

## Ex Post-Evaluation Brief

### RWANDA: HIV/AIDS Prevention and Social Marketing



<b>Sector</b>	13040 – Combating Sexually Transmitted Diseases including HIV / AIDS	
<b>Programme/Client</b>	HIV/AIDS Prevention and Social Marketing, Phase III, BMZ No.: 2001 66 512*	
<b>Programme executing agency</b>	Ministère de la Santé, Rwanda	
<b>Year of sample/ex post evaluation report: 2013/2013</b>		
	Appraisal (planned)	Ex post-evaluation (actual)
<b>Investment costs (total)</b>	EUR 3.15 million	EUR 3.25 million
<b>Counterpart contribution (company)</b>	EUR 0.08 million	EUR 0.18 million
<b>Funding, of which budget funds (BMZ)</b>	EUR 3.07 million EUR 3.07 million	EUR 3.07 million EUR 3.07 million

\* random sample 2013

**Short description:** As part of a programme based on the concept of social marketing, 30.7 million condoms were sold at a subsidised price and information campaigns were carried out about HIV/AIDS in the target population. These and the consulting services were implemented by a social marketing agency on behalf of the Rwandan health ministry.

**Objectives:** The primary development goals that the programme pursued were a reduction in the HIV infection rate and the birth rate, while guaranteeing the individual's freedom to decide. The assumed chain of effects was that educating the Rwandan population about HIV/AIDS, modes of infection and measures for prevention would promote changes in behaviour. Additionally, low-cost, high-quality condoms were to be provided in order to secure access to affordable products for HIV/AIDS prevention.

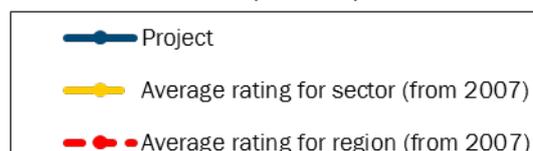
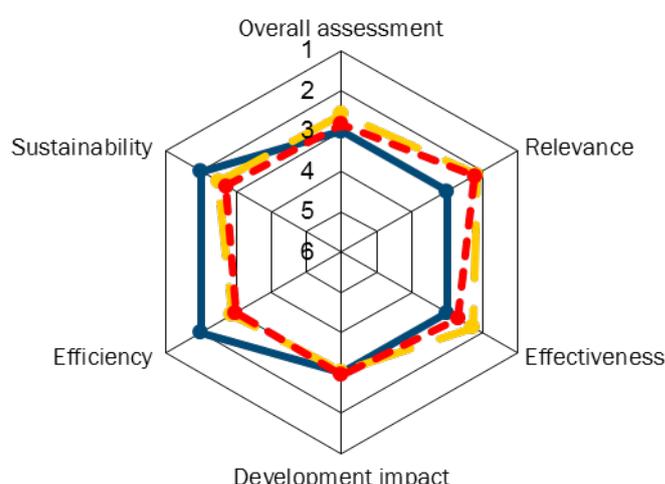
**Target group:** The entire sexually active population of the country with the focus on high-risk groups (young people aged between 15 and 24, sex workers, women, who were particularly at risk due to their economic situation, military personnel and long-distance lorry drivers), who tend to belong to the poor stratum of the population.

#### Overall rating: 3

The programme addressed the correct and relevant central problems and mostly defined the correct objectives and measures. Overall, the implemented measures contributed to improving the behaviour of the target group with regard to HIV/AIDS and the use of condoms, thus making a positive contribution to the achievement of objectives. However, there were no possibilities of contraception except the condom. The aftermath of the genocide was also not considered sufficiently.

**Points to note:** Particularly in post-conflict countries such as Rwanda, the aspect of gender-based violence is of great importance, since violence against women and girls inhibits women in their enjoyment of sexual & reproductive health and rights (SRHR) and impacts HIV infections such as unwanted pregnancies.

#### Rating by DAC criteria



## EVALUATION SUMMARY

### Overall rating

Overall, we rate the "social marketing phase III" in Rwanda as satisfactory (3). The programme addressed the correct and relevant central problems (generalised HIV epidemic, high population growth) and mostly defined the correct development policy objectives (impact). The objectives of the FC measure (outcome) were defined correctly, but incompletely. The aspect of contraception by other methods than the condom was absent. From the current perspective, greater consideration should also have been given to the topic of *gender-based violence*. Overall, the services determined by the programme (output) and the implemented measures contributed to influencing positively and improving the availability and use of condoms as well as the target group's knowledge and behaviour in respect of HIV/AIDS. A positive contribution was consequently made to reducing and stabilizing the prevalence of HIV. As regards reducing the birth rate, further methods of contraception should have been considered in the programme.

### **Rating: 3 (satisfactory)**

### Relevance

At the time of the programme appraisal, Rwanda had a generalised HIV prevalence (estimated as being 12.8% in 2002, later revised to 3.8% by UNAIDS), which was intensified by an insufficient availability of high-quality and affordable condoms, a lack of social acceptance of condom use and a poor knowledge of methods for preventing HIV. To that extent, the programme addressed a central problem. Although another obstacle to development, namely high population growth and not yet adequate family planning, was included in the development policy objective, there was an absence of further-reaching programme measures.

