

## Ex Post-Evaluation Brief

### ALBANIA: Family Planning III



<b>Sector</b>	Family planning (13030)	
<b>Programme/Client</b>	Family Planning III (2004 65 591)*	
<b>Programme executing agency</b>	Albanian Ministry of Health	
<b>Year of sample/ex post evaluation report: 2013/2013</b>		
	Appraisal (planned)	Ex post-evaluation (actual)
<b>Investment costs (total)</b>	EUR 1.8 million	EUR 2.08 million
<b>Own contribution **</b>	EUR 0.8 million	EUR 1.08 million
<b>Funding, of which budget funds (BMZ)</b>	EUR 1.0 million EUR 1.0 million	EUR 1.0 million EUR 1.0 million

\* random sample 2013; \*\*Sales revenue

**Short description:** Under the scope of the programme, a distribution system for contraceptives was set up and expanded throughout the country, and low-cost contraceptives were marketed through social marketing activities (advertising/educational measures). Training in the area of family planning was also held to a limited extent for personnel working in the healthcare sector. A non-governmental organisation (social marketing agency) acted as the executing institution.

**Objectives:** The overall development objective of the project was to make a contribution to improving the reproductive health of Albanian society. This objective should be achieved while ensuring individual freedom of choice. The programme objectives were to increase the use of modern contraceptives and – at the output level – to expand sales structures.

**Target group:** The main target group was women of child-bearing age (15-49 years) and their partners. In 2012, this group comprised approx. 805,000 women and approx. 800,000 men.

#### Overall rating: 4

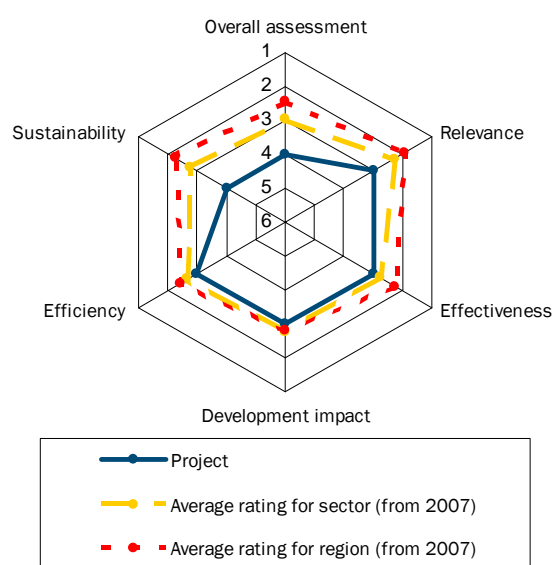
The rating is primarily due to the lack of sustainability, particularly concerning measures that are still needed for education and awareness-raising.

#### Points to note:

This programme is exceptional because it aims to further expand structures to sell modern contraceptives in Albania, a country which is heavily influenced by socio-cultural traditions.

The need for education and awareness-raising to stimulate demand for modern contraceptives and offer women freedom of choice in family planning was clearly underestimated.

#### Rating by DAC criteria



## **GENERAL CONDITIONS AND STATUS OF THE PROJECT**

When the communist regime in Albania ended in 1991, the country's economy was underdeveloped. The majority of the population (approx. 3 million) lived in rural areas and was poor. Albanian society was (and still is) strongly influenced by traditions that conflict with contraceptive use. As a result of decades of political isolation under a totalitarian system, there was (and still is) a great mistrust of government institutions.

## **EVALUATION SUMMARY**

### Overall rating

The family planning programme opened up the Albanian contraceptive market to commercial distribution channels. The supply of low-cost contraceptives through social marketing channels was particularly geared toward young people, who are more open-minded about modern contraceptive methods and have very little disposable income. The social marketing agency did not achieve the original objective of breaking even. As a result, the organisation's activities are now extremely limited, and the social marketing agency is expected to be dissolved in the short or medium-term (most likely over the course of 2014) if additional funds are not provided by donors. There are no other stakeholders who could take on the still-needed social marketing segment or continue educational and training measures.

