Annex 1: List of Members of the Evaluation Team

1. **Mr. Elijah Kinyangi**
   B.Sc. (Civil Engineering) (Hons.), JKUAT; Cert. (Project Management)
   Programme Officer (Health Sector)
   JICA Kenya Office

2. **Mr. Steve Mogere**
   B.Sc., M.Phil. (Kenya)
   Monitoring & Evaluation Advisor (In-house Consultant)
   Evaluation Section: JICA Kenya Office

3. **Prof. Yujiro Handa,**
   Dr.med.dent. (Japan), Dr.med.sc. (Japan)
   Team Leader
   Senior Advisor for Health Sector, Institute for International Cooperation, Japan
   Assigned to JICA Regional Support Office for Eastern and Southern African Countries (ReSOESA)

4. **Mr. Kohei Takimoto**
   B.A. (Policy Studies) (Japan)
   Assistant Resident Representative
   JICA Kenya Office

5. **Mr. Edward Musau**
   M.L.T.; HND (Clinical Chemistry)
   Programme Officer
   NASCOP

Schedule for Midterm Evaluation for SPEAK Project (Tentative)

Date	Day	Time	Activity Schedule
3, Mar	Mon	0900	Internal Meeting <Mission team>
		1100	Meeting with NASCOP to explain the evaluation procedure
		1400	Meeting with Japanese Experts at SPEAK Project
4, Mar	Tue	0900	Interview with NASCOP
		1400	Interview with Volunteer Coordinator at JICA
		1500	Meeting with BBC WST at JICA Kenya Office
5, Mar	Wed		Drafting Report
6, Mar	Thu		Drafting Report
7, Mar	Fri		Drafting Report
8, Mar	Sat		
9, Mar	Sun		
10, Mar	Mon	0900	Internal Meeting <Mission team>
		1100	Meeting with Japanese Experts at SPEAK Project
		1430	Interview with PASCOs and selected DASCOs
11, Mar	Tue		Drafting Report
12, Mar	Wed	0900	Meeting with NASCOP to discuss the Draft Report
13, Mar	Thu		Finalize Report based on outputs of meeting with NASCOP
14, Mar	Fri	0900	Meeting with NASCOP to discuss the revision of PDM if necessary
		1400	Finalize Evaluation Report
15, Mar	Sat		
16, Mar	Sun		
17, Mar	Mon		Preparation for JCC
18, Mar	Tue	0930	Joint Coordination Committee (JCC) Meeting
		1500	Report to JICA Office

Ministry of Health

① Dr. Shanaz Sharif, Head, Preventive & Promotive Health Services, MOH

Members of NASCOP

① Dr. Ibrahim Mohammed, Head, NASCOP/Project Manager
② Dr. Robert Ayisi, Deputy Head/PMTCT Manager
③ Ms. Carol Ngare, VCT Coordinator
④ Mr. Geofrey Baltazar, Manager, M&E
⑤ Mr. James Chembeni, Manager, PITC
⑥ Ms. Dorcas Kameta, Manager, Social Communications
⑦ Mr. John Wanyungu, M&E Officer, VCT
⑧ Ms. Janet Ogega, Officer, VCT

Provincial and District Team

① Dr. Charles Okal, PASCO, Nyanza Province
② Dr. Toromo, PASCO, South Rift Valley Province
③ David Gekara, DASCO, Nyamira District
④ Yuanita Hongo, DASCO, Nyando District
⑤ Rosemary Nzisi, DASCO, Nakuru District

BBC World Service Trust

① Mr. Joerg Stahlhut, Country Director, Kenya & Somalia
② Mr. Tom Jappani, Producer, Kimasomaso

JICA Expert Team

① Ms. Yuko Takenaka, Chief Advisor/M&E, SPEAK Project
② Ms. Sachiko Miyake, Coordinator, SPEAK Project

JICA Kenya Office

① Ms. Akiko Chiba, JOCV Field Coordinator

Verification of Perfomance (SPEAK Project Mid Term Evaluation)

