project, the programme has gone on air virtually every week as scheduled without any repetition in programmes. As at the time of the evaluation, a total of 44 'Kimasomaso' radio programmes (as of 1st of February) had been broadcast on the BBC Swahili Service and replayed on several local partner stations. In addition, nine (9) radio producers from seven (7) local radio stations were trained from which 22 radio spots (as of 1st of February) were produced in 4 local languages. These were played out on five local partner radio stations.

26. However, there was some level of misunderstanding on the scope of coverage of the radio programme and how the output indicator would be measured. This made it difficult for the Project to establish a systematic monitoring system; hence the audience reach and effect of the programme have not been grasped adequately. It was evident through the mid term evaluation study that planning and production of the radio programme, Kimasomaso; was perhaps one of the most challenging tasks of the Project. This component being a media campaign on HIV/AIDS is delivered by a radio broadcasting company, an entity totally outside the sphere of operation of NASCOP. Therefore, besides delivering on the output in the framework of the Project, BBC WST has its own editorial policy and broadcasting interests that need to be balanced with the expectation from the Project side. Although the involvement of the Project counterparts was rather limited especially at the activity planning stages, the Project continues to make efforts to bring them on board through technical advisory panel meetings and topic selection discussions.

Contribution to Output 4: Provision of quality HIV testing services at VCT

27. In the aim to strengthen the national VCT accreditation, through the Project's intervention 285 sites out of 725 registered and eligible VCT sites applied for national accreditation. The target for Q3 in 2007 for application was 37% while the achievement recorded in the period was 39.3%. On the other hand, 37.2% of the applicant sites passed the accreditation as compared to the target of 30%. The overall targets for the Project on VCT site application and passing of accreditation are 40% and 30% respectively. The Project intends to continue support to the national accreditation of VCT sites aimed at promoting quality services in HIV testing. In a first instance of its kind within NASCOP, the Project supported the training of 110 laboratory technologists/technicians on support supervision and basic HCT service programmes. This training was largely need and evidence – based building on the

background assessment conducted by the Project on the training needs on quality HIV counseling and testing services.

Contribution to Project Purpose: Annually Increasing the Number of People Tested for HIV

28. The progress made as at the mid term of the Project is deemed as encouraging and satisfactory. The Project Purpose will be achieved at the trend of current reporting rate. However, the progress towards major achievements in the activities of the BCC component is still under review and need constant monitoring.

Looking at the annual national VCT data summaries for the period 2001 ~ 2007 (source: NASCOP), it is evident that slightly over 450,000 people (of all VCT targeted ages) were tested for HIV in the year 2005. In 2006, the number of people tested rose to 735,089 representing an annual increase of 61%. Comparing the same figures for the second half (July ~ Dec) of 2005 and those from the same period in 2006 (immediately after launch of the Project), one notices that there was an increment of 136,441 (or 58%) in the number of people tested. Although there is a degree of variance in the annual (or where applicable quarterly) reporting rates, the recorded number of people tested in 2007 (the year that the Project implementation was presumably active) is 850,097. Again, this represents an annual increase of 16% in the number of people tested as compared to 2006.

29. From a broader perspective, the most significant achievements recorded so far is the development of the draft counseling and testing national policy guidelines and operational manual for mobile VCT in output 2. In addition to this, further progress was made in the drafting of the operational manual for Young People and VCT whose final draft is currently under review. The development of these guidelines and manual coupled with the training of 110 laboratory supervisors targeting the improvement of the quality of services at VCT centers is expected to greatly contribute to increasing the number of people accessing and taking up HIV testing services.

4-2. Evaluation Based on the 5 Criteria

(1) Relevance

Consistency with the National Strategic Framework

30. The Project is still consistent with the Kenya National AIDS Strategic Plan (2005/6-2009/10), supporting 'Prevention of new infection', which is one of the three pillars of the strategic plan. The NHSSP II highlights HIV/AIDS control as one of the key targets 'to decrease HIV prevalence rate of youth to 25%'.

31. One of the focuses of Japan's Health and Development Initiative (June, 2005) is towards practical actions to achieve health MDGs one of whose target is 'to have halted by 2015 and begun to reverse the spread of HIV/AIDS'. Furthermore, "Japan's action plan in combating infectious diseases in Africa" (2006) was announced to materialize the HDI in Africa. In that action plan, promoting Counseling and Testing and prevention education are shown as key actions in the area of HIV/AIDS,

which the project is focusing on. In addition to these, one of the five priority areas of the Japanese Government's foreign aid policy for Kenya is health and HIV/AIDS control. This is described as an urgent and serious issue to be tackled under the framework of development cooperation.

