

# Ex post evaluation – Burkina Faso

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**Sector:** Sexually Transmitted Diseases control including HIV/AIDS (CRS code: 1304000)

**Project:** HIV/AIDS prevention and reproductive health (PREVISAR) (BMZ no.: 2005 66 117\*)

**Implementing agency:** Conseil National de Lutte contre le SIDA (CNLS)



## Ex post evaluation report: 2020

All figures in EUR million	Project A (Planned)	Project A (Actual)
Investment costs (total)	11.30	14.98 <sup>2</sup>
Counterpart contribution from sales revenue	1.80	2.33
Government contribution	0.00	0.003
Other donors	0.00	1.08
BMZ funds	9.50	11.57 <sup>1</sup>

\*) Random sample 2017

1) Financing total EUR 9.5 million, 2012 increase of EUR 2 million plus residual funds from the previous phase amounting to EUR 72,891.

**Summary:** The project “Programme to prevent HIV/AIDS and promote reproductive health” (PREVISAR) was the fourth phase of a social marketing approach. In addition to the HIV/AIDS prevention component used in the preceding phases (procurement, education and marketing of male condoms), PREVISAR included two additional components “family planning” (procurement, education and marketing of the pill and female condoms) and “combating female genital mutilation” (education). Awareness-raising campaigns were launched and contraceptives were procured and marketed. The project was sponsored by the National Council for the Fight Against AIDS (CNLS), which worked with the Directorate of Family Health (DSF) and the National Programme Against Female Circumcision (CNLPE) in relation to the project. The implementing agency was the Burkinabe non-governmental organisation PROMACO.

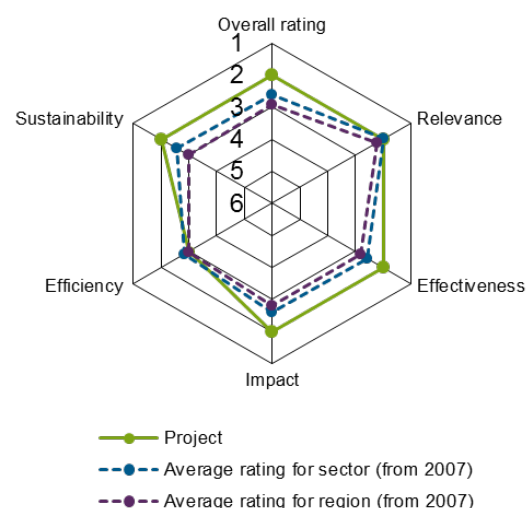
**Development objectives:** The project’s objective was to contribute to improving sexual and reproductive health and family planning in general and, more specifically, reducing HIV/AIDS infections and the transmission of other sexually transmitted diseases among the Burkinabe population. The outcome-level objective was to promote and improve self-determined use of contraceptives and to improve the population’s knowledge, attitudes and practices (i) surrounding the risks of HIV and other sexually transmitted infections, (ii) surrounding family planning and reproductive health, and (iii) surrounding the risks of female circumcision.

**Target group:** In the area of HIV prevention, the target group comprised the entire population of reproductive age affected by poverty, in particular so-called high-risk groups such as long-distance drivers, gold miners and sex workers. In the area of reproductive health/family planning, the programme was aimed mainly at the 15–34 age group.

## Overall rating: 2

**Rationale:** The goal of improving the self-determined use of contraceptives to contribute to an improvement in sexual health was achieved to a very high level, particularly among young people. The Burkinabe government has also acknowledged and highlighted that social marketing is an important method for reaching the target group. The project’s contribution to HIV prevention and the prevention of unwanted pregnancies continues to have an impact beyond the end of the project, since prevention knowledge, once acquired, usually has a lasting effect.

**Highlights:** It can be plausibly assumed that the project will have a long-term impact on the lives of young people in particular, who also learned about self-determination among the genders through sexual education measures, thus contributing to the empowerment of women and gender equality.



## Rating according to DAC criteria

### Overall rating: 2

#### Ratings:

Relevance	2
Effectiveness	2
Efficiency	3
Impact	2
Sustainability	2

#### Relevance

At the time of the appraisal in 2005, Burkina Faso was one of the least developed countries in the world (ranked 177th out of 182 (2005)) and remains so to this day (ranked 182nd out of 188 (2019)) in the Human Development Index.