Evaluation criteria	Evaluation Point	Findings
Verification of Achievements	Degree of achievement of the Project Purpose	Progress towards achievement of Project Purpose The progress made as at the mid term of the Project is deemed as encouraging and satisfactory <National VCT Coordinator, JICA Experts>. The Project Purpose will be achieved at the trend of current reporting rate. However, the progress towards major achievement in the activities of the BCC component are still under review <Expert> 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 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. From a broad perspective, the most significant achievements recorded so far is the development of the draft counselling and testing national policy guidelines and operational guidelin of young people and VCT in output 2. In addition to this, further progress was made in the drafting of the operational manual for mobile VCT whose final draft is currently under revie The development of these guidelines and manual coupled with the training of 100 laboratory supervisors targeting the improvement of the quality of services at VCT centres is expecte to greatly contribute to increasing the number of people accessing and taking up HIV testing services.
	Degree of achievement of the Outputs	Generation of Outputs Output 1: Tangible progress has been made in providing training (TOT) for 263 personnel at the district levels on the new integrated M&E tools (MOH 726/727). Facility level training was agreed to be conducted by USAID/APHIA II projects. 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 (as at Dec 2007) was 75% whereas the achievement was 85.5%. The reporting rate rose to 86.1 as at the time of this evaluation. Output 2: The draft counselling and testing national policy guidelines and operational guidelines of young people and VCT were developed. The operational manual for mobile VCT services was also drafted and currently under review. In addition, technical work was done towards integrating CT related guidelines as well as other efforts towards improvement of sector coordination through ICC, MOGs under NACC among others. Output 3: The Kimasomaso weekly magazine programme by BBC WST has been aired on radio as scheduled. So far, 44 programmes have been broadcast by BBC WST and its partne stations since 18th March 2007. Following training of 9 producers from 7 local radio stations, 22 radio spots were produced in 4 local languages. However, a regular monitoring syste for the radio programme was yet to be achieved. Output 4: In addition to the training of 110 laboratory technologists/technicians on support supervision and basic VCT counselling, 285 sites out of 725 registered and eligible VCT sit applied for national accreditation. The target for Q3 in 2007 for application was 37% while the achievement recorded 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 target for passage of accreditation has therefore already been achieved. However, very little progress has been made in the area of development of material to reinforce counsellors and distribution to HCT sites.

Evaluation criteria	Evaluation Point	Findings
		Factors hindering realization of Outputs These were identified to be the following among others; - The introduction of the new data collection tool (MOH 711) almost caused the Project to loose its direction. It is not clear which tool should be used for data collection and therefore a lot of confusion is caused among health workers. <Experts, Counterparts, PASCOs, DASCOs> - Lack of targeted training for data collection staff at the facility levels <Counterparts> - With the re-organization of the CT department, the positioning of the Project as a VCT intervention remains unclear in the light of other CT methods <Experts> - The SPEAK Project implementation almost runs as a parallel implementation mechanism within NASCOP and limited TA time available for day to day management of operations delays some activities <Counterparts> - Unlike in other programmes such as those funded by CDC, there is limited information available and limited participation in activity planning, budgeting and operational management <Counterparts> - The need for harmonization of BBC WST and JICA technical and financial reporting systems consuming time otherwise necessary for planning of radio programme production <BBC WST> - Limited involvement and participation in the activity planning of the BCC component <Counterparts> - There is no mechanism for continuous monitoring of the BCC component within the Project <Counterparts> - There are many CT strategies coming up and hence the issue of standardization to ensure quality of services across all areas of testing remains critical. More support is required for integration of CT especially for clinical settings. - Logistics in the project implementation have not been clearly understood by related counterparts yet <Expert> - There is overall limited information on the approach to Project design, outputs and targets i.e. PDM development <PASCOs, DASCOs>
	Actual inputs	Inputs from Japanese side <1st July 2006 - 31st January 2008> * Long term Experts; - Chief Advisor/M&E - Project Coordination/BCC/IEC * Short term experts; - N/A *Counterparts' training <in Kenya, Japan or other countries>; - 263 provincial and district staff on M&E tools - 110 laboratory technicians/technologists on support supervision and basic VCT - 24 DHR/IOs on VCT client data capture *Provision of equipment; Vehicles: 3 4WD PCs: 12 units Office desk, cabinets, safe, water dispenser, shredder @ KES 17,995 *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 - 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: 2,709,000 <2,559,515> *Office space; *Staff salaries;

Evaluation criteria	Evaluation Point	Findings
Verification of Implementation Process	Progress of the Activities	The Project has been implemented based on the R/D, PDM0, and PDM1. No significant gaps 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 changes in the overall direction of HIV prevention programs as influenced by other actors/stakeholders such as CDC and WHO <Expert>. The VCT component is on track whereas there needs to be some level of focus on the BCC component especially with regular monitoring <Counterpart, Expert>. Another area whose implementation needs to be stepped up is the development of materials to reinforce trained counselors <DASCO, Experts>. However, whenever the Project is imposed with some level of activity delays, the implementation schedules are being adjusted accordingly
	Appropriateness of the management system of the Project	Project Monitoring and Improvement of Implementation There are various forums where meetings were held to monitor the progress. CT Departmental meetings as well as steering committee and JCC are examples of such opportunities. The departmental meetings reviewed progress and work plans. Implementation was improved through learning from the lessons and making amendments where necessary along the way <Counterparts>. There were other useful meetings held to monitor and inform progress among them the following; 1. NQAT 2. NQAT/Sub-committees e.g. Mobile, Young People and VCT etc 3. CT/ Technical Working Group 4. TAP for BCC 5. National CT Week/ TWG and High Level Committee
		As regards communication between Experts and Counterparts, this has been going well to a large extent. However, there is opportunity to improve information flow especially on activity planning, budgeting and implementation between JICA Experts and counterparts at national level; and between NASCOP and PASCOs/DASCOs at the field levels. Function of JCC 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 were the major achievements, progress assessment by the indicators and work plan for the subsequent year.
		Major stakeholders involved with the Project Among the stakeholders that the Project maintained collaboration with were the following; 1. Liverpool VCT, Care and Treatment (LVCT) 2. CDC 3. JHPIEGO 4. DSW/GTZ 5. NACC 6. WHO 7. UNAIDS 8. (FHI) 9. (APHIA II) The main issues around which collaboration was centred was information sharing and training <esp. with APHIA II>
	Ownership of the Project by the Implementing Agency of Kenya (NASCOP)	Counterpart allocation NASCOP has made good efforts in allocation of key counterparts in the field of project management, CT management, VCT coordination, PITC coordination, M&E management, VCT M&E, social programmes management and blood safety/VCT. Counterpart allocation NASCOP has made good efforts in allocation of key counterparts in the field of project management, CT management, VCT coordination, PITC coordination, M&E management, VCT M&E, social programmes management and blood safety/VCT.
		Consciousness and participation by Counterparts The VCT coordinator is very actively involved with the day – day operations of the Project. Although most of the other Project counterparts reported minimal involvement with the actual execution of activities, there is room for improvement through regular meeting and communication within the Project. This is same for the DASCOs and PASCOs in south Rift Valley and Nyanza provinces. The counterparts desired to see the level of their responsibility for Project activities increased both in planning, resource management and in directing operations at the implementation stages. Budget allocation by NASCOP Records indicate that NASCOP provided funds for operational and running costs for the year 2006/7 and plans to finance the same category of costs in the year 2007/8