Project Objective Setting

32. Objective setting of this Project was based upon the existing needs of the Kenyan society and is still in line with the national strategic framework of HIV/AIDS control by the Government of Kenya. The existing HCT activities are focused as the development target of the Project. Both frontline and ministerial level issues were intended to be handled within the implementation structure constructed and operated by NASCOP.

33. A specific and measurable Project Purpose was set, whereas a wide range of managerial and institutional topics related to the ministerial level performance were identified as the expected "Outputs" for attaining the mentioned specific Project Purpose; that was the scaling up the utilization of CT services by youth in south Rift valley and Nyanza provinces. The heavy "Outputs" in improving the existing (01) M&E system; (02) health authorities' managerial capabilities; and (03) awareness creation among the youth were expected to be attained by relatively small scale inputs in order that the Project creates tangible and qualitative changes in utilization of CT services in the two provincial areas. The narrative summary in the PDM was not adequate to make the third parties understand why the Project Purpose statement resembles an indicator.

34. In addition to the so-called "heavy inputs", quality issues became the 4th output, where however, there is no sufficient verification of the definition and implication of 'quality'. If the Project target area is nationwide, this topic should have been specific enough to be able to demonstrate a tangible positive change in the quality of service within a relatively short implementation period. Please note that the Project period is only 3 consecutive financial years.

35. The topics identified in the Outputs level are all major issues in health systems. Each of the M&E system/practice, personal/institutional planning capacity, awareness creation among the youth as relates to health messages and quality issues related to the satisfaction of both the service providers and their clients is a topic in itself as an independent project that can be pursued by NASCOP.

Suitability of the Approach

The Project recognized the importance of HIV counseling and testing as a means to stimulate positive behavior change that minimizes the risks of new infections. However, there seems to be no clear evidence or research that indicates that HCT (VCT) leads to significant positive behavior change among the youth, although this is still considered as a tangible effect. According to a report by Anne P. McCauley, Horizons Program/International Centre for Research on Women that was published in September 2004 and titled "Equitable Access to HIV Counseling and Testing for Youth in Developing Countries: A review of Current Practice; 'to date there are no studies that have followed youth in the developing world to determine whether they reduce their HIV risk behaviors as a result of undergoing voluntary HIV testing and counseling. There are, however, such impact studies among adults in

developing countries and among youth in industrialized countries (UNAIDS 2001; Weinhardt et al. 1999). Taken together, information from these sources suggests that VCT may be an appropriate and effective strategy for young people.

36. The Project has been well mainstreamed in the national high level policy dialogue as well as within the core HCT service programmes and M&E technical functions of NASCOP. It was intended that these approaches be enhanced by the knowledge dissemination through mass media as a prominent output of the Project.

37. The positioning of the Project at the national level was well intended to strengthen national systems that would then be rolled out to the districts to produce the desired results. The Project rendered technical assistance to NASCOP at the policy and strategy level in drafting of the policy and operational guidelines and rolling out M&E tools. It is also worthwhile noting that the policy guideline development process was not 100% facilitated by the Project but rather done in conjunction with assistance from other development partners such as CDC and WHO. It should therefore be appreciated that the contribution made towards policy support by the technical cooperation project is highly commendable. Ordinarily this would be very difficult to realize considering such a small scale of Project against a broad national policy and strategy environment.

Priority Areas for Intervention

38. The Project activities and interventions are targeted towards VCT which falls under the broader HCT program of NASCOP. While HCT includes both VCT and PITC, the Project remains consistent with the changing environment of HCT strategic direction and may be possible to identify other HCT strategies to be addressed in the latter half of its implementation.

39. In terms of capacity building, the Project mobilized resources for interventions related to VCT at the national, provincial and district levels. While it was expected to use the district capacity for lower level interventions, the Project sought to mobilize resources from other partners such as those implementing APHIA II Projects by USAID to address capacity building at the facility levels. This consistency with other partners' priorities is well founded in the relevance of the Project.

Target Area Setting

40. A clarification of area focus is still needed since there were no well documented or well known criteria for area selection and/or concentration. The project Purpose indicates focal project sites as South Rift Valley and Nyanza Provinces. On the other hand, the Project has directed resources to and strengthened monitoring across all provinces, since its main focus on capacity development is at NASCOP, which is responsible for nationwide activities.