The overall poor health data with high maternal and infant mortality rates contributes significantly to this, despite general improvements. In 2007, HIV prevalence was recorded at 1.6 %; six years earlier (2001), it was estimated to be 2.1 % and was thus in a concerning range with regard to spreading further. This was true for the whole of West Africa, where the development of the epidemic in East Africa was closely monitored, which is why particular efforts were made to prevent HIV. The rate has now stabilised at 0.8 % (UNAIDS 2017). The HIV incidence was reduced from 0.38/1,000 persons (2005) to 0.23/1,000 persons (2017) (UNAIDS).

It is plausible that the procurement and marketing of contraceptives and awareness-raising campaigns for the predominantly young population in both of the components “HIV/AIDS prevention” and “family planning” contributed to the increased use of contraceptives and therefore helps to counteract the shortage of supply and information in the public sector – which prevailed both at the time and today – particularly in rural areas. Especially rural areas with their predominantly poor population were then as now under-supplied in this respect.

The HIV components of the project were aimed at the entire population of reproductive age, but mainly at the so-called high-risk groups, such as long-distance drivers, gold miners and sex workers, which from today's perspective may have a stigmatising effect. However, both components revolved around the correct use of condoms (to prevent HIV and pregnancy) and sexual education (responsibility, contraception by pill, consequences of circumcision).

The third component, the smallest in financial terms, related to the still widespread circumcision of girls and women and its prevention (human right) and focused on their self-determination. Despite an official ban on circumcision in Burkina Faso since 1996, 13.3 % of girls under the age of 15 were still circumcised in 2010.

The results chain was plausible: by improving the self-determined use of contraceptives a contribution could be made to improving sexual health. Self-determination provided the central point of departure for knowledge and behaviour in this area.

The project corresponded (and still does) to the objectives of Burkina Faso, which are based on aspects including the integration of NGOs into the national strategy for promoting reproductive health (currently the Plan National d'Acceleration de la Planification Familiale du Burkina Faso – PNAPF 2017–2020). It is in line with international agreements that were signed by both the Federal Republic of Germany and Burkina Faso (including the Sustainable Development Goals, Paris Declaration).

The project's relevance was good from the perspective at the time and also from the current perspective.

#### Relevance rating: 2

## Effectiveness

The outcome-level objective was to promote and improve self-determined use of contraceptives and to improve the population's knowledge, attitudes and practices (i) surrounding the risks of HIV and other sexually transmitted infections, (ii) surrounding family planning and reproductive health, and (iii) surrounding the risks of female circumcision.

Five common international indicators were used in the ex post evaluation to verify the achievement of the objectives. When interpreting the data, it is important to consider that it cannot be compared over time due to different sources and the associated differences in survey methods and target groups. However, trends can be identified:

Indicator	Status PA (2005)	Ex post evaluation
(1) Increase in contraceptive prevalence (PA all methods, ages 15–49, modern methods from 2010) <sup>1</sup>	Status PA: 9 % Target: 30 %  Status 2010: ages 15–24, modern methods: 11.6 % (without condoms) ages 15–49, modern methods: 14.3 % (EDS 2010)	Achieved: 32 % (ages 15–49, all methods) (HDI 2018)  55.6 % (ages 15–24, modern methods) (PRSR 2019) <sup>2</sup>
(2) Total number of condoms and contraceptives sold in the project (overall project, cumulative) Source: Final inspection 2015 (Data from April 2014) Number of units sold a) Condoms b) Female condoms c) Contraceptive pills	Target: a) 31.8 million b) 0.346 million c) 1.07 million	Achieved: a) 138 million b) 0.366 million c) 1.1 million
(3) Proportion of the target group (population between the ages of 15 and 49), which has been educated about paths of infection and protection options related to HIV/STD (sexually transmitted diseases) (%) <sup>3</sup>	Status 2010: Paths of infection: 35 % Protection options: 63 %  Target: 50 % (Information according to final inspection)	Achieved: 72.3 % (Knowledge surrounding the correct practices for reducing the risk of HIV (infection and protection) - "Connaissances des attitudes correctes pour réduire le risque") (ages 15–24) (PRSR 2019)
(4) Proportion of the population of reproductive age who have been educated on how to prevent pregnancies	n.a.	Achieved: 86.4 % (ages 15–24) (PRSR 2019)
(5) Change to risky behavior (proportion of the population of reproductive age who claim to have used a condom during their last sexual contact outside of marriage)	PA status: 70% Target: 76%	Achieved: 78.1% (ages 15–24) (PRSR 2019)

<sup>1</sup> The statements referring to "all methods" are not common in the international community as there is a consensus that "traditional methods" do not systematically contribute to contraceptive prevalence; only "modern methods" do this. Only data related to all methods was available at the time of the PA. However, an improved study (Enquete Demographique et de Santé, EDS) can be referred to for

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2010. A new EDS will be drawn up in 2020. The EDS 2010 did not include any comprehensive questions regarding the use of condoms as a means for family planning, which partially explains the difference in figures.

