KfW Development Bank

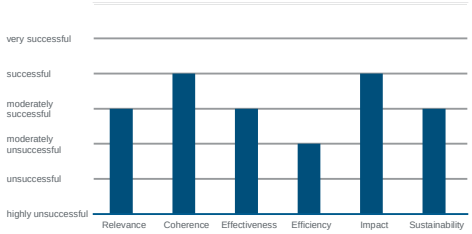
Ex-post evaluation HAPP III, Sierra Leone

Title	HIV/AIDS prevention and strengthening women's rights (combating FGM) III, HAPP III		
Sector and CRS code	Health, social security and population policy/ 1303000 Family planning		
Project number	2012 67 228		
Commissioned by	Federal Ministry for Economic Cooperation and Development (BMZ)		
Recipient/Programme executing agency	Republic of Sierra Leone / National Aids Secretariat (NAS)		
Project volume/ Financing instrument	EUR 6 million / budget funds grant		
Project duration	2013 - 2021		
Year of report	2024	**Year of random sample**	2024

Objectives and project outline

The objective at outcome level was to change behaviour regarding sexually transmitted diseases and their risks, to increase the use of family planning services and to reduce gender-specific disadvantages. This was intended to contribute to improving the sexual and reproductive health of the Sierra Leonean population, empowering women and improving the socio-economic living situation of women and HIV/AIDS sufferers (impact objective). To this end, social marketing activities and measures for affected population groups were implemented to mitigate the consequences of HIV/AIDS, to promote women and to prevent gender-based violence.

Overall rating:
moderately successful



Key findings

The programme was developmentally effective and addressed the needs of the target group but fell short of expectations overall. For the following reasons, the programme is rated as 'moderately successful':

- The programme was particularly aligned with the priorities of the partner country and the needs of the target group, but the core problems were not prioritised, which resulted in a high level of complexity and highly fragmented and small-scale measures.
- Behavioural changes were achieved regarding gender-based violence and the use of family planning services, but only to a limited extent with regard to sexually transmitted diseases (in particular condom use and stigmatisation). The programme's effectiveness is therefore rated as limited.
- Sub-optimal pricing and the distribution structure of the condoms sold as well as the complexity and limited dovetailing between the two components of the programme reduced efficiency.
- The developmental efficacy was successful: positive developmental changes can be observed, which in addition to the intended effects also include unintended improvements in the legal framework.
- The establishment of a national social marketing agency was unsuccessful and there is still a high dependency on external funding. Nonetheless, important structures and lessons learned were created. As such sustainability is rated as having limited success.

Conclusions

- Good alignment with national policies and priorities can contribute to increased ownership on the partner side and (resulting) positive spillover effects on sector-policy processes.
- Excessive fragmentation of measures due to an insufficient focus on individual core problems can have a negative impact on efficiency, especially with a limited funding volume.
- The establishment of a national social marketing agency appears to make sense in terms of sustainability but requires long-term planning and experienced support.

Ex-post evaluation - assessment according to OECD DAC criteria

Overview of the rating per criterion:

Relevance	3
Coherence	2
Effectiveness	3
Efficiency	4
Overarching developmental impact	2
Sustainability	3
Overall rating:	**3**

General conditions and classification of the project

The FC project "HIV/Aids Prevention Programme III" (HAPP IV) was implemented in Sierra Leone from 2013 to 2021. The programme built on two previous phases, HAPP I and II, implemented from 2006 to 2013 by the NGO CARE Sierra Leone as the project executing agency. The original approach of the first phase was to expand a social marketing programme financed by USAID with the aim of increasing the use of condoms among risk groups. The second phase added a social protection component aimed at improving the living conditions of groups particularly disadvantaged by HIV/AIDS and combating gender-specific violence, in particular female genital mutilation (FGM). The Impact Mitigation Fund (IMF) set up for this purpose comprised a wide range of activities, including intergenerational dialogues, savings groups, training and income-generating measures.

While the social marketing component corresponds to an established FC approach, the design of the second component can be assigned to a TC programme. The main instrument of the second component, the intergenerational dialogue, was developed by TC and the component was taken over by a supra-regional TC project and continued under HAPP III. In this phase, the National Aids Secretariat (NAS) assumed the role of project executing agency for both components, while CARE continued to provide significant support as implementation consultant, also for both components. In the social marketing component, the focus was to be on the establishment of a social marketing organisation, the Sierra Leone Social Marketing and Development Agency (SLaDa), which was founded towards the end of HAPP II and which was to gradually take over the implementation of the social marketing component from CARE and be led to independence in order to increase the sustainability of the approach. The IMF, which is largely coordinated by the National Aids Secretariat (NAS), should be further expanded in the third phase.

From the perspective of the evaluation, the fundamental challenge of this FC programme lies in the heterogeneity of the two components with different target groups: The target group for the social marketing component is the sexually active population of Sierra Leone, while the second component primarily targets vulnerable groups, especially women, girls, orphans, HIV/AIDS-positive people, victims of gender-based violence, etc. There is potential for synergy between the two components, but this remains limited due to the complexity of the overall programme. Accordingly, the development of a manageable monitoring system that reflects the different target groups and intervention strategies remains a challenge.

The previous phases were evaluated in 2019 and rated 4 (HAPP I) and 3 (HAPP II). The projects were assessed as relevant and the overarching development objective was achieved. Efficiency was assessed as unsatisfactory. Sustainability and effectiveness were improved between phases I and II, meaning that the second phase achieved an overall satisfactory rating.

Brief description of the project

In order to improve the sexual and reproductive health of the Sierra Leonean population, the following two components were supported as part of the project, which were intended to bring about behavioural changes with regard to sexually transmitted diseases and their risks, increase the use of family planning services and contribute to reducing gender-specific disadvantages:

The social marketing component used various communication techniques to promote education and positive behavioural change regarding existing health risks. For example, condoms were advertised under the aspect of dual protection (against unplanned pregnancies and for the prevention of HIV and other sexually transmitted diseases) and distributed via a national private sector distribution network. In addition, to strengthen the sustainability of the approach in the third phase, a special focus was placed on establishing a national social marketing organization.

The social security component (Impact Mitigation Fund, IMF), which was to be strengthened in the third phase, promoted the social security of particularly disadvantaged population groups (e.g. through basic equipment for business start-ups or support for village savings groups to promote income-generating activities) and integrated health education and measures against gender-based violence, among other things. The IMF was characterized by the fact that community-based and non-governmental organizations were enabled to implement projects to improve the situation under their own responsibility.

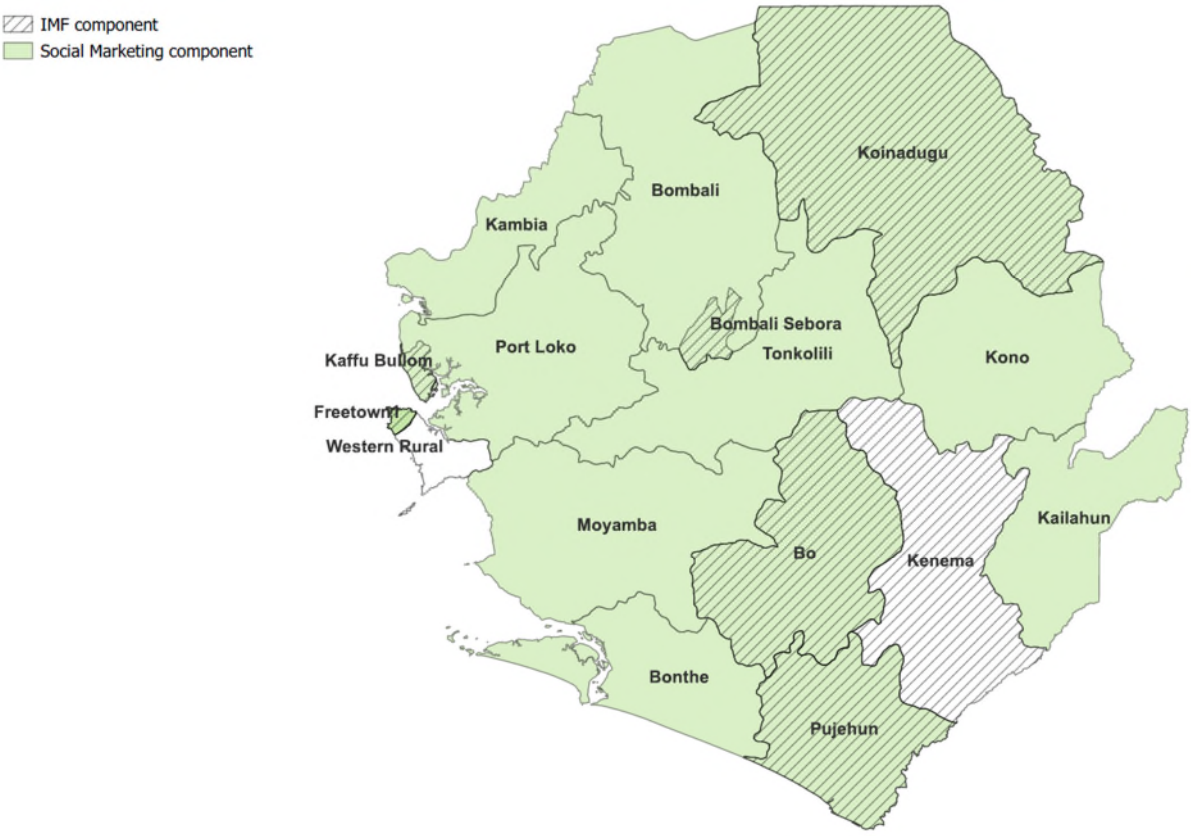
As described above, the social marketing component and the IMF component each have different target groups (young, sexually active people in urban areas on the one hand and vulnerable groups in urban and rural areas on the other) as well as different intervention strategies and measures. In the third phase to be evaluated, both components should - as far as possible - be more closely interlinked. The target group was the country's sexually active population. A special focus was placed on women, girls and vulnerable groups.