41. The target group is still considered appropriate, but may need to be clarified that the PASCOS and DASCOS are the primary beneficiaries in terms of capacity development for HCT promotion while the youth in the age bracket of 14 ~ 25 years are the secondary beneficiaries in terms of HCT.

(2) Efficiency

Quality Organization of Assessment and Planning Activities

42. There seems to be high efficiency in implementation of the project, particularly regarding the policy guideline development and staff training activities. The training needs assessment carried out enabled the Project to focus on the staff with need for skills to improve quality of services. On the other hand, the proactive engagement with stakeholders, sustained communication and participation in various stakeholder forums gave the Project the necessary thrust to engage with the process of development of the HCT policy guideline.

43. However, owing to the limited number of JICA Experts assigned to the Project, this multi-task approach left them with hardly adequate time to reflect on the adequate level of internal coordination and project operation necessary with the counterparts.

The Position and the Function of the JICA Experts

The JICA Experts are stationed and work within NASCOP from an extension block next to the main office block. From the evaluation interview surveys, it was notable that the new extension block from which the Project is coordinated stands out as a sign of cooperation between JICA and NASCOP. The two Project vehicles, computers, printers and photocopier installed at the office further strengthen the visibility of JICA support to NASCOP. In fact, construction of the new office is deemed to have eased congestion and therefore improved the work environment.

44. The experts, as an input resource from Japanese side, were well mobilized to strengthen field study operations on the ground. They also served as a coordination instrument as well as facilitators of the networking and communication among the counterparts and various stakeholders from top to bottom in the Project. The Project Experts rendered technical assistance to NASCOP at the policy and strategy level in drafting of the policy and operational guidelines and rolling out M&E tools. They also engaged with stakeholders through high level policy meetings to help shape the HCT agenda within NASCOP.

45. The transformation of outputs from JICA expert's input was, tangible in vigorous project management work done by the experts themselves. A wide range of administrative duties including accounting, business communication, periodical process monitoring and report writing using dual languages were heavy tasks for them at NASCOP. There were however, calls for more expert input and involvement of the counterparts in the daily operations of project management and more in taking leads implementation of field activities.

Contracting out of Media Campaign Activities

46. The performance of activities under output 3 was contracted to the BBC WST. While the evaluation team appreciates the uniqueness of media programs in development projects, there were certain delays in reporting especially arising out of the need to harmonize both the BBC WST and JICA reporting systems. A lot of time was spent in meetings to review reporting arrangements and to

agree on the concept of the partnership and contracting arrangements.

47. Although several TAP meetings were held to review the progress of the output, there is an opportunity to further improve on a harmonized approach to the understanding of 1) the rationale of selecting the media companies; and 2) the expected outputs and the importance of setting up of a systematic monitoring mechanism for the radio programme. This presents the Project with the challenge of re-engaging with BBC WST and NASCOP to chart a way forward for better audience outreach, monitoring and programme production based on emerging lessons.

Mobilization of Counterparts

48. It is noteworthy that the VCT coordinator has been central to the day to day project operation. The Project Experts have been mobilizing other counterpart input through the VCT coordinator. While this has worked well to a certain extent, there seem to be a concern on the level of participation and involvement of other counterparts especially in activity planning, budgeting and implementation. The flow of information between the counterparts and the Experts has been rather slow to the extent that there have been some delays in implementation of some activities such as those related to PITC, and or follow up on others.

49. Since the NASCOP VCT coordinator is stationed with the Japanese experts, it may be opportune to use this arrangement as a counterpart coordinating position as regards daily communication through inter-office memos and or periodic meetings for planning and monitoring progress.

Utilization of Equipment

50. The Project provided 12 desk top personal computers to beef up the management of data for M&E. This computing capacity has expanded the ability of NASCOP to collate and compile national VCT data and information. The next step is perhaps to move into the analysis of the reports submitted by the VCT sites into a critical decision making report at the national level. This analysis should also help NASCOP continue to identify gaps and provide timely feed back to the reporting sites and lower levels of management

51. The Project vehicles have been placed under the direct supervision of the Project office in the running the daily operations. JICA has continued to meet the vehicle operation expenses including costs related to the vehicle operators. This arrangement continues to be suitable for proper resource control for smooth implementation of the Project's routine works.

