KFW

Ex Post-Evaluation Brief
MALAWI: HIV-Prevention

Sector	13040 / Combating sexually transmitted diseases including HIV/AIDS	
Programme/Client	HIV-Prevention, Phase III, BMZ No. 1999 66 136*	
Programme executing agency	Ministry of Health, Malawi	
Year of sample/ex post evaluation report:		
	Appraisal (planned)	Ex post-evaluation (actual)
Investment costs (total)	EUR 7.87 million	EUR 9.91 million
Co-financing **	EUR 5.31 million	EUR 7.35 million
Funding, of which budget funds (BMZ)	EUR 2.56 million EUR 2.56 million	EUR 2.56 million EUR 2.56 million

* random sample 2013; ** incl. earnings from sales of around EUR 0.345 million

Short description: The programme was based on a social marketing strategy and included the distribution of subsidised condoms and educational/promotional campaigns. USAID co-financed costs for the staff of the social marketing agency, for educational campaigns and for the additional procurement of condoms (parallel financing). The programme ran from 2003 to 2009 and helped finance the "National HIV and AIDS Action Framework (NAF)".

Objectives: The objective of the programme was to change the attitudes and behaviour of the target group in relation to the possibilities for HIV/AIDS prevention. It was hoped to increase the rate of use of condoms as a means of HIV/AIDS prevention through educational and promotional campaigns and to market a total of around 28 million condoms. This would in turn help towards the overarching development policy goal of reducing HIV infection rates. The programme followed on from two preceding phases, starting in 1994. The second objective, originally defined, of reducing the birth rate – without infringing on individual choice – was not transposed with the marketing of condoms.

Target group basically consisted of all sexually active Malawians. The focus was on young urban male Malawians (15-24 years of age, estimated 1.9 million individuals in 2006) and also men between 25-49 with casual sexual encounters (approx. 3 million individuals).

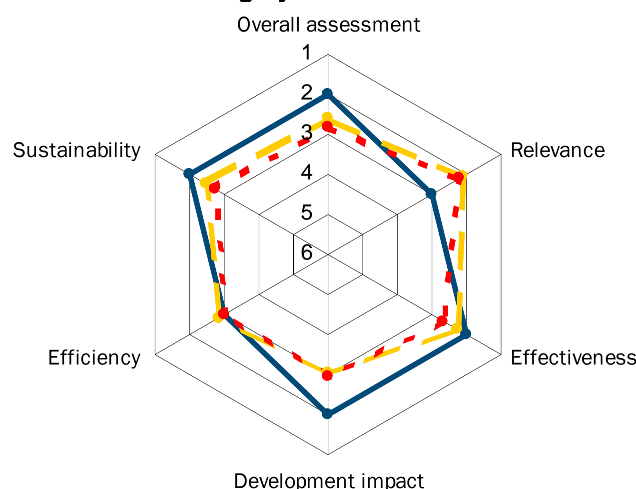
Overall rating: 2

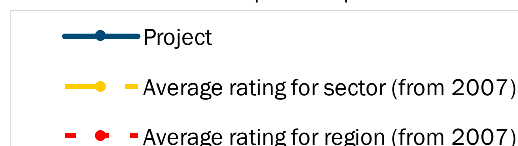
Good achievement of objectives and sustainability lead – despite limitations on relevance – to a generally good overall result.

Points to note:

- The funded educational programme "Youth Alert" is still widely known.
- The activities were flexibly adapted to changed circumstances during implementation.
- The influence of factors such as poverty and lack of sex education in schools continue to inhibit the transition between condom availability and actual use.

Rating by DAC criteria





EVALUATION SUMMARY

Overall rating

The programme objectives provide proof of significant changes in behaviour, and the development impact indicators also reflect clearly positive trends. Minor limitations are to be noted in relation to relevance and effectiveness, which, when combined with the other DAC criteria, result in a generally good rating.