<sup>2</sup> Programme Régional de Santé Reproductive 2019.

<sup>3</sup> The methods used to record this indicator differ, as does the age group of those questioned. This is common; the data provides information about trends. This is standard in the field of sexual health because only approximate values can be achieved due to the questions asked.

Despite the aforementioned problems, the indicators are appropriate for mapping sexual education (knowledge about HIV and pregnancy prevention) and providing information about developments in the use of contraceptives. Indicator 2 is actually an output indicator but here it serves to show development in a sub-segment of the overall condom market. Here, it can be assumed that it is very likely that every condom and contraceptive pill sold is also used (proxy indicator for the “total market approach” as the state of the art). One of the goals of social marketing programmes is to expand the total market and therefore increase supply and demand. In fact, the commercial sector for condoms is now almost ten times larger than the private subsidised market (Commodity Gap Analysis 2019). This shows that the awareness-raising measures and advertising for condoms made an impact on the whole and the total market could therefore be expanded; demand for condoms can be assumed to be covered.

All indicators were achieved and a positive trend is emerging, even in view of the problems in the evaluation. The figures for adolescents and young adults (ages 15–24) are particularly encouraging with regard to protection against unwanted pregnancies and the prevention of sexually transmitted diseases. This data demonstrates that the project’s contribution to raising awareness is still in effect. The differences between urban and rural areas and levels of education have significantly decreased (PRSR 2019).

The new family planning component was necessary – as an addition to condoms – for self-determined and independent protection for young women. Nowadays, 85 % of young women (aged 15–24) are familiar with modern contraceptives<sup>1</sup> and only 18 % are also familiar with traditional methods (PRSR 2019), which must be regarded as a clear gain for awareness-raising, to which the project contributed. Furthermore, young people discuss protection more.

The component for preventing circumcision was based on UNICEF’s community-based approach, which starts by approaching traditional village leaders and working with mediators from the villages, who are then trained to hold awareness-raising meetings with their fellow villagers. Furthermore, theatre groups, film screenings and local radio broadcasts were used with subsequent discussions. In total, around 464,000 women and men (mostly older women) were addressed in selected villages. Other NGOs with additional donors were active in other villages, so the projects complemented one another. In primary health care facilities, information continues to be provided through interpersonal communication. Prevalence among the under 15 year olds fell from 13.3 % (2010) to 11.3 % (2015).

Due to the successful awareness-raising work, an increase in contraceptive prevalence and successful activities in the area of circumcision prevention, the project’s effectiveness is rated as good.

**Effectiveness rating: 2**

### Efficiency

Social marketing programmes with German financing have been implemented in Burkina Faso since 1994. PREVISAR (2007–4/2014) was the final phase, which was originally planned to last four years, but was able to run for an additional 3.25 years thanks to additional financing provided in 2012. The original appraisal took place in 2005; the project did not start until two years later with the continuation of social marketing for condoms (component 1). The two new components (2) for promoting family planning (the pill and female condom) and (3) the prevention of female circumcision did not start until 2009, as approaches first had to be developed and adjusted to local conditions. Overall, it can be seen today that the project was frayed because too many new things had to be launched at the same time. From today’s per-

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<sup>1</sup> Apart from condoms for men, the knowledge surrounding modern protection methods focused on the pill (46.6%), implants (42.1%) and injections (33.3%). Only one quarter (25%) of the young women were aware of the female condom.

spective, only one new component (the pill) would have initially been sufficient for the young social marketing enterprise, which did not become an independent business until 2006. The third component for preventing female circumcision was continued after the end of the FC financing programme and ran until 2017 with other financing (Diakonia); the two other components remain part of PROMACO's work and receive financial support from the government and other donors, such as the West African Health Organisation (WAHO).

When analysing this programme, the fact that the HIV prevention measure focused partially on so-called high-risk groups (long-distance drivers, gold miners, sex workers) – in addition to the entire population of reproductive age – may be called into question in terms of efficiency, even though a focus on high-risk groups is common in HIV prevention. Since family planning was integrated into this phase, unlike in earlier phases of the programme, it would also have been logical to focus mainly on adolescents and young adults of both genders to impart wide-scale knowledge of prevention in sexual health, including family planning (double benefit of using a condom).