Evaluation Criteria	Evaluation Questions		Findings
	Main Questions	Sub Questions	
Relevance	Is the project still consistent with the national health policy of Kenya?		It is consistent with Kenya National AIDS Strategic Plan (2005/6-2009/10), supporting 'Prevention of new infection' which is one of the three pillars. National Health Sector Strategic Plan(2005/6-2009/10) highlights HIV/AIDS control as one of the key targets 'To decrease prevalence rate of youth to 25%'
	Is the project consistent with Japanese foreign aid policy?	Is the project still consistent with the Japanese government's foreign aid policy?	- One of the focuses in Health and Development Initiative (June, 2005) is to have practical actions to achieve health MDG. One of the target is '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 under the HDI in Africa. In that action plan promoting Counseling and Testing and prevention education are key actions areas on HIV/AIDS; which is the focus of the SPEAK project.
		Is the project still consistent with Kenya's assistance programme of the Japanese government?	- One of the five priority areas in Japanese government foreign aid policy of Kenya is Heath sector. HIV/AIDS control is described as urgent and serious issues to be tackled.
	Is the target sector area of the project appropriate?	Is the project approach and capacity building strategy still consistent with the needs of the Ministry of Health (MoH)?	- The project activities and approach are consistent with KNASP. Capacity building in the area of preventive control methods against fighting HIV/AIDS while targeting high risk regions is consistent with KNASP.
		- Is the 'focal' project site (South Rift Valley and Nyanza Provinces) still appropriate? - Are the CT centres' physical facilities and equipment in the Project area still functional enough for enhancing HIV testing promotion?	- Clarification on the focus area is needed. - The project purpose indicates focal project sites as South Rift Valley and Nyanza Provinces. On the other hand, the project has spread resources to strengthen monitoring across all provinces. Furthermore the focus on the capacity development in NASCOP head quarters which has a national wide mandate.
		- Is the target group and beneficiaries (PASCOs and DASCOs; youth of 15-24 years) still appropriate?	- This is still appropriate, but may need clarification that the PASCOs and DASCOs are the first beneficiaries and secondly the youth (15-24 years).
		Is NASCOP still the appropriate implementing organization for the SPEAK Project?	- It is still appropriate implementation organization. - The choice of NASCOP has an implementing agency is also appropriate for the SPEAK project
	Is the approach of the project appropriate?	- Is HIV/AIDS still recognized by residents of the Project target area as a priority health problem? - Is the promotion of HIV CT still an appropriate method of encouraging positive behaviour change among the target youth group?	- HIV/AIDS is still a priority problem all over the country. This is of high priority and is recognized by NASCOP. The South Rift and Nyanza are among the top listed sites in prevalence rates. - There seems no clear evidence that CT leads to positive behaviour change, but it is only perceived. This perhaps would be beyond the scope of this project to provide that evidence but SPEAK's contribution in this hypothesis is important.
		- Are the PDM's indicators appropriate to measure outputs? - Are the relationships among Overall Goal, Project Purpose, Outputs, Activities and Inputs designed appropriate on PDM?	- PDM,s indicators need to be changed especially output 1 and 3, 4 and the project purpose to reflect project site. - The three outputs contributing towards achievement of the goal – peoples' risky behavior to HIV infections decreases seem "heavy" and require long time monitoring to show evidence for such intervention. They are however, appropriate. - Making "SMART" indicators for project purpose and each output would be useful in eventual measuring of success from SPEAK.