Rating: 2

Relevance

The 2001 programme appraisal was conducted against the backdrop of an estimated (subsequently confirmed) HIV prevalence in Malawi of approx. 16% in the 15-49 age group. At that time, Malawi had the eighth highest HIV prevalence worldwide in this age group. The main problem was identified as the low level of knowledge among the Malawian population about HIV/AIDS in general and in particular about infection pathways and about infection avoidance. In addition, the availability of affordable condoms and their distribution via the health system were inadequate. The low degree of sexual self-determination among women, partly a function of poverty, also considerably hindered HIV/AIDS prevention. The extramarital sexual activities of women are frequently associated with financial or other payments, which help secure the family income. Education and improved access to condoms can only influence this situation to a limited extent, and the programme strategy has reached its limits in this respect.

At that time, the reduction of HIV infection rates was one of the priorities for the Malawian government, as expressed in the "National HIV/AIDS Policy" and in the "National Strategic Plan". However, practical coordination and exchange between the parties active in HIV/AIDS was at times rather weak during the implementation of the programme (2003–2009) due to poor national leadership. Furthermore, the HIV/AIDS-related prevention and treatment activities were largely financed externally by the international donor community. Combating HIV/AIDS continues to form part of the Malawian national health strategy, though the focus is now on the treatment of HIV-infected persons with ART (Standard Antiretroviral Therapy). Prevention plays a lesser role than 10 years ago, which is partly due to the comparatively good availability of ARVs (antiretroviral drugs). Donors and the national health institutions have a critical attitude towards this trend. At present, HIV/AIDS prevention is increasingly covered by national family planning programmes.

Other obstacles to development are rapid population growth and inadequate family planning facilities; although these were included in the programme's target system as development policy objectives, the programme activities actually concentrated on HIV prevention. During implementation, the prevention of unwanted pregnancies was rather a side effect of the main activity (increased use of condoms). Condoms are not used for family planning in the Malawian context. In view of the high fertility rate (2000: 6.3 children/woman; 2011: around 5.7

children/woman), a stronger focus on family planning at the same time would have been desirable – as actually implemented in the subsequent phases of the programme.

The programme promised a contribution to Millennium Development Goal 6 (combating HIV/AIDS). Moreover, the programme was also designed to contribute to increased gender equality, a reduction in child mortality and an improvement to the health of mothers (MDG 3 - 5), thus addressing the primary objectives of German development cooperation at the time of the programme appraisal. Health remains a focus of German development cooperation in Malawi to this day. Coordination with other donors (with the exception of USAID) was managed via a national committee but was not very effective – due, for example, to weak national leadership.

Not all aspects of the underlying chain of effects are plausible or productive from today's perspective. It was assumed that improved education of the sexually active population in relation to prevention, transmission pathways and sexual self-determination would lead to greater acceptance of condoms. The provision of high-quality and reasonably priced condoms via the private sector was to improve supply and facilitate access. The influence of factors such as poverty – often associated with a lack of independence in women – and lack of sex education in schools was underestimated and continue to inhibit the transition between condom availability and actual use.

The plan was to address the sexually active population in general, with a special focus on the young. Traditional and religiously motivated patterns of behaviour are still deeply rooted in Malawi and especially widespread in rural areas. The educational and promotional campaigns were intended to promote a new attitude in society to dealing with HIV/AIDS in order to enable a broad reduction in its incidence. Thus, churches and schools were more heavily integrated in the overall programme and high-risk groups were specifically addressed via individual activities. The core problem was basically correctly identified and a broadly appropriate strategy created (evidence-based orientation of social marketing activities). Overall, the relevance is rated as satisfactory.

Sub-Rating: 3

Effectiveness:

The programme objective as stated at the time of the programme appraisal was improvement of the supply of low-priced and high-quality condoms. This objective was in line with the usual standards at the time. During the ex-post evaluation, the programme objective was amended as follows based on current knowledge:

- Change the attitude and especially the behaviour of the target group in relation to HIV/AIDS prevention **(PO 1)** and
- Increase the rate of use of condoms for HIV/AIDS prevention **(PO 2)**.