In particular, the training for personnel in healthcare centres and pharmacies as well as for university students and soldiers – which, however, was only conducted selectively (14% of total costs) - played a very important role. These activities gave many participants their first opportunity to openly discuss family planning options. The programme concept, which was primarily geared toward distribution, did not come close to satisfying the need for education.

An ex-post evaluation was not conducted for the precursor phase (Phase I, there was no Phase II, random sampling 2009).

### **Rating: 4**

### Relevance

Despite relatively high government expenditures for the healthcare sector amounting to USD 350 million in 2012 (approx. USD 110 per person), a total of only approx. USD 60,000 was available for family planning activities. Total expenditures per person for healthcare are rather low in a regional (European) comparison at approx. USD 250 per person or 6.3% of GDP; they are high, however, compared to other nearby developing countries (North Africa). Even though the fertility rate of 2.3 live births per woman in Albania in 1997 was low (in comparison: 1.6 in 2012), hardly any modern family planning methods were available to Albanians by then (women in particular). This relates to the availability of contraceptives (both supply as well as product range) and the corresponding distribution and sale structures in the country. The use of modern contraceptive methods, represented in Couple Years Protection (CYP),

amounted to 22% of the sexually active population (15-49 years) in 2005 according to studies based on UN standards. This figure, however, is much higher than data collected in national surveys (e.g. approx. 8%, Reproductive Health Survey 2002). "Traditional" methods of birth control (e.g. "coitus interruptus" or abstinence) were the most common methods used (around three-quarters of all couples that practice birth control). According to official information, approx. 20,000 abortions were performed at public clinics at the beginning of Precursor Phase I (compared to approx. 60,000 live births). The number of unreported abortions – with the associated negative impacts on women's health - is high according to the National Institute of Public Health.

At the beginning of the family planning programme (1997), knowledge about and acceptance of modern contraceptive methods was very low. The target group had a distinct lack of knowledge about modern contraceptives. Products were unavailable and many couples also did not have enough money to buy contraceptives. At the same time, however, women did indeed express a strong interest in being able to determine the number and time of births (70% according to data).

Using a social marketing approach and by launching a social marketing distribution organisation, the aim was to establish a distribution network for contraceptives that would ensure the availability of affordable contraceptives and open up the market for commercial suppliers. The goal was for the social marketing segment to supplement the small number of contraceptives provided free of charge by the Ministry of Health and generally stimulate the use of modern contraceptives. The programme aimed through training and education to increase the knowledge of family planning methods in the healthcare sector, including pharmacies, and in the target group. This would ultimately make a contribution to improving the reproductive health of Albanians, particularly women.

The assumed results chain is fundamentally plausible. However, the following two aspects were not sufficiently taken into account: (1) there is hardly any sexual education - either in the public or private realm; (2) the country's heavily contraceptive-averse tradition, which is reflected in, among other things, the low priority of family planning in the national healthcare policy (and financing).

In the Albanian context, education is critical to increasing acceptance of modern contraceptives and – if desired by women - changing attitudes about modern family planning – especially because the contraceptive market was clearly stimulated by the precursor phase. A approach would have been necessary that focused more on education and awareness-raising about family planning and which would have involved all groups that would have to contribute to this change: the target group itself, but also, first and foremost, teachers, chemists and personnel in healthcare facilities. For this reason, the otherwise good relevance of the project is rated satisfactory.