Evaluation Criteria	Evaluation Questions		Findings
	Main Questions	Sub Questions	
	Does Japan have comparative advantages in the sector and area?	Does Japan have adequate sector experience and resources in Kenya?	- Japan has been put health sector as priority area of assistance for long period, especially in infectious control. - JICA has enough experience in the Health sector both in Kenya and in the Sub-Sahara region; Japan has meanwhile undertaken numerous health projects in the sector through different schemes including grants and technical cooperation. - The staff employed by the project (JICA experts) has adequate experience in the sector. The experts have adequate knowledge on HIV/AIDS and Health policy formulation.
		Does JICA have adequate experience in the Health sector in Kenya?	- DITTO
	Does the project avoid duplication and exhibit multiple effects with other donor agencies?		- Most of the activities are done through collaboration with other donor agencies. Donor coordination is therefore well maintained by the initiative of NASCOP.
	Others	After the *ex-ante* Evaluation Study, have there been changes in external factors (e.g. policy, socio-economic situation, etc.) which affected or may affect the Project?	- As an effect by the Post election violence, the Project was required to take more considerations in implementing trainings especially in western Kenya. This made some reporting delay from these regions that were affected. - Overall, no changes in external factors affecting the project.
Effectiveness	How much have the project purpose been achieved and is expected to be achieved?		The achievement of the Project Purpose can be predicted to some extent. NASCOP has made steady progress in Project activities: reinforcing M&E System for HIV testing; capacity building on HIV testing promotion; distribution of correct knowledge on HIV/AIDS by mass media and quality assurance for HIV testing service provision at VCT centers (*For details –see verification of achievement level section*) The challenges for the rest of the Project's term are to streamline and utilize M&E data to inform VCT policy, and to align the BCC programme using mass media to directly contribute to the PP. However, it would be important in the later part of the project to establish evidence that HIV testing would improve uptake of other VCT services leading to positive behavioral change. Making an attempt to establish this is important.
	How much have outputs contributed to the achievement of the project purpose? What achievements have been	At the project planning/inception, did the Project set target levels to measure the actual achievement and performance of the Outputs 1-4?	(*Targets to measure achievement and performance were set – however, there is need to make some Indicators SMART especially for Output 3*)

Evaluation Criteria	Evaluation Questions		Findings
	Main Questions	Sub Questions	
		Output 1. System for monitoring and evaluation on HIV testing is reinforced: - Were the HIV testing monitoring and evaluation skills of the NASCOP staff improved and standardized after the training opportunities provided by the Project? - How many complete M&E reports have been timely submitted by NASCOP and VCT sites respectively since the start of the Project? What is the reporting rate at present? - How many M&E tools for HIV testing have been developed and used since the commencement of the Project?	Output 1 is achieved to some extent. There has been an increase in national reporting rate during the project period. For example, data obtained from M&E section, shows that the reporting rate of the 3rd Quarter 2007 was 86.1% compared with a 62.8% reporting rate for 2005. - Before and after Project inception, VCT monitoring activities were conducted on *ad-hoc*, inadequate vehicles for transport; M&E tools and limited capacity in the utilization of VCT data capture tools. - During the project implementation, a number of M&E tools for VCT have been developed and disseminated including the new integrated MOH726/727; procured 12 computers with accessories at NASCOP head office. The JICA vehicles in the field through other schemes have particularly helped in community mobilization. - To further strengthen data collection, VCT recording/QA/Reporting tools (7 kinds) and VCT Clients Card were printed and distributed country-wide. These have strengthened M&E system at the headquarters. - In terms of improving evaluation skills, a National PITC Training Manual was developed. A total of 263 trainers at district level were trained. Follow up on twenty four (24) DHR/IO trained on capturing VCT data was done at their work place. This was very important to get their feedback on the training. - Draft MVCT recording and reporting forms were piloted in 38 VCT centers in 36 districts while a total of 10,097 copies of data collection tools for National CT Week 2007 were printed and distributed. NACC provided the technical assistance for data collection on National CT week 2007. Challenges - Harmonization of tools MOH 726/727 and that of MOH 711 is still challenge distorting a standardized national reporting system. Furthermore, PITC reporting system is new; therefore NASCOP did not have accurate data on the number of facilities providing PITC services. - The project has not focused on training front line data collection officers at facilities levels. Sometimes, facility level (data producers) training carried out with USAID/APHIA II Projects and NASCOP in western and Nyanza provinces targeting data producers but in ad-hoc basis. ✧ Failure to focus on data producers is likely to offset national reporting rate ✧ Consequently information from the M&E system at NASCOP would not be relied to inform national policy on CT/VCT - There is a proposal under development to strengthen capacity of DHMT/PHMT/NASCOP staff on data analysis for assessment and planning of HCT. ✧ It is not feasible that the information quality in terms completeness and timeliness in reporting to support VCT planning and national policy would be achieved in the latter period of the project. - The Project counterparts raised concerns as regards to baseline surveys for the Project as a whole. It was observed that no baseline survey was conducted to verify the Project Purpose but that it relied on a set national target. ✧ It would be important to revise the OVI at PP to therefore reflect the country –wide figure ✧ Since the project has been systematized within NASCOP, the use of the national wide figures as baseline is appropriate.

