

Burkina Faso: PROMACO II and III

Ex Post evaluation

OECD sector	13040/STD control including HIV/AIDS	
BMZ project ID	Phase II) 1996 66 207 Phase III) 2001 65 126	
Project executing agency	PROMACO - NGO	
Consultant	PSI	
Year of ex-post evaluation report	Phases II and III: 2010 (sample 2008)	
	Project appraisal (planned)	Ex-post evaluation (actual)
Start of implementation	July 1998 Oct. 2002	March 1999 March 2006
Period of implementation	36 months 30 months	54 months 38 months
Investment costs	EUR 5.57 million EUR 5.65 million	EUR 9.65 million EUR 5.54 million
Counterpart contribution	EUR - million EUR - million	EUR - million EUR - million
Financing, of which Financial Cooperation (FC) funds	EUR 5.11 million EUR 5.25 million	EUR 8.67 million EUR 5.21 million
Other institutions/donors involved	-	USAID
Performance rating	2	
• Relevance	3	
• Effectiveness	2	
• Efficiency	2	
• Overarching developmental impacts	2	
• Sustainability	3	

Brief description, overall objective and programme objectives with indicators

PROMACO II and III comprised the implementation of a social marketing campaign for condoms to prevent the spread of sexually transmitted diseases as well as reduce the birth rate (Phase II) and/or prevent unwanted pregnancies (Phase III) (overall objective). By setting up sustainable distribution systems in the private sector, the intention was to improve the supply of the Burkinian population with affordable and good quality condoms (programme objective). Flanking this, campaigns were carried out to educate and change the behaviour of the population. The HIV prevalence and fertility rates were stipulated in retrospect as indicators for the overall objective level. The following indicators were defined for the programme objective level: sales figures, reduction of costs per protected couple year and higher rates of condom use during last

extramarital sex. Subsequent additions were made to these with indicators for contraceptive prevalence (modern methods) and sound knowledge about modes of HIV/AIDS transmission.

In both phases, the target group of the programme was the sexually active population of Burkina Faso, particularly in urban and periurban areas, due to the higher prevalence rates there. In addition, priority was attached to high-risk groups (long-distance lorry drivers, military personnel, prostitutes and gold miners). While in Phase II outreach to the general sexually active population was good through broad awareness campaigns, this was restricted in Phase III to interpersonal communication with long-distance lorry drivers and miners (reaching altogether about 70,000 gold miners and long-distance lorry drivers, with military personnel covered by other programmes and cooperation with prostitutes terminated).

Programme Design/Major Deviations from Original Programme Planning and Main Causes

In both phases, the programme aimed to provide the population nationwide with high-quality condoms at an acceptable price and increase their use through intensive educational work. Specifically, the following measures were envisaged and largely carried out as planned.

- Procurement, storage and sale of condoms (Phase III including pilot introduction of women condoms)
- Reorganisation of the distribution system
- Promotional activities and awareness measures among the population
- Consulting inputs, also to support PROMACO
- Complementary studies and annual external auditing as of Phase III

Condom sales: During the 4.5-year term of PROMACO II, approx. 66 million condoms were sold (about 561,000 protected couple years). Due to a longer term and unexpectedly large increases in sales (11%), turnover was almost triple the planned figure. During the PROMACO III term of over three years, the programme fell just short of the target with approx. 65 million condoms sold (97% of target - about 541,000 protected couple years). This was largely due to supply bottlenecks as a result of quality problems and supplier delays.

Distribution network: A basic reform of the distribution system was carried out during PROMACO II. Instead of supplying retailers directly, supplies were only delivered to wholesalers. This made for considerable cost savings and more marketing personnel could be assigned for interpersonal communication. During PROMACO III, this marketing structure was retained and the number of wholesalers reduced further. At the same time, hardly any additional measures were taken to maintain the distribution system. Both presence in rural areas and market penetration in urban areas diminished accordingly.