Breakdown of total costs

In EUR million	Investment costs (plan)	Investment costs (actual)	AM (plan)	AM (actual)
Total costs	6,55	6,48	X	X
Own contribution	0,55	0,54	X	X
External financing	6,0	5,94*	X	X
of which budget funds (BMZ)	6,0	5,94	X	X

** The remaining funds will be used to implement the follow-up phase HAPP IV.*

Map of the project country incl. project areas



Source: own illustration (KfW Entwicklungsbank on the basis of Global Administrative Database (GADM) V.4.1)

Rating according to OECD DAC criteria

Relevance

1. Alignment with policies and priorities

The objective is appropriately aligned with the BMZ's development policy priorities. At the time of the appraisal, the programme was in line with several priority areas of the German government's Global Health Policy Concept (2013), including the promotion of self-determination in sexuality and family planning and the fight against infectious diseases such as HIV/AIDS. It is currently in line with the BMZ's current Africa strategy (2023). This includes the prevention of epidemics and pandemics, with explicit mention of HIV/AIDS, as well as the strengthening of women's health and rights with a focus on access to family planning services and modern contraceptives as well as self-determination under the priority area of development cooperation "Health and pandemic prevention". The focus on women, young people and vulnerable groups formulated in the Africa strategy as well as the increased involvement of civil society actors is also adequately reflected in the programme, particularly through the IMF component. The project is therefore also in line with the German Federal Government's Global Health Strategy (2020), which aims, among other things, to promote prevention, non-discriminatory access to health services, the prevention of sexualised violence and genital mutilation and to improve the social, political and economic participation of girls and women, which is in line with the project's objectives. Through its focus on empowering women and mitigating the socio-economic impacts of HIV/AIDS, the programme takes account of the quality criterion *of human rights, gender equality and inclusion* and contributes to the quality criterion *of poverty reduction and reducing inequality*. The programme is in line with global standards in sexual and reproductive health and rights and its design is suitable for contributing to human rights standards. However, an explicitly human rights-based approach is not recognisable in the project design.

The project objectives and the measures derived from them were also appropriately aligned with Sierra Leone's existing national policies and priorities at the time of the appraisal, including the *National Strategic Plan on HIV/AIDS* (2011-2015), the *Reproductive, Newborn and Child Health Policy* (2011-2015) and the *National Gender Strategic Plan* (2012-2013). Regarding the *Gender Strategic Plan* 2012-2013), the relevance of the project with regard to the priority topics of empowerment, economic participation of women and sexual and reproductive rights formulated therein should be emphasised in particular. The programme was also in line with the *Reproductive, Newborn and Child Health Policy* (2011-2015), which aimed to reduce unwanted pregnancies and the incidence and prevalence of sexually transmitted diseases, eliminate all forms of sexual and gender-based violence and reduce maternal mortality, among other things. These objectives are in line with the project's system of objectives and correspond specifically with some of the project's indicators at programme and module objective level. The *National Strategic Plan on HIV/AIDS* (2011-2015) also formulates specific objectives and priority measures that are in line with the programme design, including the reduction of violence against women, social protection for HIV/AIDS victims and the use of prevention strategies by young adults.

At the time of the EPE, there is still good alignment with Sierra Leone's current national strategies and policies. The *Gender Equality and Women Empowerment Act* (2021) should be mentioned here in particular. This law, which came into force at the beginning of 2023, represents a comprehensive and ambitious strategy for strengthening the social position and participation of women, with which the present project and its objectives are in line. The programme design was also suitable for making relevant contributions with regard to more recent versions of the national HIV/AIDS control strategy and sector documents such as the *Sierra Leone Gender Assessment for HIV/AIDS Response*.

From today's perspective, the objectives were generally achievable within the framework of the national legal bases available at the time of the audit. Specific regulations on sexual and reproductive rights and gender-based violence are contained in the *Domestic Violence Act*, the *Sexual Offences Bill*, *the Devolution of Estates Act* and the *Registration of Customary Marriage and Divorce*, among others. From today's perspective, the legal framework for achieving the programme's objectives has once again improved significantly with the *Gender Equality and Women Empowerment Act*. However, it should be noted that female genital mutilation (FGM) is still not prosecuted in Sierra Leone, even in the case of minors, and remains culturally entrenched in some cases, particularly in rural communities

The institutional framework conditions were considered overall. For example, the *National Aids Secretariat* (NAS) was selected as an institutionally mandated executing agency that particularly supported the objectives of the programme. The limited financial and personnel capacities of the executing agency were taken into account in the programme design. NAS was supported by the NGO CARE, which played a key role in the implementation of the programme.

2. Alignment with the needs and capacities of the beneficiaries and stakeholders

From the perspective of the time and today, the objectives of the programme were basically adequately aligned with the developmental needs of the target group. HIV/AIDS, gender-based violence, a lack of self-determination in family planning, unwanted pregnancies and the stigmatisation of HIV/AIDS sufferers are relevant problems for the target group, which can be derived from the results of the *Sierra Leone Demographic Health Survey* (DHS), which also provided the data basis for the problem description on which the project appraisal was based. The HIV prevalence, as well as the prevalence of female genital mutilation and the proportion of early or unwanted pregnancies, is also at a high level in a regional comparison.

The programme pursued a cross-thematic approach which, in addition to the social marketing component with the aim of increasing condom use to prevent HIV/AIDS and avoid unwanted pregnancies (with the target group: young, sexually active population in urban areas) via the IMF component (with the target group: vulnerable groups in urban and rural areas) also included concrete, but small-scale, measures to reduce gender-based violence, prevent stigmatisation and improve the socio-economic situation of women and HIV/AIDS sufferers as well as empower women. In this respect, the programme concept was particularly geared towards the needs of particularly disadvantaged or vulnerable sections of the population: HIV/AIDS sufferers are confronted with stigmatisation and social and economic disadvantages in addition to the direct effects of the disease itself. Women are also affected by gender-based inequalities in the Sierra Leonean context, which were to be specifically addressed by the programme. The IMF component in particular should work specifically on gender-based behaviour patterns and on improving the options for action and social position of women and those affected by HIV/AIDS. Examples include measures in the area of *life* skills/training and intergenerational dialogue, in the context of

which community-based agreements to prevent gender-based violence should be reached with the involvement of religious and traditional leaders.

Overall, a large number of development problems and needs of the population were to be addressed, all of which are highly relevant in this context. However, addressing the multitude of topics for different parts of the target group appears too ambitious from the perspective of the evaluation - also in view of the limited funds available - under the umbrella of a single programme. (see "Appropriateness of design").

Further gender impact potentials could have been realised through the social marketing component, for example through a more targeted orientation of the distribution structures based on accessibility for women.

3. Appropriateness of designThe concept was based on a system of objectives that was focussed on the core problems and plausibly underpinned with measures, but was too ambitious overall. The originally formulated objective at outcome level was the prevention of gender-specific violence, in particular female genital mutilation (FGM), HIV/AIDS and unwanted pregnancies, as well as the strengthening of women's options for action and their social position (empowerment). The formulation reflects the core problems identified and the objectives of individual measures, but is more representative of the impact level. In this respect, the objective at outcome level was adapted as follows: Changing behaviour with regard to sexually transmitted diseases and their risks, increasing the use of family planning services and making a contribution to reducing gender-specific disadvantages. The original overarching development policy objective was to contribute to improving the sexual and reproductive health of the Sierra Leonean population. However, this formulation of objectives does not reflect the entire objective of the individual measures. The objective formulation adapted for the EPE at impact level is therefore: To contribute to improving the sexual and reproductive health of the Sierra Leonean population, to empower women and to improve the socio-economic living situation of women and people affected by HIV/AIDS. It must be added, however, that not all aspects can be quantified within the framework of the EPE. For example, there are no surveys on improving the socio-economic living situation of women and people affected by HIV/AIDS

Based on the two components of the project, two separate impact chains can be identified (see also the following graphic illustration of the reconstructed impact logic):

The social marketing component should improve access to condoms and work towards a change in behaviour with regard to the prevention of sexually transmitted diseases and unwanted pregnancies; this is also associated with improved access to a modern contraceptive method. This is based on the assumption that social effects such as behavioural changes can also be achieved by using marketing strategies familiar from the commercial sector. To this end, condoms were to be procured, a distribution network was to be set up and established via wholesaler structures and the condoms were to be sold on at a subsidised price. The *ProtectorPlus* condom brand made available in this way should also be marketed in a targeted manner via media campaigns, among other things, and the marketing should be accompanied by information and education campaigns. In this way, access to condoms and the population's knowledge of their benefits were to be improved with the aim of increasing condom use. This increase in condom use should contribute to improving sexual and reproductive health, particularly with regard to HIV/AIDS prevention and unwanted pregnancies. A direct link between information and education measures as well as the marketing and distribution of contraceptives and increased contraceptive use appears to be plausible - positive correlations have also been reported in various studies. For example, a meta-analysis on the effectiveness of social marketing concludes that social marketing is associated overall with behavioural changes with regard to condom use and improved health indicators.[1] The benefits of condoms for HIV/AIDS prevention and contraception are sufficiently medically proven. Reducing the unmet need for contraception enables women to make better decisions about the number of children they have. In this way, a contribution can be made to the social and economic empowerment of women.[2] For the sustainable implementation of the social marketing component, the social marketing organisation SLaDa was founded and established to implement and continue the activities described above. Although the establishment of an autonomous and financially independent national social marketing organisation is understandable and desirable from a sustainability perspective, it is very ambitious in terms of the framework conditions. In particular, the foundation by an organisation such as CARE, which itself has no experience in the field of social marketing, and the claim of independence within a relatively short period of time seem rather unrealistic from today's perspective.

