Ex post evaluation – CEMAC

›››

Sector: Promotion of reproductive health (CRS code 13020)
Project: HIV Prevention in Central Africa Phase II (BMZ no. 2006 66 560 and 2008 66 228)*, HIV/AIDS Prevention in Central Africa Phase III and IV (BMZ no. 2012 66 329 and 2013 66 517)
Implementing agency: Organisation de Coordination pour la lutte contre les Endémies en Afrique Centrale (OCEAC)

Ex post evaluation report: 2019

All figures in EUR million	HIV II* (Planned)	HIV II* (Actual)	HIV/AIDS III & IV (Planned)	HIV/AIDS III & IV (Actual)
Investment costs (total)	27.00	36.62	30.00	28.82
Counterpart contribution	4.00	4.62	5.00	3.82
Funding	23.00	32.00	25.00	25.00
of which BMZ budget funds	23.00	23.00	25.00	25.00

*) Random sample 2017

Summary: The regional projects contributed to reducing the HIV infection rate, the transmission of other sexually transmitted diseases and the number of unwanted pregnancies in the CEMAC region through education and marketing measures as well as the improved availability of high-quality condoms as part of a social marketing strategy, thus contributing to improving sexual and reproductive health and rights. Communication measures that were carefully adapted to the socio-cultural environment encouraged preventive behaviour and knowledge about the risks of infection, infection channels and prevention options and helped to reduce stigmatisation and discrimination against people affected by HIV and AIDS. The scope of the regional project was expanded in Phase II from three to four of the six CEMAC countries: Cameroon, Chad, Central African Republic (CAR) and Congo. Phases III and IV also focused on young people (15-24 years) with the aim of increasing the efficiency of the measures.

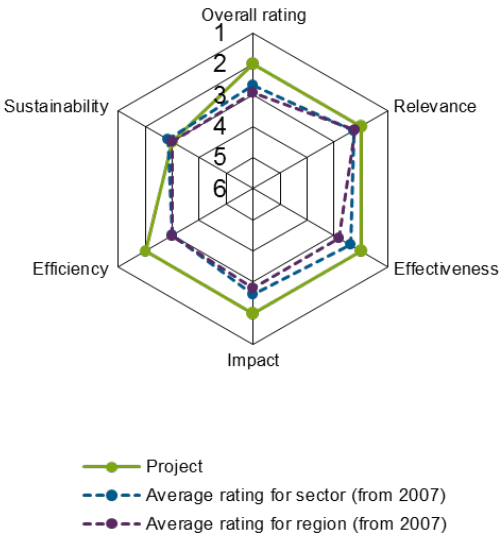
Objectives: By improving the use of affordable, good-quality condoms and bringing about a lasting positive change in the behaviour of the target group (outcome), the projects contributed to reducing the spread of the HIV/AIDS epidemic and the social exclusion of the people affected and thus to improving the sexual and reproductive health of the population (impact).

Target group: Sexually active and particularly poverty-stricken population, especially young people (15-24 years) and groups at high risk of HIV transmission in selected countries in Central Africa.

Overall rating: 2

Rationale: With the continuation of the first regional approach in the health care sector in Central Africa, the target group and region-specific approach had positive effects, both in terms of the intended developmental impact and regarding increased use of high-quality condoms and lasting behavioural changes in the target group. By focusing on prevention and explicitly addressing the cross-border dynamics of infection, the programmes served as a useful complement to bilateral approaches focused on combating HIV/AIDS.

Highlights: The complex FC project featured an appropriate combination of tried-and-tested social marketing activities. Challenges included the fragile security situation in parts of the region, which made operational adjustments necessary on several occasions, and ensuring the institutional and financial sustainability of HIV/AIDS prevention measures. To further increase effectiveness and efficiency, an even more consistent focus on HIV hotspots (in the geographical and socio-demographic sense) should be introduced in subsequent phases or similar projects.



Rating according to DAC criteria

Overall rating: 2

The projects are evaluated together due to their identical conceptual design and the overlaps in implementation.

