

# Ex post evaluation – Tanzania

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**Sector:** Phases II/III: Combating sexually transmitted diseases and HIV (130400)  
 Phase IV: Promotion of reproductive health (130200)  
**Project:** Co-financing the social marketing of condoms and contraceptives  
 Phase II (BMZ no. 2007 65 081)\*, Phase III (BMZ no. 2009 66 879), Phase IV  
 (BMZ no. 2010 66 711)  
**Implementing agency:** Population Services International (PSI) Tanzania



## Ex post evaluation report: 2019

(EUR in millions)	Phase II (Planned)	Phase II (Actual)	Phase III (Planned)	Phase III (Actual)	Phase IV (Planned)	Phase IV (Actual)
Investment costs	28.26	28.26	30.50	30.50	14.41	14.29
Counterpart contribution	0.00	0.00	0.00	0.00	0.00	0.00
Funding	28.26	28.26	30.50	30.50	14.41	14.29
of which BMZ budget funds	6.00	6.00	4.50	4.50	8.50	8.38

\*) Random sample 2017

**Summary:** The project involves co-funding with the Royal Netherlands Embassy (RNE) and with funds from the Global Fund (GFATM) to further develop and extend the HIV/AIDS prevention and family planning programme, which has been run by the Social Marketing Agency PSI since 1993, into other rural regions. The programme comprised the development and marketing of contraceptives and – with the close involvement of the public health system – the implementation of outreach activities to improve the level of knowledge, attitudes and behaviour of the population with regard to HIV/AIDS prevention and family planning. The target group included risk groups such as lorry drivers and sex workers.

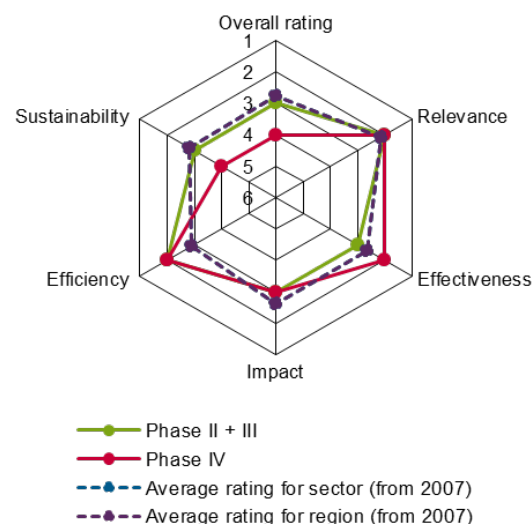
**Development objectives:** The objective at the outcome level was to improve the population's knowledge, attitudes, and practices surrounding the risks of HIV/AIDS and other sexually transmitted infections, to impart knowledge on preventing these diseases and unwanted pregnancies, and to improve the demand for and supply of inexpensive, high-quality contraceptives. The objective at the impact level was to contribute to improving reproductive health by reducing HIV infections and unwanted pregnancies, while ensuring a personal choice of contraceptives.

**Target group:** With regard to Phase II and III, the target group represented the entire sexually active population of the country, with a focus on reaching women and the parts of the population affected by poverty. Phase IV did not reformulate the target group, but essentially only women of reproductive age were the target group focus.

## Overall rating: 3 (Phase II & III), 4 (Phase IV)

**Rationale:** Although the relevance can be considered high, the achievement of the project goals and the overarching developmental impact and efficiency are satisfactory or better. The expiry of FC funding of contraceptives for distribution via the private sector through social marketing in the summer of 2018 led to a gradual decline in the availability of affordable contraceptives in the private sector. Without further donor funding, social marketing in Tanzania will only be a peripheral phenomenon by 2019 at the latest. Sustainability can therefore only be rated partially satisfactory (Phase II/III) or not at all.

**Highlights:** Despite many years of efforts since the early 1990s and the free provision of contraceptives and well-coordinated combination of public health services and social marketing in the area of family planning operated by the implementing agency, especially in remote rural regions, the birth rate remains very high.