Room for additional Human Resource Input

52. As mentioned herein, there is potential to move towards area selection, concentration and piloting for evidence-based approaches that would reinforce the outputs of the Project. This may mean that the need for additional man months and therefore new staff may arise. In order to effectively arrive at these evidences and utilize them in decision making, the Project may need to consider additional technical support from short term personnel preferably local consultants to beef up the project implementation capacity.

(3) Effectiveness

Achievement Level of the Project Purpose

53. The Project Purpose is more likely to be achieved with the current trend in the outputs. In fact, an analysis of annual VCT data from NASCOP indicates that there is already a significant annual increase in the number of people taking the HIV test through VCT services. However, it is instructive to note that although the Project activities were more inclined to the VCT strategy, a number of other strategies have greatly evolved in recent times under the NASCOP HCT program. Data availability from these HCT strategies is still limited and therefore the overall contribution to the national target of attaining an annual increment of 10% cannot be accurately determined.

54. The Project Purpose also identifies south Rift valley and Nyanza provinces as specific target areas for promoting HCT among the youth aged 14 ~ 25 years. However, the available data indicates figures from national coverage sites for all target cohorts hence difficult to determine at this point the level of increase in the number of youth taking the HIV test annually.

55. It might therefore be necessary to revisit the issue of Project Purpose indicators, target areas, scope of target HCT services as well as data collection and processing if meaningful conclusions are to be drawn on the progress and attainment of the Project purpose towards termination of the cooperation.

Achievement Level of Output 1

56. The aim of output 1 is to reinforce the system for M&E for HIV testing. For the M&E system to work well, several approaches are necessary; strengthening human capacity, providing the means and tools for data collection, analysis, reporting and feedback. This sort of cycle of activities is necessary to ensure timely availability of accurate data for policy and strategic decision making.

57. The Project implemented training (TOT) for provincial and district staff on the new integrated tools (MOH 726/7) and coupled this actual printing and distribution of tools. In addition, the supply of computers has greatly enhanced capacity of NASCOP to analyze and store data for quick retrieval and use. However, it should be noted that the Project within its scope is not able to deal with the entire M&E system of NASCOP and hence the role and contribution of both NASCOP and other actors remains very critical.

58. It is notable that the Project has not focused on training of front line data collection officers at facility levels. The facility level (data producers) training was carried out albeit on ad-hoc basis by USAID/APHIA II Projects and NASCOP in Western and Nyanza provinces targeting data producers. The failure to focus training on data producers is likely to drag the national reporting rate. However, some evidence is emerging that with investment in this type of capacity building, the level of reporting and perhaps the quality of reports is likely to improve. This should be a point of consideration in the planning of operations for the next half of the Project.

Achievements in Output 2

59. While appreciating the fact that over time, NASCOP has and continues to build its assessment and planning capacity by virtue of its mandate and diverse programmes, the contribution made by the Project in this regard has been significant. Although the evaluation team recognizes the diversity of operations within NASCOP with regard to current and emerging programmes, and therefore the need for many guidelines and operation manuals, the leadership and participation of NASCOP counterparts in the development of the national policy guideline on HCT is very commendable. The next challenge here is the process required to take these guidelines to their final versions and subsequent approval for implementation. Again, for this to successfully happen, the support and coordination of other development partners will need to be sustained in the latter part of the Project.

60. The other important thing is perhaps for the Project to reconsider the synergy that can be created between outputs 1 and 2 in as far as it goes in producing evidence from the former to enrich the latter. Capacity will best be appreciated when it can be translated into tangible actions and results and these 2 outputs jointly offer a greater opportunity for that enhancement of capacity to happen.

Achievements in Output 3

61. In this Project, the media campaign activities have been contracted to an international NGO, the BBC WST. The NGO implements activities under this output in accordance with the agreement signed with JICA Kenya Office. In this sense it is somewhat difficult to recognize the direct relationship between BBC WST and NASCOP. Therefore, besides delivering on the output in the framework of the Project, BBC WST has its own editorial policy and broadcasting interests that need to be balanced with the expectation from NASCOP and the Project side.

62. However, since the launch of the BBC Swahili Service radio programme Kimasomaso under the auspices of the Project, the programme has gone on air virtually every week as scheduled. There has been no repeat of the programme as broadcast. In addition, the number of local partners re-broadcasting the programme and radio spots has steadily increased.

63. A wide range of topics have been covered on sexual reproductive health and HIV/AIDS. While the messages contained in this programmes have generally been appropriate for the target group, there is limited information on the actual coverage and audience reach for the programme. Data from an audience research conducted in 3 sites in May 2007 indicates that 14% of the potential listeners actually tuned in to the radio programme. However, due to some misunderstanding on on programme reach and on how to measure the output indicator, the Project was not able to establish a systematic monitoring system in time, and therefore the audience reach and effect of the programme have not been grasped adequately.