The following **indicators** were defined for determining the achievement of programme objectives in the ex-post evaluation:

- Increase in the proportion of people who show changes in behaviour in relation to HIV/prevention in representative KAP (Knowledge, Attitude and Practice) studies (PO 1, indicator 1).
- Increase in the proportion of people who declare that they used a condom the last time that they had sexual intercourse (PO 2, indicator 1).
- Increase in the numbers of social marketing condoms sold (PO 2, indicator 2, only used as a “proxy” indicator, as no longer state of the art).

The issue of prevention of unwanted pregnancies originally embedded in the overall development objective but not included in the programme objective is not being considered in connection with the ex-post evaluation as condoms are rarely used as a method of contraception in Malawi according to current knowledge, i.e. the prevention of pregnancy is a side effect of condom use for HIV/AIDS prevention.

Behavioural studies indicated significant changes in the risk behaviour of the target group (men and women in the 15-49 age group). In 2008, for example, 54% of surveyed men and 25% of women stated that they had used a condom the last time that they had had sexual intercourse; in 2005, the figures were only 46% and 19%, respectively (PO 2, indicator 1). In relation to PO 1, indicator 1, other positive values were obtained in studies. For example, condom use has also risen in the case of last sexual contact with a new or additional partner among the target group and was 78% and 72%, respectively, in 2008 (in comparison to 63% and 49%, respectively, in 2005 for men and women).

The programme financed educational activities both via mass media (radio, posters, etc.) and via direct communication with target groups. By radio, it was possible to reach around 80% of young people (15-24 years of age, around 1.5 million individuals) and 80% of the 15-49 target group (around 3.9 million individuals). The radio programme “Youth Alert” is still widely known today and was very positively assessed by various respondents during the evaluation mission. “Posters” (walls painted with information on the subsidised condom brand “Chishango”) were seen very frequently during the mission in both urban and rural areas.

The social marketing condom brand Chishango was designed to reach the primary target group of adolescents and young adults more effectively. The sales figures grew year-on-year from 2003 to 2006 and were significantly above the original sales targets. Sales dropped sharply at the end of 2007 / start of 2008 due to a “glut” of free condoms financed by donors but recovered again from 2010 onwards. In 2010, the social marketing agency supplied 66% of the total market for commercial condoms (subsidised and unsubsidised) with the “Chishango” brand. Furthermore, more than double the number of vended condoms were also distributed free of charge. Overall, social marketing has improved the availability of condoms, especially by increasing the number of points of sale at “hot spots” (e.g. “nightlife districts”). The points of sale visited all had adequate stocks (for approx. 2-3 weeks) of Chishango condoms that had not passed their sell-by date and were able to give information about the sell-

ing period of these stocks. This was also the case for unannounced visits. The social marketing agency sold around 40 million Chishango condoms during Phase III (financed by FC and USAID). This figure is much higher than the 28 million condoms originally planned (PO 2, indicator 2 - proxy indicator). In view of the changes achieved, the effectiveness is rated as good.

Sub-Rating: 2

<u>Efficiency</u>

Implementation of the programme activities was initiated in 2003, with a planned duration of four years. The successful partnership with the social marketing agency co-financed by U-SAID, which existed in the first two FC phases, was continued in Phase III. From 2007 onwards, however, the condom market was absolutely flooded with a large number of freely distributed condoms (in 2008, for example, approx. 46 million) – financed by Global Fund and USAID. This reduced the demand for FC-financed condoms and necessitated a redesign of the FC financing and an extension of the term of Phase III by approx. 12 months. This meant that only 6 million instead of the planned 28 million condoms were procured with FC funds and instead a greater emphasis was placed on financing promotional campaigns, promotional materials, vehicles and personnel costs.

Users' own contribution (earnings from sales of FC and USAID-financed condoms) amounted to USD 494,542 (approx. EUR 345,000) and, at around 3.4%, made only a marginal contribution to covering the overall costs. On average, the costs per condom sold were USD 0.20 (commodity and distribution) – though it should be borne in mind that this figure have been considerably reduced due to condoms that were sold within the framework of the programme but financed by USAID (costs of provision not included) and this “supply value” cannot be used for comparisons.