Promotional activities: Due to religious and political influence on the programme during PROMACO II, marketing and public relations were shifted away from direct brand advertising to raising general awareness. Mass media was deployed for addressing the general population and interpersonal communication focused on specific target groups. The marketing strategy for PROMACO III continued this trend. Behavioural studies carried out every year attest to success in interpersonal communication among risk groups. To safeguard progress made in reducing HIV prevalence, the marketing strategy must, however, be realigned more closely with the population at large and above all youth.

Key results of impact analysis and performance rating

The poverty impact of the programme was high, since it contributed to retaining labour power and safeguarding livelihoods and productivity through HIV/AIDS control. As a rule, the poor are not the primary target group of social marketing programmes (supply through free products from the public sector) with more emphasis on middle-income brackets. In PROMACO, condoms were, however, sold at such low prices that these were even affordable for poor people living on less than US\$ 1/day (annual condom needs met with less than 1% of annual income).

Reducing the HIV rate of infection promoted gender equality since women bear the main workload of caring for AIDS patients. For physiological reasons, women are also statistically more vulnerable to HIV transmission. They could, however, have been given more freedom of choice through marketing hormonal contraceptives than condoms, whose use is still a male prerogative.

We assess overall developmental performance as following:

Relevance: Burkina Faso had a large unserved need for contraception and a general HIV prevalence rate, so that the programme addressed a core problem. Another development constraint, rapid population growth and/or insufficient family planning, was taken partly into account in the overall objective but relevant programme measures were lacking. The results chain logic of contributing to reducing the birth rate solely through a condom marketing programme is implausible, as little use is made of condoms in permanent partnerships. For years, Burkina Faso has had a multisectoral and quite successful HIV/AIDS prevention strategy and PROMACO is an explicit part of it, so that prospects are very good for programme sustainability. The programme was implemented outside the priorities defined with Burkina Faso. Due to the major status of national HIV sectoral policy in Burkina and the high developmental significance of HIV control in Sub-Saharan Africa for BMZ, this was not, however, detrimental to the design and implementation of the programme. The social marketing agency, PROMACO, is itself an instrument of donor harmonisation and also included inputs by other donors in the programme (USAID condom supplies). Altogether, we assess relevance as satisfactory (Rating 3) as the development measures were correctly designed for coherence, coordination and alignment but the developmental priority (HIV prevention and contraception) of the sector was only partly addressed by the programme.

Effectiveness: The achievement of the programme objectives is only partly confirmed by the indicators. The studies carried out under PROMACO III reveal an adverse trend in the behavioural indicator of condom use during last extramarital sex. Indicators gathered at national level, however, point to a contrary trend here. The prevalence rate of modern family planning methods has also developed well. The contribution of PROMACO must, however, be seen in perspective, since only condoms were marketed and other modern methods (the pill) have only been included in the programme since the start of the follow-on programme, PREVISAR. The ancillary indicator of condom sales is, in contrast, very positive. There was also an increase in knowledge about possible HIV transmission paths, as measured by the indicator for mother-child AIDS transmission: 38% (1992), 48% (1998) and 61% (2003). Part of the programme objective of PROMACO III was also to set up sustainable distribution systems in the private sector. This was achieved with the successful realignment from direct sales to the retail trade towards exclusive sales to wholesalers. The potential for the effective use of commercial channels has not, however, been fully harnessed yet. The private sector was not crowded out. Also the shift from brand advertising to general

education made a positive contribution to programme objective achievement with a view to the overall market approach. Altogether, we thus assess effectiveness as good (Rating 2).

