

Ex Post-Evaluation Brief

CENTRAL AMERICA: HIV/AIDS Prevention



Sector	13040 Combating STDs and HIV/AIDS	
Programme/Client	HIV/AIDS Prevention in Central America - 2002 66 452*– Phase I; 2003 66 500 – Phase II (Phase II consolidated, received in GG 2014)	
Programme executing agency	Regional Bank	
Year of sample/ex post evaluation report: 2013, 2014/2013		
	Appraisal (planned)	Ex post-evaluation (actual)
Investment costs (total)	Ph I: EUR 11.20 mil. Ph II: EUR 12.10 mil.	Ph I: EUR 12.60 million Ph II: EUR 15.23 million
Counterpart contribution (company)	Ph I: EUR 6.60 million Ph II: EUR 9.10 million	Ph I: EUR 8.00 million Ph II: EUR 12.14 million
Funding, of which budget funds (BMZ)	Ph I: EUR 4.60 million Ph II: EUR 3.00 million	Phase I: EUR 4.60 million Phase II: EUR 3.09 million

* random sample 2013

Short description: The expansion of the HIV/AIDS epidemic in Central America (El Salvador, Guatemala, Honduras; Phase II Nicaragua to be added), significantly on the rise at the time of the programme appraisal, was to be contained through sustainable behavioural changes and the use of condoms. Large-scale communication of information regarding the disease, transmission risks and prevention options was also to reduce stigmatisation and social ostracism of those infected with HIV and AIDS. The measures financed by FC included procuring and distributing condoms, implementing advertising and educational campaigns for behavioural changes, providing volunteer counselling and HIV testing services, accompanying studies and consultancy services for monitoring.

Objectives: The regional project was to contribute to a reduction in the HIV infection rate and transmission of other sexually transmitted diseases in Central America (**overall development impact**). This was to be achieved by (1) improvements in knowledge, attitude and behaviour among the target groups with regard to effective prevention, (2) improvement in supplying target groups with affordable and high-quality condoms and (3) a decrease in discrimination and stigmatisation of those infected with HIV and AIDS (**programme objectives**). **Target group:** was the sexually active population affected by poverty, especially high-risk groups and young people that had insufficient access to information and condoms. In Phase II the population group of the Garífunas (ethnic minority in Honduras) was also included in the target group.

Overall rating: Phase I: 3; Phase II: 2

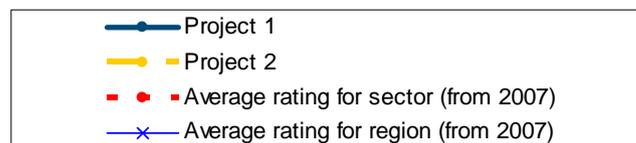
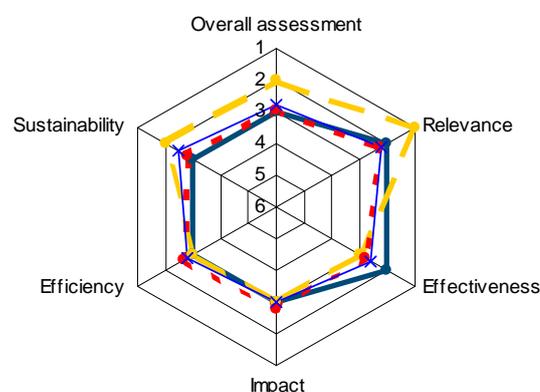
Points to note:

Condoms have been sold since the end of the programme without the subsidisation of pure material costs. Despite a moderate price rise, access of high-risk groups is still guaranteed.

The youth education programme that has been continued in three of the four programme countries is considered a best practice in the region for achieving large-scale education due to its multiplier effect.

By providing its expertise, the social marketing agency was able to contribute to the development of national/regional strategies and strengthen the institutions involved with the HIV subject.

Rating by DAC criteria



EVALUATION SUMMARY

Overall rating:

Both phases are distinguished by their high degree of relevance and show satisfactory results with regard to efficiency and good (Phase I) or satisfactory (Phase II) results in terms of effectiveness. Both phases show satisfactory overall development policy impact. Phase II has better results in terms of sustainability and relevance and is therefore given a rating of good (**rating 2**); Phase I is satisfactory (**rating 3**).