[1]The effectiveness of social marketing in global health: a systematic review. Rebecca Firestone, Cassandra J Rowe, Shilpa N Mod and Dana Sievers, Health Policy and Planning, 32, 2017, 110-124. Oxford University Press.
[2] BMZ (2012): Sexual and Reproductive Health and Rights (SRG-R). Sectoral working aid for projects in programme proposals from GIZ and KfW.

With the Impact Mitigation Fund (IMF), a fund was set up to finance various support measures. In particular, the IMF financed a comprehensive range of socio-economic support measures such as savings groups, training/education programmes and small business/start-up financing with the aim of strengthening the economic situation and thus also the options for action of affected population groups and women through access to these support measures. Educational programmes for young women are a cornerstone for social and economic self-determination and participation and therefore an important instrument for female empowerment.[3] In addition, intergenerational dialogues and awareness-raising measures should be carried out, which should lead to better knowledge about gender-based violence and HIV/AIDS and ultimately to a change in behaviour in this regard, in particular to a reduction in female genital mutilation and a reduction in the stigmatisation of HIV/AIDS sufferers. The self-confidence of those affected should be strengthened and they should be put in a position to articulate themselves and their interests and concerns. Both the socio-economic support measures and intergenerational dialogues should contribute to the improvement of sexual and reproductive health, the living situation of women and HIV/AIDS sufferers and the empowerment of women.

The customised target system and the underlying results chain are illustrated below.

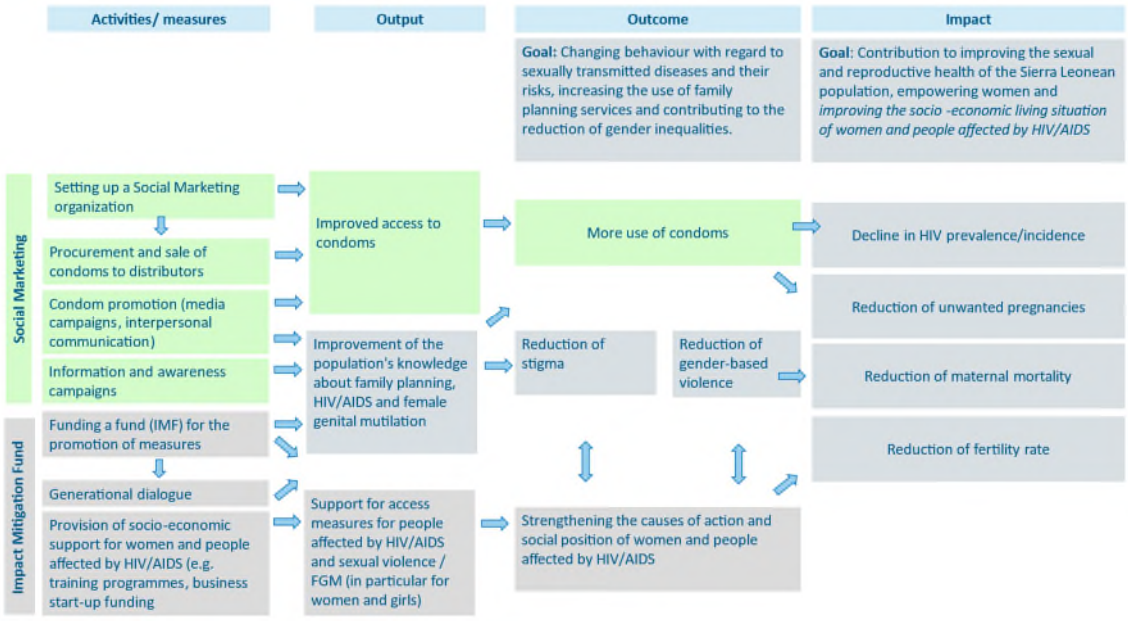


Figure 1: Reconstructed impact logic (Theory of Change). Source: own illustration.

Overall, the results chain can be assessed as rather complex (composite), which is reflected in the small-scale structure of the measures.Although the underlying concept is therefore fundamentally plausible with regard to the target system and the impact assumptions, it would appear helpful from an ex-post perspective if, for example, a dominant problem had been identified and the programme concept had been specifically geared towards this.

The context of post-fragility and high levels of poverty, exacerbated by the Ebola epidemic, was challenging. Due to this context and the objective aimed at changing behaviour, which requires a (partial) adaptation of cultural practices and social norms as well as traditional behaviours, the objective appears ambitious overall from today's perspective.

The indicators and their values are assessed as partially appropriate overall: meaningful and SMART indicators were selected that appropriately reflect the project's objectives, but in some cases not all aspects of the objective formulation are taken into account. Therefore, where possible, the indicators for measuring results for the EPE were supplemented as follows:

[3] BMZ (2008): Position paper. Sexual and Reproductive Health and Rights, Population Dynamics.

(a) At outcome level, in addition to condom use among adolescents and young adults (15-24-year-olds), the contraceptive prevalence for modern methods among women is also taken into account in order to illustrate the use of family planning services overall and female empowerment with regard to family planning. In addition, the couple years of contraception achieved were also included to further measure improved family planning at outcome level. Two further indicators measure the reduction in stigmatisation of HIV sufferers and the reduction in gender-specific discrimination and are considered suitable for measuring the objectives at outcome level. Effects with regard to the strengthening of options for action and the social position of women and people affected by HIV/AIDS, which were to be achieved within the framework of the intergenerational dialogue and through socio-economic support measures, cannot, however, be depicted by a concrete measurement at outcome level or no corresponding data is available and are therefore checked for plausibility as part of the evaluation by means of triangulation.

There are also inconsistencies due to divergent data sources. The project's baseline data is largely based on data from the national study on population and health (DHS). The most recent survey took place in 2019. Although more recent data was collected as part of an internal project study for HAPP IV, the data is not directly comparable. For example, the DHS covers all regions of Sierra Leone, while the project surveys were conducted in the regions with project activities. In addition, the sample of the internal survey is small in comparison and there are differences in the measurement. In order to ensure comparability at the time of the project appraisal, the evaluation therefore primarily refers to the DHS evaluation with regard to the target indicators. The results of the internal project study for HAPP IV are used as support (as far as possible) to derive statements regarding project-specific impacts.

(b) To measure the effects at impact level on the contribution to sexual and reproductive health, the HIV prevalence and the proportion of 15-19 year old women who have a child, the HIV incidence as well as the decline in the proportion of unwanted pregnancies, maternal mortality and the fertility rate are also considered. The ability to decide on the number of children also strengthens the social and economic self-determination and empowerment of women.[4] As already mentioned, some of the overarching effects at a societal level can only be plausibilised to a limited extent. For example, there is no meaningful data available on the improvement of the socio-economic situation of HIV/AIDS sufferers and women.

The programme design took into account the interplay of social and economic factors, particularly at the target group level. Measures to improve the economic situation of those affected were to work together with measures aimed at social change in a meaningful way. Economic sustainability was given special consideration in the project design and was to be addressed by establishing an independent national social marketing organisation. From today's perspective, however, this claim was too ambitious, particularly with regard to the timeline. The ecological dimension of sustainable development was not taken into account, but is only of limited importance for the programme.

4. Adaptability – response to change

The programme was appropriately adapted to the context and was able to respond to changes. Conceptual changes based on lessons learnt took place primarily between the phases (from HAPP I and II to HAPP III and HAPP IV). In phase III, for example, the sponsorship was transferred from CARE to NAS, thus optimising the management structure and achieving greater ownership by the partner. In technical and organisational terms, the continued strong role of the consultant CARE was intended to provide meaningful support to the executing agency. This created the conceptual prerequisites for successful implementation.

In addition, Phase III placed a stronger focus on the development of an independent social marketing organisation, whereas this approach was adapted in the subsequent phase (HAPP IV) based on the lessons learned. No major conceptual adjustments were made during the project implementation of HAPP III itself.

