

# Ex post evaluation – Sierra Leone

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**Sector:** HIV/AIDS and strengthening women’s rights (CRS code: 1340)  
**Project:** Combating HIV/AIDS (HAPP I), BMZ no.: 2004 65 716\*;  
 HIV/AIDS Prevention and Strengthening of Women’s Rights (HAPP II),  
 BMZ no.: 2007 65 644\*  
**Implementing agency:** CARE Sierra Leone

## Ex post evaluation report: 2019

All figures in EUR million	HAPP I + II (Planned)	HAPP I + II (Actual)
Investment costs (total)	8.00	8.046
Counterpart contribution	0.00	0.065
Funding	8.00	7.981
of which BMZ budget funds	8.00	7.981

\*) Project in 2016 random sample



**Summary:** The HAPP I project originally consisted of expanding the scope of a social marketing programme financed by USAID. A social security component was added in 2008. HAPP II included the prevention of gender-specific violence, HIV/AIDS and unwanted pregnancies as well as strengthening the courses of action and the social position of women and girls. The FC contribution was used to finance condoms and in particular measures to promote positive changes in behaviour – related to the prevention of HIV/AIDS and the reduction of stigmatisation and discrimination. Starting in 2008/2009, the social security component provided support for particularly disadvantaged sections of the population by means of an Impact Mitigation Fund (IMF) and integrated health education and measures against gender-specific violence as well as genital mutilation. The IMF supported specific measures at village level to improve the living conditions of vulnerable target groups and to strengthen women’s rights.

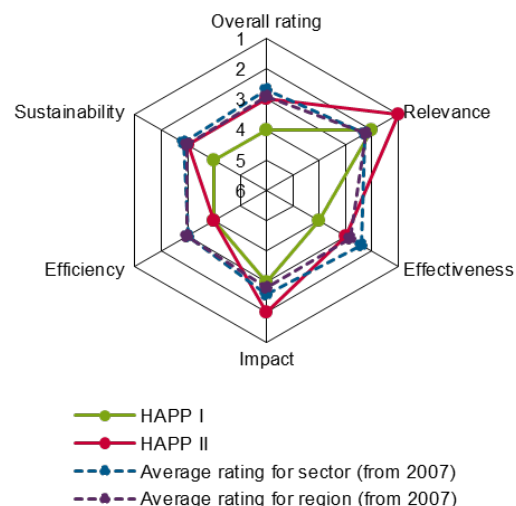
**Objectives:** The overarching development goal (impact) of both programme phases was to contribute to reversing the spread of HIV/AIDS and other sexually transmitted infections. Improving reproductive health was added in the second phase. The programme objective (outcome) of the first phase was to improve prevention and reduce the individual health, socio-economic and social consequences of HIV infections. The second phase also aimed to improve how women are protected against the HIV-induced cycle of disease and poverty as well as against gender-specific violence.

**Target group:** The country’s sexually active population, especially women and young people, poor and vulnerable people such as orphans, victims of gender-specific violence, sex workers, those practicing female circumcision, HIV risk groups and groups directly or indirectly affected by HIV/AIDS.

## Overall rating: 4 (HAPP I) and 3 (HAPP II)

**Rationale:** The projects were highly relevant; the overarching development goal was achieved, but not all programme objectives were fully achieved. The sustainability of the first phase fell short of expectations, but was improved in the second phase. The efficiency of the project, particularly the social marketing component, was unsatisfactory. The outcome of the first phase was unsatisfactory overall. Improved sustainability and increased effectiveness, on the other hand, produced a satisfactory overall outcome for the second phase of the project.

**Highlights:** The innovative IMF was able to effectively address the highly sensitive issue of genital mutilation at village level. National awareness-raising campaigns have improved knowledge of HIV/AIDS prevention and reduced stigmatisation and discrimination against people affected by HIV/AIDS. Social marketing has improved the availability and acceptance of condoms throughout the country, but there was and still is a discrepancy between knowledge and actual condom use.



## Rating according to DAC criteria

### Overall rating: 4 for HAPP I and 3 for HAPP II

As the two phases are serial projects, they are therefore jointly evaluated and, where possible, separately assessed against the DAC criteria.