The projects were relevant and adapted to the situation in conceptual terms. The objectives at outcome level were ambitious, but were achieved despite constraints given the fragility in parts of the region. The financial sustainability of the selected approach is characterised by a clear donor dependence of the social marketing agencies. However, their liquidity risks are mitigated by the beginning of donor diversification. One positive aspect is the regional approach, which strengthened cooperation between the CEMAC countries above and beyond economic issues.

Ratings:

Relevance	2
Effectiveness	2
Efficiency	2
Impact	2
Sustainability	3

Relevance

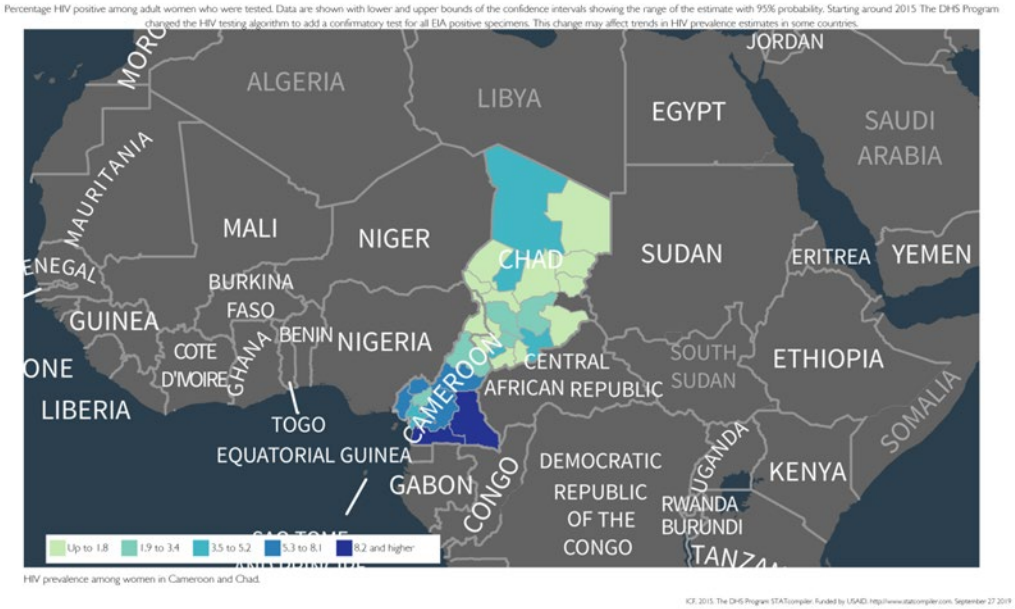
HIV prevalence in the population aged 15 to 49 years in the CEMAC countries ranged between 1.8% in Chad and 5.6% in the CAR at the time of the appraisal of Phase II (2008). Although they did not reach the level in Eastern and Southern Africa at that time, there was a risk that the rate of infection would accelerate among the then 37 million inhabitants of the region, partly due to migration. The mobile population (truck drivers, migrant workers, merchants, refugees, military personnel, prostitutes, etc.) mostly lived in precarious conditions and faced a particular risk of infection with sexually transmitted diseases due to work-related instability in social relationships. This was still true at the time of the appraisal of Phases III and IV in 2012, although the HIV prevalence in the CEMAC member countries had already decreased, in some cases significantly. In particular, this applies to the four CEMAC countries that were part of the project (Cameroon, Congo, Chad, Central African Republic (CAR)). HIV prevalence in the non-participating member states of Gabon and Equatorial Guinea continued to rise between 2007 and 2016 despite significantly higher per capita health care expenditure, but this may also be due to better treatment of patients. Their exclusion was not justified on epidemiological grounds, but was based on political specifications.