Sierra Leone was severely affected by the outbreak of the Ebola epidemic in West Africa. Due to the effects of the outbreak, the FC programme was extended and implementation was made possible over a longer period of time. In addition, a re-evaluation of the previously selected partner organisations was carried out during the implementation of the IMF component in light of the changed context. This took appropriate account of the more difficult framework conditions in the context of the epidemic.

[4] BMZ (2012): Sexual and Reproductive Health and Rights (SRG-R). Sectoral working aid for projects in programme proposals from GIZ and KfW.

Rating summary

The core problems addressed and the needs of the target group were highly relevant both at the time of the appraisal and from today's perspective, and were suitable for contributing to the political sector priorities of the BMZ and Sierra Leone. In terms of relevance, it should be noted that there was no recognisable weighting of the core problems and the resulting fragmented project design, particularly within the IMF component, led to small-scale measures whose overarching relevance for achieving national objectives must be rated as limited due to their limited scope. Overall, the target system was appropriate and focussed on the core problem. The underlying impact logic was plausible. However, the indicators did not adequately reflect all aspects of the target system at the appropriate impact level, and inconsistent data sources were used in some cases (see also the section on effectiveness).

The relevance of the programme is rated as moderately successful.

Relevance: 3

Coherence

5. Internal coherence

The programme pursued a multi-sectoral approach which, in addition to traditional approaches to HIV/AIDS prevention and family planning in the IMF component, also utilised instruments from the education sector as well as private sector and employment promotion. This complements the youth employment and economic development programmes also supported by German development cooperation ("Poverty-oriented economic development for peace consolidation", BMZ No. 2004 66 284, 2009 67 141). With regard to the DC commitment in the health sector, the programme usefully complemented the commitment in the area of epidemic control and health system strengthening (TC and FC) and was designed to be complementary. In addition, there is a close connection to regional programmes implemented in the region, e.g. the FC programme "Reproductive Health and HIV/AIDS Prevention in the ECOWAS Region" (BMZ No. 2005 66 307, 2008 66 152), which resulted in synergies, particularly in the area of social marketing.

The programme was designed to build on the previous phases HAPP I -II (BMZ no. 2004 65 716, 2007 65 644) and built on the learning experiences, structures and results of the previous projects. Structures established in HAPP I and II were used further and adapted and optimised for the present project. For example, as part of the social marketing component, responsibility for implementation was to be gradually transferred from CARE to SLaDa, a conceptually sensible approach which, however, could not be realised in line with expectations. Furthermore, the IMF component was expanded and, based on the recommendations of the previous phase, the management was restructured with the introduction of a steering committee. In this component, successful activities from the completed TC regional project "Overcoming Female Genital Mutilation" (BMZ no. 2010.2204.5-001.00) were also taken up and continued with the intergenerational dialogue. While this enables a meaningful build-up on previous results and experiences of DC, a clear division of labour between FC and TC is only recognisable to a limited extent. While the social marketing component represents a "classic" FC measure and utilises the comparative advantages of FC, activities very close to TC were implemented under the IMF component, which resulted in a high degree of fragmentation and fragmentation for an FC project. From today's perspective, the complementary use of TC instruments on a larger scale via a bilateral TC project with a simultaneous focus of FC on the social marketing aspect could have resulted in a clearer division of labour with stronger FC/TC synergies (see chapter on efficiency).

The programme is consistent with the relevant international norms and standards to which German development cooperation is committed. This includes, in particular, the SDGs (especially SDGs 3 and 5 as well as 1, 8 and 10), the Convention on Human Rights and gender equality.

6. External coherence

The Sierra Leonean government is actively promoting the fight against HIV/AIDS as well as gender equality through various strategic approaches and legislative projects (see also the "Relevance" chapter). The programme makes concrete contributions to the implementation of these strategies, including the *National HIV/AIDS Strategic Plan* (2016-2020), and thus complements the government's own efforts, particularly those of the

executing agency NAS, in a meaningful way. NAS also actively coordinates the involvement of international NGOs in the field of HIV/AIDS prevention on the ground. The FC programme also supports the Sierra Leonean government's own efforts to combat and reduce gender-based violence, particularly those of the project executing agency NAS.

The complementarity of the programme with the activities of other donors was taken into account in the programme design. In the health sector, various partners support measures to improve sexual and reproductive health, to reduce maternal mortality and to combat female genital mutilation. UNFPA, the World Bank and DFID are particularly worthy of mention here. *The* most important partner in the direct intervention area is *The Global Fund to fight Aids, Tubercolosis and Malaria* (GFATM). While the GFATM and UNFPA distribute condoms free of charge on site and have established this, the project focussed on the social marketing approach. In cooperation with NAS, GFATM primarily supports the free distribution of condoms in health facilities and to high-risk groups as well as the diagnosis and treatment of HIV/AIDS sufferers, complementing the HAPP III measures. Both approaches (free distribution and social marketing) are also part of the *National Condom Programming Strategy*, which is regularly discussed with the involvement of the various stakeholders and coordinated by NAS. With the support of various donors, NAS is thus implementing the *Total Market Approach*, which aims to maximise access to health products through the interaction of publicly provided products (free distribution), social marketing and commercial marketing. The involvement of the GFATM and other actors / donors is actively coordinated by NAS - as is the implementation of the project - so that it has been possible to achieve good coordination between the measures. For example, as part of donor coordination, NAS organises quarterly exchange/coordination meetings between the various actors active in the fight against HIV/AIDS in Sierra Leone. The programme was included in the overarching sector coordination by NAS. The existing structures established by the executing agency NAS in the partner country were utilised for donor coordination and exchange with other stakeholders. As part of the social marketing component, distribution and sales structures - based on the previous HAPP I & II phases - were newly established. Other actors such as DKT and Marie Stopes International (MSI) are (now) also active in Sierra Leone. At times there was direct cooperation between SLaDa and MSI, but this was terminated before the programme was completed. The implementation of the IMF component was based on the existing commitment of local NGOs. The measures funded under the IMF were selected in a competitive process based on offers from local organisations. This meant that existing structures and systems established by the NGOs could be built upon and utilised further during implementation in the municipalities.

Rating summary

The programme fitted in well with German development cooperation activities in Sierra Leone and was designed and implemented to complement the partner country's own efforts and the activities of other actors and donors active in the sector. Coordination took place via the executing agency of the programme (NAS). From today's perspective, however, the fields of activity could have been more clearly delineated in order to effectively utilise FC/TC synergies. Existing structures were partially utilised and built upon during implementation. This approach was implemented very successfully in the IMF component in particular, whereas for the social marketing component (based on the preliminary phase) the focus was on establishing new structures. Coherence is rated as overall successful.

Coherence: 2

Effectiveness

7. Achievement of (intended) objectives

The goal adjusted as part of the EPE was to change the behaviour of the population with regard to sexually transmitted diseases and their risks, to increase the use of family planning services and to contribute to reducing gender-specific disadvantages.

The achievement of the objective at outcome level can be summarised as follows:

Table Target achievement Outcome:

Indicator	Status at PA	Target value according to PA/EPE	Actual value for at PCR (optional)	Actual value at EPE

(1) Increased condom use among 15-24 year olds: changing partners[5]	F: 5.9 % M: 20.9 %	Not indicated	F: 3.2 % M: 21.8 %	Not indicated (see value at PCR)
(2) Contraceptive prevalence rate (modern methods): married women/unmarried women[6]	15.1 %/ 26.7 %	Not indicated	21.9 %/ 29.2 %	26.4 %/ 29.7 %
(3) Couple years	HAPP III: 0 FPET[7]: 112,244 (2014)	HAPP III: 133,333	HAPP III: 129,597 FPET: 351,250	HAPP III: 129,597 FPET: 702,969 (2021)
(4) Proportion of mothers who believe that circumcision should not be continued: circumcised mothers/uncircumcised mothers[5]	19.1%/ 54.3 %	Increase of 6%	31 %/ 63.5 %	Not indicated
(5) Reduction in stigmatisation (=would not buy vegetables from HIV sufferers)[8]	F: 56 % M: 57 % Deviating question - see text	45 %	F: 76 % M: 65 %	Not indicated can only be interpreted with restrictions (see text)

With regard to condom use (indicator 1), it should be noted that the indicator originally differentiated between permanent and changing partners, but - in contrast to the information in the final follow-up - no comparable data was available for the "permanent partner" category in the respective surveys. The baseline and endline values stated in the programme proposal and final review cannot be derived from the studies either, meaning that only the data for changing partners is considered in the EPE and no reference can be made to the originally defined target values. The data show a rather negative trend: While condom use increased slightly among men with changing partners, it fell significantly among women between DHS 2013 and 2019, from 5.9 % to 3.2 %. Overall, both in 2013 and 2019, significantly more men than women with changing partners stated that they had used a condom during their last sexual intercourse. However, due to the decline in condom use among women based on the DHS values, the indicator does not have to be considered fulfilled overall. However, if we look at UN data on the contraceptive prevalence rate for modern methods (indicator 2) as a whole, we see a positive trend. The prevalence rate for both married and unmarried women rose significantly between 2013 and 2019 from 15.1 % to 21.9 % for married women and from 26.to 29.2% for unmarried women. The rate then increased further to 26.4 % (married women) and 29.7 % by 2024. Overall, this indicates a change in behaviour with regard to sexually transmitted diseases and an increase in the use of family planning services.