Relevance

Phase I of the programme was the first HIV/AIDS prevention programme of the FC in Central America. It followed the development policy priority objective of reducing the HIV infection rate and sexually transmitted diseases via the provision of condoms and the implementation of education campaigns for behavioural changes, as well as via a range of free consulting and HIV testing services (VCT). It thus corresponded to the priorities of the selected Central American countries, which had agreed on the active combating of HIV/AIDS as a joint priority in April 2002. The government budget allocations for HIV/AIDS prevention were very low at the time and concentrated primarily on treatment. With the exception of USAID, now also one of the most important donors, there were almost no other donors available to finance programme measures at the beginning of the programme in Honduras, Guatemala and El Salvador.

Today, the fight against HIV/AIDS is an important regional priority at different stages in the individual countries. Public expenditures have doubled in absolute terms in almost all programme countries since 2003, while at the same time external resources from other bilateral donors have decreased. Public expenditures, however, overwhelmingly go to HIV/AIDS therapy - over 90% of total expenditures for antiretroviral therapy (ART) are financed with budget resources - while public expenditures for HIV prevention amounts on average to 30% of HIV/AIDS total costs and are to a great extent financed by donors.

The regional programme starts with the core problem of the rising number of people infected by HIV in both phases in the region - due to a lack of access to high-quality condoms and to information on the methods of transmission. The combination of subsidised condom sales with preventive educational measures and advertising campaigns that took place on a brand-related basis in Phase I and cross-brand basis in Phase II reflects the current state of the art of social marketing programmes in relation to Phase II. The programme concept has focused on work with high-risk groups and young people. In addition, in Phase II HIV/AIDS for especially at-risk ethnic minorities was addressed separately. From today's perspective we would start at the same point in order to achieve a reduction of HIV/AIDS in the region. The change of effects assumed for the programme reviews (Phase I and II) is plausible.

Sub-Rating: Phase I: 2; Phase II: 1

Effectiveness:

The programme objectives were (1) improvements in knowledge, attitude and behaviour among the target groups with regard to effective prevention, (2) an improvement in supplying target groups with affordable and high-quality condoms and (3) a decrease in discrimination and stigmatisation of HIV and AIDS patients (**programme objectives**).

The following **indicators**, for which target values for individual countries and specific risk groups were specified, were defined for achieving the programme objectives and were evaluated as follows:

Indicator (a) for PO (1): Share of respondents in the representative KAP studies that use condoms consistently (differentiated according to target group).

The target indicators for consistent condom use were achieved in Phase I in all countries and target groups. The data on Phase II on the other hand offers a mixed picture. One should also take into account that the random samples are not completely comparable (due to alignment with other donors) and the intended closure of youth internet cafes, for security reasons, also has an impact.

Indicator (b) for PO (1): Share of respondents in the representative KAP studies that show behavioural changes (such as partner fidelity or abstinence).

According to qualitative statements in Phase I, behavioural changes in the case of prostitutes, homosexuals and young people in all three countries could be shown as a result of the programme. Some target indicators were exceeded in Phase II, others had deteriorated as compared to the starting point; here too, the social marketing agency traced this back to lack of comparability among the random samples, but the existing need was highlighted at the same time.

Indicator (c) for PO (2): Increase in condom sales (general and product-specific).

Total condom sales (social marketing - SM, commercial and public sector) doubled in all programme countries between 2004 and 2011, with the exception of El Salvador, where an increase of approximately 20% was shown. This is due in particular to the steep drop in the free supply of condoms by the public sector. This is offset by a massive expansion of the private condom market (approx. 230%). The market share of SM brands increased on average in the programme countries from just 26% to approx. 28% of the total market (2011). In Phase I the sales goal defined in the PP was therefore exceeded: instead of 25.2 million condoms, 33.3 million condoms were sold. In Phase II the sales figures rose to 44 million condoms.

Indicator (d) for PO (2): Number of points of sale (traditional and non-traditional) that sell the FC-financed condom brand.

The number of points of sale (traditional and non-traditional) that sell the FC-financed condom brand amounted to 1,600 at the end of Phase I and 1,793 at the end of Phase II,

exceeding the goals. The establishment of non-traditional points of sale (kiosks, grocery stores, motels) in particular indicates better access for high-risk groups.

Additional indicator (can be used from Phase II):

Indicator (e) for PO (3): Share of KAP study respondents who have undergone an HIV test in the last six months prior to the survey and/or have sought out a doctor during their most recent sexually transmitted disease.