In addition, the situation in the field of sexual and reproductive health and rights in the region as a whole was highly unsatisfactory: the low social status of women is reflected in the low availability and use of family planning services because women in Central African society often had no bargaining power at all when it came to the use of condoms and other contraceptives. Moreover, sexual violence against women and adolescent girls was widespread. Contraceptive prevalence (modern methods) in 2007 ranged from 1.7% in Chad to 15.2% in Cameroon. In particular, the poorer population and people in remote rural regions were only reached to a very limited extent by HIV prevention measures.

In view of the epidemiological situation, the projects were therefore highly relevant. The assumed impact chain is generally plausible: improved use of affordable, good-quality condoms and accompanying communication and awareness-raising measures aimed at reducing the spread of HIV in Central Africa and reducing the stigmatisation and social exclusion of the people affected. The projects were therefore integrated into the national HIV/AIDS strategies of the CEMAC member states, which focused on improving prevention. This was consistent with the UNAIDS recommendation, which is still valid today, that the most cost-effective strategy for combating the HIV epidemic is through appropriate preventative measures. At the time of the appraisal of Phases III and IV in 2012, however, this was in competition with the government-financed treatment of HIV with antiretroviral therapies, which had a negative impact on the level of knowledge about HIV/AIDS, particularly among young people in the region.

Since certain risk groups (prostitutes, men who have sex with men (MSM), police and security personnel, transport workers, prison inmates) were directly targeted by other donors, the social marketing approach pursued by FC to reach the poorer population still seems generally appropriate. However, newer approaches to HIV prevention advocate a focus on what are known as HIV hotspots. Figure 1 shows an example of HIV prevalence among women at subnational level in Cameroon and Chad, for which methodologically comparable data from Demographic and Health Surveys is available.

Fig. 1: HIV prevalence among women at subnational level in Cameroon (DHS 2011) and Chad (DHS 2014/2015)

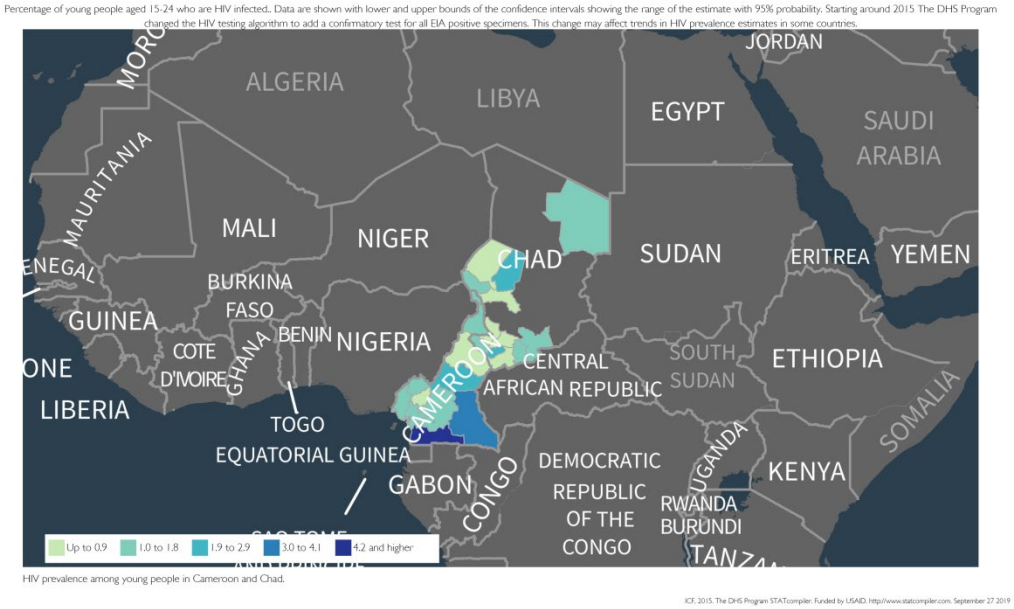


Source: ICF, 2015. The DHS Program STATcompiler. Funded by USAID. http://www.statcompiler.com 27 September 2019

