

Kenya

Programme for HIV Prevention

Study period: from November 2007 to September 2008



Summary of the Evaluation

The objectives of the evaluation were to examine the cooperation program called “Programme for HIV Prevention” for Kenya, which was established in June 2006, in order to produce recommendations and identify lessons learned concerning the planning and operation of the programs. Unlike the past program evaluations,^{*1} this evaluation

served as a mid-term evaluation because the subject cooperation program was already underway. Another characteristic of this evaluation was that it identified many lessons concerning the utilization of a volunteer scheme in programs because the volunteer activities constituted a significant part of the program.

Evaluation Results

Background and Objectives of the Evaluation

In recent years, JICA has been working to create and implement cooperation programs with improved aid effects. A cooperation program is a “strategic framework which aims to assist the achievement of specific medium- to long-term development goals of a developing country.”

JICA has been conducting cooperation projects in the field of HIV/AIDS prevention since FY2003 in Kenya. JICA launched a technical cooperation project called “Project on Strengthening People Empow-

erment against HIV/AIDS in Kenya (SPEAK)” in July 2006. Before starting this project, JICA created a cooperation program called “Programme for HIV Prevention” for Kenya in June 2006, as a framework for cooperation between SPEAK and other related projects.

This evaluation study was conducted with the aim of producing recommendations and identifying lessons to be learned, in order to improve the strategy for the ongoing Programme for HIV Prevention.

The program is comprised of the following projects.

| | Name of the project (and scheme) | Period | Summary |
|---|---|----------------------------|---|
| 1 | The Project on Strengthening People Empowerment against HIV/AIDS in Kenya (SPEAK) (Technical cooperation project) | July 2006 - September 2009 | Through 1) strengthening the government’s capacity to conduct monitoring and evaluation regarding HIV testing and to produce and implement an HIV/AIDS control policy, 2) disseminating information about HIV/AIDS to young people to encourage them to take HIV tests, as well as 3) improving the quality of testing and counseling at testing sites, the project aims to increase the number of people taking HIV tests, particularly targeting young people (15-24 years old). The total cost of the cooperation was 380 million yen. |
| 2 | The Project for HIV/AIDS Control (Grant aid cooperation) | FY2007 - FY2010 | The project aims to support an expanded capacity to identify HIV carriers and support HIV carriers, by procuring and providing HIV testing kits. The total cost of the cooperation in FY2007 was 330 million yen. |
| 3 | HIV/AIDS Control and others (Volunteers) | FY2006 - FY2010 | The volunteers are working to increase the number of people (particularly the youth) who take VCT*2 by: improving the governments’ capabilities concerning VCT service provision at the district level and below; expanding VCT services; and conducting awareness-raising activities for HIV prevention at the community level. They are also working on community empowerment by providing technical guidance for HIV carriers, in order to increase their income. About 10 volunteers are constantly deployed. |
| 4 | Blood Testing for HIV/AIDS Control (Medical equipment provision) | FY2005 | Vehicles for Mobile VCT, audio-visual equipment and HIV testing kits were provided to 367 VCT centers through the District Health Management Teams (DHMTs) from six districts located in Nyanza Province and Rift Valley Province. The total cost of the cooperation was approximately 20 million yen. |

The Framework and the Policy for Evaluation

Based on the cooperation program evaluation method, the program was evaluated in terms of its “contributions.” More specifically, the evaluation study examined the relationship between the program and related government policies, including Japanese policies such as the Country Assistance Program for Republic of Kenya (produced in August 2000), international initiatives such as MDGs,^{*3} and Kenya’s development policies such as the Kenya National HIV/AIDS Strategic Plan. The study also examined whether the program’s strategy was appropriate in terms of its planning, processes and results. Lastly, the study determined to what extent the program contributed to the resolution of Kenya’s development issues.

Due to the circumstances in which the program was created, the program did not go through a proper program formulation process (analyzing problem → analyzing objectives → selecting an effective combination of projects which enables flexible cooperation for problem solving between the projects). Taking this background into ac-

count, the evaluation study avoided jumping to the conclusion that “the program design is not strategic enough” even through the program does not have a clear program goal and it has inconsistencies between the constituent projects.

Based on the program documents, the program period (2005 - 2010) was considered to be subject to this evaluation. Since the grant aid cooperation Project for HIV/AIDS Control is not a JICA project, the project content was not directly subject to the evaluation. Instead, the study evaluated the project’s relevance in terms of the cooperation between the project and other JICA projects in the program, and discussed the project’s potential contribution to the achievement of the program goal. The study also analyzed the volunteer projects in terms of their deployment strategy rather than analyzing individual activities, because individual volunteers did not set clear outputs or goals.

*1. Many of the past evaluations conducted for cooperation programs served as ex-ante evaluations, in order to reorganize individual project groups into an appropriate strategic program, in preparation for restarting the cooperation under a program framework.