#### Ratings:

	HAPP I	HAPP II
Relevance	2	1
Effectiveness	4	3
Efficiency	4	4
Impact	3	2
Sustainability	4	3

#### General conditions and classification of the project

The HIV/AIDS Prevention Programme (HAPP) – an FC project – started in June 2006, merged with HAPP II in 2008 and continued until June 2013. The social marketing component made affordable condoms available nationwide and conducted awareness-raising campaigns on HIV/AIDS and reproductive health. The social security component introduced in HAPP II aimed to improve the living conditions of groups particularly disadvantaged by HIV/AIDS through targeted support measures. Support was also provided for measures designed to combat gender-specific violence and female genital mutilation (FGM). The Impact Mitigation Fund (IMF) promoted, among other things, training for disadvantaged individuals in how to generate income, provided support to people suffering from AIDS and orphans, initiated the establishment of savings associations and organised discussion events for “intergenerational dialogue” that focused in particular on strengthening women’s and girls’ rights.

CARE Sierra Leone was the implementing agency for both phases, while the National AIDS Secretariat (NAS) played a central role in IMF implementation. The social marketing component was an integral part of the CARE project team; to strengthen the sustainability of the social marketing approach, a national organisation, the Sierra Leone Social Marketing and Development Agency (SLaDA), was formed towards the final phase of HAPP II. It assumed responsibility for implementing the social marketing interventions in the subsequent programme phase (HAPP III).

#### Relevance

The projects were aligned with national and international priorities. HIV/AIDS prevention was an integral part of the national poverty alleviation and health strategies (national HIV/AIDS strategy, national health sector strategy). Measures to improve reproductive health were designed to achieve various Millennium Development Goals: fighting HIV/AIDS, lowering the rate of maternal mortality, gender equality and the strengthening of women’s rights and reducing absolute poverty overall.

HIV/AIDS was embedded in the project concept as a core cross-sectoral issue. Studies showed the extremely low level of public awareness of HIV/AIDS, the high level of stigmatisation and discrimination of people affected by HIV and the very low use of modern contraceptives, especially condoms. The maternal mortality rate of 1,800/100,000 births<sup>1</sup> and the fertility rate of 149/1,000 births of women aged 15–19 were alarmingly high compared to international standards.<sup>2</sup> Nine out of ten women were victims of genital mutilation.

The FC project was the second most important HIV/AIDS prevention programme implemented nationwide after the project financed by the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). Other

<sup>1</sup> UNDP HDI report 2006; this figure relates to the time period 1990–2004

<sup>2</sup> <https://www.indexmundi.com/facts/sierra-leone/indicator/SP.ADO.TFRT>

donors contributed to the total cost of HAPP: USAID provided condoms. GFATM provided funding to increase condom sales and advertising in rural areas in the first few years, while FC funds financed expansion in urban regions at country level.

The underlying impact logic of both components was plausible: the measures in the social marketing component were intended to improve acceptance and increased use of condoms (outcome) and thus reverse the spread of HIV/AIDS and other sexually transmitted infections and improve reproductive health (impact). To this end, the distribution network for condoms was set up or expanded on a national scale and intensive product advertising was undertaken. On the other hand, HIV risk groups and the general population were informed in interpersonal communication activities and through the mass media about HIV/AIDS and other sexually transmitted diseases and their prevention as well as about family planning. However, the widespread poverty and the often associated lack of empowerment, particularly of young women as well as sexual education in schools limited to abstinence negatively influenced the use of condoms.

In summary, the relevance of the first programme phase is rated as good; the social marketing component aimed to improve key problems of HIV/AIDS transmission.

The measures of the social security component in the second programme phase were intended to mitigate the individual, socio-economic and social consequences of HIV infections and strengthen women's rights. This was intended to positively influence the HIV-induced cycle of disease and poverty. Awareness-raising measures aimed to reduce the stigmatisation and discrimination of people affected by HIV/AIDS. The prevention of gender-specific violence, in particular female genital mutilation, and unwanted pregnancies has also been integrated. Further measures were aimed at strengthening the courses of action and the social position of women and girls. The target group was women and young girls, poor and vulnerable people such as orphans, victims of gender-specific violence, sex workers, those practicing female circumcision, HIV risk groups and groups directly or indirectly affected by HIV/AIDS..

In summary, the relevance of the second programme phase is rated as very good, as this additional intervention strategy integrated in particular the innovative IMF into the project, which included important and highly sensitive issues for strengthening women's rights and improving the living conditions of vulnerable target groups.