Production efficiency is good: a total of 1,227,500 CYP (couple years of protection) could be generated. The costs per CYP amounted to EUR 12.35, making the measure relatively cost-effective (average cost in the context of Africa: EUR 18).

The pricing of contraceptives differed significantly. The price of male condoms was slightly too low (in 2012, just 0.7 % of the Chapman Index, which states that the proportion of income spent on contraceptives should not be higher than 1 % of the annual income), meaning that revenues from sales were marginally less than they could have been. Meanwhile, the price for female condoms was 3.6 % and the pill was 7.2 % of the aforementioned index. The female condom was a niche product, but an important alternative to male condoms in the range of products for preventing HIV. Even though the retail price of the pill was relatively expensive, it was in high demand among young women, especially those in urban areas. The pill is currently the second best known contraceptive in Burkina Faso at 47 % after the male condom at 79 % (PRSR 2019).

The sales system based on private wholesalers was efficient for the pill and male condoms. Sales of female condoms – which were only distributed through small individual groups of women – were not very efficient, not least because of the low acceptance of the product.

The expansion of the PREVISAR activities to include two new components (family planning and female circumcision) has a negative impact on allocation efficiency, especially against the background of a young implementation partner who was at least initially still caught in a consolidation phase. By contrast, when considering how many couple years of protection were achieved, the cost efficiency is regarded as positive, although the price of male condoms should have been increased in order to be able to reinvest the revenues. Overall, efficiency is rated as satisfactory.

**Efficiency rating: 3**

## Impact

The project's development objective (impact) was to contribute to improving sexual and reproductive health as well as family planning in general and, more specifically, containing HIV infections and the transmission of other sexually transmitted diseases among the Burkinabe population. Maternal mortality, the reduction of HIV prevalence and incidence, and support from a partner in the selection of contraceptives (as an indicator for self-determination) were defined as indicators. The project aimed to generate improvements without setting targets, an approach which is regarded as justified in view of the relative contribution to these developments. The following table shows how the indicators developed:

Indicator	Status PA (2006)	Ex post evaluation
1) Maternal mortality	440 per 100,000 live births (2003)	330 per 100,000 live births (2015)
2) Reduction in HIV prevalence and incidence	Prevalence: 1.6 % (2007) Incidence: 0.38/1,000 (2005)	Prevalence: 0.8 % (2017) Incidence: 0.12/1,000 (2018)
3) Support from the partner in the selection of contraceptives	-	49.7 % joint selection of a contraceptive (ages 15–24)

It is plausible that the project contributed to an improvement in the general health situation and, in particular, in maternal/infant health, even in consideration of the lack of attribution in conclusions drawn from the project at national level. The project's measures relating to male condoms were applied on a nationwide scale; in view of the increase in contraceptive prevalence (see Effectiveness), particularly among young people aged between 15 and 24, it is plausible that the project contributed to the reduction in HIV incidence and birth rates, but also influenced the fall in abortion rates (though no verified data was available on this latter factor). Fewer births and abortions also tend to decrease maternal mortality, particularly in the case of early pregnancies prevented.

The circumcision of women and girls fell from 13.3 % (2010) to 11.3 % (2015) (prevalence among under 15 year olds), though a number of other projects also contributed to this. In addition, the 16-year-old girls who were sexually educated in 2009, for example, are mothers ten years later and it is very likely that they therefore will not allow or want their young daughters to undergo this mostly clandestine procedure. The component related to female circumcision is regarded as important and successful in Burkina Faso, as the number of circumcisions has been reduced, though it must be noted that it is difficult to collect data in this area and the validity of data is limited.

With regard to social marketing for contraceptives, the project represents a best practice case and has already been repeated multiple times as part of a current FC regional project. Social marketing is an important method for the Burkinabe government when it comes to providing information about various issues (HIV, FP, hygiene, etc.) where NGOs tend to be much more qualified and have better access to customers. For this reason, PROMACO is and will remain an important partner NGO.