## Rating according to DAC criteria

**Overall rating: 3 (phases II and III), 4 (phase IV)**

### Ratings:

	II	III	IV
Relevance	2	2	2
Effectiveness	3	3	2
Efficiency	2	2	2
Impact	3	3	3
Sustainability	3	3	4

The project to be evaluated (BMZ no. 2007 65 081, Phase II) and Phase III and IV are a continuation of the support for a social marketing programme by the non-governmental organisation (NGO) Population Services International - Tanzania (PSI) that started in 2005. Since the phases in terms of design and implementation modalities are series projects and the impacts cannot be considered separately, Phases III and IV are bundled together. Phase I has already been evaluated with a rating of 3. The final review was carried out jointly for Phases II and III; there is no final review for Phase IV yet.

### Relevance

At the time of the project appraisal (PA, phase II) in 2007, Tanzania had a very high HIV/AIDS prevalence rate of 7.0% on average (6.3% for men and 7.7% for women aged 15 to 49). In urban areas, the rate of 10.9% was significantly higher than in rural areas (5.3%). More than half of the new infections (60%) related to adolescents and, in particular, girls. With 5.4 children per woman, the fertility rate was high, although there were also marked differences between rural (6.1) and urban (3.7) areas. Of the 2.3 million girls between the ages of 15 and 19, 44% already had a child or were pregnant.

The main reasons for this observation were a lack of preventive knowledge and the lack of knowledge transfer on safe sexual behaviour. Furthermore, the use of condoms was still associated with stigma and discrimination as it was often associated with extramarital relationships. The reasons for the spread of the HIV epidemic were frequent multiple partnerships and sexual relations between partners of different ages, often due to the economic hardship of young women. Women also had a lack of bargaining power, which meant that contraceptives were not sufficiently used. It was therefore of great relevance to continue to educate about the use of contraceptives with the help of social marketing (SM) measures to reduce HIV infections, but also as a means of family planning and reproductive health. Due to the differences between rural and urban areas mentioned above, the approach taken by differentiated project measures and the regional use of the project-implementing agency were significant. For example, the plan was to reach mobile population groups (such as lorry drivers and migrant workers) who, due to their social and economic situation, engage in risky sexual behaviour more frequently, and to support mobile outreach teams in rural areas to encourage targeted changes in behaviour with regard to HIV/AIDS infections, family planning and the use of long-term methods.

The underlying impact chain for the project is also plausible from today's perspective. The dissemination of knowledge and information on HIV/AIDS, sexually transmitted diseases, unwanted pregnancies and their prevention, as well as the improvement in the demand for and supply of cheap contraceptives, increases the use of condoms and other modern contraceptives (outcome), thereby reducing the prevalence and incidence of HIV/AIDS and the fertility rate per woman (impact).

The SM measures were in line with the priorities of the partner government in respect of Tanzanian health and family planning policies. The projects strongly focused on the National Multi-Sectoral Strategy Framework for HIV/AIDS (NMSF) and the national poverty reduction strategy. Furthermore, the project approach corresponded to the German and international development policy priorities valid at the time the project was designed, which were expressed in MDG 6 (combating HIV/AIDS, malaria and other diseases), MDG 5 (improving maternal health) and MDG 3 (promoting gender equality and empowering women).

The projects also had the potential to contribute to the achievement of SDG 1, "End poverty in all its forms everywhere", and SDG 3, "Ensure healthy lives and promote well-being for all at all ages". Family planning activities were coordinated directly with the Ministry of Health (Reproductive and Child Health Section). PSI and government activities were particularly closely interlinked at district level, where employees of public health care institutions strengthened PSI's outreach teams in their campaigns in the villages of the districts. Since the project was designed as co-funding with the Royal Netherlands Embassy (RNE) and Global Fund (GFATM) funds, donors also coordinated their efforts.

**Relevance rating: 2 (all phases)**

### Effectiveness

The project objective (outcome) was to improve the population's knowledge, attitudes and practices surrounding the risks of HIV/AIDS and other sexually transmitted infections, to impart knowledge on preventing these diseases and unwanted pregnancies, and to improve the demand for and supply of inexpensive, high-quality contraceptives.