The projects addressed the core problems of the high number of unwanted teenage pregnancies, which is still a major individual and social problem. However, important factors related to HIV transmission, such as the problem of sexual relations between young women and older men or the risk factors of multiple, concurrent partners, were not addressed and the opportunities for integrating reproductive health could have been better exploited. Still, the project remains relevant in Sierra Leone and HAPP II can even be rated as highly relevant because it integrates gender-specific violence and the strengthening of women's rights.

**Relevance rating: 2 (HAPP I) and 1 (HAPP II)**

### Effectiveness

The programme objective of the first phase was to improve prevention and reduce the individual health, socio-economic and social consequences of HIV infections. Better protection of women against HIV/AIDS and impacts of gender-specific violence and genital mutilation were added in the second phase.

Target achievement at outcome level was:

Indicator HAPP I: 06/2006–06/2008	Status PA, target PA	Ex post evaluation
(1) Condom use among risk groups (lorry drivers, uniformed staff, merchants, miners, fishermen, sex workers) increases.	Decrease in unprotected risk contacts, the use of condoms during the last sexual intercourse was measured as a % (no value-based target indica-	According to the 2009 KAP study, this was achieved for four out of six risk groups, but not for fishermen and sex workers.

	tors)	The improvement in 2009 (compared to 2006) was: Lorry drivers 28.9% (21%) Uniformed 41.4% (38%) Merchants 24.6% (20%) Miners 20.7% (11%).
(2) Sales of condoms increases.	Target of 13 million condoms	This indicator was only achieved by 65.6% (8.5 million condoms sold).
<b>Indicator HAPP II: 07/2008–06/2013</b>	<b>Status PA, target PA</b>	<b>Ex post evaluation</b>
(1) Reduction in the prevalence of HIV/AIDS among young women.	from 3.5% to 2%	Not achieved. Ratio was lowered to 3.2%. [UNGASS 2012, MoHS 2013]
(2) Increase in the use of condoms by sexually active women and men among high-risk contacts (15–49 years).	Use during last sexual contact with extramarital partner in the last 12 months 2008 DHS [BSS 2011] Women: 6.8% [23.4%] Men: 13.8% [35.1%]	Not achieved.  2013 DHS [BSS 2013] Women: 4.7% [14.5%] Men: 11.6% [30.1%]
(3) Percentage of women who benefit directly from the Impact Mitigation Fund.	Target > 60%	Achieved. 65% of all those who benefited were women and girls.
(4) Percentage of girls older than 15 at the time of FGM increases – i.e. fewer young girls suffer FGM.	Baseline value 2008 DHS: 19.1%	Achieved. 2013 DHS: 23.3%
(5) Percentage of women and men who have heard of FGM and believe that this practice should stop increases.	Baseline value 2008 DHS Women: 25.6% Men: 40.4% Baseline value 2010 MICS Women: 22.4%	Partially achieved: 2013 DHS Women: 22.7% Men: 39.6% 2017 MICS: women: 26.8%

Most of the defined programme objective indicators were not achieved. Some indicators were not measured consistently or not at all, and some figures are unreliable. For this reason, additional outcome and output indicators were included in the overall assessment. National studies show that the stigmatisation and discrimination of people affected by HIV has decreased significantly. The availability of condoms was improved by gradually expanding the social marketing project throughout the country and increasing the overall market volume. More than 3.7 million Protector Plus condoms were even sold in the fiscal year July 2010 to June 2011.<sup>3</sup> Knowledge of voluntary HIV tests and their use increased significantly. The percentage of total female genital mutilation and the circumcision of young girls under the age of 15 declined

<sup>3</sup> The predecessor project financed by USAID sold only 33,174 condoms in the greater metropolitan area of the capital in the year before HAPP I started (July 2005 to June 2006). Source: National Strategic Plan for Comprehensive Condom Programming in Sierra Leone, 2008

during the programme period.<sup>4</sup> The understanding of how HIV can be transmitted and avoided has been significantly improved, as well as the knowledge of where condoms are available. However, this knowledge has not led to an increased use of condoms among the general population in risk contacts, as shown by figures from various national studies (Demographic and Health Survey, DHS and Behavioral Surveillance Survey, BSS).