As demonstrated by the figures on the use of contraceptives, the project was able to contribute to female empowerment and gender equality: in a 2019 survey, almost 50 % of those questioned stated that they make joint decisions as a couple when it comes to the use of contraceptives (just 28 % in Niger). The reduction in maternal mortality shows that a collective effort is needed to achieve this objective, particularly when dealing with young adults and especially in the area of sexual education. At the same time, this objective also contributes to improved health in general (SDG 3) and, as a result, to a reduction in poverty (SDG 1). The project contributed to SDG 5 (gender equality) and SDG 8 (decent work) and continues to do so today. The impact on the generation that was and still is affected by the project may be regarded as ongoing because knowledge regarding risks and sex education lasts a long time, although it should be refreshed regularly.

In spite of the current lack of attribution and taking into account further efforts in this area in Burkina Faso – including in cooperation with other donors – PREVISAR's contribution to sexual and reproductive health remains plausible.

**Impact rating: 2**

### Sustainability

Projects related to sexual health and education must be repeated in view of the ever-growing target group of young people and, in the case of Burkina Faso, are reliant on third-party financing, be it from the government or other donors, because only a small proportion of the funds needed can be generated from sales revenues. However, the subsidised products are important for providing the target groups (young people, poor people) with access to information and products.

Long-term financing has yet to be established, though this is frequently the case for projects involving non-governmental organisations. However, PROMACO has acquired new projects while the FC financing at national level ended with the project. Burkina Faso is also the pilot country for the FC regional project in cooperation with ECOWAS.

Prices for male condoms could only be increased in 2018 with the introduction of the new brand "Desirex" as the Burkinabe government had previously demanded lower prices, especially for the poor sections of the population. Prices have only increased slightly and are still affordable for poor people, but allow sales revenue to be increased and used for reinvestment. For instance, the price per condom for the product PRUDENCE rose from 19 CFA francs (2007–2015) to 25 CFA francs (2016–2019) and then to 33.33 CFA francs with the launch of the Desirex brand.

In total, USD 266,000 was spent on condoms in Burkina Faso in 2018, a small proportion of which (1 %) was spent in the public sector (USD 23,000) – as is common – while USD 243,000 was spent in the private sector. In turn, only USD 25,000 of this total was subsidised while almost ten times this figure (USD 217,000) relates to the non-subsidised private sector and commercial sector (Commodity Gap Analysis 2019). While the "Desirex" condom is available for 100 CFA francs (3 units), other condom brands costing twice or even more are available at petrol stations, for example.

Social marketing remains an important starting point for West Africa in general and also for the Burkinabe government when it comes to reaching the mainly young population with sexual education measures and distributing subsidised products.

This is reflected in the "Plan National d'Accélération de Planification Familiale du Burkina Faso (2017–2020)" (e.g. in the "Zero Grossesses" campaign – "Zero pregnancies" in schools) and in the "Cadre Stratégique National de lutte contre le VIH, le Sida et les IST" (CSN-SIDA 2016–2020) and in the "Politique Nationale de Genre" (2005–2019, 2020–2024 in preparation). Established structures and techniques are important for implementation and these were created thanks to the project.

With its awareness-raising activities and provision of subsidised contraceptives, the implementing agency PROMACO continues to play an important role in the implementation of government objectives. Its core business still focuses particularly on improving sexual health (preventing unwanted pregnancies and sexually transmitted diseases), even though it has since been expanded to include other components such as hygiene (clean water) and malaria prevention (sale of subsidised treated mosquito nets to prevent exposure). The expansion of the business has safeguarded the future of the organisation and reduced its dependence on individual donors.

In February 2019, the African Union named the president of Burkina Faso "Champion d'Afrique" with regard to the commitment to and results achieved in relation to the circumcision of women and girls, and emphasised the need to mobilise additional resources to retain or even improve the current state of affairs.

Banned by law since 1996, the government takes decisive action when it becomes clear that girls are being circumcised. As such, the underlying conditions that have made Burkina Faso a "champion" are ideal for continuing efforts to further reduce female circumcision.

Sustainability is assessed as good, particularly with regard to the sustainability of the impacts among the target group and the establishment of proven structures in social marketing. This is detracted by the dependence on external funds in the area of sexual health and education since it is not possible to generate enough funds due to the task at hand. Financial sustainability for the area of education measures in particular is not assured.

Even though FC is continuing to pursue the social marketing approach with regional projects, one source of financing for health projects is being phased out for Burkina Faso.

**Sustainability rating: 2**

### 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:

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

Rating levels 1-3 denote a positive assessment or successful project while rating levels 4-6 denote a negative 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. Rating levels 1-3 of the overall rating denote a "successful" project while rating levels 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" (level 3).