64. It was evident through the mid term evaluation study that planning and production of the radio programme, Kimasomaso; was perhaps one of the most challenging tasks of the Project. Although the involvement of the Project counterparts was rather limited especially at the activity planning stages, the Project needs to continue to make efforts to bring them on board through technical advisory panel meetings and topic selection discussions.

65. In addition, the assessment of behaviour change is not an easy work for the Project, as frequently discussed among academics and other circles. Especially, when the behaviour to be assessed is a kind which is extremely private and which would not be disclosed, how can we demonstrate the actual situation by indicators? All we can do is to make inference from other types of information or data about facts which can be observed or verified. In this regard, the Project may want to consider a modest scope of audience research through focus group discussions in the latter half in order to grasp the aspects of behavior change that can be attributed to the radio programme.

66. Knowledge improvement and awareness creation for the sake of behaviour change would not be a single phase in the linear process but at least four sequential processes with overlapping transitional spaces between the segments. The phasing in receiving messages of the target group happened prior to "behavior change" is, hypothetically, supposed to be as follows

- a) Recognition of HIV AND AIDS as an infectious disease with possibility of fatality
- b) Understanding the social implication of HIV AND AIDS in communities
- c) Acknowledgement of HIV AND AIDS issues as own issues for which the people should further develop life skills (Awareness)
- d) Action-taking is promoted by the awareness

Achievement Level of Output 4

67. The Project's efforts aimed at promoting the registration and accreditation of VCT sites in line with the quality assurance mechanism of NASCOP bore some significant results. While the project carried out a needs and evidence-based training of laboratory supervisors, the number of sites actually applying and those passing accreditation exceeded the targets. This was very good performance. It is however understood that accreditation in itself is not a quality assurance check, but rather a process to build client confidence and hence satisfaction with VCT services. NASCOP actually has a registration and licensing system which is periodically monitored by the DASCOS. Quality assurance is therefore checked through this system.

68. The evaluation team therefore took note of the fact that the application for accreditation is not mandatory and therefore a decision to join the process by VCT sites is voluntary. While this can be improved through introduction of a compliance system and/or incentives for accreditation, the Project may still explore activities related to development of materials to reinforce the trained counselors and for distribution to VCT sites.

69. As earlier proposed, this output may also present an opportunity for evidence based approaches through in-depth review of client satisfaction and care provider satisfaction surveys to identify possible areas of focus in the latter half of the Project.

(4) Impact

The Implementation Process

70. Although the mid term evaluation does not focus heavily on the impact aspects of the project,

the evaluation team has so far not observed any negative impact surrounding the Project. However, the introduction of new M&E tools and lack of clarity and standardized approach in their use in the districts not only causes confusion among health workers but places constraint on the Project in terms of maintaining focus. It is therefore necessary that the MOH clarifies what sort of tools will ultimately be used in data collection or quickly complete the harmonization so that the Project can smoothly run its activities in the latter half.

The Availability of Equipment and Presence of JOCV

71. From the HIV/AIDS Programme perspective, JICA assigned 10 JOCV and provided vehicles and audio-visual equipment for support awareness and education activities in six districts of the 2 provinces mentioned in the Project Purpose. These inputs although outside the Project framework have collaborated well with Project interventions. In addition, JOCV have used the vehicles and equipment to jointly run community mobilization campaigns and distribute education materials; a direct positive effect to output 3.

(5) Sustainability

Institutional Sustainability of the Project

72. It is rather too early to make an appropriate diagnosis on the sustainability of this Project that is tackling a difficult topic with limited resources against enormous expectations. However, there is an encouraging characteristic of this Project that may lead the evaluation team to begin to believe that the institutional aspects of sustainability may after all be on track. The approach of the Project albeit perceived to be VCT is actually addressing the entire spectrum of CT hence any institutional movement within the CT strategy will take with it the Project contribution. Overall, the Project has been well mainstreamed in the operations of NASCOP such that it is not viewed as an external intervention but rather part and parcel of NASCOP. These are very strong attributes that would enhance the institutional sustainability.