The programme's target group, the whole sexually active population, as well as the focus on high-risk groups such as young people, sex workers, long-distance lorry drivers, military personnel and women in difficult economic situations, were selected correctly, since a change in behaviour here promised the greatest success.

The programme concept was in most cases appropriate for addressing the central problem of the high prevalence of HIV. However, the problem of violence, in particular *gender-based violence* against women and girls, which was intensified in Rwanda by the 1994 genocide, should have been recognised and addressed. The prevention of physical and sexual violence plays a key role both in combating HIV/AIDS and improving sexual & reproductive health and rights (SRHR).

For many years, Rwanda has had a multisectoral and very successful HIV/AIDS prevention strategy into which the project was incorporated. While the project focused on the financing of condoms and on information campaigns, other donors took on the financial support of drugs

and *voluntary counselling and testing* (VCT). As the Rwandan state itself was not in a position to make enough affordable condoms available, the programme was a meaningful addition.

As the social marketing condom "Prudence Plus" was already well-known among consumers at the time of the programme appraisal, from today's perspective the programme pursued the right approach with its switching of the sales strategy from "push" to "pull". In keeping with this, the commissioned social marketing agency withdrew from sales and left this to the retail and wholesale trade. Equally, the focus of the marketing measures changed from just promoting products to providing information, education and to changing behaviour.

The project was consistent with the goals of the German Federal Government, since a contribution was made to the Millennium Development Goals (MDG), and in particular MDG 6, the combating of HIV/AIDS, and thus to tackling the causes of poverty, in this case a shortfall in the workforce due to HIV infections.

Overall, we rated the "relevance" as satisfactory, since the development measures were correctly defined conceptually in relation to coherence, cooperation and the *alignment*, while the development policy priority of family planning was only partly addressed in the project.

### **Sub-Rating: 3 (satisfactory)**

#### Effectiveness

Regarding the objectives of the FC measure (outcome), there should have been a more comprehensive formulation. Besides the improvement in the knowledge, attitude and behaviour of the target group in respect of HIV/AIDS and the increase in condom use, an increase in the general prevalence of contraception with corresponding indicators was added to measure effectiveness. Both for condom use (2000: men: 51.3% / women: 14,9% / 2010: men: 55.8% / women: 36,3%)<sup>1</sup> and for the general prevalence of contraception (2000: 7,4% / 2008: 23,9%)<sup>2</sup> positive developments were identified after the end of the programme. In almost all target groups, with the exception of the group of sex workers, the use of condoms and contraceptives rose. Similar positive trends can also be seen for knowledge and behaviour. Both men and women from the target group of 15 to 24-year olds improved their knowledge of methods for preventing HIV (knowledge that condoms protect people from becoming infected with HIV: 2000 men: 80.4% / women: 64,9% / 2010: men: 92.3% / women: 90,7%)<sup>3</sup>.

At the time of the programme appraisal, the guarantee of an improved supply of affordable and high-quality condoms was defined as an objective of the FC measure. From today's perspective, this would be assigned to the service-level (output). Furthermore, providing the tar-

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<sup>1</sup> Condom use in last extramarital sex, sex with non-life partner (in %)

<sup>2</sup> All methods > All women 15 to 49 years of age

<sup>3</sup> Knowledge that using a condom protects people from becoming infected with HIV (in %)

get group with knowledge and information would be defined as an additional output. The indicators for these outputs show positive results (see above).

During the entire term of phase III, 30.7 million condoms (= 255,591 CYP) were sold nationally and the defined goal of 14 million condoms was thus clearly exceeded. The indicator of the proportion of sales points outside Kigali, which was not specified clearly at the time of the programme appraisal, was subsequently replaced by the coverage of the market with Prudence Plus condoms. It proved possible to increase the national market coverage of Prudence Plus from 33% (2006) to 84% (2010).

Overall, we rate the effectiveness as satisfactory, since the programme contributed to improving the knowledge, attitude and behaviour of the general sexually active population regarding HIV/AIDS. However, a positive change in behaviour was not achieved in all high-risk groups, in particular sex workers. Moreover, there were no measures to generally increase the prevalence of contraception beyond the use of condoms.

### **Sub-Rating: 3 (satisfactory)**

#### Efficiency

A total of 30.7 million condoms were distributed and the original target was exceeded by 72% during the term of the programme, which was prolonged by 12 months. At the same time, the actual costs exceeded the planned costs by only 6%. While with a full cost recovery level<sup>4</sup> of 3% and an operating cost recovery level<sup>5</sup> of 12%, the programme was at the average of other programmes<sup>6</sup>, it reduced the costs in particular in the area of condom procurement, with a 15% share in total expenditure, which was significantly below the average of 20-57%. Thus the procurement costs per couple year protection of EUR 4.81 (programme appraisal 2002) were reduced to EUR 3.26 (2010). The positive exchange rate trend is also reflected in this.