The following indicators were used in the ex post evaluation (EPE) to check the achievement of the goals:

Indicator	Status PA, target PA	Ex post evaluation
(1) Number of condoms sold (units/year)*	Status PA: 54.4 million PA target value: 90.2 million (adjusted 2010)	8.9 million (2018 H1)
(2) Proportion of women and men who used a condom during their last sexual intercourse	Status PA: 34% of women, 46% of men PA target value: 46% of women, 58% of men (adjusted 2010)	57.6% of women** 58.7% of men**
(3) Annual number of sold contraceptives funded under the FC project:	Status PA: Injections: 0 Implants: 0 Intra uterine device (IUD, "spiral"): 0 Pills: 0 PA target value: Injections: 365,000 Implants: 15,000 IUD: 52,500 Pills: 1,600,000	(in 2017): Injections: 923,840 Implants: 45,444 IUD: 46,003 Pills: 2,802,853
(4) Cost-effective implementation of the social marketing component, measured by the cost per couple year protection (CYP) in USD p.a.)***	Status PA: USD 33 PA target value: USD 10 (2015 adjusted)	USD 6.32 (in 2015, as at EPE date)

Substitute indicators:		
Knowledge of modern contraceptive methods**** a) knowledge of any method available b) number of known methods	Status PA: a) 95% of women; 97% of men b) 7 for women; 6.8 for men	a) 98% of women; 98% of men b) 8.7 for women; 8.3 for men
Use of condoms by rural adolescents****	Status PA: 30%	50%

\* Source: PSI.

\*\* Source: THMIS 2010/2011. THIS 2016/2017 had not yet been published at the time of the EPE.

\*\*\* The indicator is discussed in the efficiency section.

\*\*\*\* Source: DHS 2004/2005 and 2015/2016.

It should be noted that indicator 1 is in fact an output indicator that does not show the actual use of the sold condoms, nor the extent to which the target group is supplied with condoms overall in the sense of the total market approach <sup>1</sup>(currently state-of-the-art). Nonetheless, this can be used as a decent proxy indicator for the measure's outcome, as we can assume that a condom bought with money will normally go on to be used. At the time of the final review of Phases II and III (based on figures for 2014), this indicator was met with sales of 103.9 million condoms. But within the framework of the Phase IV project, the funding of condoms from FC funds and therefore this indicator was dropped as well. Nevertheless, the funding of SM condoms was continued with funds from other donors (USAID, DfID and GAVI). As a result, the target value of Phases II and III was also exceeded in 2015 and 2016 (135.3 and 112.1 million units respectively). But the expiry of the donor funds available for condoms in 2017 caused condom sales to fall to half their 2016 level. In the first half of 2018, it even fell to below 1/5 compared with the level at the project appraisal, which had a correspondingly negative impact on effectiveness.

Based on the "Tanzania HIV/AIDS and Malaria Impact Survey (THMIS) 2011/12", the outcome indicator (2) for the final review was met (58.7% for men, 57.6% for women). But no continuous series of figures is available for this indicator as it is only surveyed every five years or so within the framework of the "Tanzania HIV Impact Surveys"<sup>2</sup>. Due to the lack of consistent data, the achievement of this indicator can no longer be rated at the evaluation.

As a substitute, the development of knowledge about modern contraceptive methods and the use of condoms by rural youths will therefore be used. These are documented separately by gender in six Demographic and Health Surveys (DHS) from 1991/92 to 2015/16. Since 2004/05, over 90% of respondents have had knowledge about some contraceptive method. In the intervening period, the average number of methods that respondents were able to name has also risen to more than eight. Another positive development is that the use of condoms by young people in rural areas has increased from 30% to 50%, according to the 2015/2016 survey.

In Phase IV of the project, the funding of condoms was dropped (i.e. no protection against HIV/AIDS) in favour of other modern methods (injections (multi-month injections), (hormonal) implants, intrauterine devices (IUD) and pills). The target values set for this indicator (3) were clearly exceeded in 2017, the project's last full funding year, with the exception of IUD.