73. NASCOP, an agency with a national mandate for HIV/AIDS control draws from support from many development and implementing partners. Some progress has been recorded in bringing on board partners such as those under the USAID/APHIA II projects to support training aspects necessary for realization of better results under the Project. NASCOP recognizes these types of partnerships and will strongly continue to dialogue with partners to mobilize more resources into its operations.

Technical Sustainability of the Project

74. Again, while it may still be early to forecast to an accurate degree the technical sustainability aspects, there are some pointers to this. A lot has been said about M&E tools and their suitability either for NASCOP or MOH data collection. It is therefore apparent that in order for data collection and analysis for M&E to progress smoothly, there must be a quick and decisive way to deal with the matter of tools. Health workers need clarity on what to do. Data collection should be standardized across

districts. Therefore, the decision on what needs to be done based on the on-going piloting needs to be arrived at sooner than later.

75. There is a gap in the capacity for data collection and processing at facility levels. If not addressed, this will inevitably affect the performance of M&E even if the upper level interventions and inputs are maintained. It is therefore desirable that training of data producers be continued so that the emerging evidence on improving reporting rates can be realized.

76. While the VCT accreditation system does not make it mandatory for sites to apply, there needs to be concerted efforts towards making the routine QA systems truly functional across the districts. The annual registration and licensing system seems to be going well and this can be relied upon to continue to ensure quality of services. Perhaps NASCOP may want to consider what other incentives can be offered so that the VCT sites accreditation can be stepped up to raise the confidence of the clients and that of potential clients.

Financial Sustainability of the Project

77. The evaluation team has taken note of the fact that NASCOP committed and continues to plan for inputs into the operational and running expenses of the Project. There is no evidence at this point in time that there may arise any difficulty in NASCOP continuing to do the same in future. With the overall improvements being recorded in the health sector planning and budgeting system, the evaluation team is confident financial sustainability can be judged to be adequate to maintain the Project activities.

Sustainability of the Achievement Level of the Project Purpose

78. The number of people annually being tested for HIV is steadily increasing especially from the VCT component. While NASCOP may need to step up efforts towards data collection from other CT strategies, there is indication that the increase in numbers is likely to be maintained across the CT spectrum.

4-3. Conclusion

Contributing Factors regarding Planning

79. In order to carry out the media campaign activities, JICA, through the Project contracted an international NGO (BBC-WST) seeking to make maximal use of existing expertise, radio programming and broadcasting capacity and reach to disseminate knowledge on HIV/AIDS prevention. This innovative approach to allocation of the human resources brought in a high level of technical competence towards radio messaging activities. In order to convey messages regarding HIV and AIDS prevention, the NGO utilized various approaches such as the use of local broadcasting partner stations and local languages based on the understanding of the local cultural settings.

Contributing factors regarding the Implementation Process

80. The positioning of the Project as a national intervention whose contribution was intended to be

rolled out to the provinces and districts was a well founded implementation concept. NASCOP being an agency with nationwide implementation was the appropriate “home” for the Project to have influence on the field activities across the nation. The JICA Experts were also of great help in networking and coordination with the numerous actors and stakeholders related to the Project both from the top to the lower levels of this Project. It enabled them to promote the shared recognition and understanding of the Project and its progress and enhanced some sense of commitment. These managerial staff and skills contributed to the smooth implementation of the Project.

Inhibiting factors regarding the Planning

81. The Project Design Matrix (PDM) has some confusing structure: it is difficult especially for third parties to imagine how the achievement of the Output 1 will lead to the achievement of the Project Purpose, although the Output 1 might have some synergy effects with the Output 2 and contribute to enhancing the sustainability. On the other hand, the overall structure of the PDM was not well explained and disseminated to the counterparts at provincial and district levels and other stakeholders so that they are not able to recognize the contribution of their activities to achievement of the Project Purpose and ultimately the Overall Goal. The logical distance between the Project Purpose and each of the four outputs is so widely different respectively, and the inter-relationship among the outputs are vaguely defined, that it has become difficult for one to see the main issues that the Project is concerned with.

82. The indicators for the various outputs especially 1, 3 and 4 were not properly set in a manner that the Project would be able to control and measure its contribution to the outputs. For instance, in Output 1, a measure of a reporting rate for which the Project does not directly contribute to generation of the actual reports is an indicator outside the control of the Project. On the other hand, a measure of the number of people taking an HIV test as a result of listening to a radio programme, where such number cannot be captured in the M&E system is an indicator that needs to be reviewed.