The programme provided condoms equivalent to almost 130,000 couple years of contraception, which was only just short of the target level. According to the *Family Planning Estimation Tool*, the total number of couple years of contraception in Sierra Leone roughly tripled between 2014 and 2019 and doubled again by 2021. Based on this indicator, the overall target achievement is therefore very good.

According to the DHS, approval of the practice of circumcision fell significantly between 2013 and 2019 among both circumcised and uncircumcised mothers. The target level was exceeded in both subgroups, particularly

[5]Sierra Leone Demographic Health Survey 2013/ 2019: Condom use at last sexual intercourse among people who had more than one sexual partner in the last 12 months
[6]United Nations, Department of Economic and Social Affairs, Population Division (2024). United Nations: New York. https://population.un.org/DataPortal/ (accessed 26/03/2024).
[7] Family Planning Estimation Tool (FPET), 2022 Measurement Report for Sierra Leone, Track20 / Avenir Health.
[8]Sierra Leone Demographic Health Survey 2013/ 2019.

among circumcised mothers. In 2019, 31% of circumcised women were of the opinion that this practice should not be continued. In 2013, only 19.1 % of circumcised women agreed with this statement. Among uncircumcised women - compared to 54.3 % in 2013 - 63.5 % of women were already of this opinion in 2019.

To measure the stigmatisation of HIV/AIDS sufferers, data from the BBS (2012), specifically the "agreement with the statement that HIV sufferers should feel ashamed", was used as a basis at the time of the audit, whereby the proportion was to be reduced from 65 % to 45 %. In the AK, this basic data is compared with values from the DHS 2019, whereby it is not taken into account that the data from the DHS relates to different questions. Respondents with discriminatory attitudes towards people with HIV in the 2019 DHS are those who say that they would *not* buy fresh vegetables from a shopkeeper or seller if they knew that person had HIV, or who say that children living with HIV should not be allowed to go to school with children who are not HIV-positive. The values from the DHS 2013 are used for a relatively comparable statement, although it must be taken into account that a total of four different statements serve as the basis in the DHS 2013. In both studies, the question was asked in relation to the purchase of fresh vegetables from someone affected by HIV/AIDS - albeit formulated "positively" in the DHS 2013, in the sense that they would buy fresh vegetables from someone affected by HIV/AIDS (in the DHS 2019: "would *not* buy"). Looking at this statement alone, stigmatisation has even increased: in 2013, around 44 % of women and 43 % of men surveyed stated that they would buy vegetables from an HIV-positive seller. Carefully formulated - assuming that there are no abstentions - around 56 % and 57 % respectively would not do so. In 2019, around of women and 65% of men stated that they would not buy vegetables from an HIV-positive person. Stigmatisation has therefore increased. However, it cannot be ruled out that the results may be distorted due to the different question wording (would buy vs. would not buy). Overall, it is difficult to assess the indicator due to the lack of or not directly comparable data - however, the available data tends to indicate that it cannot be considered fulfilled.

8. Contribution to the achievement of objectives

The planned outputs of the programme were largely achieved as planned

With the social marketing component, the condoms were made available as planned, although the sales figures fell short of the original target. A total of 383 new points of sale were established for distribution and 660 points of sale were taken over from the previous phase and operated until the end of the project. Radio jingles, radio programmes, television broadcasts and billboards were created for marketing and information campaigns. However, the establishment of SLaDa as a sustainable social marketing organisation was not successful.

As part of the IMF component, 777 young women and adolescents took part in vocational qualification measures in the fields of hairdressing, tailoring and catering, weaving and carpentry. They were also educated and sensitised about HIV prevention and SRG issues. After graduation, the beneficiaries received training in business skills and basic bookkeeping and accounting skills. The beneficiaries received training materials and start-up materials and supplies to run small businesses. In addition, 3,931 vulnerable women and men were reached with life skills trainings, including agricultural practices, entrepreneurial skills, etc. Across all 3 phases of HAPP, a total of 8,781 vulnerable women and men benefited from various life skills interventions - of which over 90% are women. The promotion of village savings groups can be seen as complementary to the educational programmes and supports the economic participation of those affected. In addition, education and sensitisation measures on the topics of HIV/AIDS and SRG were carried out at two border crossings with Guinea and Liberia. The intergenerational dialogue tool enabled the communities to address issues such as female genital mutilation and violence against women and to carry out this process in a self-responsible and participatory manner. Vulnerable groups and victims of violence were given the opportunity to express themselves.

The quantitative data allow only limited conclusions to be drawn about the specific effects of the programme on achieving the objectives at outcome level:

With regard to condom use, a contribution of the measure to achieving the objectives at outcome level can be derived from the available data for some results. According to the project-internal interim evaluation of the follow-up phase (HAPP IV) carried out in 2023, condom use among respondents with a steady partner who were reached directly with measures from the project was 31 %, whereas it was only 20 % in the control group. Among respondents without a steady partner, condom use was 44 % among direct project beneficiaries and 31 % in the control group. These results point to a positive effect of the programme (HAPP IV) on condom use among the target group, which also appears plausible for Phase III. Even if the overall achievement of the objectives as

described in Chapter 7 with regard to condom use is unclear due to the ambivalent study results, a positive effect of the programme on condom use seems plausible.

The programme provided condoms equivalent to almost 130,000 couple years of contraception. According to the *Family Planning Estimation Tool*, this corresponds to around a third of the total number of couple years of contraception in Sierra Leone. It can therefore be assumed that the programme made an important contribution to access to condoms.

The sales figures for the social marketing component show a significant urban-rural divide, which suggests potential barriers to access in rural areas; however, it should be noted that the target group for the social marketing component is more likely to be located in urban areas.

With regard to approval of the practice of circumcision, no direct contribution of the measure to the achievement of the objectives can be derived from the available data. In the above-mentioned interim evaluation study for HAPP IV, the percentage of women who do not want to have their daughters circumcised (41 %) was even slightly higher than the figure for the group of project beneficiaries (40 %). Nevertheless, the on-site visit revealed that in many cases the intergenerational dialogue (IMF component) resulted in the conclusion of binding agreements at community level, the non-observance of which entails penalties. These so-called bylaws include, for example, the ban on female genital mutilation before the age of 18. A total of 150 agreements were reached. The project measures therefore appear to have contributed directly to a change in behaviour with regard to gender-specific violence/circumcision, even if this cannot be validated by corresponding data.

With regard to the stigmatisation of HIV/AIDS sufferers, no direct contributions of the project can be plausibilised - also due to the overall unclear achievement of objectives.

The very favourable political framework conditions on the one hand and the contextual challenges, including in connection with the effects of the Ebola epidemic, on the other were key external factors for achieving the objectives. For key internal factors, see "Quality of implementation" below.

9. Quality of implementation

Overall, the project was managed and coordinated to a very high standard. The professional and appropriate management by the project executing agency NAS and the high level of political support, which enabled the outputs to be delivered satisfactorily in view of the challenging context, should be emphasised positively. NAS assumed the role of overall steering and coordination and formed the interface between project implementation and the political arena. NAS fulfilled this role in a very active and committed manner and thus contributed significantly to suitable framework conditions that favoured project implementation and to good coordination with other initiatives. Compared to the two previous phases, this approach improved integration into the national systems and enabled project experience to be channelled into the legislative process (see Chapter 15).

The individual project measures were implemented primarily by CARE and various implementation partners (mainly local NGOs), which were commissioned by CARE to implement individual activities. Overall, the measures were implemented to a good standard. However, the implementation of the social marketing component was negatively affected by SLaDa's limited experience. The IMF component was implemented by appropriately qualified local partner organisations, whose effective operation was confirmed by on-site observations and statements from various stakeholders and the executing agency. Existing capacity weaknesses of some local partners were adequately mitigated through capacity-building support measures. Interim evaluations and regular monitoring were carried out by CARE in an appropriate manner, while NAS was responsible for overall coordination.

10. Unintended effects (positive or negative)

The programme was characterised by a complex results chain with a multi-layered system of objectives. The results and impacts achieved at outcome level and presented in Chapter 8 were therefore already taken into account within the intended target system. The fact that a number of (international) social marketing agencies are now active in Sierra Leone could be seen as a non-intended positive impact. It can be assumed that the activities of CARE and SLaDa served to a certain extent to prepare and pave the way for the social marketing approach for the international NGOs working in this field. Although this now de facto represents a competitive situation for CARE in the area of social marketing, it can be seen as positive overall in terms of the availability and

accessibility of condoms and thus for HIV/AIDS prevention in Sierra Leone. No unintended negative effects have been identified. The do-no-harm principle was appropriately taken into account.

Rating summary

The objectives of the programme at outcome level were partially achieved. Positive results were achieved in particular with regard to the decline in approval of the practice of circumcision and the use of family planning services. However, according to DHS data, there is no evidence of increased condom use. No clear statements can be made regarding the decline in stigmatisation. Due to the limited and partly non-comparable data situation, no clear statements can be made about the programme's contribution to achieving the objectives. However, based on the available data and information, it can be assumed that the programme was able to make a positive contribution to at least some of the target dimensions. The effectiveness of the programme is therefore rated as limited.