To prevent excessive subsidisation, several price increases for Prudence Plus occurred – 2003 (from 20 RWF/ 4 condoms to 50 RWF/ 4 condoms), during the term of the programme and in 2007 after it had ended. The Chapman index, which states that the costs for contraception should be below 1% of per capita annual income, was complied with. However, this was not the case only in the years after the price increases. Thus there is possibly a slight excessive subsidisation in urban centres. The subsidy element is about 90% of the total costs.

With the extensive education campaigns, the programme paved the way for other commercial brands of condom, which contributed overall to an improved supply of condoms, particularly in urban areas. However, no detailed information is available regarding the development of

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<sup>4</sup> Cost recovery level I = income / total costs > average: 3-26%

<sup>5</sup> Cost recovery level II = income / operating costs > average: 12-90%

<sup>6</sup> KfW Entwicklungsbank (2010).

the condom market as a whole. Nonetheless, due to the high recognition and attractive price of Prudence Plus, it is necessary to ensure that the social marketing condoms do not force future commercial suppliers out of the market. So far there are no indications of this. At present, the Society for Family Health is working on a further price adjustment in order to counteract this.

The sales focus of the social marketing agency was changed from retailers to wholesaler during the implementation of the programme. It consequently became more difficult to monitor and promote the sales, primarily in the rural regions, since there was no direct contact to the individual sellers. Furthermore, a new management information system and standardised guidelines for workflows were established successfully, whose aim was to make the social marketing more efficient.

The significantly improved knowledge about HIV/AIDS and the far greater use of condoms in the target groups and the specific target groups (except for sex workers) also indicate that the information campaigns were effective. Overall, we rate the efficiency as good.

**Sub-Rating: 2 (good)**

### Impact

The HIV prevalence rate (no data is available for the incidence rate) and the fertility rate were subsequently defined as indicators for the primary development impact of reducing the HIV infection rate and the birth rate. Over the term of the programme, both indicators fell at the national level (HIV prevalence: 3.8% (2002) > 3.1% (2006) > 3.0% (2010) / fertility rate: 5.6 births per woman (2002) > 5.5 (2006) > 5.3 (2011)). The number of deaths per year caused by AIDS also fell from 21,000 (2001) to 16,000 (2006) and 6,400 (2010). Differences between urban and rural regions can, however, be observed. While the high prevalence of HIV in urban areas fell slightly (2005: 7.3% > 2010: 7.1%), in the rural regions a slight increase (2005: 2.1% > 2010: 2.3%) was recorded.

With "Prudence Plus", the programme achieved 84% coverage (2010) of the condom market as a whole and, by means of information and promotional campaigns, led not only to Prudence Plus being understood as a synonym for condoms, but also to knowledge about the risks of infection and prevention methods improving greatly. The project thus contributed indirectly to a decrease in the HIV infection rate.

The second part of the overall development impact, reducing the birth rate while guaranteeing the individual's freedom to decide, must be viewed with greater ambivalence. While the fertility rate declined slightly, this cannot be attributed to the programme due to the lack of corresponding programme activities.

Overall, we rate the "overall development impact" as only just satisfactory (3). The HIV prevalence rate did decrease slightly and stagnated from 2005 onwards, and the programme made

an essential contribution to HIV/AIDS education, but barely any consideration was given to the conflict context of Rwanda, and in particular physical and sexual violence against girls and women. Furthermore, the programme included no specific family planning measures.

**Sub-Rating: 3 (satisfactory)**

Sustainability

The positive developments that began during the programme term (2002-2006) also continued after the end of the programme. The fertility rate continued to fall and the HIV prevalence stabilised. The *Rwanda Demographic and Health Survey* of 2010 also showed that the intended changes in behaviour in respect of HIV/AIDS endured. However, the sustainability of this progress could be jeopardised by *gender-based violence*.

Furthermore, the commissioned social marketing agency prepared the introduction of the *National Comprehensive Condom Programming Strategy* (2009-2012). With this strategy, the Rwandan government pursues the goal of increasing access to good and affordable condoms for the entire population and thus ensuring a high level of condom use in the long term. In April 2012 the *Society for Family Health* (SFH) was established as an autonomous and independent institution, which took over all the social marketing agency's projects and bears responsibility for the coordination and monitoring of all activities in the areas of combating HIV and family planning. The SFH also continues to be financially independent of donor funds. However, attempts are being made to improve financial sustainability through a diversification of donors<sup>7</sup> and through income obtained from the sale of *social marketing* products. It should also be regarded as positive that activities and measures are implemented not by the donors directly, but under the supervision of the SFH, meaning that in the event of donor funds being withdrawn, the knowledge is retained locally.

Overall, we rate the sustainability as good, since on the one hand the fight against HIV/AIDS was anchored in the government programme and, on the other, an independent institution was created in the form of the national society SFH, which coordinates and monitors all activities in the areas of family planning and HIV prevention on behalf of and in collaboration with the health ministry.

**Sub-Rating: 2 (good)**

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<sup>7</sup> At present, the donors include USAID; Global Fund, DOD and CDC. The German financial support in the health sector was terminated in 2012 at the request of the Rwandan government. Within the framework of donor harmonisation, donors should only be active in max. three different sectors.

## 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).