Inhibiting factors regarding the Implementation Process

83. The plan of operations of the Project as a key implementation tool has not been widely shared with the Project counterparts. In addition, the PO is usually revised or modified periodically in line with the changing trends of HCT and other programs within and outside of NASCOP. Inability for the counterparts to timely grasp these details of the PO leads to misunderstanding on the priority actions and therefore derailing the implementation process.

Conclusions

84. The Project continues to positively contribute to the national policy, strategic and implementation process aimed towards increasing the number of Kenyans that know their HIV status.

85. Through the entire process of the mid-term evaluation study, the evaluation team was confident and satisfied with the achievements made so far and the smooth Project implementation process of the Project. The team is impressed by the commitment, ability and interest of the Project implementers as

well as the contribution of other stakeholders. As mentioned herein, the relevance of the Project was confirmed through its consistency with the national policies and strategies reflecting the priority needs of Kenya.

86. The efficiency of Project operations is high while the level of effectiveness is judged to be adequate to sustain progress towards achievement of the Project Purpose. There is no negative impact observed as at the time of this evaluation and the prospects for sustainability are promising. However, there are a multiplicity of factors related to planning, implementation and monitoring that need to be put in proper perspective with appropriate revision and/or modification. These are highlighted in a different part of this report and some suggestions are provided in the recommendations section.

4-4. Recommendations

Scope of the Project

87. The Project was designed from a VCT perspective and has continued to implement activities in this orientation. The evaluation team notes that the Project Purpose has to be assessed from the aggregate contribution to HIV testing by all strategies under the HCT programme of NASCOP. While this may appear an enormous task, it is the view of the evaluation team that the Project expands its scope to cover the strategies under CT. However, the priorities need to be carefully examined and selected so that implementation remains focused and effective.

Area Selection and Concentration <Pilot Sites>

88. While the focal area selection identified in the Project Purpose has no clear background supporting information, it is emerging that outputs 1 and 2 have greater potential in providing evidences for policy and decision making. There seems to be evidence emerging that where facility data clerks were trained by the APHIA partners, reporting rate has greatly improved. On the other hand, the quality of data needs to be examined and improved to be an input into policy guideline formulation and implementation. NASCOP is encouraged to further mobilize resources from other partners to continue support to the lower level training interventions for data collection and preparation.

89. On the other hand, it is the view of the evaluation team that M&E activities should be piloted by the Project in several selected sites to generate evidence for decision making in policy implementation and application of operational guidelines and manuals. It is therefore recommended that outputs 1 & 2 be closely linked (read merged) and implemented in selected pilot areas (districts) to generate such evidence that would further enhance the Project's performance. The JCC or steering committee is recommended to identify and carefully select several districts in the 1st quarter of Japanese fiscal year 2008 (Apr ~ June 2008) to pilot these components over the next phase of implementation.

90. With the current absence of JOCV from the 'focal sites', it may be desirable that the Project scales down on the nationwide field activities but rather focus more on the selected pilot areas for action learning and generation of evidences to enhance implementation.

91. It is even further suggested that the Project considers increasing some resource allocation to output 2 in order to support policy dialogue and decision making through seminars, meetings and

workshops. These would provide apt opportunities for the Project to present and generate debate and discussion around the issues and lessons captured through pilot activities.

Utilization of Media Capacity and Media Products

92. The evaluation team strongly recommends that NASCOP should tap into the expertise of the media organization, BBC WST, for its own capacity enhancement. The products generated from the radio programme 'Kimasomaso' are useful materials that NASCOP can re-package in collaboration with BBC WST and disseminate widely for utilization at VCT sites and other potential youth education forums in the country. This potential and opportunity should be pursued vigorously.

93. As regards Output 3; it is recommended that the Project sets up a systematic monitoring system for the media component so that both qualitative data can be tracked and availed for use in assessing the audience reach and impact of the radio programme, 'Kimasomaso'. In doing so, the Project should carry out focus group discussions, audience participation events and collect feed back from listeners from which which the Project can monitor its progress. The contents of the radio programme should also be packaged into useful and applicable educational material for further dissemination and utilization.

94. In order to improve the content and process of programming and delivery of 'Kimasomaso', NASCOP counterparts are recommended to listen in to the Programme as broadcast so that they are properly informed to make meaningful contribution at the TAP meetings. The evaluation team notes that considerable time is lost on replaying and explaining the contents of the reference programmes before the TAP meetings which in effect reduces the opportunity to constructively provide 'technical advisory service' and hence the efficiency of the output.