Evaluation Criteria	Evaluation Questions		Findings
	Main Questions	Sub Questions	
		Output 2.Capacity of assessment and planning on HIV testing promotion at central level is enhanced: - How many strategies, guidelines, manuals, SOPs etc for HIV testing promotion have been reviewed and/or published since the start of the Project? - How many staffs <cadre and no.> at the central level have been involved in the assessment and planning for HIV testing promotion through the Project?	Output 2 is highly achieved. Two baseline surveys were conducted that enabled plan for this component:- A. In December 2006 study on the mobile VCT was done to understand the current situation and inform the development of related strategies. B. In March 2007, study on Youth VCT centers to understand situation of the young people and VCT services Consequently, - The development of operational guidelines for mobile VCT services was drafted with the stakeholders' workshop of the operational manual being organized in December 2007. The final draft is under amendment. - Draft CT National Policy Guidelines and Operational Guidelines of Young people and VCT have been developed. The operational manual of young people and VCT services is in its final drafts after the comments from stakeholder's workshop that was held in December 2007. - A technical working group (TWG) was set up to draft policy guidelines on CT; a stakeholder's workshop was organized in November 2007 and the draft is undergoing amendments. It is understand that the pilot district has been decided to be Nyando, Nyanza Province. - In terms of improvement of coordination among NASCOP/MOH and other partners. Any kind of opportunity was utilized to improve coordination, e.g. JCC, MCG 1 and 4, National CT week Taskforce and Technical working group (TWG) and National Assurance Team (NQAT) in NASCOP. Challenges - Alignment of the SPEAK project activities in line with ongoing reorganization at the NASCOP HQ on CT - Reporting on PITC is new and therefore availability of data is a challenge and therefore monitoring of trends on this component is limited.

Evaluation Criteria	Evaluation Questions		Findings
	Main Questions	Sub Questions	
		Output 3. Correct knowledge on HIV/AIDS that enable people to avoid new HIV infection is distributed by mass media and other way: - How many radio programmes with correct information on HIV/AIDS have been broadcast since commencement of the Project? - What support mechanism was set up for the local radio station(s) to produce and broadcast the programmes? - Besides the radio programmes what other educational materials were produced and distributed?	Output 3: is somewhat achieved with difficulty in monitoring of the radio programme. - A total of 44 radio (*kimasomaso*) programmes (through the BBC World Service) have been broadcast on weekly basis since start of project. - A noteworthy feature of *Kimasosmaso* radio programme is that it goes on air once every week. The radio programme is based on relevant topics and contains messages that are very educative to the youth (15-24 years) who are the target under the programme. - Nine (9) producers from 7 local radio channels were trained on radio spot production. Totally, 22 radio spots were produced. A number of partner stations have been brought on board and are replaying the programme as broadcast over the BBC World Service. The radio spot productions were in *Swahili*, *Luo*, *Luhya*, *Kalenjin*, *Somali*, and *English*. Challenges - Involvement of NASCOP counterparts in planning and decision making regarding radio programming is still minimal. Alignment with BCC component of NASCOP programme in a meaningful way remains a challenge. - Establishment of a systematic monitoring system of the contribution of radio programme and probably examine how that could be linked with the overall M&E system at NASCOP still remains a challenge. A discussion on regular monitoring system of the radio programme has been discussed

Evaluation Criteria	Evaluation Questions		Findings
	Main Questions	Sub Questions	
		Output 4. Quality HIV testing service is provided at VCT centre and any other clinical settings: - How many registered VCT sites applied for national accreditation and how many were accredited? - How many sites were capable of providing routine standardized VCT services as at the time of this evaluation study? - Were the HIV testing skills of the service provider staff improved and standardized after the training opportunities provided by the Project? - Are the VCT clients satisfied with the quality of services provided at the VCT sites?	Output 4: is achieved to some extent. Inventory of counseling and laboratory supervisors was conducted in 2007. There was a training of 110 lab supervisors who are expected to assist in QA. - National VCT Accreditation was held in August 2007. A total of 39.3% of applicable and registered VCT sites applied for accreditation out of which 38.6% sites passed the national VCT accreditation 2007. - Sites that are capable of providing routine standardized VCT services are 275 nationally. It should be noted however, that application for accreditation is voluntary. - A number of training opportunities were provided through the project:- ✧ In Feb-March 2006, 64 new laboratory technologists/technicians were trained on laboratory support supervision; ✧ In March 2007 34 laboratory technologists/technicians were trained on basic VCT counseling which is one of requirements of laboratory supervisors in Mar 2007. ✧ In Feb 2008, 23 local trainers of couple counseling and testing were trained - It is also the view of the counterparts that the training of 110 laboratory supervisors is a very remarkable achievement as this has never been done before. This is expected to enhance supervision capacity for scaling up of CT and provision of quality services. Challenges - The area of quality assurance (QA) remains quite challenging. It is a continuous process. There are many CT strategies coming up and hence the issue of standardization to ensure quality of services across all areas of testing remains critical. Besides, NASCOP's focus is national - The SPEAK project only focused on training of lab supervisors. Improvement of the clinical setting and information flow are all critical to quality assurance. There is need to input into the national accreditation process to ensure all registered sites go through the process. - Monitoring through client exit questionnaire should be a good measure on QA. It was not possible to measure this aspect through this evaluation due to lack of information. Interview with counterparts concurred with the idea that this is a good measure of quality of service delivery.
	Were there any internal / external factors that had negative / positive influence on the achievement of the project purpose?	- How many stakeholder forums and/meetings on HIV testing promotion have been held since the commencement of the Project?	- A number of organizations are involved in the promotion of VCT services in the country. The main development partner supporting NASCOP is however, CDC. - The Project management teams including JICA Experts were involved in a number of forums and meetings to exchange in policy issues of the project. - At NASCOP, CT and VCT, M&E worked in a coordinated manner to deliver on the SPEAK projects outcomes. Challenge - When it comes to work –planning for budgeting, development of AOP, there is a higher influence from the CDC programmes due to the high investment project they have with NASCOP.