Specific factors had a negative impact on the target achievement: technical implementation of the social marketing component was suboptimal. The marketing strategy was not sufficiently aligned with the needs and preferences of young people. The operational support research did not meet the “state-of-the-art” standards of social marketing programmes. No qualitative and quantitative studies<sup>5</sup> were conducted on a regular basis to analyse the supply and demand of condoms for specific target groups and to implement evidence-based strategies for the continuous improvement of effectiveness and efficiency. Social, cultural and gender factors were not adequately accounted for the development and implementation of awareness-raising activities. In addition, free condom distribution was greatly increased by the government and donors. According to the PCR (Project completion report), 24.1 million male condoms were distributed free of charge during the programme period, compared with 22.39 million Protector Plus condoms sold by CARE. The massive distribution of free condoms especially in the years 2011–2013 had a negative impact on the sales figures of social marketing condoms.<sup>6</sup> From the perspective of the total market approach (TMA), which aims to ensure that all stakeholders in the public, private commercial and social marketing sectors develop and expand the market in a coordinated manner in order to improve equality, efficiency and sustainability, there was overall growth in condom sales despite a “cannibalisation” of subsidised social marketing condoms by the free condoms. The figures from the private sector are not reliable. Estimates, however, assume a market share of 10%.

The social security component, although regionally limited, was able to achieve a considerable impact and improvement on the living conditions of women and girls in particular. In this context, worth mentioning are the measures to enable disadvantaged target groups to generate income and the organisation of savings and lending groups.<sup>7</sup> The agreements drawn up as part of the intergenerational dialogue at community level and the “Code of Law” also had a positive impact.<sup>8</sup> The highly complex issue of genital mutilation was addressed by a socially and culturally adapted strategy. In addition to informing and educating the target population, traditional circumcisers were trained in various income-generating measures to compensate for the loss of income. The circumcision of underage girls constituted a violation of the code of law, which could be punished. Due to a lack of political support at national level and a corresponding ban, this was a pragmatic approach to counteracting the attitudes and practices of FGM and changing them to benefit young women.

Important positive factors contributing to the achievement of the project objectives, in particular those of the IMF, were the following: nationwide, a large number of non-governmental organisations (NGOs) at local level were available to carry out various interventions at community level as implementation partners. The project-executing agencies were able to cooperate very effectively with government institutions at national level, NGOs, technical and financial partners and thus strengthen the project’s positive impact. The “intergenerational dialogue” (IGD) developed by TC was used effectively to promote women’s rights at community level over the long term. TC supported training of the project team in the implementation of IGD.

### Effectiveness rating: 4 (HAPP I) and 3 (HAPP II)

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4 According to Sierra Leone Demographic and Health Surveys 2008 und 2013

5 These are primarily knowledge-attitude-practice (KAP) studies, which measure important behavioural indicators and form the basis for the development and improvement of awareness-raising activities, or “distribution surveys”, which provide data on the geographical availability of products, information on market penetration and potential for improving sales.

6 According to HAPP I and II final review, 2014

7 The IMF supported women and girls through vocational training, agricultural projects, business loans, nutrition and school support, life skills training, savings and credit associations.

8 The “by-laws” set clear rules and sanctions at community level; e.g. in the case of circumcision of girls under the age of 18, those responsible were punished by the village community; in the case of rape, the perpetrator was handed over to the police and also had to pay a fine to the family of the aggrieved person.

## Efficiency

The FC project was implemented over a period of seven years. In both phases, administrative problems caused delays in the programme launch and in the start of certain activities. The leading indicator for measuring the cost efficiency of the social marketing component was the cost per couple year of protection (CYP). This indicator was not achieved; according to the KfW working guideline,<sup>9</sup> the comparable mean value in Africa is EUR 18/CYP (in the range of EUR 10–30). The value for HAPP I and II is EUR 37.80; if all condoms sold during the programme period (=22.39 million) are included, the figure is EUR 27.60/CYP. The price structure of condoms has not changed since the beginning of 2003 despite high rates of inflation. This led to significantly lower sales revenues and to an increased risk of cross-border sales in neighbouring countries. The executing agency was advised several times to adjust the price structure. In this context, it is worth noting that even in the subsequent phase of HAPP III, the newly established national Sierra Leone Social Marketing and Development Agency (SLaDA) has not yet made any changes to the price structure.

The total cost coverage by the sales revenues used for this was low at 1.25%; the KfW benchmark here is 15% (in the range of 3–26%). If the total sales revenues had been used to cover costs, the coverage ratio would have been 3.2%.

The distribution network was not optimally organised; there were too many employees working in condom distribution for a country of comparable size and infrastructure. A disproportionately large number of wholesalers generated huge profits, as they were able to operate as retailers at the same time.