**Effectiveness rating: 3 (Phases II/III), 2 (Phase IV)**

<sup>1</sup> The "Total Market Approach" refers to a system in which the public sector, the private sector and hybrid forms work together effectively to serve all segments of the population.

<sup>2</sup> THIS; earlier editions were still designated "Tanzania HIV and Malaria Impact Survey (THMIS)".

## Efficiency

With regard to production efficiency, PSI succeeded in reducing the costs of implementing the SM component per couple protection year to USD 6.32 (well below the target value) (see indicator (4)), which at the time of the Phase II review, was over USD 30 per couple protection year.

Another positive development in terms of efficiency is the increase in cost coverage for Salaama's SM condoms from 35% in 2014 to 61% in 2016.<sup>3</sup> SM Salaama brand condoms cost TZS 500 per package (for three condoms). Using 100 condoms per year costs USD 7.50, which is slightly above the proposed value under the Chapman Index (USD 6.70). The prices of commercially sold condoms (Rough Rider and Durex) are up to five times higher. However, the retail price for the "Familia" SM pill is USD 2.7 per couple contraception year, i.e. just over a third of the Chapman value. These low prices indicate that it would have been possible to test the willingness of the market to accept higher prices for certain contraceptives without exceeding the threshold set by the Chapman Index. The average cost coverage rate for PSI Tanzania's activities would have continued to benefit from this, but demand could also have fallen.<sup>4</sup> PSI sees this potential for socially acceptable price adjustments, but points out that an interruption in the supply of pills did not leave PSI enough time to carry out the necessary pilot tests. This interruption was due to KfW's demand that all suppliers must be prequalified by the WHO.

At the start of the programme, PSI was still carrying out part of the nationwide distribution of SM contraceptives itself, but for reasons of cost efficiency it switched exclusively to using the existing wholesale and retail system channels covering the entire country for medicines and medical products. PSI specifies the prices and trading ranges for the various levels of the distribution cascade (distributors, wholesale and retail), which apparently are largely complied with by the traders. Yet in rural areas with a low population density, there is only one such distribution channel: small village shops (fast moving consumer good shops), which are only allowed to sell condoms. This severely limits the reach of SM in rural areas. However, the projects also included educational and information campaigns in rural areas, including the free handing out of contraceptives of all kinds. These campaigns were expensive, but there were no alternatives if the threshold of access to family planning services for the rural population was to be kept as low as possible.

Another relevant efficiency criterion for SM is the allocation efficiency of subsidies. One argument against a generally free supply of contraceptives is the economic insight that goods for which a price has been paid – even if subsidised – are accorded a higher value than freely available goods, which leads to a higher rate of use. SM condoms largely dominate the simple and medium market segment, are available everywhere in rural areas, and are the preferred product for young people and lower-income rural and urban population groups.

Despite the considerable delays at the start of the project and during implementation, efficiency is still rated as good.

**Efficiency rating: 2 (all phases)**

## Impact

The overall objective of the project was to contribute to improving reproductive health by reducing HIV infections and unwanted pregnancies while ensuring a personal choice of contraceptives. The following indicators are used as a benchmark for evaluating the achievement of the objectives for the Phase II and III projects:

<sup>3</sup> This is due, among other things, to more favourable purchasing conditions thanks to economies of scale and the removal of the need for one's own distribution logistics.

<sup>4</sup> See also: Nohr (2017): "The demand for condoms: evidence from a randomized HIV prevention experiment in Zambia", dissertation, Heidelberg.

Indicator	Status PA, target PA	Ex post evaluation
HIV/AIDS prevalence	Status PA: 6.3% of men 7.7% of women PA target value: 4.2% of men 6.2% of women	3.5% of men* 6.2% of women*
HIV/AIDS incidence	0.32%**	0.27%* (0.17% of men 0.40% of women)

\* (Source: THIS 2016/2017 (preliminary findings of the survey that is not yet published).