Evaluation Criteria	Evaluation Questions		Findings
	Main Questions	Sub Questions	
		Have the staff/counterparts trained by the Project been retained at NASCOP/MoH; PASCOs, DASCOs etc.? If yes, what percentage?	- The counterpart staff at NASCO have generally been retained. Many are however, contract staff who are supported by the CDC Project. The DASCOs and PASCOs staffs have been retained too. - The challenge of training staff on contract basis are two fold – the likelihood of high turnover affecting institutionalizing project outcomes.
		Have appropriate resources been secured and availed for the SPEAK Project?	- Through SPEAK project, NASCOP has secured equipment and resources to support its activities at national level. However, a challenge to reach frontline service provider remains.
		- Are there factors that promoted or prohibited the achievement of project purpose? - Has there been any Rapid Results Initiative <RRI> on HIV counselling and testing or new strategies to increase VCT uptake in the Project area since commencement of the SPEAK Project? - How has testing for HIV influenced uptake of VCT services by the potential VCT clients? - Following the introduction of mobile VCT, what was the most difficult obstacle that hindered the effectiveness of mobile VCT services in the Project area?	- Problems of date capture tools availed to the data collectors is still a problem. - Training through the project has mainly focused in TOTs but not at facility level who are the actual data collectors. NASCOP has tried to implement facility level training in western Province with very good results in improving reporting rate but this has not been replicate due to budget constraints - It has been difficulty to implement the BCC component smoothly. There is a gap between radio programming and SPEAK focus. There is also an element of capacity limitation within NASCOP to be able to monitor the impact of mass media on HIV Testing promotion. - There is no evidence that testing for HIV has influenced update of VCT services by the potential clients. But it is perceived that testing coupled with supportive interventions should increase uptake of VCT services. - Community mobilization and data management are critical in for VCT programming activities. Through other JICA schemes – the supply of 6 vehicles and presence of JOCVs promoted the effectiveness of mobile VCT services in Nyanza and S. Rift Valley. - It is evident from the counterparts interview that there is an influence of CDC project on its implementation frame compared to SPEAK.. From the conceptual standpoints, CDC and JICA projects are with CDC having a upper hand in terms work-planning within NASCOP.
Efficiency	How much have the outputs been achieved and are expected to be achieved?		<u>Output 1</u> is achieved to some extent. The M&E system on HIV testing was strengthened through the production of data collection tools and acquisition of computers for HQs. Focus on the whole spectrum of M&E system and health data flow to aid in VCT is yet to be done. This is partly due to budget constraints at NASCOP but also because this is not the core of NASCOP;s mandate. <u>Output 2</u>: is highly achieved. Capacity of assessment and planning on HIV testing promotion at central level has been enhanced through the production of manuals and a number of strategic publications. <u>Output 3</u>, has limited achievements. There have been difficulties in monitoring the contribution of mass media (radio) *Kimasomaso* programme to promote HIV testing. However, a regular radio programme through BBC world service is on air. Timing and appropriate radio station to reach more audience – youth. <u>Output 4</u>: is achieved to some extent. An inventory of counseling & lab supervisors was conducted in 2007. Training of laboratory supervisors was a milestone to the SPEAK project. 285 of registered and eligible VCT sites (725) applied for accreditation in 2007 out of which 110 sites were accredited!! This is ~15% of national VCT accredited. Application for accreditation is however, voluntary

