

Ex Post-Evaluation Brief

CARICOM: HIV/AIDS Prevention in the Caribbean



Sector	Combating sexually transmissible diseases including HIV/AIDS (13040)	
Programme/Client	HIV/AIDS Prevention in the Caribbean – BMZ-ID: 2003 65 403	
Programme executing agency	CARICOM (Caribbean Community)	
Year of sample/ex post evaluation report: 2012*/2012		
	Appraisal (planned)	Ex post-evaluation (actual)
Investment costs	EUR 10.6 million	EUR 9.9 million
Sales revenues	EUR 1.6 million	EUR 0.1 million
Other donors	EUR 3.0 million	EUR 3.9 million
Financing, of which budget funds (BMZ)	EUR 6.0 million	EUR 5.9 million

* random sample

Project description: By sustainably changing behaviour patterns to encourage abstinence, fidelity to one partner and the use of affordable condoms, the rapidly worsening AIDS epidemic in the Caribbean was to be stemmed, along with the spread of other sexually transmissible diseases. The communication of knowledge about the disease, the risks of transmission and ways of preventing infection were also to reduce the stigmatisation and social marginalisation of HIV and AIDS victims. The **measures** financed by Financial Cooperation included the procurement and distribution of condoms, conducting advertising and education campaigns, and undertaking parallel studies and consulting services in Belize, Haiti, the Dominican Republic, Jamaica and individual Eastern Caribbean states. CARICOM was the programme executing agency and contracted national social market organisations to implement measures.

Objective: The objective was to help reduce rates of HIV infection and the transmission of other sexually transmitted diseases in the Caribbean (**the overall objective**). This was to be achieved by enhancing the level of knowledge, changing attitudes and behaviour on the part of the population with respect to effective prevention, and improving the supply of affordable, high quality contraceptives available to the population (**the programme objectives**).

Target group: The target group was the sexually active poor population of the programme region, especially high-risk groups in terms of HIV infection and young people who have so far had no satisfactory access to information on prevention and to contraceptives.

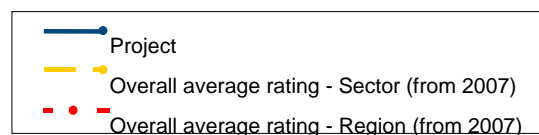
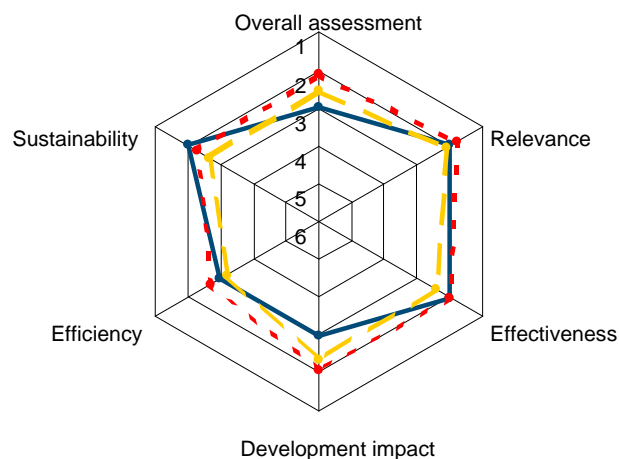
Overall rating: 3

Of Note: The FC programme is the only measure to work directly with high-risk groups using social marketing approaches and stands out by virtue of its innovative, research-based, directly target-group-related procedures.

In spite of ongoing efforts of the social marketing organisations to enhance efficiency, the geographically fragmented nature of the Caribbean always makes it a cost-intensive region.

The still high level of stigmatisation of HIV/AIDS, traditional behaviour patterns and the influence of the church are major obstacles to efforts to combat the epidemic.

Rating by DAC criteria



EVALUATION SUMMARY

Overall rating: The FC programme was extremely relevant and stood out by virtue of a relatively high level of effectiveness. As the results in terms of sustainability and efficiency were slightly weaker, the programme as a whole has been assessed as satisfactory. **Rating: 3**

Relevance: The programme pursued the development-policy priority objective of reducing HIV infection rates by conducting advertising and behaviour change measures combined with measures to facilitate access to condoms. At the time the programme appraisal was conducted, these objectives were not entirely in line with the priorities of the Caribbean states; they were primarily donor-driven. The lion's share of financing measures to combat HIV/AIDS was provided by external bodies over the period 2005 to 2008. Today, HIV/AIDS control is increasingly part of the national agendas of Caribbean states, although it is still not a top priority like non-communicable diseases. The focus of national HIV/AIDS policies is on treatment. Prevention plays an almost negligible role, which has been recognised by donors and national health institutes as a problem.

The programme was coherent in terms of its integration into overarching and regional programmes. The lack of national leadership in the individual states, however, weakened practical coordination and exchange among actors in the HIV/AIDS sector at both regional and national level.