\*\* Source: THMIS 2011/2012

HIV/AIDS prevalence fell to 3.5% for men and 6.2% for women. The indicator is therefore deemed to be achieved. In principle, it should be noted that treating HIV/AIDS with antiretroviral drugs has a positive effect on the HIV/AIDS prevalence rate and this effect must be considered when interpreting the results. The HIV/AIDS incidence rate fell from 0.32% to 0.27%. An important result of the project is the fact that the use of condoms became "normal" ("we made condom use normal"). This was an enormous challenge in view of cultural and religious reservations (Muslims and Catholics). Acceptance of the SM condom brand Salaama among the population is high. Salaama was introduced in Swahili as a new term for condom (Salaama means security in Swahili).

In the case of Phase IV (beginning in 2011), the impact indicator for the HIV dimension was omitted. By contrast, the impact indicators for Phase IV focus on family planning/birth control:

Indicator	Status PA (2010), target PA	Ex post evaluation
Fertility rate of women of reproductive age (number of children)	Status PA: 5.4 Target value PA: 5	5.2*
Modern contraceptive prevalence rate of currently married women	Status PA: 17.6% PA target value: 36%	32%*

\* Source: DHS 2015/2016.

The indicators show that the project has made a contribution to improved reproductive health, which, however, falls short of expectations. For example, the fertility rate is slowly decreasing. The fertility rate is 5.2, just below the target. This figure is slightly above the already very high average for sub-Saharan Africa (4.85 in 2016).

The rate of use of modern contraceptives by married women rose to 32%, but fell short of the target of 36%. Compared with neighbouring states and other countries in sub-Saharan Africa, Tanzania is above the average for sub-Saharan Africa (29.8% in 2014), but quite far below its neighbours Kenya and Malawi (58%) and Zambia (49%).

Overall, education and availability of modern family planning methods are still inadequate, especially in

remote regions. The issue of women's self-determination over their own bodies and sexuality has also not yet been taken up comprehensively enough, especially given the background of cultural and religious factors.

**Impact rating: 3 (all phases)**

### **Sustainability**

The positive trends in HIV/AIDS prevalence and incidence continued even after the Phase II and III projects were completed. Initially, after Phase III the funding for SM of condoms from other donors was maintained. But at the end of Phase IV, no other donor is currently funding SM, and a FC project which, besides SM, is to include the promotion of family planning activities focused on young women and girls, has not yet been reviewed and approved for political reasons.

Priorities in Tanzania for HIV/AIDS have shifted in the meantime from prevention to treatment: HIV/AIDS-positive tested people (PLWHA) are registered and receive free anti-retroviral drugs, which also prevent the transmission of the HIV virus to others. This is without doubt a significant improvement in the quality of life for registered PLWHA. But effective HIV prevention is only associated with this if a very high percentage of all PLWHA in the country are actually registered. If this is not ensured, reducing explicit prevention measures against HIV/AIDS carries a high risk of losing control over incidence rates, especially among young people.

The once extremely important and successful SM segment of the total market will lose importance as a result of the largely phased-out provision of funds for subsidised contraceptives by donors and the government. Without external subsidies, SM is not economically viable in a low-income country like Tanzania. The number of products sold by SM has therefore already fallen heavily. According to PSI, measures to establish brands and new products in family planning lose their effect if the products are not available on the market for more than one year. If external funding were to be found again at a later date, which is not ruled out, investment would first have to be made in regaining this market position.

There has also been another recent change in the policy of the Tanzanian government since the election victory and inauguration of nationalist-populist President John Pombe Magufuli at the end of 2015. The government no longer sees the need for a significant stepping up of efforts to disseminate family planning among the population, but says that Tanzania needs even more of its hard-working people for growth and development than it already has. In the third quarter of 2018, the Ministry of Health called on USAID to stop funding the broadcasting of family planning content on radio and television. The government also wants to limit the outreach activities of NGOs such as PSI and Marie Stopes in respect of working with girls under 19 as it fears that information on family planning would lead them to engage in sexual activity. In connection with this, the government recently decided to stop the marketing of condoms outside of the public health system.

**Sustainability rating: 3 (phases II/III), 4 (phase IV)**

### Notes on the methods used to evaluate project success (project rating)

Projects 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).