Evaluation Criteria	Evaluation Questions		Findings
	Main Questions	**Sub Questions**	
	Compared with the outputs, were the quality, quantity and timing of the inputs appropriate?	Are numbers of experts (long-term and short-time), their fields of expertise and the timing of the dispatches appropriate?	- Based on the project design, the input of long/short experts is generally appropriate. Most of the counterparts interviewed rated the performance of the experts very high. Their expertise is appropriate and that they seem dedicated and knowledgeable on their work.
		Are the types, quantity and organization of equipment provision appropriate? Is the office space provided sufficient for project management and co-ordination purposes?	According to the NASCOP Project counterparts, construction of office facilities and provision of equipment are visible contributions by JICA to NASCOP. - Considering the scope of the project (central level), the input of 12 computers to strengthen M&E is appropriate. The two Project vehicles, printers and photocopier further strengthen the visibility of JICA support to NASCOP. - The construction of new offices is deemed to have eased congestion and therefore improved the work environment.
		Are the number, placement and skills of the counterpart personnel appropriate?	- The number and placement skills of the counterpart personnel was appropriate, the JICA experts were working very closely with the M&E , VCT and BCC managers. - Understandably, Component 3 on Mass Media became a challenge to the NASCOP partly because working with the Media on BCC matter s is a new area that requires capacity and time.
		Are the number of trainees, type and content of trainings and their period appropriate?	- There is no evidence yet to clarify; interviews however revealled its appropriateness
	Are there any factors that affected the effectiveness of the Project's?		- The influence of CDC collaboration seem to have more influence at NASCOP activities which affected smooth implementation of SPEAK project
Impact	How much prospects of the overall goal to be achieved are there?	Can the Overall Goal be realized considering current situation of Activities and the Outputs? - Do you recognize a declining trend in HIV prevalence among the youth <aged 14 ~ 25 years> in the target area after the commencement of the SPEAK Project?	- It is difficult to judge at the time of this evaluation, but it is feasible though difficult to attribute to SPEAL intervention.
		Are there any constraints or factors that would affect achieving the Overall Goal?	- Achievement of the overall goal will require more time but there need to establish clear evidence that CT promotion leads to behavior change. This is not clear yet at this stage of the project.

Annex 4: Evaluation Criteria Performance

Evaluation Criteria	Evaluation Questions		Findings
	Main Questions	**Sub Questions**	
	How much prospects of the Project Purpose to be achieved are there?	- Is there an increase in the number of youth <15 ~ 24 years> in the target taking the HIV test since the start of the Project? - Do you recognize any aspects of positive behaviour change among the youth <aged 14 – 25 years> in the target area after the commencement of the SPEAK Project?	- DITTO
	Proper logical causal relationship between the Project Purpose and the Overall goal?	Are there big gaps between Overall Goal as ultimate direction of the Project and the Project Purpose?	- There are no big gaps noticed. Broader focus on HCT program to include PITC and VCT is recommended in the latter half of the project.
	How much ripple effect is expected from the project	Is there any change of consciousness and activities of the target groups in both Nyanza and South Rift Valley Provinces?	- Due to post- election violence, target group activities in both Nyanza and South Rift Valley Provinces were affected. But it was not possible to verify from the ground due to security issues in this areas at the time of the evaluation.
		Are there any impact expected other than the Overall Goal?	- It is difficult to judge at this time of this evaluation. - There is a gap in capacity for data collection and processing at facility level and this may obscure the M&E component of this project.
Sustainability	Is it expected that NASCOP will continue to put emphasis on the thrust and direction of the Project?		- It is not easy to judge at this moment since trends of HIV/AIDS change so fast, but activities will continue under KNASP umbrella.
	Is it expected that NASCOP will continue the activities of SPEAK Project?	How much of the people empowerment against HIV/AIDS is emphasized in Kenya and NASCOP in particular?	- Emphasis is high nationally as NASCOP is the focal government agency that is mandated to ensure people empowerment against HIV/AIDS.
		Does (will) NASCOP have adequate support of other related organisations?	- It is expected that there will be adequate support to NASCOP.
	Is it expected that NASCOP will get enough budgets for SPEAK Project activities?	How much of NASCOP operational budget has been secured for the SPEAK Project activities?	- Although there is not detailed information about actual budget lines alongside SPEAK Project Outputs; there is enough budget to run Project activities. - *(See annex on project performance for actual budget allocations 2007/08)*
		Is the financial support from the Government stable? Are there other funding sources?	- There is a plan for inputs into the operational and running expenses during the project period and therefore evaluation team concluded that no threat to stability of funding sources from government.

Evaluation Criteria	Evaluation Questions		Findings
	Main Questions	Sub Questions	
		Have the facilities and equipment for the SPEAK project activities been well maintained?	- The 12 desktop computers and project vehicles provided have been maintained to support project activities. - The vehicles have been placed under the direct supervision of the project office to ensure daily running of the activities with JICA meeting the operation costs.
		Is NASCOP capable of continuing to strengthen national VCT accreditation?	- It is feasible that this could continue. But, incentives to improve on coverage of the sites applying for accreditation are necessary.
Others	(Based on the results of the above evaluation) Recommendation for the correction	Review of PDM	- Throughout the interviews, it became clear to refine project purpose OVI and development of SMART indicators for especially Output 3.
		Are there issues that the Project needs to pay attention to?	- The project needs to move to the next level whereby it aims to establish evidence-based recommendations to affect policy