In both countries in which VCT was financed via the programme, the goals were achieved by almost all groups surveyed. In Guatemala the share of homosexuals who have undergone an HIV test in the previous six months rose from 67% to 98%, in El Salvador from 71% to 99%.

Against the backdrop of the almost completely achieved target values in Phase I, the effectiveness of the project is assessed as good, and in Phase II as satisfactory, due to the trend not being uniformly positive in the various countries.

Sub-Rating: Phase I: 2; Phase II: 3

Efficiency

On the whole, it should be emphasised that the regional approach has contributed to efficiency gains in implementation. The local offices of the social marketing agency can benefit from a regular exchange of proven approaches and practices. The generic campaign to use condoms “¿Tienes? ¡Pídelo!”, which has been implemented regionally since Phase II, contributed greatly to the increase in total condom sales.

The use of a monitoring consultant, which was to support the monitoring of the social marketing agency, as well as the regional co-ordination mechanism, made sense at the time of the programme review, but from the current perspective brought about additional interfaces and duplicate work in reporting and implementing the studies. In this context it should be mentioned that the local implementation and international consulting costs in both phases turned out to be higher than planned in both phases (+ 55 to 60%). In Phase I, the FC contribution covered approximately 40% of the total costs of the programme (USAID overwhelmingly financed the operating costs of the social marketing agency).

Sales proceeds were significantly lower than planned in Phase I at 4% instead of 14% of the total budget, since the end sales price of condoms had to be subsidised to a greater extent. In Phase II, total sales proceeds were 3% of total costs. The appropriateness of the prices is reviewed by surveying the willingness of the target groups to pay at regular intervals. There are no indications of over-subsidising.

Due to the delays in Phase I (extension of implementation time by 18 months; 54 instead of 36 months in total) and Phase II (August 2008 instead of January 27 - overall term 35

months), Phase II became a follow-up programme (rather than an extension of Phase I). As a result, there were changes in the programme concept: instead of an expansion of activities to Costa Rica, only Nicaragua was included in the programme as the fourth country. Voluntary HIV tests and consultations were only financed in Guatemala and El Salvador. These changes were justified from today's perspective. Due to the precarious security situation in Guatemala, Honduras and El Salvador, the internet cafes opened as part of the youth programme in Phase I had to be closed. In order to still reach the young population efficiently and safely, the social marketing agency established a website in Phase II and has increasingly used social media (Facebook, Twitter, etc.) since then.

Segmentation of the condom market as defined in the total market approach (TMA) is very advanced on the whole in the programme countries. Numerous high-priced condom brands have entered the market in Central America, especially in the last five years. Currently, Honduras is the most appealing market for expensive brands such as *Durex*, *Heros*, *M* and other commercial providers, which constitute 22% of the total Honduran market. No significant overlap of the market segments can be detected based on the differentiated brand images, as well as the wide difference in prices between the SM condoms and the commercial brands. In El Salvador, the average price for commercial condoms (three-pack) on the market is USD 0.63, while the most favourable SM condom package *Vive Amor* cost USD 0.29. In Honduras and Guatemala the average prices (three-pack) are USD 0.59 and USD 0.44, respectively, and the price for a *Vive Amor* condom is USD 0.24 and USD 0.25, respectively. In most countries, however, GFATM-financed condoms continue to be distributed free of charge by NGOs to high-risk groups, which at times put the SM brands under pressure. The market share of free condoms from the public sector averages over 45% in all programme countries with the exception of El Salvador at 12%. Over-subsidising may be occurring.

A *Regional Bank* was the recipient of the programme and was involved in the HIV/AIDS topic for the first time. The contractual set-up between KfW, the Regional Bank and the social marketing agency as executive agency did not allow a greater commitment on the part the regional Bank due to an absence of professional expertise. The acquisition and administration of funds for future HIV prevention programmes were therefore not pursued on the part of the bank. Overall, efficiency is assessed as satisfactory.

Sub-Rating: 3 (Phases I + II)

Impact

The primary goal according to the review reports of both phases was to contribute to a reduction in the HIV infection rate and the transmission of other sexually transmitted diseases in Central America. Indicators were not established when the programme was reviewed. The HIV prevalence rate was included when assessing the primary goal as part of the ex post evaluation. There is not enough data on the incidence of HIV and the reduction in sexually transmitted diseases.