In some cases, significant deviations from the national average become apparent: while the HIV prevalence among the female population in Cameroon overall was 5.6% at the time of the study in 2011, 10.6% was reached in the southern region and only 1.5% in the extreme north. In Chad, a figure of 5.2% was determined for the Borkou/Tibesti region for 2014/15, compared with a national average of 1.8%. A study published in 2019[1], which shows the number of people affected by HIV in a 5 x 5 km grid, provides even more precise insights and points to small-scale HIV hotspots in the CEMAC region, particularly in (peri-) urban areas, in the border region between Chad and Cameroon, in southern Cameroon and in southern Congo. Although these regions were covered by the project, no explicit priorities were set apart from individual activities in the key transport corridors. However, young people aged 15 to 24 were specifically targeted from Phase III and IV onwards. Here, too, data available for Cameroon and Chad shows a partly significant variance in HIV prevalence at subnational level (see Figure 2): in the southern region of Cameroon, for example, the figure was 5.3% compared with 1.7% at national level; in Chad, the figure was 2.9% in the Logone Occidental region compared with 1.1% in the country as a whole. Corresponding analyses can be used as a basis for a more precise focus of programme activities. In addition to the measures implemented under the projects, a contemporary project concept would also include interventions to address the socio-economic causes of HIV infection in selected high-risk groups.

[1] "Mapping HIV prevalence in sub-Saharan Africa between 2000 and 2017" in Nature (2019).

Fig. 2: HIV prevalence among young people aged 15 to 24 at subnational level in Cameroon (DHS 2011) and Chad (DHS 2014/2015)



Source: ICF, 2015. The DHS Program STATcompiler. Funded by USAID. http://www.statcompiler.com 27 September 2019

Given the historic and economic links between the CEMAC countries and the high level of intra-regional migration, the projects clearly identified HIV/AIDS as a regional problem in need of a supranational prevention strategy. Through the support of OCEAC as part of the regional approach, the FC measure had the potential to contribute to enhancing collective health policy, strengthening regional cooperation beyond economic issues, and creating synergies in the implementation and dissemination of best practices. In a partially fragile environment, the projects also contributed to attaining the human right to health care in accordance with the internationally adopted SPHERE standards[2].

The projects evaluated were in line with the Millennium Development Goals (combating HIV/AIDS, empowerment of women) and the current sustainable development goals ("Ensuring a healthy life for all people of all ages and promoting their well-being"). They were also in alignment with the agreements between the German Federal Government and CEMAC on cooperation in the health sector and the sector policy guidelines of the BMZ.

Relevance rating: 2 (all phases)

Effectiveness

The project objectives at outcome level at the time of the appraisal were (1) an improvedsupply of affordable, good quality condoms and (2) lasting positive behavioural change in the target group. These objectives were adjusted as follows during the ex post evaluation to reflect current state-of-the-art (use of the service): (1) increased use of affordable, good-quality condoms and (2) lasting positive behavioural change in the target group. The indicators were adjusted and standardised for the three phases. The indicator relating to contraceptive prevalence was added. The indicators are generally suitable for assessing the success of the FC projects at outcome level; the target achievement can be summarised as follows:

[2] Standard 2.3.1, Key Action 4: “Make a range of long-acting reversible and short-acting contraceptive methods available at healthcare facilities based on demand, in a private and confidential setting. Provide counselling that emphasises informed choice and effectiveness.”