1. Narrative Summary

	PDM1	PDM2	Remarks
Project Purpose	To annually increase the number of Kenyans(especially youth aged 15-24 years in Southern Rift Valley and Nyanza Provinces) tested for HIV	To annually increase the number of Kenyans(especially youth aged 15-24 years) tested for HIV	Specification of provinces was removed.
Activities	1-1 Support integration M&E indicators for HIV/AIDS(MOH726 and 727) 1-2 Strengthen data collection of HCT related programs 1-3 Strengthen capacity of data analysis for assessment and planning of DHMT/PHMT	1-1 Support roll-out new M&E integrated tools for HIV/AIDS(MOH726 and 727) 1-2 Strengthen data collection of HCT related program 1-3 Maintain HTC related database in central level 1-4 Reinforce feedback system of summarized HTC data 1-5 Strengthen capacity of data analysis for assessment and planning of selected DHMT/PHMT	・ 1-3 and 1-4 in PDM2 were added. ・ 1-1 and 1-5 in PDM2 were slightly adjusted from PDM1.
	2-1 Standardized mobile VCT(MVCT) service 2-2 Promote VCT services for young people 2-3 Support integration of CT related guidelines, training curriculum and other related programme 2-4 Develop national scale-up strategy for mobile VCT in collaboration with commercial sector 2-5 Support quarterly meeting in selected provinces for capacity building of assessment and planning 2-6 Improve coordination among NASCOP/MOH and other partners	2-1 Standardize HCT related services (MVCT, Young people and VCT, Workplace, Door to Door, Lab Supervisors and Couple Counseling etc) 2-2 Harmonize HCT guidelines, training curriculum and other related programme 2-3 Improve coordination among NASCOP/MOH and other partners 2-4 Support quarterly meeting in selected provinces for capacity building of assessment and planning 2-5 Pilot mobile VCT services in collaboration with commercial sector	・2-1 were adjusted from PDM1. ・ 2-2, 2-3 and 2-4 in PDM1 were integrated into 2-2 in PDM2. ・ 2-4 in PDM1 were adjusted to 2-5 of PDM2.
	3-1 Assess the information gap on the radio programmes 3-2 Production and broadcast of radio programmes to increase understanding of HIV issues among youth 3-3 Monitor the impact of the radio programmes	3-1 Assess the information gap on the radio programmes 3-2 Production and broadcast of radio programmes to increase understanding of HIV issues among youth 3-3 Monitor the impact of the radio programmes. 3-4 Re-package the radio programme into educational materials and utilize them to promote HIV testing services.	・3-4 of PDM2 was added.
	4-1 Assess the gap on provided services among targeted HIV testing sites and the training needs on quality HIV counseling and testing services 4-2 Train HIV counseling and testing service providers	4-1 Assess the gap on quality HIV testing services. 4-2 Train HIV counselling and testing service providers to update their skill and knowledge. 4-3 Strengthen National VCT Accreditation	・4-1 of PDM1 was slightly adjusted to 4-1 of PDM2.

	to update their skill and knowledge 4-3 Strengthen National VCT accreditation 4-4 Develop materials to reinforce the trained VCT sites and counselor, and distribute to HIVC counseling and testing sites	4-4 Develop materials to support HIV counselling and testing service providers, and distribute them to HIV testing sites.	
Indicator in Project Purpose	In Southern Rift Valley and Nyanza Provinces, no of people especially youth aged 15-24 year old who tested for HIV increases by 10% annually	no of people especially youth aged 15-24 year old who tested for HIV increases by 10% annually	Specification of provinces was removed.
Indicator in Output 1	1-1 Reporting rate of HIV testing services increases to over 90% by June 2009	1-1 Reporting rate of HIV testing services increases to over 90% by June 2009 1-2 Timeliness of HTC reports improves in monitoring districts by June 2009 1-3 Accurateness of HTC reports improves in monitoring districts by June 2009 1-4 Summarized national data is distributed to all districts quarterly by June 2009	1-2 to 1-4 in PDM2 were added.
Indicator in Output 2	2-1 At least one(1) national guideline manuals, 2 other supporting documents e.g. manuals, SOPs and/or other publications are published by June 2009	2-1 At least one(1) national guideline manuals, 2 other supporting documents e.g. manuals, SOPs and/or other publications are published by June 2009 2-2 Number of copies printed by the project and distributed	2-2 in PDM2 was added.
Indicator in Output 3	3-1 In target area of the radio programme, 3% of people who have listened the programme, take a HIV test by June 2009	3-1 Appropriateness of contents of the radio programmes in stimulating behavior change 3-2 Discussion generated within youths and with others e.g. parents. 3-3 Testimonies of positive behavior change to avoid new HIV infection	New 3 indicators were developed to assess this output more appropriately.
Indicator in Output 4	4-1 Totally 40% of registered and applicable VCT site apply accreditation exercise by June 2009. 4-2 Totally 30% of applied sites pass the accreditation by June 2009.	4-1 Totally 40% of registered and applicable VCT site apply accreditation exercise by June 2009. 4-2 Totally 30% of applied sites pass the accreditation by June 2009 4-3 Percentage of answering “Very Good” and “Fare” for Question 24 of Client Exit Interview increases in selected VCT sites	4-3 in PDM2 was added.

PDM2 was made based on the recommendation of this Mid-term evaluation and presented and discussed in Steering Committee in April 2009. It needs endorsement by Joint Coordination Committee.