**Sub-Rating: 3**

### Effectiveness:

The programme objectives were to increase the supply and distribution of contraceptives in Albania. This is no longer consistent with the current state-of-the-art, which targets the actual use of contraceptives. Accordingly, the prevalence rate of modern contraceptives (percentage of women between 15-49 who use modern contraceptives), for which there are several surveys – unfortunately not methodologically compatible - was used as an indicator for the ex-post evaluation. Based on these surveys, the UN Population Division has derived the following estimates for the national prevalence rates for modern and traditional contraceptive methods:

<b>Indicator* (Status 2000)</b>	<b>Status 2005</b>	<b>Status ex-post evaluation</b>
Prevalence rate of modern contraceptives (2000: 13.5%)	17.8% (maximum value of previous trend)	2011: 16.4%
Prevalence rate of traditional birth control methods – for all women** between 15 and 49 years of age (2000: 55.7%)	51.7%	2010: 48.4%
Percentage of modern contraceptives (of total contraceptives used) 2000: 19.5%	25.7%	2010: 25.3%

\*www.unpopulation.org, estimates based on various studies (Reproductive Health Survey, MICS (Multiple Indicator Cluster Survey) and DHS (Demographic Health Survey); \*\* Married women or women in a committed partnership.

According to these estimates, the use of modern contraceptives does not appear to have increased in Phase III (conducted: 2006 to 2010), but the individual estimates indicate a positive trend. Traditional methods experienced a slight decline, although they continued to be preferred by approx. 75% of all couples. According to the statistical data, approx. 65% of all couples (women between 15 – 49 years of age) practice birth control. This illustrates the need for family planning and thus to plan the number of children and reduce the numbers of abortions. The number of abortions officially performed in government clinics has been cut in half since 1997. In 2012, the total number of abortions performed at public and private clinics was approx. 9,000. Unfortunately, information on changes in the total number of annual abortions is not reliable because many are not reported.

The programme's social marketing activities were particularly geared toward young people, who are more willing to use modern contraceptives. Around 20% of couples under the age of 30 use modern methods (60% thereof use condoms), while this figure is just 15% among those over the age of 30 (29% thereof use condoms, DHS, 2008-09).

The following four programme target indicators were defined at the beginning of the programme:

- 1) the number of contraceptives sold by the social marketing agency at the end of the programme is 130,000 CYP (was not achieved; 109,000 CYP were sold);
- 2) the number of sales locations for contraceptives is doubled, with a particular focus on non-traditional sales locations in cities and urban areas (was considerably exceeded);
- 3) the operating costs are covered by the sales of contraceptives in the last two years of the programme (was not achieved); and
- 4) two years after the programme has ended, the sales of contraceptives (CYP) are not below the average of the last two years of the programme (also not achieved). From today's perspective, it was unrealistic to think that the social marketing agency would be able to cover its costs.

The contraceptive market in Albania developed positively over the course of the programme, even though it was not as strong as hoped. While at the beginning of the programme modern contraceptives were only available from government offices that distributed them free of charge, commercial and social marketing contraceptives are now offered throughout the country at pharmacies as well as in larger supermarkets and petrol stations. In the Precursor Phase I of the project, the social marketing agency played a dominant role on the market. Now, a range of commercial suppliers is active on the market, mainly "Bayer-Schering Pharma", "O.E.S Distrimed" and "Marketing and Distribution" (M&D). In addition, several other suppliers that offer affordable products are active, but they are not represented nationwide.

The stagnating prevalence rate for modern methods stands in contrast to – also stimulated by the activities of the social marketing agency – the dynamic development of the purely commercial, non-subsidised market (doubled during the term of Phase III). For this reason, the effectiveness of the programme was rated only satisfactory.

### **Sub-Rating: 3**

#### Efficiency

The social marketing agency - despite many obstacles – has implemented the programme to a large extent consistent with the original goals. Funding from other donors was also acquired to offer more educational measures, which had not been adequately incorporated into the Financial Cooperation plan. As a result, the programme contributed to raising public awareness about family planning and thus also stimulating the commercial market for contraceptives. The supply of social marketing contraceptives - according to estimates by the social marketing agency - also helped keep prices low in the commercial sector. The social marketing agency's initial strategy was to market the contraceptives to the end buyers at a low price and, at the same time, with sufficient margins for the final sellers, i.e. highly subsidised to

boost sales and demand – a strategy that was successful, at least initially, based on a general assessment.