No indicator was defined to measure the cost-effectiveness of the social security component. However, the fact that a total of 115 implementing organisations were initially involved in carrying out the Impact Mitigation Fund measures, of which 44% did not receive further support due to poor performance or low motivation, indicates efficiency losses. Further, all of the organisations had been trained and had participated in capacity-building to enable successful intervention of the activities. The NGOs oversaw professional, income-generating training for disadvantaged people in the areas of agriculture, vocational training and small businesses, supported AIDS sufferers and orphans with food and financial resources, initiated and supervised the establishment of savings associations and organised discussion events to promote “inter-generational dialogue”. The various IMF activities met with mixed success. Not all beneficiaries were able to benefit from their training and start-up equipment. In retrospect, it seems doubtful whether the range of issues involved was too broad given the limited resources available. It might have been better to prioritise a limited number of issues related to HIV/AIDS and teenage pregnancies.

In summary, the efficiency of the social marketing component is rated as insufficient and the efficiency of the social security component as satisfactory. The project did not meet expectations overall; unfortunately it is not possible to make a differentiated assessment of the respective programme phases.

**Efficiency rating: 4 (both projects)**

## Impact

The overarching objective of both programme phases was to curb the spread of HIV/AIDS and other sexually transmitted infections. Improving reproductive health was added in the second phase. The FC project made a significant contribution to stabilising HIV/AIDS in Sierra Leone. According to United Nations estimates in the report on the Millennium Development Goals, new HIV infections will be cut in half during the programme period. GFATM-financed measures increased the use of HIV tests and improved the availability of anti-retroviral therapy (ART) during the programme period. By 2015, around 23% of all HIV-infected people were in ART;<sup>10</sup> this contributed to declining HIV incidence and stabilised HIV prevalence.

The target achievement at impact level can be summarised as follows.

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<sup>9</sup> Leitfaden für Vorhaben der Finanziellen Zusammenarbeit, Social Marketing und Social Franchising Ansätze zur Förderung der HIV Prävention und der Familienplanung (“Social Marketing and Social Franchising Approaches to Promoting HIV Prevention and Family Planning: Guideline for Financial Cooperation Projects”), KfW, 2010

<sup>10</sup> UNAIDS.org aidsinfo Sierra Leone

The national, interpersonal and mass media awareness-raising measures, the improved availability of condoms and the activities of the IMF had positive impacts in the following areas: family planning, reducing stigmatisation and discrimination against people affected by HIV and combating female genital mutilation. However, there is a considerable discrepancy between better knowledge about HIV prevention and behaviour with regard to risk contacts, as condom use in the general population remains very low.

Indicator	Status PA, target PA	Ex post evaluation
(1) Contribution to reducing the spread of HIV/AIDS (rate of prevalence)	1.53% in 2005	1.5% [DHS 2013]
(2) Reduction in the incidence of HIV (estimated) <sup>11</sup>	0.19–0.29 in 2005	0.06–0.21 in 2013

The model character of the savings and credit associations and the intergenerational dialogue promoted by the IMF is particularly relevant. They have promising potential to improve the living conditions of vulnerable target groups and to strengthen women’s rights.

**Impact rating: 3 (HAPP I), 2 (HAPP II)**

### Sustainability

Preventing HIV and improving reproductive health are integral parts of the national strategies. Total health expenditure, especially for HIV/AIDS, has been and continues to be largely financed by external donors. The methodological approach of social marketing of condoms was integrated into the national strategy planning for condoms. However, the low cost efficiency of the social marketing component adversely affected financial sustainability.

Certain impacts achieved by the project are considered to be permanent or to have considerable sustainability potential. Highlights are the village savings and credit associations, the vocational and in-company training of vulnerable people, from which individuals, their families and, to a certain extent, their communities benefit. The intergenerational dialogue and the agreements embedded at community level were able to sustainably improve the rights of women and girls.

Awareness-raising campaigns and IMF activities contributed to reducing stigmatisation and discrimination against groups of people affected by HIV/AIDS. The project improved the capacity of national organisations to implement projects. Condoms were available in a growing number of sales locations in the private sector. This suggests that social marketing interventions have had a positive impact on the market, even though demand for condoms increased overall.

The Ebola outbreak in 2014 led to a health crisis on a disastrous scale. Ebola cost thousands of lives, halted the country’s economic boom and caused damage worth several billion dollars. Public life largely came to a standstill and schools were closed for a long time. Evidence suggests that the number of unwanted pregnancies of young women increased during this period, which is associated with an increased risk of HIV/AIDS infection. There are concerns that the positive impacts of the FC project were counteracted by Ebola.