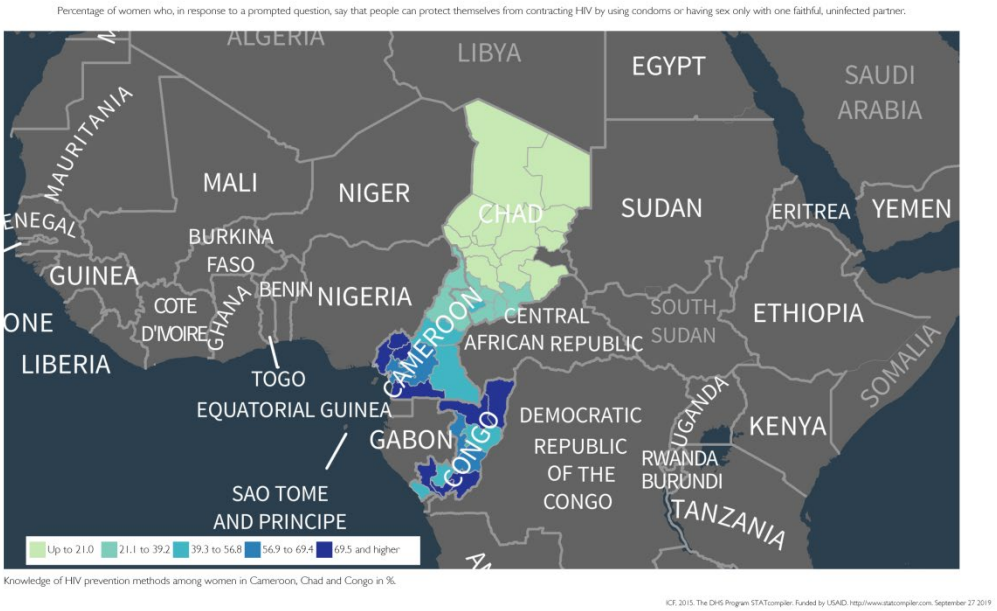
Indicator	Status PA (Phase II: 2008, Phase III & IV: 2012)	Ex post evaluation (2018)
a) Contraceptive prevalence (modern methods, % women aged 15-49 years) (The target values for this indicator were not defined at the time of the appraisal.)	Cameroon: 15.2% (2006) / 14.4% (2011) Congo: 13.7% (2005) / 20.0% (2012) Chad: 1.7% (2004) / 4.5% (2010) CAR: 11.2% (2006) / 12.1% (2010)	Cameroon: 21.0% (2014) Congo: 18.5% (2015) Chad: 5.0% (2015) CAR: n.a.
(2) Percentage of young people aged 15-24 who report having adopted less risky behaviour. (Target values set at the time of the appraisal were not based on a baseline, while Phases III & IV set a target of 65% for all countries)	Cameroon: 57% (2008), f 76%, m 76% (2013) Congo: f 52%, m 53% (2013) Chad: 51% (2008), f 60%, m 59% (2013) CAR: 56% (2008), 56% (2013)	Cameroon: f 83%, m 86% (2016) Congo: f 81%, m 83% (2016) Chad: f 61%, m 67% (2016) CAR: 56% (2016)

Sources: (1) World Development Indicators, (2) Reports of the project executing agency.

Despite continuing religious and social resistance, contraceptive prevalence rates in the CEMAC countries rose slowly but steadily over the course of the project. Only in Congo was there a slight decline of 1.5 percentage points between 2011 and 2015. However, the contraceptive prevalence of 18.5% is still significantly higher than the baseline in 2005. Despite this positive development, the planned target values for condom sales were not achieved under the projects, but the relative achievement of the objectives in an increasingly fragile environment was significantly increased from 65% to 86% (Phase II: sale of 65.9 million condoms per year planned, 42.8 million per year achieved, target achievement 65%; Phase III & IV: sale of 50.0 million condoms planned, 43.1 million per year achieved, target achievement 86%). In hindsight, the absolute target values were very ambitious. Growing impairments due to security problems, interference with other projects that provide condoms free of charge and also the strong competition on the condom market were underestimated. Donor coordination took the form of condom planning committees and worked well according to reports.

The proportion of young people who claimed to have adopted less risky behaviour increased significantly during the project period. The value stagnated only in the CAR. The positive development in Cameroon, Congo and Chad is probably due to the intensive awareness-raising measures carried out under the projects, while in the CAR, education and awareness-raising activities were limited due to the problematic security situation However, towards the end of Phase III/IV in Cameroon, far fewer sales promotion and awareness-raising measures were implemented than at the beginning of the projects.Data from Demographic and Health Surveys about knowledge of HIV prevention methods also show considerable differences at subnational level (see Figure 3): while 79% of women in north-western Cameroon had extensive knowledge of HIV prevention in 2011, only 28.8% of women in the north shared this awareness. In Chad, the figures varied between 43.8% in the Logone Occidental region and 2.1% in the Wadi Fira region in 2014/15 and in Congo between 80.9% in Niari and 47% in Kouilou in 2011/12. This kind of geographically differentiated analysis provides a good basis for precise programme design and, moreover, for a further increase in effectiveness (and efficiency).