*2. VCT: Voluntary HIV Counseling and Testing

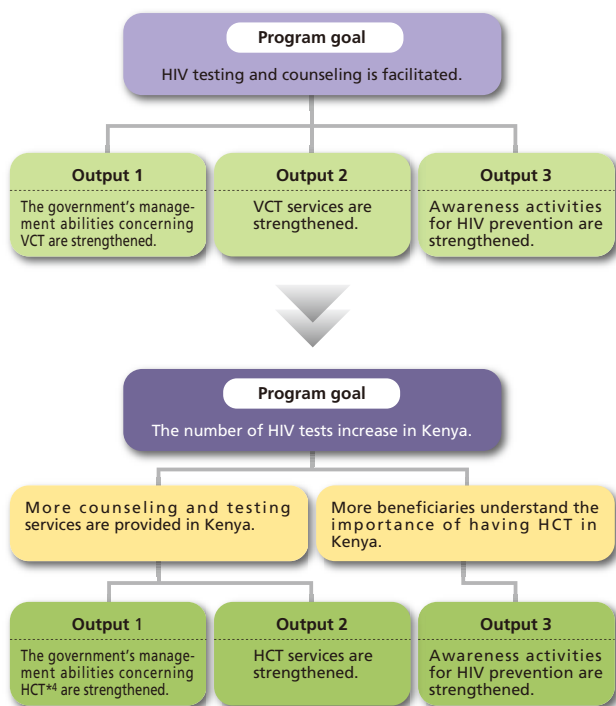
*3. MDGs: Millennium Development Goals

Evaluation Results, Lesson Learned and Recommendations

» Evaluation Results

As a result of the evaluation, it was confirmed that the program is highly aligned with Japanese and Kenyan policies and strategies, including the Country Assistance Program for Republic of Kenya, the Health and Development Initiative (HDI) and the Kenya National HIV/AIDS Strategic Plan (hereinafter called the "Strategic Plan"). It was also confirmed that the program is providing assistance to a priority field stipulated in the Strategic Plan.

The program strategy was reviewed in light of the structure of the Strategic Plan, and the reasoning connecting the program outputs and the program goal were partly revised in order to increase the consistency between the program strategy and the Strategic Plan. In this process, it was confirmed that the program should categorize its activities into activities targeting VCT service providers and activities targeting beneficiaries (see the diagrams below).



There were some good practices of cooperation between constituent projects. One example was that volunteers were dispatched to the DHMTs which were provided with vehicles and audio-visual equipment through the medical equipment provision scheme. They then conducted Mobile VCT using the vehicles and equipment, and contributed to increasing the amount of HIV testing. Another example is that the technical cooperation project SPEAK compiled a manual which was created by a Senior Volunteer when she conducted Mobile VCT in Nakuru District. The contents of the compiled manual were reflected in the national guidelines. However, this type of cooperation has not been reported since 2006. With regard to the provision of HIV testing kits through the grant aid cooperation Project for HIV/AIDS Control, the first delivery had just arrived in Kenya at the time of the evaluation and therefore it was too early to expect cooperation effects. There were no special arrangements observed which attempted cooperation between the projects.

» Lessons Learned and Recommendations from the Evaluation Study

Based on the evaluation results explained above, the study produced

the following recommendations.

Regarding planning, amending the Program Design Matrix was recommended. More specifically, it proposed indicators for outputs, outcomes and the program goal so that JICA can monitor progress, in addition to revising the reasoning behind the program scenario explained above. Regarding the technical cooperation project, there was no plan for activities directly targeting HCT service beneficiaries except for the production of radio programs. Therefore, the study recommended that the project strengthens its cooperation with the activities of other schemes and other aid organizations concerning Output 3. With regard to volunteers, the types of volunteers should be categorized into volunteers who directly contribute to the program goal and volunteers who indirectly contribute to the program goal, and they should be deployed in accordance with requests. In this way, volunteer groups can respond to diverse needs and their level of contribution can be improved. In order to deploy the appropriate type of volunteers, JICA should help the potential volunteer hosting organizations to understand the program and identify requests which can contribute to the achievement of the program goal. It is also desirable that volunteers receive more detailed information about the program at the volunteer recruiting stage and during the pre-dispatch orientation.

When implementing the program, it is effective to have meetings for liaison and coordination between the involved parties and for the progress management of individual activities. Therefore, it is important for the program to secure a budget for the cost of holding these meetings.

There are three points which should be clarified when implementing a program. Firstly, it is important to consider the ownership of a program. In the current system, a "cooperation program" is a framework shared only among the Japanese parties and it is not officially recognized by the recipient government officials who work on the individual constituent projects. The projects which constitute a program are conducted through collaboration between Japan and the partner country. Therefore, unless a program is also jointly implemented by Japan and the counterparts who are involved in individual projects in the partner country, it may be difficult to maintain the consistency between the individual projects and a program. This inconsistency in the system will need to be corrected. It is also important to share program evaluation results with the partner country's government, as part of the efforts to share program implementation power with the partner country. Secondly, the operational systems for programs should be strengthened. In the case of the Programme for HIV Prevention, for example, a short-term improvement can be made by utilizing the Program Design Matrix which includes indicators for monitoring (as proposed by the study). This improvement is expected to facilitate the consensus building needed for the operation of the program. With this improvement, it is expected that health staff members at the JICA overseas office can operate the program for the time being. However, in the medium- to long-term, it is desirable to recruit a program manager who has knowledge and skills in this field as well as excellent coordination abilities. Finally, the timing for program evaluations should be reviewed. It will be more realistic to set the schedule for program evaluations while considering the timing for project evaluations, because when program designs are corrected in accordance with the program evaluation results, the implementation plans and designs for the constituent projects will also need to be corrected accordingly. It is also desirable to consider in the future the possibility of conducting the project-level evaluations and the program evaluations simultaneously, in order to increase efficiency.

*4. HCT: HIV Counseling and Testing