Alongside Millennium Development Goal 6 (combating AIDS), the programme had the potential to help achieve MDGs 3–5 (fostering gender equality, reducing child mortality and improving maternal health) and was thus fully in line with the main objectives of German development cooperation at the time the programme appraisal was conducted. Today, development cooperation is still actively involved in the health sector in the Caribbean.

The Caribbean has the second highest HIV prevalence of any region in the world (on average 1.0%) and the prevalence is significantly higher within individual high-risk groups (sex workers, homosexuals, at-risk youth). All in all, the core problem was correctly identified and an appropriate strategy was drawn up (targeted, evidence-based activities addressing high-risk groups). Today, we would still select the same entry point to help achieve a medium-term reduction in the incidence of HIV. The underlying results chain is plausible. However, factors like poverty, the lack of self-esteem on the part of women, inadequate basic education and a lack of health education work in schools are obstacles to condom use, despite measures making condoms available and explaining how they are used. These are factors that can be found disproportionately frequently within the target group. The stigmatisation of HIV/AIDS means that a large percentage of the high-risk group has not yet been reached. It also impacts negatively on the willingness of the population to undergo a HIV test. Traditional and religiously motivated behaviour patterns are widespread in the Caribbean. If a wide scale reduction in the incidence of HIV/AIDS is to be achieved, we must change the way society deals with the epidemic and get the churches and schools on board. The FC programme was not, however, designed to bring about

these structural changes. The programme stands out by virtue of its innovative character, such as the total marketing approach, the supra-national contracting of NGOs, knowledge management in the first regional programme in the health sector and the use of social networks, such as Facebook and Twitter. All in all, the relevance is assessed as good (Sub-Rating: 2).

Effectiveness: The **programme objectives** were **(1)** to improve the level of knowledge and change attitudes and behaviour patterns on the part of the population in order to foster effective prevention, and **(2)** to improve the supply of affordable, good quality contraceptives available to the target group. The following **indicators** were identified, with targets specified for individual states and in some cases for individual high-risk groups:

- An increase in the percentage of those surveyed by representative knowledge, attitude and practice (KAP) studies (broken down by target group) who state that they consistently use condoms or have changed behaviour patterns in terms of fidelity to their partner and/or abstinence **(1)**.
- An increase in sales of condoms (FC-financed condom brands and condoms in general) **(2a)**.
- An increase in the percentage of sales points (traditional and non-traditional) selling FC-financed condom brands **(2b)**.

In strict terms, indicators (2a) and (2b) reflect the results level. But indicator (2a) provides important information on the development of the overall condom market and is thus still seen as an indicator. Indicator (2b), with the concentration on the FC-financed condoms is not suited to access the general supply of condoms in line with the total market approach. The ex-post evaluation thus takes “access to condoms on the part of high-risk groups” as indicator (2b).

Achievement of programme objective

The indicators stipulated for the achievement of the programme objective in terms of condom use **(1)** were achieved in the Dominican Republic, Jamaica and the Eastern Caribbean and achieved to a degree of 50% in Haiti. The lack of baseline data for Belize and for individual target groups in the Eastern Caribbean makes it impossible to make any statement on progress in achieving the pertinent indicators over the programme term.

The overall condom market, embracing social marketing, commercial and free distribution of condoms, is roughly estimated to have risen slightly from almost 60 million in 2005 to 65 million in 2008 in the programme region **(2a)**. Sales of social marketing brands, at 20 million, accounted for one third of the total market every year between 2005 and 2007. The sale of 26 million social marketing condoms estimated during the programme appraisal was later updated on the basis of country-specific targets. Overall, during the programme term 55.5 million condoms of the FC-financed brands were sold, 45.5 million of these in the Dominican Republic (10% above target), 281,500 in Belize (11% above target) and 9.5 million male condoms (21% below target) and 234,500 female condoms (49% above target) in Haiti. The indicators for access to condoms **(2b)** were achieved (where baseline data and targets were available). In pro-

gramme countries, the availability of condoms has improved, in particular in the form of more informal sales points.

In view of the fact that targets were achieved almost across the board, the effectiveness of the programme is deemed good (Sub-Rating: 2).

Efficiency: The planned start of implementation in July 2004 was delayed until August 2005. This was the result of delays in signing government agreements (reallocating funding to other countries) and the time-consuming consultations on the selection and contracting of regional consultants.

The regional approach made possible efficiency gains at the level of the social marketing organisations (SMOs) given the fragmental geographical nature of the Caribbean region. An active intra-regional exchange on tried and tested approaches and procedures emerged. The regional consultant took responsibility for financial management and contracting SMOs as well as coordinating and monitoring the latter. Given the expectation during the programme appraisal that different SMOs would be contracted in individual countries, this approach can be understood. However, the regional consultant also caused additional interfaces and in some cases duplicated the work of SMOs in terms of reporting. In particular in view of the fact that Population Services International (PSI) was contracted almost across the board, the percentage of costs accounted for by the consultant (at 16%) is high.