Fig. 3: Knowledge of methods of HIV prevention among women at subnational level in Cameroon (DHS 2011), Congo (DHS 2011/2012) and Chad (DHS 2014/15)



Source: ICF, 2015. The DHS Program STATcompiler. Funded by USAID. http://www.statcompiler.com 27 September 2019

In summary, the development of the module target indicators meets or exceeds expectations. However, continuous efforts are still needed in the area of education and awareness-raising while maintaining the supply of affordable, high-quality condoms in order to further increase contraceptive prevalence as a "key indicator" of achievement of the module objective. There are no discernible negative impacts of the projects.

Effectiveness rating: 2 (all phases)

Efficiency

The total costs of Phase II amounted to EUR 36.62 million and were thus about one third higher than the amount estimated at the time of the appraisal in the amount of EUR 27.0 million. This is mainly due to the co-financing (especially by GFATM) during the project period, which was not originally included in the calculation. The total costs of Phases III and IV amounted to EUR 27.97 million and were thus about 7% below the amount estimated at the time of the appraisal in the amount of EUR 30.0 million. Respectively one third of the costs were divided equally between (i) the procurement of condoms, (ii) direct programme costs (awareness-raising and education activities, youth activities, sales promotion, regional dialogue, coordination) and (iii) ongoing costs including international consulting services. Most of the financing came from FC (Phase II: 63%, Phase III/IV: 87%), co-financing by other donors or the national governments (Phase II: 31% [including large-volume co-financing by GFATM of EUR 9 million], Phase III/IV: 3%) and sales proceeds (Phase II: 6%, Phase III/IV: 10%). In view of lower sales prices and quantities than expected, the latter were slightly below the amount expected at the beginning of the project. In terms of production efficiency, the total costs in these complex projects, which are characterised in part by difficult geographical conditions and thus logistical challenges, are acceptable given the large number of successfully implemented measures.

The attempt to use a results-oriented financing system to create incentives for cost-efficient work by the SMA was not considered likely to be successful due to complex and lengthy procedures in the absence of a simple and transparent monitoring system and was therefore not pursued further.

The regional approach made it possible to achieve considerable efficiency gains over bilateral programmes, in particular through the joint procurement of condoms on the basis of regionally and nationally agreed requirements and the involvement of all active HIV/AIDS projects and donors in condom programming committees. By harnessing synergies with other stakeholders (such as joint storage of con-

doms), further potential for cost-effective logistics design was exploited. Overall, in both Phase II and Phase III/IV about 1.5 million couple-years of protection were made available, at a seemingly reasonable average cost of about EUR 16 per couple-year of protection.

The explicit focus on adolescents and young adults aged 15 to 24 years in Phase III/IV also increased efficiency, even if this had already implicitly happened before. In coordination with the activities of other stakeholders, certain high-risk groups living in a socially unstable environment (employees in the transport sector, prostitutes, etc.) were also specifically targeted. Furthermore, the cross-border exchange of knowledge on youth activities and marketing/communication as well as the intergovernmental coordination of condom pricing policy (to avoid price arbitrage) increased the efficiency of the projects. There is further potential for increasing allocation efficiency by focusing on geographical HIV hotspots. Appropriate attention must be paid to these hotspots in subsequent phases or in similar projects.

In summary, the efficiency of the projects in a logistically difficult environment still meets expectations. The regional approach played a significant role here.

