Ex Post-Evaluation Brief
Chad: Family Planning and HIV Prevention IV

Sector	13040 - Combating sexually transmitted infections and HIV/AIDS	
Programme/Client	Family Planning and HIV Prevention Phase IV – BMZ Number 2002 66 783	
Programme executing agency	AMASOT	
Year of sample/ex post evaluation report: 2012*/2012		
	Appraisal (planned)	Ex post-evaluation (actual)
Investment costs (total)	EUR 3.70 million	EUR 4.20 million
Counterpart contribution (company)	EUR 0.23 million	EUR 0.18 million
Funding, of which budget funds (BMZ)	EUR 3.50 million EUR 3.50 million	EUR 4.025 million EUR 4.025 million

* random sample

Project description: The aim of the programme was to reduce both the HIV infection rate and the transmission of other sexually transmitted infections. It encompassed the continuation and expansion of social marketing activities (the distribution of affordable, high-quality condoms, together with educational measures and advertising campaigns) carried out by AMASOT, the national social marketing agency. In addition, this bilateral programme should be transferred and integrated into the CEMAC regional programme "HIV/AIDS Prevention in Central Africa" (BMZ No. 2004 65 021), which was launched in 2005, and included Cameroon and the Central African Republic as well as Chad. The programme was implemented between 2005 and 2009.

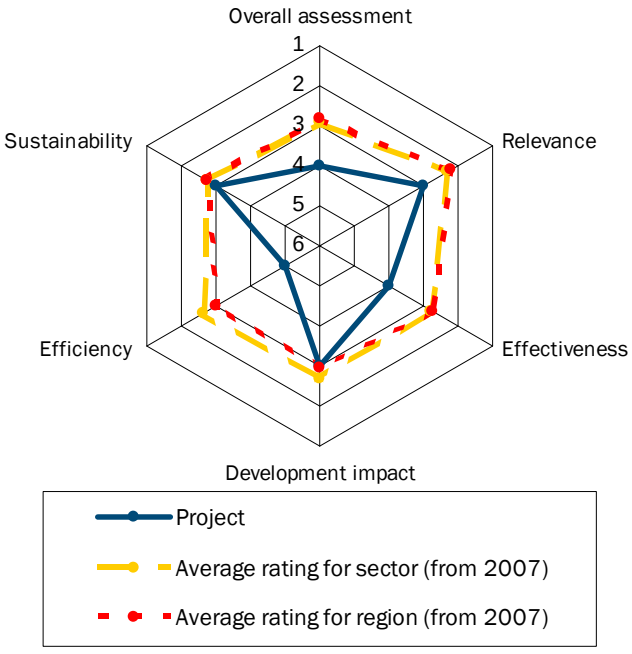
Objective: The programme's overarching developmental objective was to help contain the HIV/AIDS epidemic and reduce the spread of other sexually transmitted infections, and to reduce the stigmatisation and social exclusion experienced by those affected. Unlike Phases I-III (and contrary to its title), this programme did not aim to reduce unwanted pregnancies (family planning). The programme objectives were to increase the demand for condoms and to effect positive changes in the target group's behaviour.

Target group: The programme targeted Chad's sexually active population (aged 15-49), especially groups with a high HIV/AIDS risk such as young people, women and mobile population strata. The programme was implemented countrywide. The size of the target group was not quantified during programme appraisal (in 2011, total population stood at 11.5 million).

Overall rating: 4

As a result of successful lobbying, positive structural effects were achieved at the socio-political level, but technical aspects of programme implementation and operation were poor. Therefore, actual progress toward the objective is the determinant factor for this evaluation. The programme shows overall mixed results, but has been assessed as no longer satisfactory.

Rating by DAC criteria



EVALUATION SUMMARY

Overall rating: As part of the programme, lobbying was successfully undertaken in the area of HIV prevention for many years. Its success is reflected in the political support the sector has received, the opening up of conservative Islamic circles with regard to this subject, and in the financial support for HIV prevention (and for the executing agency itself) which the Chadian government has provided. Given the extremely conservative religious context, these achievements are considered remarkable. Nevertheless, as already identified in the 2008 ex-post evaluation of Phases I-III, the programme executing agency AMASOT (the national social marketing agency) still shows significant deficiencies in distribution, accompanying research, monitoring and accounting; which are all core competences of social marketing. Furthermore, the consultancy assignment was not tailored to handle these shortcomings. As a result, the available political capital was insufficiently used. Programme objectives were only partially achieved. There was no improvement in the use of condoms. Under these circumstances, we consider that the achieved impact level is no longer satisfactory. **Rating: 4**