Effectiveness: 3

Efficiency

11. Production efficiency

At around EUR 2.4 million, around 40 % of the FC funds available for the programme were used for the social marketing component. Around EUR 2.7 million (45 %) was spent on the IMF component. Around of the funds were spent on monitoring/evaluation, audit and other administrative costs and 12 % on support for the executing agency NAS

Overall, the cost-benefit ratio in the social marketing component did not meet expectations. For example, only 15.8 million condoms were actually distributed/sold during the implementation period of five and a half years, although over 18 million condoms were available for marketing in the country. Only in two years, from June 2014 to June 2016, were significant sales of over 3 million/ 12 months recorded. This means that the sales figures fell well short of the original expectations of 4 million condoms sold annually. At just EUR 43,000 compared to the originally planned EUR 54,000, revenue from condom sales also fell short of expectations. This is due in particular to the fact that the exchange rate of the local currency fell significantly against the euro and there was high inflation, but at the same time the sales prices for condoms were not raised. The distribution structure was suboptimal with too many wholesalers in total, who were also active in direct sales to end customers and were therefore able to realise comparatively high profits. As a result, the expansion of a distribution network was not driven forward as planned due to a lack of incentive structures

In addition to the procurement of condoms, the project component also financed communication measures; this included 2,000 slots for radio jingles, 200 radio programmes, 60 television broadcasts and 100 billboards. Further funds were used to set up and support SLaDa, but the desired financial independence could not be achieved (see also chapter on sustainability).

The IMF component was able to support 45 local NGOs and a large number of beneficiaries as part of the vocational qualification measures and life skills training. MoUs were concluded in 150 municipalities (see chapter on effectiveness). One challenge here was the small-scale nature of the measures, which are associated with high administrative costs and low scalability and therefore represent a sub-optimal allocation of resources from today's perspective.

As already described, condom procurement and the implementation of communication measures largely went according to plan, while sales fell slightly short of expectations. The main problem was the low-cost coverage and the failure of SLaDa to acquire further sources of funding, which had a negative impact on efficiency. The IMF measures were largely implemented as planned.

Overall, a large proportion of the funds were implemented via the consultant. However, this also included a disposition fund managed directly by the consultant. At around EUR 700,000, just under 12 % of the funds available were directly attributable to the personnel and administrative costs of the implementation consultant CARE, which were used to implement these project components. In view of the limited financial and human resources of the

executing agency, the amount used for the consultant can be considered high, but basically appropriate in the context. The other administrative costs were within reasonable limits.

12. Allocation efficiency

From today's perspective, the effects achieved and intended could possibly have been achieved more cost-effectively with alternative approaches. Specifically, the pricing of the condoms (high subsidy share) and the sub-optimal distribution structure (too many wholesalers) should be mentioned in the social marketing component. Overall, condom sales focussed on the capital Freetown with satisfactory sales figures, whereas only very low sales figures were achieved in four districts that are more difficult to access. On the one hand, targeted campaigns could have increased access in precisely these areas, but at the same time the cost-benefit ratio (in terms of the sales figures achieved and the total number of people reached) would probably have been worse if there had been a stronger focus on hard-to-reach areas. At the same time, from today's perspective, supporting SLaDa was a bad investment due to the overly high expectations placed on the newly established organisation at relatively short notice and the inadequate existing social marketing structures. Instead of setting up an independent national social marketing organisation, for example, cooperation with an established and experienced international organisation would have been more efficient for the implementation of social marketing activities.

In addition, a more effective linking of the two project components could possibly have contributed to greater impact or a more efficient use of funds. For example, the use of the *Life Skills* organisations funded under the IMF and their graduates as social marketing distributors and communicators could have been expanded and/or the distribution structures could have been more closely interlinked with the IMF activities. The fact is, however, that the programme comprised two components with different target groups, different intervention strategies and different impact chains, so that synergies can be achieved in individual cases, but these will always remain limited.

An overall alternative approach would be (1) the continuation of the activities of the completed TC regional programme taken up under the IMF component (see chapter on coherence) by TC itself and (2) a focus of FC on a pure social marketing programme with synergistic capacity-building measures through an accompanying TC programme (similar to the original TC regional programme). Such an approach would have avoided the parallelism of two different approaches with largely separate results chains and intervention strategies within one programme and could also have increased efficiency using comparative advantages.

Rating summary

Overall, the cost-benefit ratio of the social marketing component was unsatisfactory and characterised by suboptimal pricing and sales structures. This is also reflected in the low revenues, the sales figures that did not meet expectations and the challenges in the cooperation with SlaDa with a relatively high use of funds. The dovetailing of two components with different target groups, different intervention strategies and different results chains was only realised to a limited extent, meaning that a more focused approach with a division of labour between FC and TC could have increased efficiency.

The efficiency of the programme is therefore rated as moderately unsuccessful.

Efficiency:4

Overarching developmental impact

13. Overarching (intended) developmental changes

The overarching development policy objective of the EPE was to contribute to improving the sexual and reproductive health of the Sierra Leonean population, empowering women and improving the socio-economic living conditions of women and people affected by HIV/AIDS.

The achievement of the objective at impact level can be summarised as follows

Table Target achievement Impact:

Indicator	Status PA	Target value according to PA	Actual value at PCR (optional)	Actual value at EPE

(1)	Decline in HIV prevalence[9]	WHO: 1.6 % DHS: 1.5 %	Decrease of 0.2 %	WHO: 1.5 % DHS: 1.7 %	WHO: 1.4 % (2023) fulfilled at EPE
(2)	Decline in HIV incidence[10]	UNAIDS: 1.1 % WHO: 0.7 %	Not indicated	UNAIDS: 0.8 % WHO: 0.52 %	UNAIDS: 0.5 % (2022) WHO: 0.37 % fulfilled at PCR and EPE
(3)	Decrease in the proportion of 15–19-year-old women who have started having children[11]	22.4 %	Decrease of 9 % (=20.4 %)	21.3 %	Not indicated not fulfilled at PCR
(4)	Decrease in the proportion of unwanted pregnancies[12]	14 %	Not indicated	17 %	Not indicated not fulfilled at PCR
(5)	Decrease in maternal mortality rate (deaths per 100,000 live births) [13]	632	Not indicated	435	443 (2020) Fulfilled
(6)	Decline in the fertility rate[14]	4.87	Not indicated	4,	3.69 (2024) Fulfilled

Based on the data available, the sexual and reproductive health of the population appears to have improved slightly overall during the project term (2013-2019) and up to the time of the EPE (2023/2024). Specifically, according to WHO data, the HIV prevalence of the adult population (15-49 years) fell by a total of 0.2 percentage points between 2013 and 2023 from 1.6 (at project appraisal in 2013) to 1.4% (at EPE in 2023). This means that although the intended reduction was not achieved within the originally planned period, it was achieved by the EPE. However, if we look at the data from the Sierra Leone Demographic Health Survey (DHS) originally used as the basis for the project design, HIV prevalence rose from 1.to 1.7% between 2013 and 2019. Among the adult female population, HIV prevalence even rose by 0.5 percentage points, whereas it fell by 0.2 percentage points among men. According to DHS data, HIV prevalence also rose slightly from 1.0% to 1.1 % among adolescents and young adults aged between 15 and 24. More recent data from this source was not available at the time of the EPE. Based on the latest data from 2019, this indicator could therefore not be achieved according to DHS data.

The HIV incidence fell significantly in the period under review - depending on the data source from 1.1 (World Bank/UNAIDS) or 0.7 (WHO) new infections (per 1,000 uninfected people) at project appraisal in 2013 to 0.8 or 0.52 at final review in 2019 to 0.5 or 0.37 in 2022 and has thus almost halved consistently in both data sources.

The maternal mortality rate indicator added as part of the EPE fell significantly by around 30 % during the project period between 2013 and 2019. Most recently, however, there were signs of a trend reversal with a slight increase in 2020, although this may be due to limited access to healthcare during the COVID-19 pandemic. More recent comparable data on this indicator was not available at the time of the EPE.

According to data from the UN Population Division, the fertility rate has fallen significantly since the project appraisal from 4.87 in 2013 to 3.69 in 2024. According to the findings of the Sierra Leone DHS, the proportion of pregnant women and mothers among young women (15-19 years) also fell slightly between 2013 and 2019, but not quite in line with the target value defined ex ante. More recent comparable data on this indicator was not available at the time of the EPE. However, similar data indicate a continuing positive trend. Since 2013, the

[9] HIV - Prevalence of HIV among adults aged 15 to 49 (%) (who.int) (accessed 05.04.2024). / Sierra Leone Demographic Health Survey 2013/2019.
[10] Incidence of HIV, ages 15-49 (per 1,000 uninfected population ages 15-49) - Sierra Leone | Data (worldbank.org), UNAIDS Estimates (accessed 06/06/2024). / New HIV-infections per 1000 uninfected population (who.int) (accessed 11/06/2024).
[11/9] Sierra Leone Demographic Health Survey 2013/2019. Both indicators lie between the outcome and impact level in terms of their effects, but were assigned to the impact level as part of the evaluation.