Efficiency rating: 2 (all phases)

Impact

The objective of the projects at impact level was to reduce the spread of the HIV/AIDS epidemic and the social exclusion of those affected in the CEMAC region and thus contribute to improving the sexual and reproductive health of the population. The indicators were specified in more detail or supplemented for the ex post evaluation. The achievement of the objective at impact level can be summarised as follows (target values were not defined at the time of the appraisal):

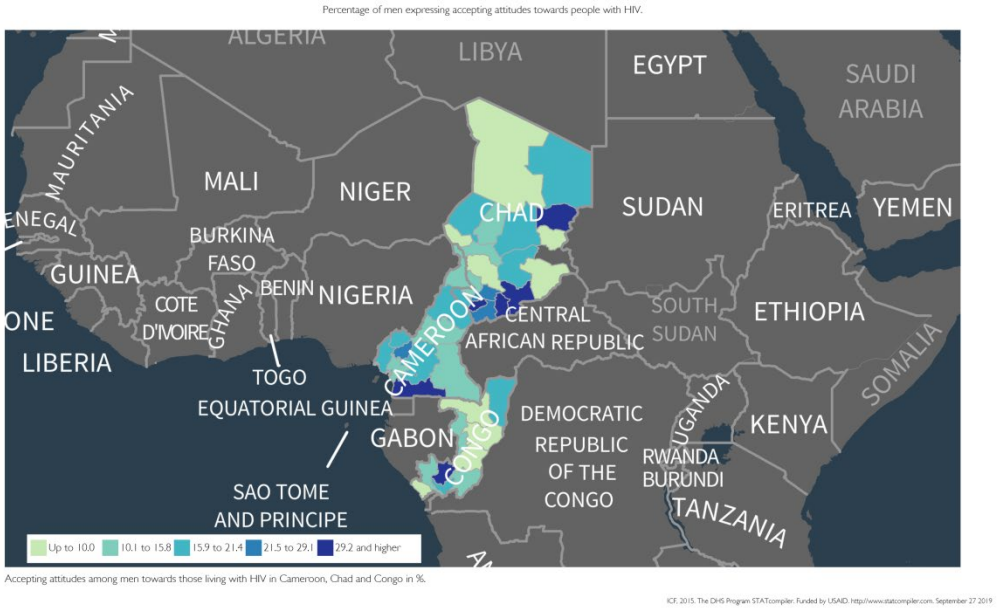
Indicator	Status PA (Phase II: 2008, Phase III & IV: 2012)	Ex post evaluation (2018)
(1) Reduce the HIV incidence rate among 15-49 year olds (per 1,000 non-infected people)	Cameroon: 3.4 / 2.6 Congo: 2.2 / 2.0 Chad: 1.0 / 0.8 CAR: 3.7 / 3.0	Cameroon: 1.6 Congo: 1.6 Chad: 0.6 CAR: 2.0
(2) Reduce the HIV prevalence rate among women aged 15-24 (in %)	Cameroon: 3.0 / 2.4 Congo: 2.0 / 1.9 Chad: 1.0 / 0.9 CAR: 2.1 / 1.9	Cameroon: 1.8 Congo: 1.6 Chad: 0.8 CAR: 1.5
(3) Reduce the HIV prevalence rate among men aged 15-24 (in %)	Cameroon: 0.8 / 0.8 Congo: 0.5 / 0.5 Chad: 0.6 / 0.6 CAR: 1.2 / 1.2	Cameroon: 0.7 Congo: 0.5 Chad: 0.5 CAR: 1.0

Source: UNAIDS 2019 estimates.

Over the course of the projects, the incidence of HIV has declined significantly in all participating countries. Since German FC was one of the most important donors in the area of HIV prevention, it can be assumed that the projects made a positive contribution to this development. In order to assess the overarching developmental impact with regard to the target group of 15 to 24-year-olds who were specifically addressed, the development of HIV prevalence in this age cohort is used, since there is no comparable data available on the incidence in this group. Here, too, a positive trend is evident in all participating countries. However, the significance of the prevalence rate, which measures the ratio of HIV-infected people in an age group, is limited because it is influenced by a number of factors: in particular, the prevalence rate no longer decreases when the successful treatment of HIV-infected people extends their life span. At the same time, it increases due to the early detection of the HIV virus through higher test numbers, which the project aimed to achieve through the awareness-raising measures.