The costs of the social marketing contraceptives per CYP (example: condoms, 120 p.a.) are currently approx. 0.45% of per capita GDP, i.e. under 1% of per capita GDP, which is an internationally accepted figure. This is a sign that subsidies were too high. However, young Albanians in particular have relatively little or no income whatsoever, meaning the price structure can ultimately be considered appropriate for this target group. These low prices could hinder the further expansion of the commercial market. The fact that sales of (more expensive) commercial contraceptives rose sharply when there was a bottleneck in available social marketing contraceptives in 2008 is evidence of this.

From 2006 to 2010, the social marketing agency generated direct sales revenues of EUR 661,000. This was in contrast to expenditures for operations (i.e. management of the organisation and distribution) totalling EUR 855,000, costs for education and training of EUR 296,000 and administrative costs of EUR 400,000. Income from Financial Cooperation funding totalled EUR 827,000 for the same time period. Administrative costs were drastically reduced starting in 2010 and currently total only approx. EUR 5,000 p.a.. Costs for non-Financial-Cooperation programme-related activities (e.g. National Health Strategy, other projects, World Aids Day or Demographic Health Survey) amounted to approx. EUR 721,000 (2008-2010); these costs were covered by the respective contract amounts.

The sales and distribution activities by themselves did not break even at any point, even though the structures were continuously adjusted and improved over the course of the programme. Only about 50% of costs were covered in the best sales years (2004 – 2007). This is a good figure for social marketing projects. Distribution initially took place with the programme's own personnel. This changed as a result of the increasing cost pressure and is now handled almost exclusively through commercial entities.

In terms of allocation efficiency, it can be concluded that there was no alternative to the social marketing approach, which stimulated the further development of the commercial contraceptive market and the (limited) dissemination of information on modern birth control methods. The public institutions at the time did not view educational work in particular as a priority government responsibility.

### **Sub-Rating: 3**

#### Impact

The overall development objective of the programme was to make a contribution to improving the reproductive health of the Albanian population. No indicators were defined at the beginning of Phase III. Consistent with the current state-of-the-art, the following criteria are used for the evaluation: on the one hand, the change in the maternal/child mortality rate using ex-

isting statistics and, on the other, the development of the freedom of choice for women of childbearing age based on available studies and on-site inquiries.

The maternal mortality rate declined by approx. 40% from 43 deaths per 100,000 births in 1995 to 27 in 2010. However, it is still far above the European average, as is the child mortality rate (but far below the average of all developing countries at 210). The infant mortality rate also fell considerably in the period from 2002 to 2012, from 23/1,000 live births to 15/1,000. The mortality rate of children under the age of 5 declined from 32/1,000 live births in 2002 to 14/1,000 in 2011. The child mortality rate is thus likewise much higher than the European average.

Even though traditional birth control methods still play a central role in Albania, the programme successfully increased the social acceptance of family planning and a woman's freedom of decision. The range of available contraceptive products (different types of condoms, oral and injectable contraceptives and "emergency contraceptives") as well as the number of sales location increased further during the course of Phase III.

Based on the findings of the ex-post evaluation, it can be concluded that the activities of the social marketing agency contributed to education about family planning (albeit limited) and raised awareness about the family planning methods available. However, it cannot be conclusively determined to what extent these activities affected the significant reduction in the number of abortions.

### **Sub-Rating: 3**

#### Sustainability

The question of the programme's sustainability must be considered at several levels.

The social marketing agency does not currently break even, nor will it in the future. Additional funding from the Ministry of Health and/or other donors is not expected or available, or only to a limited extent, so the agency is expected to dissolve in the medium term based on current developments; this means there is no sustained institutional effect.