[13] WHO, UNICEF, UNFPA, World Bank Group, and UNDESA/Population Division. Trends in Maternal Mortality 2000 to 2020. Geneva, World Health Organization, 2023. (https://data.worldbank.org/indicator/SH.STA.MMRT?locations=SL&view=chart, accessed 06.06.2024).
[14] United Nations, Department of Economic and Social Affairs, Population Division (2024). (https://population.un.org/DataPortal/, accessed 03.04.2024).

number of births per 1,000 young women (15-19 years) has fallen from 133.1 (2013) to 106.7 (2019) to 100.9 in 2021.[15] However, the proportion of unwanted pregnancies rose from 14 % to 17 % in the same period. This may also be due to increased awareness among women or a change in their wishes and expectations, which can also be deduced from the other results of the Sierra Leone DHS: the number of children desired by women aged 15 and 49 remained unchanged at 4.9 in 2008 and 2013 and fell slightly to 4.7 in 2019. The number of children desired by men was slightly higher than that of women. This data situation supports the interpretation that the decline in the fertility rate actually observed can plausibly be attributed to increased empowerment of women with regard to family planning.

No meaningful data is available on the socio-economic situation of HIV/AIDS sufferers and women. However, qualitative results (survey conducted during the on-site visit) indicate that the strengthening of options for action as well as the social and economic self-determination and participation of women (female empowerment) and other vulnerable groups such as HIV-positive people and AIDS orphans (the target group directly supported by the programme) could be improved through the promotion of vocational qualification and life skills training as well as community savings groups with access to small loans. However, no data was collected, for example following the vocational qualification and life skills training programmes, which would allow conclusions to be drawn about an improvement in the situation of those affected. Conclusions about the population as a whole cannot be drawn from this either.

14. Contribution to overarching (intended) developmental changes

The intended developmental impacts at the level of the intended beneficiaries/target group were largely achieved. In particular, this includes improvements in the area of maternal mortality and fertility rates as well as the decline in HIV incidence and the proportion of young pregnant women/mothers. Based on the available data, however, no clear statements can be made regarding the contribution of the programme to the observed developmental changes, as there is insufficient disaggregated data or control groups for such a causal analysis. However, based on the assumed and plausible results chain and taking into account the results achieved at project objective level (outcome), particularly with regard to couple years of contraception and condom use, it can be assumed that the programme made a positive contribution.

At the level of the particularly vulnerable sections of the target group (women, young people, HIV/AIDS sufferers), developmental impacts, particularly for women (fertility rate, maternal mortality), are demonstrable at a higher level, but the programme's contribution cannot be quantified. At the level of the direct beneficiaries of the programme, direct positive effects on empowerment and sexual and reproductive health can be derived, for example, from the agreements reached at municipal level to ban female genital mutilation. However, an improvement in the living situation of people affected by HIV/AIDS is not directly recognisable at an overarching level, particularly with regard to the stigmatisation experienced. As described in Chapter 13, only limited statements can be made about the overall improvement in the socio-economic situation. However, based on the impressions gained from the on-site observations, a positive contribution from the educational measures/training programmes and savings groups seems plausible.

The social marketing component had a good overall impact. In particular, the Protector Plus condom brand was successfully established on the market. The dissemination of the social marketing approach in conjunction with the free distribution of condoms (via GFATM and UNFPA) and commercial marketing made important contributions to improving access to contraceptives in line with the total market approach, thereby contributing to increased condom use and thus to improving the sexual and reproductive health of the population. The social marketing component is relatively easy to replicate and scale and is currently being continued as part of the follow-up project. The IMF component has a model character and could also have a good broad impact if scaled up appropriately. However, due to the small-scale nature of the measures and the relatively complex and fragmented implementation structure, a focus on particularly effective project measures and a considerable amount of funding would be required for broad-based scaling.

The project is perceived by the Sierra Leonean project partners as a flagship project and is highly visible at a political level. The positive project results combined with the partner's very good ownership contribute to the partner's high willingness to make further efforts of its own to strengthen the developmental impact. Positive reputational effects also arose for the project executing organisation NAS, which is thus supported and strengthened in the performance of its institutional tasks. According to the partners, the positive experiences also flowed into

[15] Sierra Leone | World Bank Gender Data Portal (accessed 05/06/2024).

legislative processes such as the *Gender Equality and Women Empowerment Act*, which significantly improved the legal framework for women, which should have a long-term impact on the direct living situation of the female Sierra Leonean population. In this way, the programme was also able to have a structure-building effect at the level of the legal and institutional framework.

Overall, the programme is characterised by good developmental additionality, as far as can be assessed. Without the support from the programme, social marketing measures could not have been carried out to this extent, and the numerous successful activities from the IMF could only have been implemented to a limited extent. The development in terms of the intended developmental impacts would therefore in all probability have been in the same positive direction, but to a lesser extent, due to the partner's own efforts. The structure-building aspects and results of the project also speak in favour of its additional character.

15. Contribution to overarching (unintended) developmental changes

The programme explicitly considered vulnerable and disadvantaged groups such as women and HIV/AIDS sufferers in the target system. Positive developmental changes have occurred for women in particular as part of the intended target system. With regard to gender equality (quality criterion 1), positive changes have also occurred since 2013 that go beyond the directly intended programme objectives, which primarily concern the legal framework for the economic independence and socio-economic and political equality of women and are set out in the *Gender Equality and Women Empowerment Act*. Actual changes resulting from this at target group level are likely, but will only materialise over time. As women in Sierra Leone are particularly affected by poverty, this also contributes to reducing poverty and inequality (quality criterion 2). The programme contributed to these socio-economic changes both directly (at the level of the direct beneficiaries) and indirectly (by incorporating the experience gained into the above-mentioned legislative process).

The programme was also able to contribute to strengthening civil society in Sierra Leone. This applies in particular to partner organisations under the IMF, which were supported with financial resources and were therefore able to significantly expand their activities, and in some cases also benefited from capacity-building measures.

No other unintended negative or positive developmental changes are recognisable.

Rating summary

The intended developmental impact was largely achieved, as far as can be quantified. Improvements have been achieved in particular regarding sexual and reproductive health and the empowerment of women. The latter go beyond the directly intended impacts of the programme. Even if the direct contribution of the programme to this cannot be quantified, positive effects of the programme on the observed development can be assumed. No negative unintended effects were identified.

The overarching developmental impact is therefore rated as successful.

Overarching developmental impact: 2

Sustainability

16. Capacities of the beneficiaries and stakeholders

The project has gained a very good reputation at all levels, from the project executing agency NAS and its national and regional representatives to the municipal level and the local implementation partners and is recognised as a "flagship project" right up to the high political level. NAS identifies itself strongly with the project. The executing agency considers the importance of condom social marketing to be very high, especially as support from the Global Fund and UNFPA for the procurement and (free) distribution of condoms is declining. Due to the high level of ownership shown by the local partners for the programme, it can generally be assumed that the general conditions for the continuation of the funded measures and the long-term maintenance of positive effects over time are good.

However, given Sierra Leone's budget situation, social marketing measures will remain highly dependent on external support for the foreseeable future. The planned establishment of an independent national social marketing

organisation was not successful, and cooperation was discontinued in the follow-up phase. The measures from the FC-financed follow-up programme are currently being continued by CARE. From today's perspective, it seems rather unrealistic to expect the national government to take over the financing in the near future or to establish a financially sustainable social marketing organisation in the medium term. However, the institutional capacities and the high level of political support suggest that significant efforts will be made to acquire other funds for the continuation of the measures if the funding ends.

Within the IMF component, there appears to be a high level of interest, particularly at the target group level, in maintaining positive effects in the longer term. Particularly noteworthy are the agreements ("bylaws") reached as part of the intergenerational dialogue, which, for example, prohibit FGM practices at community level and at the same time create income compensation for traditional healers previously involved in circumcision. However, as there is no systematic impact monitoring, the actual compliance with these agreements and therefore their long-term effectiveness cannot be systematically assessed. However, the EPE carried out on site confirmed the impression that the population involved identifies strongly with the agreed rules. The economically orientated measures such as training courses and local savings groups are also geared towards a sustainable impact. The local NGOs involved are generally in a position to maintain the effects achieved, but will remain dependent on external financial support.

17. Contribution to supporting sustainable capacities

The close involvement of NAS and the high level of alignment with national political priorities as well as the cooperation, which is highly appreciated by the partners, have contributed to a high level of ownership and have supported NAS in fulfilling and expanding its coordination function in the sector.

As part of the social marketing component, a local social marketing organisation was founded in HAPP II with the support of CARE (SLaDA), which was to expand its business area during HAPP III. This was intended to make a targeted contribution to building sustainable local capacities. With the support of the project, SLaDa was able to establish the Protector Plus condom brand on the market and - at least to some extent create functioning sales structures. However, the establishment of the organisation as such was not very successful, as described above, particularly in view of the fact that the cooperation was terminated in the subsequent phase due to considerable differences between NAS, CARE and SLaDa and no further support was provided. The lessons learnt can still be used by NAS and CARE, but there was no actual development of social marketing capacities on the ground.

As part of the IMF component, the vulnerable part of the target group in particular was empowered with targeted capacity-building measures to maintain positive effects over time. In addition to the moderation and facilitation of the intergenerational dialogues, the implementation of training measures should also be emphasised, which help participants to improve their socio-economic position independently in the long term. Some of the trained participants are now active as trainers themselves, so that positive multiplier effects can be assumed. The component also included technical support for local implementation partners on a limited scale, which made a further contribution to strengthening the capacity of local structures. Overall, however, the IMF component is also highly dependent on external funding for the continuation of activities, as the local NGOs involved do not generate (sufficient) income themselves and are not supported by the national government with their own funds.