HIV/AIDS Prevalence in Central America (2012)

Country	Adult HIV/AIDS Prevalence rate (2001)	Adult HIV/AIDS Prevalence rate (2011)
Guatemala	0.5%	0.8%
Honduras	1.4%	0.5%
El Salvador	0.4%	0.6%
Nicaragua	0.1%	0.2%
Costa Rica	0.2%	0.3%

Source: UNAIDS Report on the Global HIV/AIDS Epidemic (2012).

While HIV prevalence among 15 to 49-year-olds is 0.8% or less in all programme countries today, HIV prevalence among certain high-risk groups is above 10% almost without exception. With regard to the HIV prevalence rate, one must take into account that it is influenced by numerous factors: a significantly improved ART treatment rate (2011: 68% of those infected in Latin America), which resulted in a decrease in AIDS-related deaths of 10% (between 2005 and 2011); early identification of the HI virus from rising test numbers; and collection methods that are not comparable over time. According to current information from UNAIDS, the HIV infection rate has dropped by 12% in Latin America since 2001. Next to USAID, the FC was the most important donor in the area of HIV preventive measures for behavioural change until 2011. Other donors concentrated primarily on the provision of ART medications and free condoms. Overall, one can assume that the programme has reduced the HIV infection rate, taking into account the plausible chain of effects.

The youth education programme, "*Club en conexión*", which received significant recognition both from the government and the donors, is being continued in three of the four countries. It was able to contribute greatly to social change via its multiplier effect and educational activities in schools in Phase II. The declaration of the health and education ministers of Latin America on launching universal sex education in schools, "*Prevenir con Educación*", confirms this change. Furthermore, in several countries a gradual liberalisation is being detected in the church, which is implementing its own programmes on HIV prevention in some cases. The development policy effectiveness for both phases is assessed as satisfactory.

Sub-Rating: 3 (Phases I + II)

Sustainability

At this time, almost all programme countries are experiencing strong political backing in elaborating, financing and implementing multi-sector strategies for the effective reduction of the HIV/AIDS epidemic. Given the withdrawal of numerous bilateral donors, a sustainability strategy, "*Propuesta de Sostenibilidad*", was presented by the Central American Council of

Health Ministers (COMISCA) in order to reduce dependence on external financing sources, achieve cost savings in medication procurement and increase expenditures for preventive measures.

The recommendations of Phase I with respect to better sustainability of the programme (1. capacity expansion of local NGOs and government institutions; 2. improved segmentation of the condom market including a generic campaign on the use of condoms; 2. expansion of regional activities including the development of a regional condom strategy) were successfully implemented by the social marketing agency in Phase II in points 1 - 2. The process of elaborating national and regional condom strategies had not been completely concluded at the time of the ex post evaluation. The slow liberalisation of the church, however, which has been a hindering factor to implementing universal sex education in schools for a long time, is detectable, in part by the willingness of the ecumenical Church Council of Nicaragua to actively support the regional strategy in the fight against the HIV epidemic.

The social marketing agency has been ensuring the sale of high-quality condoms since 2011 for individual target groups on a cost-neutral basis (i.e. selling at purchase price). However, the SM market segment is becoming more differentiated as a result, and is coming closer to the market segment of private providers. The social marketing agency is limiting the sale of highly subsidised condoms to target groups and regions that are not of interest to commercial providers: for instance, urban areas considered dangerous, but in which important risk groups can be found (prostitutes, homosexuals, etc.). The youth activities in Honduras have been financed through 2015. In order to ensure large-scale coverage of educational activities, however, the social marketing agency continues to depend on donor resources. The youth education activities that continued to be financed by USAID are ending in September of 2013. The local branch of the social marketing agency is looking for alternative financing options in order to continue. The social marketing agency was able to establish an NGO in Nicaragua, which is now ensuring the continuation of programme activities with external financing. The TC has been providing technical support since 2011 in the regional co-ordination mechanism and is thus continuing with capacity development in regional institutions.

While one can assume that the multiplier effect of the youth programme will continue to contribute to social change in future, the continuation of HIV prevention activities is indispensable not least for future generations and for consistent behavioural change among the high-risk groups, as well as for the reduction of stigma and discrimination.

Sub-Rating: Phase I: 3; Phase II: 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:

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).