From today’s perspective, the establishment of the national social marketing organisation was an important step towards the institutional sustainability of the social marketing component. However, SLADA is not yet an independent organisation as central functions and bodies are still managed by the international consultant after many years. CARE was the technical adviser to the Executive Directorate, oversaw the Supervisory Board and provided office space within CARE’s capital office. As a result, SLADA was largely perceived as a “project managed by CARE” and not as an independent national social marketing organisation. It has not been achievable to diversify interventions and donors to date. This could become much more difficult in the coming years as three international social marketing organisations will be active in Si-

<sup>11</sup> www.mdgs.un.org

erra Leone. The work of the social marketing project complements the public health system. To positively stimulate supply and demand, Sierra Leone needs to be independent of the tedious administrative coordination and implementation processes in government structures. Although the social marketing approach is embedded in the sector strategy, and financial sustainability remains particularly dependent on external donors. Sustainability could be improved through donor and intervention coordination of government structures and sector working groups and the creation of a positive market economy environment. This is not yet the case, however; the national strategic plan for comprehensive condom programming and coordination<sup>12</sup> drawn up in 2008 has only been implemented to a limited extent. Sierra Leone has also not yet developed a TMA policy or strategy for health products.

The IMF, on the other hand, as the cornerstone of the social security component, is already more closely integrated into national structures at institutional level under the auspices of the NAS, which improves the sustained effect of HIV/AIDS activities. NAS, however, has no formal mandate to coordinate activities to combat genital mutilation, gender-specific violence, family planning or women's rights. In view of the social and political environment and the highly sensitive issues involved, it is reasonable to maintain the status quo and not integrate the social security component into the national health and social system, but to coordinate it through NAS and implement it by non-governmental organisations.

The sustainability of the very short first phase is rated as unsatisfactory since the social marketing approach was insufficiently integrated into national strategies and the costs covered by the sales revenues from the condoms were lower than the increase in efficiency expected at project appraisal; the second phase is rated as satisfactory because of the project's discernible positive developmental effectiveness and the establishment of a national social marketing organisation.

**Sustainability rating: 4 (HAPP I) and 3 (HAPP II)**

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<sup>12</sup> National Strategic Plan for Comprehensive Condom Programming in Sierra Leone 2009–2013



### 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:

<b>Level 1</b>	Very good result that clearly exceeds expectations
<b>Level 2</b>	Good result, fully in line with expectations and without any significant shortcomings
<b>Level 3</b>	Satisfactory result – project falls short of expectations but the positive results dominate
<b>Level 4</b>	Unsatisfactory result – significantly below expectations, with negative results dominating despite discernible positive results
<b>Level 5</b>	Clearly inadequate result – despite some positive partial results, the negative results clearly dominate
<b>Level 6</b>	The project has no impact or the situation has actually deteriorated

Rating levels 1-3 denote a positive assessment or successful project while rating levels 4-6 denote a negative assessment.

### Sustainability is evaluated according to the following four-point scale:

Sustainability level 1 (very good sustainability): The developmental efficacy of the project (positive to date) is very likely to continue undiminished or even increase.

Sustainability level 2 (good sustainability): The developmental efficacy of the project (positive to date) is very likely to decline only minimally but remain positive overall. (This is what can normally be expected).

Sustainability level 3 (satisfactory sustainability): The developmental efficacy of the project (positive to date) is very likely to decline significantly but remain positive overall. This rating is also assigned if the sustainability of a project is considered inadequate up to the time of the ex post evaluation but is very likely to evolve positively so that the project will ultimately achieve positive developmental efficacy.

Sustainability level 4 (inadequate sustainability): The developmental efficacy of the project is inadequate up to the time of the ex post evaluation and is very unlikely to improve. This rating is also assigned if the sustainability that has been positively evaluated to date is very likely to deteriorate severely and no longer meet the level 3 criteria.

The **overall rating** on the six-point scale is compiled from a weighting of all five individual criteria as appropriate to the project in question. Rating levels 1-3 of the overall rating denote a "successful" project while rating levels 4-6 denote an "unsuccessful" project. It should be noted that a project can generally be considered developmentally "successful" only if the achievement of the project objective ("effectiveness"), the impact on the overall objective ("overarching developmental impact") and the sustainability are rated at least "satisfactory" (level 3).