18. Durability of impacts over time

The contextual framework conditions for the sustainability of impacts have tended to improve since the time of the project appraisal. In particular, the legal framework and the political-strategic environment should be mentioned here. For example, the measures of the IMF component and the resulting agreements at municipal level ("by laws") in the area of GBV and FGM are being integrated into national legislation. The social marketing component benefits from the increasing coordination and guideline competence of the NAS, which is expressed, for example, in the formulation of the current *Condom Distribution Strategy*.

At the same time, there is a relatively high degree of context dependency. For example, a change in political priorities, but also a renewed flare-up of social conflicts or a deterioration in the economic situation, would most likely have a negative impact. From today's perspective, however, the political context - in terms of the political priorities relevant to the programme - appears to be relatively stable. Overall, the effects of the measure are considered to be limited in duration. Social marketing measures must be continued to ensure long-term

effectiveness. From today's perspective, the continuation of social marketing activities beyond the programme is very likely, even if external financing and support will still be required. The effects of the IMF component can also be assessed as lasting at the level of the direct beneficiaries, including the women receiving support. For a lasting impact on society as a whole, however, the measures would need to be scaled up. However, the durability of the gender results is positively influenced by the political and legal context, in particular the introduction of the *Gender Equality and Women Empowerment Act*.

Rating summary

Although the project was not able to establish an independent national social marketing agency in the social marketing component, structures were created and lessons learnt that are currently being used by CARE to reorganise the social marketing component.

The IMF component in particular also achieved sustainable impacts at the target group level. Overall, the impacts achieved can be considered largely sustainable, also due to the high level of ownership of the local partners and the positive development with regard to the legal framework and the political and social context

However, both components are still highly dependent on external financing. The sustainability of the programme is therefore rated as limited overall.

Sustainability: 3

Overall rating

The project is characterised by a high degree of relevance and was particularly aligned with the policies and priorities of the partner country and the needs of the target group, but there was no discernible weighting of the core problems, which resulted in a high degree of complexity of the project and highly fragmented and small-scale measures and also appears too ambitious in view of the limited availability of funds (relevance: 3). The programme was designed and implemented to complement the partner's own efforts and the involvement of other donors (coherence: 2). The cost-benefit ratio of the social marketing component was unsatisfactory overall and had a negative impact on efficiency. In addition, the intended dovetailing of two components with different target groups, different intervention strategies and different results chains was only realised to a limited extent (efficiency: 4). In terms of target achievement, good results were achieved at the level of developmental impact as well as additional unintended positive effects (impact: 2), whereas target achievement at the project objective level (outcome) was only partially successful (effectiveness: 3). However, behavioural changes were achieved with regard to gender-based violence, as confirmed by discussions with stakeholders and those affected, as well as contraceptive prevalence. The project enabled important learning experiences to be gained, the market to be prepared for social marketing activities and a high level of willingness to continue and further support the activities by the partner to be achieved, which has a positive impact on sustainability. The continued high dependency on external funding and the unsuccessful cooperation with the national social marketing organisation SLaDa had a negative impact (sustainability: 3).

Overall, the positive results dominate, even if the programme falls short of expectations in some criteria. The programme is therefore rated as having limited success overall (rating: 3).

Contributions to the 2030 Agenda

The programme made significant contributions to SDG 3 (health and well-being) and 5 (gender equality) and also supported SDG 1 (no poverty), 8 (decent work and economic growth) and 10 (reduced inequalities) with some project measures. The programme was geared towards the use of existing systems and used these as far as possible during implementation, for example for the implementation of the various measures financed under the IMF by local NGOs. However, project-specific structures were also established - only partially successfully. The programme focused on the social sustainability dimension, but also took into account the interaction between social and economic factors through economic support measures (IMF component) and the use of marketing strategies from the commercial sector (social marketing component). The ecological sustainability dimension was not explicitly considered. Vulnerable and particularly disadvantaged groups were particularly addressed by the programme, with a focus on women and HIV/AIDS sufferers.

Project specific strengths/weaknesses and general conclusions/lessons learned

The strengths and weaknesses of the project include in particular:

- The project is characterised by a very high level of ownership on the part of the project executing agency, which is reflected in professional and appropriate project management and close links with sector policy processes and has enabled lessons learned to be incorporated into legislation.
- The programme successfully addressed the needs of vulnerable groups in particular, taking adequate account of the local context and the political priorities on the partner and donor side.
- The central weakness is the high complexity of the programme with a multidimensional target system and the resulting highly fragmented and small-scale measures, which had a negative impact on relevance and efficiency.
- From an ex-post perspective, the approach of increasing sustainability by establishing a national social marketing organisation was too ambitious and unsuccessful.

Conclusions and lessons learned:

- Good alignment with national policies and priorities can contribute to increased ownership on the partner side and the resulting positive spillover effects on sector policy processes.
- Based on the identification of a clearly defined core problem and definition of a focussed target system, the efficiency of projects can be improved by avoiding fragmentation of measures.
- The promotion of a national social marketing organisation is desirable from a sustainability perspective. However, setting up organisations that are not yet established as part of development cooperation projects is ambitious and requires an appropriate setting.

Evaluation approach and methods

Methodology of the ex-post evaluation

The ex-post evaluation follows the methodology of a rapid appraisal, i.e. a data-supported, qualitative contribution analysis and represents an expert judgement. This involves attributing impacts to the project through plausibility considerations based on the careful analysis of documents, data, facts and impressions. Where possible, this also includes the use of digital data sources and modern techniques (e.g. satellite data, online surveys, geocoding). Causes of any contradictory information are investigated, attempts are made to eliminate them and the assessment is based on statements that are - if possible - confirmed by several sources of information (triangulation).

Documents:
Internal project documents, secondary literature and studies, other evaluations
Data sources and analysis tools:
Demographic Health Surveys, UN and World Bank data, survey results of the project-internal interim evaluation of the follow-up phase (HAPP IV).

Interview partner:
Project organiser, implementation consultant, local implementation partners, target group / affected parties

The analysis of impacts is based on assumed interdependencies, documented in the impact matrix developed during the project appraisal and, if necessary, updated during the ex-post evaluation. The evaluation report presents arguments as to why which influencing factors were identified for the identified results and why the analysed project presumably made which contribution (contribution analysis). The context of the development measure is taken into account with regard to its influence on the results. The conclusions are set in relation to the availability and quality of the data basis. An evaluation design is the reference framework for the evaluation.

For project evaluations, the method offers a - on average - balanced cost-benefit ratio, in which the knowledge gained and the evaluation effort are in equilibrium, and allows a systematic assessment of the effectiveness of FC projects across all project evaluations. The individual ex-post evaluation can therefore not fulfil the requirements of a scientific assessment in the sense of a clear causal analysis.

The following aspects limited the evaluation:
Data situation: In order to analyse the effectiveness and developmental impact, values for some indicators were only available at the time of the appraisal and at the time of the final review, meaning that only limited statements could be made on developments up to the time of the EPE. Furthermore, not all data was directly comparable due to different questions in the underlying studies/surveys. Furthermore, corresponding monitoring data was not collected for all aspects of the target formulation.

Methodology of the performance evaluation

A six-point scale is used to assess the programme according to the OECD DAC criteria. The scale values are assigned as follows:

Level 1 Very successful: result significantly above expectations

Level 2 Successful: result fully in line with expectations, without significant deficiencies

Level 3 Moderately successful: below expectations, but positive results dominate

Level 4 Moderately unsuccessful: is significantly below expectations and negative results dominate despite recognisable positive results

Level 5 Unsuccessful: despite some positive partial results, the negative results clearly dominate

Level 6 Highly unsuccessful: the project is useless or the situation has worsened

The overall rating on the six-point scale is based on a project-specific weighting of the six individual criteria. Levels 1-3 of the overall rating indicate a "successful" project, while levels 4-6 indicate an "unsuccessful" project. It should be noted that a project can generally only be considered developmentally "successful" if the achievement of the project objective ("effectiveness") and the impact on the overall objective ("overarching developmental impact") as well as the sustainability are rated as at least "Moderately successful" (rating 3).

The annex to this report is available upon request (German only).

List of abbreviations:

GDP	Gross Domestic Product
BMZ	Federal Ministry for Economic Cooperation and Development
DAC	Development Assistance Committee
DHS	Demographic Health Survey
EUR	Euro
FGM	Female Genital Mutilation (female genital mutilation)
FC	Financial cooperation
FC E	FC Evaluation
HAPP	HIV/Aids Prevention Programme
HDI	Human Development Index
IMF	Impact Mitigation Fund
NAS	National Aids Secretariat
PCR	Project completion report/ final inspection
PA	Project review
PPB	Project appraisal report
PV	Project proposal
SDG	Sustainable Development Goal
SLaDa	Sierra Leone Social Marketing and Development Agency
TC	Technical cooperation
UN	United Nations
USD	US Dollar
USV	Environmental and social compatibility

Imprint

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