The condom market is divided between commercial, social marketing and free condoms. Commercial providers concentrate on the more lucrative sales channels and offer international brands at 10 times the price of social marketing condoms (from two different social marketing agencies in Malawi). The condoms are only affordable for a very small population group and account for a marginal market share. On the other hand, the prices of the Chishango condom (3 condoms for approx. MWK 30 for the consumer, i.e. approx. € 0.06) and of the other social marketing condom “Manyuchi” (3 condoms for approx. MWK 40) are affordable for the target group – according to the studies performed. By way of comparison, a bottle of beer in a Lilongwe supermarket costs around MWK 200. The sales prices for a couple year of protection (CYP), when extrapolated, are slightly above the Chapman index (1% of GDP per capita).

Condom marketing was initially based on a “push” approach; after the initial phase, however, there was a switch to a general demand-stimulating “pull” approach. Several times during programme implementation the sales structure of the social marketing agency was adapted

and efficiency-increasing improvements realised (coordination of activities, stricter selection of dealers, focus on hot spots and markets, withdrawal from very rural areas), which have led to a trade-off in relation to national coverage with social marketing products. Sales in rural areas are especially cost-intensive; the prevalence rates there are around half as high as in urban areas (8.9% compared with 17.4%, DHS 2010) and the widespread incidence of extreme poverty favours supply with free condoms. In view of limited financial resources for social marketing, the decision to concentrate on regions with higher effectiveness is understandable.

At present, only 40 distribution agents are used, who directly supply 400 dealers – especially in the hot spots. In 2007, the demand-driven model resulted in 300% more sales among high-risk groups. However, this new distribution network did not have a positive effect on condom distribution costs until after the end of FC financing.

In order to promote sales by brand attractiveness, the social marketing agency has regularly renewed the “Chishango” brand after detailed market studies. Moreover, from 2008 onwards the price of a 3-pack of Chishango for wholesalers was increased from MWK 15 to MWK 25 to compensate for increased costs, especially for transport – the end customer prices were based on the affordable level for the target group.

For the sake of increasing allocation efficiency – in view of the large percentage of free condoms in Malawi – it is worth considering whether it would have been better to also issue the partly subsidised condoms free of charge. This would have increased the volume of free condoms by around 20%. As the actual rate of use of freely distributed condoms – based on rough estimates – is only around 15% while that of social marketing products purchased by end customers is around 85%, it was possible to achieve a 5 to 6 times higher actual rate of use with the social marketing approach (assuming that the costs for social marketing distribution are not five times higher than those for the distribution of free condoms), which basically justifies the approach implemented. The efficiency is rated as satisfactory overall.

Sub-Rating: 3

Impact

According to the programme appraisal report, the overall objective was to make a contribution to reducing the HIV infection rate and to lowering the birth rate without compromising individual freedom of choice. No indicators were defined at overall objective level at the time of the programme appraisal. In connection with the ex-post evaluation, HIV prevention was retained as the overarching objective and the prevention of pregnancies – on the basis of current knowledge – was solely classified as a secondary objective. It is now generally accepted that family planning that protects individual freedom of choice in stable relationships will not be achieved in Malawi through condom use. HIV incidence (OO indicator 1) is primarily adopted as the indicator for the overall objective.

According to UNAIDS, the number of new HIV infections in the 15-49 age group in Malawi fell sharply in the implementation period from approx 1.8% in 2003 to approx. 0.8% in 2009. The most recent figures for 2011 estimate the HIV incidence rate at 0.46% (UNAIDS). Malawi is also one of the few countries that have been able to reduce HIV incidence by more than 25% in the general population in the last decade. In 2003, the number of new HIV infections in the general population was as high as 100,000; in 2011, this figure was "only" 42,000 with the population increasing in the same period from approx. 11 million to just under 15 million. The National Strategic Plan for the years 2011-2016 targets a further reduction in new infections by 20%.