Only Belize, the Dominican Republic and Haiti distributed their own social marketing condoms. Sales proceeds did not go very far towards covering the operating costs (education activities and condom distribution) of the SMOs (according to figures given, proceeds covered only between 2% and a maximum of 10% of costs). Condom distribution and the realisation of education activities built on incentives-based remuneration systems. In many cases, efficiency-relevant improvements were made (greater coordination of activities, cutting out middle men who did not add any tangible value, the use of social media including Facebook). The fragmented geographical nature of the Caribbean with its multitude of small island states, the many languages spoken and the specific features of the target groups means that the Caribbean region is generally cost-intensive.

The programme addressed HIV/AIDS high-risk groups. It is thus not appropriate to estimate the allocation efficiency in terms of couple-years of protection achieved.

In the individual states, the condom market is segmented. With the exception of Haiti, commercial distributors are widespread, but they tend to focus on formal, more lucrative sales channels. In Belize, price overlaps can be seen between social marketing and commercial condoms, while in the Dominican Republic, the price of FC-financed condoms appears to be below the level of affordability for the target group. Over the programme term, there was a strong increase in the distribution of free condoms, which might have exerted pressure on both the social marketing condoms and on the commercially distributed products. Most studies conducted during

the programme term indicate that condoms are affordable for the target group. The efficiency is deemed to be satisfactory (Sub-Rating: 3).

Overarching developmental impact: According to the appraisal report, the **overall objective** was to help reduce the rate of HIV infection and the transmission of other sexually transmissible diseases in the Caribbean. No indicators were identified at the level of the overall objective. In the course of the ex-post evaluation, the **incidence of HIV** has been taken as an indicator for this level. Because of the lack of data, the ex-post evaluation too has dispensed with defining an indicator for the achievement of the overall objective in terms of reducing sexually transmissible diseases.

According to UNAIDS the number of new HIV infections in the Caribbean as a whole has dropped slightly over the last ten years, from an estimated 21,000 in 2001 to 18,000 in 2009. Estimates for the individual programme countries point to a reduction in the number of new infections over this period in Belize, Haiti and Jamaica. According to these estimates, the incidence of HIV among adults in Belize has dropped from 0.3% to 0.2%, in Haiti from 0.19% to 0.15% and in Jamaica from 0.19% to 0.13%. The incidence in the Dominican Republic has dropped below 0.1%.

FC is the most important donor in the field of preventive measures designed to bring about behaviour change. Other donors focus primarily on supplying free condoms and antiretroviral drugs. In view of the plausible results chain, we can assume that the programme has contributed to the drop in the incidence of HIV. The developmental impact is still deemed good (Sub-Rating: 2).

Sustainability: National executing agencies have only taken up the issue of HIV/AIDS in the form of national financing of measures in very few countries. HIV/AIDS is seen across the board as being less important than non-communicable diseases. National and international support continues to focus on treatment. Aspects like sexual education as an integral part of primary education, reducing the stigma attached to living with HIV and improving the self-esteem of women, which are vitally important in order to achieve sustainable behaviour change, are politically controversial, and made extremely complex by their multisectoral relevance.

Over the last few years the donor funding available to tackle HIV/AIDS has declined significantly (partly in view of the scaling back on the part of the World Bank and the Global Fund). There is thus currently a question mark over the continued financing of treatment measures, but even more so over prevention measures, which are indispensable to achieve sustainable behaviour change since the target group is in constant flux. It remains to be seen to what extent international, national and local SMOs and NGOs can bridge the financing gap with efficiency gains, diversification and acquisition of national funding. In view of the fairly well developed commercial condom market, the complementary sale of social marketing condoms, which for the most part must provide coverage in the less lucrative areas, cannot make any genuinely significant contribution to securing the sustainability of preventive work. Nevertheless, diversification

trends and the tapping of new sources of income (e.g. introduction of fees for individual services) by PSI and NGOs give us reason to assume that at least some of the activities will be continued. Possibly, condom marketing and distribution will suffer in the sales points that are not sufficiently lucrative for commercial sellers, especially since few other SMOs have hitherto been involved in prevention work addressing the high-risk groups. Given the budgetary constraints facing most Caribbean states, the decline in donor funding has led to a fundamental debate about the efficiency of the health system, and its priorities. It remains to be seen whether or not these debates will lead to greater national engagement in efforts to prevent HIV/AIDS. For these reasons, the sustainability of the programme has been rated satisfactory (Sub-Rating: 3).

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:

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

Ratings 1-3 denote a positive or successful assessment while ratings 4-6 denote a not positive or unsuccessful assessment

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

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

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

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

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

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