However, Phase III of the programme contributed to further developing the overall market for contraceptives. The significant growth of the commercial market segment can be attributed in part to the stimulating effect the social marketing activities had on the market. Commercial suppliers are expected to further increase their market share and reduce the gap that will be created when subsidised contraceptives leave the market. From a financial perspective, the social marketing agency in a way became a "victim" of its own success.

However, since 2000 the prevalence rate of contraceptives (all methods) has declined by around five percentage points to just 65% of married women or women in committed partnerships (2012). During the same period, which spans all phases of the programme (2000-

2012), the prevalence rate for modern methods increased slightly. This is consistent with the trend of a decline in annual abortions (according to official statistics).

It could prove problematic that the supply of low-priced contraceptives will decline. Already now, for example, the prices for commercially sold condoms (package of three) at 200-300 leks (EUR 1.2 – 2.0) are 100-200% higher than the prices of the social marketing product, which is geared toward the low income of younger Albanians. The contraceptives distributed free of charge by the government cannot meet the country's demand because the annual budget is so low. In addition, only 25% of the population even visits government healthcare centres at all. For example, unmarried young people do not go to a healthcare centre to get contraceptives.

There is also currently no private or public partner in sight that could continue to carry out and/or finance the necessary education and awareness-raising measures related to family planning in the future that the social marketing agency was responsible for over the last few years. The acceptance of modern contraceptives in the patriarchal society will thus further decline or stagnate. It is almost impossible to project if this will negatively affect the individual freedom of choice in family planning, the choice of method to prevent pregnancy or reproductive health. On the other hand, the proximity to Europe, the considerable percentage of Albanian guest workers abroad and the rapid spread of modern information technologies will foster an offsetting trend, particularly among young people.

**Sub-Rating: 4**



## Notes on the methods used to evaluate project success (project rating)

Projects (and programmes) are evaluated on a six-point scale, the criteria being relevance, effectiveness, efficiency and overarching developmental impact. The ratings are also used to arrive at a final assessment of a project's overall developmental efficacy. The scale is as follows:

1	Very good result that clearly exceeds expectations
2	Good result, fully in line with expectations and without any significant shortcomings
3	Satisfactory result – project falls short of expectations but the positive results dominate
4	Unsatisfactory result – significantly below expectations, with negative results dominating despite discernible positive results
5	Clearly inadequate result – despite some positive partial results, the negative results clearly dominate
6	The project has no impact or the situation has actually deteriorated

Ratings 1-3 denote a positive or successful assessment while ratings 4-6 denote a not positive or unsuccessful assessment

### **Sustainability is evaluated according to the following four-point scale:**

Sustainability level 1 (very good sustainability): The developmental efficacy of the project (positive to date) is very likely to continue undiminished or even increase.

Sustainability level 2 (good sustainability): The developmental efficacy of the project (positive to date) is very likely to decline only minimally but remain positive overall. (This is what can normally be expected).

Sustainability level 3 (satisfactory sustainability): The developmental efficacy of the project (positive to date) is very likely to decline significantly but remain positive overall. This rating is also assigned if the sustainability of a project is considered inadequate up to the time of the ex post evaluation but is very likely to evolve positively so that the project will ultimately achieve positive developmental efficacy.

Sustainability level 4 (inadequate sustainability): The developmental efficacy of the project is inadequate up to the time of the ex post evaluation and is very unlikely to improve. This rating is also assigned if the sustainability that has been positively evaluated to date is very likely to deteriorate severely and no longer meet the level 3 criteria.

The overall rating on the six-point scale is compiled from a weighting of all five individual criteria as appropriate to the project in question. Ratings 1-3 of the overall rating denote a "successful" project while ratings 4-6 denote an "unsuccessful" project. It should be noted that a project can generally be considered developmentally "successful" only if the achievement of the project objective ("effectiveness"), the impact on the overall objective ("overarching developmental impact") and the sustainability are rated at least "satisfactory" (rating 3).