Relevance: At the time of appraisal, the core problems were persistently high HIV prevalence rates, their costs for the Chadian health sector, and the relatively high care costs for the affected families. In addition, there was little political awareness of the threat posed by HIV/AIDS and strong opposition from religious leaders to the use and public promotion of condoms. Unlike Phases I-III of the programme (and contrary to what is suggested by its title), this phase did not include a family planning element. Therefore, it was no longer designed to reduce unwanted pregnancies. As logical consequence, only the marketing of condoms was pursued in Phase IV. Nevertheless, not including family planning elements is a weakness of the design, in particular because of the country's high demand for family planning and the very closed social attitudes towards this topic.[1] It would have been appropriate to not only include condoms in the programme but also hormonal contraceptives. However, from today's perspective, the programme's basic concept - combining the supply of subsidised condoms with educational work and information initiatives designed to change behaviour - is in principle still correct and appropriately targeted. As health is no longer a priority area of German development aid with Chad, the programme has since been continued (under a follow-on phase) as part of a CEMAC regional programme to combat AIDS, which covers Chad, Cameroon and the Central African Republic. The AMASOT implementation organisation is an integral component of the national HIV strategy and is therefore involved in sector coordination. As such, AMASOT continues to receive finance from various donors such as the World Bank and the Global Fund. In the programme under evaluation, a lack of sector coordination was evident in that condoms were supplied free of charge through the public sector, but they - as also seen in other countries - found their way into the informal sector, where they competed with social marketing products. We have assessed the programme's relevance as satisfactory. Sub-Rating: 3

[1] The law which prohibited the promotion of family planning in Chad and forbade the import of contraceptives was only repealed in 1993. In 1995, MASOCOT – the organisation which preceded AMASOT – was the first body to introduce condoms in Chad.

Effectiveness: At programme appraisal, the programme objectives were defined as improving the availability of condoms and achieving positive changes in the target group's behaviour. From today's perspective, some adjustments are needed, in the way that the relevant programme objective is the increased usage of condoms rather than their availability. The objective used in ex-post evaluation was accordingly formulated as: "To increase condom use and achieve positive changes in behaviour within the target group". In the course of the programme the original objective indicators were amended to those used in the CEMAC regional HIV prevention programme, since the programme in Chad was to be integrated into the latter. As far as possible, these modified indicators were adopted during this ex-post evaluation. They state:

1. The proportion of people aged 15-24 polled in KAP (knowledge, attitude and practice) studies who say they have changed their high-risk behaviour has increased from 21.3% in 2005 to 40% in 2008.
2. The proportion of people aged 15-49 polled in KAP studies who show better awareness of how to prevent HIV/AIDS has increased from 14.2% in 2005 to 60% in 2008.
3. Average condom use per inhabitant per year has increased from 0.47 in 2005 to 0.75 in 2011.

The 2007 KAP study shows a general improvement in various indicators of knowledge and behaviour relating to HIV/AIDS. For example, compared to 2005 (21.3%), the number of young people aged 15-24 who stated that their risk-taking behaviour had improved more than doubled, to 50.6% – significantly more than had been targeted. Over 41% of the general population displayed a good understanding of HIV/AIDS prevention, i.e. they could name three methods of prevention without prompting, compared to 14.2% in 2005. In contrast to the first indicator, this figure is substantially lower than that targeted. From today's viewpoint, however, that target was too ambitious. There was no more recent data available on these two indicators at the time of ex-post evaluation. In view of the progress, both these indicators are considered as met. Indicator 3, on the other hand, was not met. Based on a total population of 11.5 million, average annual usage of social marketing condoms in 2011 was only 0.38 per head of population, and therefore below the initial 2005 baseline figure. Data regarding the usage of all available condom brands is not available. In view of the fact that, despite the progress made in terms of understanding and attitudes, no improvements have been identified in terms of condom usage, we have assessed the effectiveness of the programme as no longer satisfactory. Sub-Rating: 4

Efficiency: In order to bridge the transfer to the second phase of the CEMAC regional programme, into which Chad was integrated, programme duration was extended through additional financing from 36 months to 42 months (Oct 2005 – Mar 2009). The number of units sold was below target:, despite the programme duration being extended. Overall, only 11.8 million condoms were distributed instead of the planned 12.0 million. Based on the original duration, this represents only 84% of target. A further 1.1 million condoms were stolen when the AMASOT warehouse was looted in early 2008. Many of these re-emerged on the local black market. In addition, around 21,000 female condoms were sold as part of a CEMAC pilot programme. All in all this amounts to 107,677 CYP (Couple Years of Protection) - or 92,295 CYP based on the original 36-month programme duration. Again, the target of 100,000 CYP has not been

reached. Furthermore, at an average of 0.4 condoms per person per year, overall sales per head of total population came out at a very low level. However, the challenging cultural context should also be taken into account. Until 2007, the distribution system operated predominantly through direct sales, i.e. the AMASOT sales force supplied a substantial proportion of condoms to retailers, putting AMASOT in competition with wholesalers. Despite the introduction of the exemplary Cameroonian distribution system in 2008, under which new sales outlets are opened through concerted action, the intended conversion from a "push" (supply-driven) to a "pull" (demand-driven) distribution model failed.[2] With regard to the supply of retailers, the AMASOT sales force mainly continues to work in parallel with wholesalers. The internal incentive system encourages this practice: incentives for individual sales and for the opening of outlets were created without taking into account the whole distribution network. Programme costs per couple year of protection are EUR 39/CYP (based on 120 condoms per CYP, including the condoms stolen in 2008). This is slightly above the average for Phases I-III (EUR 38/CYP) and above the estimation at appraisal (EUR 35/CYP), and well above the regional average. This is largely due to technical weaknesses in the distribution system and to the resulting low sales. The educational measures seem to have been implemented in a more professional manner than the distribution of products. However, since no monitoring took place and no accompanying studies are available (e.g. pre- and post-tests), this statement remains somewhat speculative. In view of the weak distribution system, we have assessed the programme's efficiency as unsatisfactory. Sub-Rating: 5