In Phase III/IV, in line with general developments in the work on sexual health, even greater attention was paid to ensuring the acceptance of people with HIV in the social and professional environment. Special programme activities with a pilot character were only implemented from 2016 onwards. However, more comprehensive measures, repeated over a long period of time, are needed to change public opinion, and these have been stipulated accordingly in the subsequent phase. It is not yet possible to make reliable statements about stigmatisation. Even though this is the first time that a “stigma index” was compiled under the project, it is difficult to interpret because of the wide range of stigma: between 19% and 80% of those surveyed feel accepted in the workplace and between 4% and 73% feel excluded from religious ceremonies. A second round of the survey planned in the next phase will provide more information on the development of this indicator. Data collected as part of the Demographic and Health Surveys on attitudes towards people with HIV also paint a very heterogeneous picture for Cameroon, Congo and Chad (see Figure 4): in 2011, for example, 32.2% of men in southern Cameroon had a positive attitude towards people with HIV, compared with a national average of only 18.4%. Congo (Lékomou 38.1% compared to 18.7% national average in 2011/12) and Chad (Wadi Fera 35.7% compared to 21.8% national average in 2014/15) showed similar variations. In subsequent phases or similar projects, it is important to use respective analyses to focus programme activities precisely.

Fig. 4: Positive attitude towards men with HIV at subnational level in Cameroon (DHS 2011), Congo (DHS 2011/12) and Chad (DHS 2014/15)



Source: ICF, 2015. The DHS Program STATcompiler. Funded by USAID. http://www.statcompiler.com 27 September 2019

The contribution to the reproductive health of the population as a whole is expected to be indirect and over a longer period. The focus was clearly on the sub-sector of sexual health, which is why no overarching indicators for reproductive health were included and evaluated.

It can be assumed from the positive trends across all indicators and the plausible impact chain that the project made a positive contribution to achieving the developmental impact. However, the treatment of HIV with antiretroviral drugs, which is primarily financed by the GFATM, is certainly also of great importance.

Impact rating: 2 (all phases)

Sustainability

The sustainability of the projects must be seen from a political, financial and institutional perspective.

The national HIV/AIDS strategies of the CEMAC member states continue to attach great importance to HIV prevention as recommended by UNAIDS. In practice, however, there is considerable competition with the government-financed treatment of HIV with antiretroviral drugs. In 2014, for example, the Congo government spent around USD 19 million (2016: USD 14 million) of its own funds on HIV treatment, but only USD 1 million (2016: no expenditure from own funds) on the provision of contraceptives (WHO Global Health Expenditure Database - no validated data is available for the other countries). Moreover, the fragile security situation in the region poses a perpetual risk to the sustainable implementation of prevention approaches.

The sustainability of the project is also at risk due to institutional weaknesses of the project executing agency and the SMA. However, project management by the project executing agency OCEAC has become increasingly professional. The professionalisation is supported in part by an ongoing FC complementary measure. The social marketing agencies, on the other hand, still suffer from a low level of qualification with regard to financial-administrative processes, which can only be compensated for by support from long-term consultants. In view of the significant donor financing in the region, it can be assumed that this would still be guaranteed even if German support were to end, which is not least indicative of an emerging donor diversification of the SMAs that is already well advanced, particularly in Cameroon.

Overall, the sustainability of the projects can therefore be rated as (still) satisfactory.

Sustainability rating: 3 (all phases)

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:

Level 1	Very good result that clearly exceeds expectations
Level 2	Good result, fully in line with expectations and without any significant shortcomings
Level 3	Satisfactory result – project falls short of expectations but the positive results dominate
Level 4	Unsatisfactory result – significantly below expectations, with negative results dominating despite discernible positive results
Level 5	Clearly inadequate result – despite some positive partial results, the negative results clearly dominate
Level 6	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).