Revision of the PDM (Modification of Indicators)

95. As already alluded to, the indicators of the Project Purpose and outputs need to be revisited. The indicator for output 1 seems to be out of the control of NASCOP because intervention is yet to be taken to the data collection levels. It is therefore prudent to consider what kind of tasks within M&E can ably be handled by NASCOP.

96. As regards output 2; the indicator seems appropriate except that consideration can be given to the numerical quantities in light of the proposed evidence based approach to implementation.

97. For the media component, there is a need for qualitative indicators that can be tracked and monitored through focus group discussions, audience participation events and listeners' routine feed back. through e-mail, telephone and letters.

98. For output 4; the Project has achieved significant results. However, the indicator as it is seems to be out of control for NASCOP. As long as the accreditation system is not a mandatory or a compliance requirement, NASCOP has really very little to do in influencing the outcome. It may be advisable to introduce process indicators related to training implementation and the accreditation exercise.

Suggested Indicators for Revision of the PDM

99. The evaluation team suggests that the indicators be modified to make them SMART <should show what, will become, how, when> and in some instances the wording be edited where appropriate to enhance clarity and understanding. In making these suggestions, the evaluation team has taken into account the recommendations made with regard to piloting of activities and creation of synergy among the outputs. The following are output – specific indicators proposed for adoption by the JCC in revising the PDM.

100. Output 1: While it is advisable that the M&E system continues to produce reports that are consistent with a national reporting structure, the issue of quality should not be lost. The ‘number of sampled reports on which quality checks are actually conducted to ascertain the integrity of data’ is one possible indicator to consider. In addition, the ‘number of sites submitting reports on time’ <timely reporting>; ‘the % of sites submitting accurate reports’ <accurateness of reports> and the ‘number or type of feed back sessions held at pilot site and/or national level’ <policy, action plan etc> are other indicators that can be considered for inclusion.

101. Output 2: As reported here, significant progress and achievements have been made through this output. The policy guidelines and operational manuals that have been developed should be finalized, approved and implemented to generate the desired results. It may therefore be possible that the Project considers measuring the ‘number of copies printed by the Project and distributed to sites’.

~~102.~~ Output 3: The Project needs to establish a systematic monitoring system for this output. A possible indicator of progress may be the ‘type of discussions on HIV prevention as generated within youth and with other parties e.g. parents’. Another possible indicator would be ‘the appropriateness of the contents of the radio programme to stimulate behaviour change’. A further indicator would be ‘testimonies of positive behaviour change to avoid new HIV infection’.

103. Output 4: The existing indicator should be edited to read ‘in total, 40% of the registered and eligible VCT sites apply for accreditation by June 2009’. Then, based on client exit interview and service provider satisfaction surveys; consider addition of an indicator such as ‘x% of VCT clients answering “very good” and “fair” for question 24 in the client exit interview form’. In addition, since the Project has at the time of this evaluation not recorded any progress in the activity aiming at development of materials to reinforce the trained VCT sites and counselors and distribution to sites, and taking into account the possibility of distributing material in output 3; the evaluation team is of the view that this activity 4-4 be deleted.

104. Project Purpose: The team proposes that consideration be made in revising the indicator by deleting the words “In southern Rift Valley and Nyanza provinces” and doing likewise in the narrative part. This will maintain the purpose with a national focus for all target cohorts with special attention where appropriate to the youth aged between 15 ~ 25 years.

Strengthening the Implementation Process

105. The evaluation team recommends that the departmental meetings and the quarterly steering committee meetings at which progress of the Project is reviewed be strengthened to continue providing

the oversight necessary for the smooth implementation of the Project.

Monitoring External Influences

106. The operational planning within the Project largely depends on the general direction that NASCOP takes as regards HCT. It is emerging that it may be challenging to keep focus on a certain trend due to the flexibility within NASCOP and partner programmes. Therefore, like a guerilla in warfare, the Project has to constantly monitor the movements and collect information about the army (read other donors) in order to maintain the tact required to win the war. This does not mean that the evaluation team encourages guerilla wars!

107. In the Project design, the contribution of JOCV, equipment supplies and HIV test kits through Japan's Grant Aid assistance were considered as inputs external to the Project and therefore as collaborative factors. While this collaboration is working well, the evaluation team notices that NASCOP and indeed most of the counterparts view these external contributions as part and parcel of the Project. It is therefore suggested that NASCOP keeps focus on the actual inputs as specified in the PDM to avoid undue expectation and derailing of any activities in the event that the external contributions are not forthcoming or are not sufficient.