Overarching developmental impact: At programme appraisal, the overall objective was defined as follows: "To help reduce new HIV infections and new sexually transmitted infections (STIs) and to contribute to reducing the stigmatisation and social exclusion experienced by those affected". The overall objective indicator was a reduction in the incidence of HIV (new infections) within selected target groups (women and young people). This indicator is still appropriate from the current viewpoint. With regard to the STI objective, from today's standpoint a separate indicator should have been used here, namely a fall in STI prevalence. Since there is no internationally accepted indicator available for the overall objective of reducing stigmatisation. The following indicator has been used for this purpose: the prevalence of prejudice against those living with HIV that was included in the KAP studies. No data is available on the development of HIV incidence. According to UNAIDS, HIV prevalence (the proportion of people with HIV infection in a given population) has fallen slightly in Chad, which suggests a reduction in new infections. In contrast, the World Bank assumes a slight rise in prevalence, from 3.3% in 2004 to 3.4% in 2011. Without meaningful studies it is impossible to quantify how much the behavioural changes and condom usage contribute to the reduction of HIV-prevalence compared to medicinal prevention and the life-prolonging effects of antiretroviral treatments. However, it is reasonable to assume that the programme has contributed to the decrease in new infections – not only by distributing condoms but also through its political work. This was important in removing

[2] I.e. a system which uses targeted actions to stimulate demand, so that the distribution system is "pulled" by demand, instead of goods being "pushed" onto the market by generous margins, bonuses, and miscellaneous incentives received by distribution partners.

the social and political taboos regarding HIV and thereby clearing the way for state intervention and further donor engagement. Meanwhile, political recognition of the HIV problem has changed dramatically, and the state is playing a much more active role in combating HIV. Hence antiretroviral HIV therapy (ART) has been freely accessible in Chad since 2006, and 48% of those registered as having HIV infections are now in treatment. A national AIDS committee was founded in 2007 and a national HIV/AIDS strategy was adopted in the same year. Overall, this increased openness can be traced back to the years of intensive publicity campaign as part of the FC programme. Furthermore, the KAP-study from 2007 shows a significant reduction in the stigmatisation and social exclusion of people in Chad who have tested HIV-positive or are living with HIV infection: The share of the respondents having no reservations regarding people infected with HIV/AIDS rose from 9.5% in 2005 to 28.8% in 2007. No data is available on the trend in STI prevalence. Anyhow, it is probable that condom use has also had positive effects in preventing new cases of STI. In general, it is reasonable to conclude that the programme has contributed to the overall objective. Due to poor operational results (see the section on efficiency), this contribution may have been lower than expected. A notable achievement is the increased socio-political openness towards HIV/AIDS. This development is reflected by the decreasing stigmatisation and exclusion of those affected. AMASOT's persistent advocacy work contributed to this success. Taking all this into consideration, we have assessed the overarching impact as satisfactory. Sub-Rating: 3

Sustainability: The FC-financed HIV programme performs far below the regional average, not only in terms of its programme costs (EUR 39/CYP compared with the average for sub-Saharan Africa of EUR 18/CYP), but also with regard to cost recovery from sales revenue. The total cost recovery was 4%, and operating cost recovery (running costs + staff) was 12%, compared to average values for sub-Saharan Africa of 15% and 85% respectively. However, as an organisation AMASOT performed far better than the FC programme per se during the period 2006-2008. The major part of its income came from the sale of mosquito nets and oral rehydration salts (which were not financed by FC), and not from the sale of condoms. As a result, AMASOT achieved 16% total cost recovery, which is a comparatively good result for sub-Saharan Africa. Compared to similar programmes, this is not enough to guarantee the organisation's financial self-sufficiency. However, AMASOT continues to receive external finance. It is part of the FC-funded CEMAC regional programme and receives additional financing from the Global Fund, the World Bank and other donors. Because of its status as a non-profit organisation, AMASOT can also apply for state subsidies. This is exceptional for social marketing programmes. Therefore, the programme's institutional and financial sustainability can be considered satisfactory. However, removing the deficits in the distribution system (see section on efficiency) is vital for AMASOTS's long-term sustainability. There is a certain degree of sustainability in terms of impact. Both the KAP studies and the sector reforms confirm that – despite massive religious resistance at the beginning – there is an increased social and political openness towards the HIV issue. This development is not easily reversible. Nevertheless, ongoing educational work is still needed. Changing high-risk behaviour - through promoting increased condom use, for example - is tedious work, as is overcoming religious resistance. In Chad, these tasks can only progress

slowly due to the socio-economic and cultural environment. Overall, in our assessment, sustainability is still 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:

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).