Efficiency: During PROMACO II and III, procurement and operating costs were reduced and efficiency indicators improved accordingly. Operating cost recovery increased from 24.5% to 49%, considerably higher than in similar programmes in Sub-Saharan Africa (7% to 33%). Full cost recovery rose from 7.4% to 14% (3% to 14% in similar programmes). The decline in pair protection costs is impressive above all: from about EUR 23/year (PROMACO I) to 17 EUR/year (PROMACO II) to EUR 9.60/year (PROMACO III). Despite intermittent supply bottlenecks due to the need for a new call to tender for condom procurement, the services were largely rendered on time as the declining but still good 'couverture' (ratio of villages with at least one sales point) indicates for the Prudence condom in rural and urban areas during PROMACO III. Brand management is, however, comparatively inefficient, as nothing has been done for its image since introduction so that marketing potential was neglected. The efficiency of the distribution system is still sub-optimal, due to the large number of wholesalers and the attendant lack of resources to maintain the distribution system. In our estimation, efficiency altogether nevertheless merits the assessment good (Rating 2).

Overarching developmental impacts: The objective of stemming the rise in the HIV rate of infection has proved to be realistic, as the decline in the HIV prevalence rate from 1.9% (1996) to 1.6% (2007) shows. Since PROMACO provided more than 90% of the condoms available in the country and made a major contribution to mass-media education above all during Phase II, the effects at overall objective level can also be attributed to it. The coherent sectoral policy and the political will for HIV prevention also made an essential contribution to overall objective achievement. The second part of this – support for preventing unwanted pregnancies while ensuring individual freedom of choice - is more ambivalent. Although the fertility rate has declined somewhat, this cannot be ascribed to the programme for lack of relevant activities. With a view to HIV/AIDS control, PROMACO had very positive developmental impacts, so that we assess this criterion as good (Rating 2).

Sustainability: To ensure sustainable institutional operation, the plan was to transform the programme into a legally independent institution by the end of Phase II, which was effected in May 2003 with the foundation of the Burkinian NGO PROMACO. Institutional sustainability has thus been assured. Prospects for financial sustainability, which is also a prerequisite for institutional sustainability in the long run, are very good due to the favourable efficiency figures. Thanks to the low operating costs, PROMACO has scope to improve operating cost recovery by raising sales revenue. On the other hand, the share of condom distribution activities can be expected to decline in the long term in comparison with public education as a result of private sector development. This is also desirable for an overall market approach, so that full self-financing is not an option. It is all the more important to acquire external (donor) finance for financial sustainability. The good efficiency figures will help here. As for sustainable impacts, only if education campaigns are continued are sustainable changes in sexual behaviour likely. Changes over a limited period, however, such as the use of contraceptives only during the programme term, will have positive long-term effects on the health of the target group. Due to the development of the private market for condoms, the private sector can also be expected to contribute to strengthening demand and with that to the increased use of condoms and long-term changes in sexual behaviour as a result. Altogether, sustainability is assessed as satisfactory (Rating 3).

Accounting for the above-mentioned aspects, we attest the programme good developmental performance altogether (Rating 2).

General conclusions

In view of the enormous population growth, insufficient family planning in Burkina Faso poses at least a problem as large as HIV prevalence. The intervention points afforded by a social marketing programme for family planning, e.g. by propagating the right to exercise control over one's own body and sexuality, should be emphasised more in interpersonal communication measures and in the range of products. Here there needs to be an assurance, however, that the management of the social marketing agency is sufficiently effective to be able to cope with a broader product range and the dissemination of educational work.

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

Projects are evaluated on a six-point scale, the criteria being relevance, effectiveness (outcome), “overarching developmental impact” and efficiency. The ratings are also used to arrive at a final assessment of a project’s overall developmental efficacy. The scale is as follows:

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

A rating of 1 to 3 is a positive assessment and indicates a successful project while a rating of 4 to 6 is a negative assessment and indicates a project which has no sufficiently positive results.

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. A rating of 1 to 3 indicates a “successful” project while a rating of 4 to 6 indicates an “unsuccessful” project. In using (with a project-specific weighting) the five key factors to form an overall rating, it should be noted that a project can generally only be considered developmentally “successful” if the achievement of the project objective (“effectiveness”), the impact on the overall objective (“overarching developmental impact”) and the sustainability are considered at least “satisfactory” (rating 3).