Along with USAID, the German FC is an important financial supporter of HIV/AIDS prevention activities and the social marketing of condoms. This area is also supported by the DFID, whose social marketing projects with similar strategies and objectives are implemented by another social marketing agency. Other donors concentrate mainly on the supply of free condoms or drugs for antiretroviral therapy. In accordance with the underlying chain of effects, a contribution by the programme to the positive trend in the HIV incidence rate may be assumed; the increased distribution of free condoms – in spite of the temporary "condom glut" – was also a key contributor.

Since 1991, the prevalence of contraceptive use in Malawi has increased quite markedly. In 1991, only 13% of women (or their partners) of reproductive age used a contraceptive method, whereas contraceptive prevalence had jumped to 32% in 2004 and had reached 46% in 2010. There was a particularly sharp rise between 2004 and 2006, where the rate was around 41% – while in the preceding years (2000-2004) the increase was much smaller. Overall the developmental impact is rated as good.

Sub-Rating: 2

Sustainability

In recent years, the available donor funding for combating HIV/AIDS has fallen continuously. It is therefore a major challenge to continue financing the activities for the treatment and, in particular, also the prevention of HIV/AIDS that are indispensable for sustaining the change in behaviour with a constantly changing target group. Funding of the Malawian health sector measured as a percentage of GDP (8.4%, WHO 2009) is above average compared with other countries in the region. That being said, approx. 60% of the Malawian health budget is financed by donors. This proportion rises to around 80% in terms of funds provided for combating and preventing HIV/AIDS. However, long-term sources of funding are also provided for in the national HIV/AIDS strategy: it is enshrined in law that two percent of the health budget is to be spent on combating HIV/AIDS.

The national and international support for the HIV/AIDS sub-sector is now heavily focused on treatment. Complex issues, such as sex education as a component of basic education, the destigmatisation of people infected with HIV or the empowerment of women to control their

own lives, which are all of great importance for changing patterns of behaviour, harbour social and political conflicts and have barely been addressed by the government due to their potential for conflict – despite their multisectoral relevance. Thus, for example, the continued widespread stigmatisation of HIV/AIDS sufferers still in some cases has a negative effect on the readiness to undergo HIV testing.

The sale of social marketing condoms does not at present generate any significant contribution to ensuring the sustainability of the preventive work. However, the diversification trends and the opening-up of new sources of income by the social marketing agency (e.g. other social marketing products, such as mosquito nets, or new partnerships with private companies) offer the prospect of a partially independent continuation of the activities. It is probable that more attention will also be paid to the economic viability of the points of sale, i.e. condom marketing and distribution in the less profitable points of sale are likely to be reduced. The general decline in donor funding has led, at a national level, to a fundamental debate about the efficiency of the health system and its priorities. However, there is still a considerable gap between the budget provided from national sources and the targets embedded in the National Strategic Plan for the years 2011-2016 (e.g. the reduction of new infections by 20%).

Notwithstanding this, the social marketing agency has so far managed, even after the end of the FC Phase III in 2009, to maintain the financing of the Chishango condom, its marketing and the various associated social marketing activities together with other donors, particularly USAID. After sales figures plummeted in 2008/2009, the social marketing agency was even able to stabilise the market share of the “Chishango” in subsequent years (in spite of reduced subsidies). The very successful radio programme “Youth Alert” was widely known – even after its temporary discontinuation. In June 2014, the programme is due to go back on air in a contemporary format. The social marketing agency has also succeeded in winning more medium-term funding via the FC-financed family planning programme “Strengthening of PPP in the field of reproductive health and rights” (BMZ no. 2011 65 679) launched in May 2013. HIV/AIDS prevention has been integrated into this programme as a component of modern family planning methods. Changes in behaviour will also be addressed in the reformatted radio programme. In addition, the social marketing agency is now partnering companies from the private sector to reinforce is sustainability as an institution and to generally increase its flexibility. The sustainability is therefore rated as good.

Sub-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:

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).