

**Côte d'Ivoire: Family Planning and HIV Prevention**

**Ex-post evaluation report**

<b>OECD sector</b>	13030 / Family planning 13040 / Sexually transmitted disease control including HIV/AIDS	
<b>BMZ Project number</b>	1995 66 100	
<b>Project executing agency</b>	Ministère de la Santé Publique	
<b>Consultant</b>	Population Services International (PSI)	
<b>Year of ex-post evaluation</b>	<b>2006</b>	
	<b>Project appraisal (planned)</b>	<b>Ex-post evaluation (actual)</b>
<b>Start of implementation</b>	4th quarter 1995	4th quarter 1995
<b>Period of implementation</b>	5 years *	5.75 years
<b>Investment costs</b>	EUR 12.73 million *	EUR 12.58 million
<b>Counterpart contribution</b>	EUR 1.74 million *	EUR 1.59 million
<b>Finance, of which FC funds</b>	EUR 10.99 million *	EUR 10.99 million
<b>Other institutions/donors involved</b>	GTZ	GTZ
<b>Performance rating</b>	1	
<b>• Significance/Relevance</b>	1	
<b>• Effectiveness</b>	1	
<b>• Efficiency</b>	2	

\* As per complementary projects (project progress review of 24 November 1999)

**Brief Description, Overall Objective and Project Objectives with Indicators**

The overall objective of the project was to contribute to reducing population growth in Côte d'Ivoire while guaranteeing individual freedom of choice and to lower the HIV infection rate. Owing to the complex results chains and shortage of demographic data, no indicator was defined for measuring overall objective achievement.

The project objective was to improve the population's supply of condoms, oral contraceptives and other family planning services. Project objectives achievement was to be measured by the following indicators:

- Increase in condom sales via private vendors from 9 million (1994) to 15 million (1999) and 27.6 million in the extension phase (July 2000 - June 2001)
- Introduction of social marketing for oral contraceptives through Population Services International (PSI) and increase in sales to 600,000 cycles a year (1999) and 500,000 (July 2000 - June 2001) solely through medically trained personnel
- Increase in contraceptives prevalence in the Man region from an estimated 3% (1994) to about 10% a year by 1999 and the user rates for health facilities (share of the population who attend health facilities at least once a year) from the low level at project appraisal to 40% a year

Based on the situation analysis at project appraisal, the project objectives and quantitative indicators set were realistic and sensible and still appear appropriate in hindsight.

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

The project as a whole consisted of two components: (I) social marketing of contraceptives via the private sector and (II) a cooperation component with GTZ to step up integrated family planning services in the public sector of the Man region. The latter was earmarked to receive approx. 6% of FC funds, while 3.3% was finally invested.

The implementation term of the project was prolonged from originally 4 to 5¾ years with a replenishment of funds to prepare the establishment of an Ivorian social marketing agency in the transitional phase. In line with this adjustment, FC funds for the project were raised in 1999 by EUR 2.04 million from EUR 8.95 million to EUR 10.99 million. A sample check of the application of funds during the local final inspection gave no indications of misallocation. The funds were fully paid-out.

The general socio-political climate of the country deteriorated considerably in the course of the project but no basic conceptual revisions were made as a consequence.

Component I - Social marketing: The design focus of the project was placed on using the social marketing approach to provide contraceptives via non-governmental service providers (private sector, NGOs). The dissemination of condoms was continued nationwide and an oral contraceptive (pill) was introduced under its own brand name. To complement this, communication measures were developed and carried out to impart general (generic) information and positive behavioural changes and promote the sales of the social marketing brands. The implementation agency PSI/ECODEV ran its own audio-visual production centre, which received income through third-party funds from other donors and projects in addition to sales revenue.

The implementing arrangements made at project appraisal were altered in the course of the project in favour of establishing the specialized Ivorian Social Marketing Agency (Agence Ivoirienne de Marketing Social - AIMAS), which was not completed until into the subsequent phase. This process had essentially already been taken into account through the phase extension. The 2nd phase of the social marketing project from July 2001 to June 2005 followed on without a break: Family Planning and HIV Prevention II (1999 66 417), as did Phase 3 (2004 65 955).

Component II - Family planning services in the public sector of Man region, a cooperation project with GTZ was conceived as a complement for the TC project, Advice in Health and Family Planning (1994.2163.7). The FC contribution was to pay for the procurement of contraceptives as well as equipment for family planning in up to 30 state health centres in the Man region. In the course of the project, GTZ proposed the supplementary equipment of another 55 health centres with the funds available. Parallel studies, on the causes of low user rates and the possible influence of improved material and equipment, for example, were not carried out. Due to budgetary constraints on TC, training measures were only conducted in 15 centres. In addition, the whole conceptual design of the TC project changed in the course of implementation.

## **Key Results of Impact Analysis and Performance Rating**

Special account must be taken of the general conditions in Côte d'Ivoire when assessing project performance. At project appraisal and project start in the mid-1990s, Côte d'Ivoire was politically relatively stable. Sharp setbacks in economic development, particularly due to a drastic drop in prices for coffee and cocoa and a growing disparity between north and south led to a progressive destabilization of the country. The relative balance amongst the various ethnic groups and regions, which had guaranteed political stability and economic prosperity, was disrupted. Having recorded a steady moderate rise up to the mid-nineties, the Human Development Index then started to turn downward. In the Human Development Report for 2005 Côte d'Ivoire is ranked 163 out of 177 countries. Since 1999, Côte d'Ivoire has suffered repeated coups, rebellions and military hostilities. The country has been divided since 2001 and the northern half is hardly accessible. Despite recurrent mediation efforts by the international community, the country is still unstable and future developments are unforeseeable.

Owing to the ongoing unrest and instability in the country, risk behaviour in HIV/AIDS can be expected to increase amongst dislocated people - refugees, migrants or soldiers and other security forces. One of the strengths of the social marketing approach is gaining access to these vulnerable sections of the population, which AIMAS managed with proficiency and great dedication. Despite the precarious security situation sales were increased and availability repeatedly assured for the most part throughout the country. While an average 1.1 condoms per capita of the population were already being sold a year at the end of Phase I, this was raised to 1.8 condoms in 2004. Likewise, the high market share of the social marketing products attests to their relevance for the preventive and contraceptive programmes in the country. In 2005 as well, the social marketing condom 'Prudence', for example, still held by far the biggest market share of approx. 92% as against approx. 8% by the non-subsidized private sector and less than 1% by the public sector. During the worst time of crisis (as of 2002), condoms from neighbouring countries appeared in large numbers, as did other consumer goods. With new social marketing distribution channels in the occupied region these declined again, however. A large market share of social marketing products is a positive sign of their acceptance, should not, however, count as a decisive goal. In the long run, a diversification of the condom market with different price classes should be the measure of developmental significance.

At 53%, the market share of the social marketing pill 'Confiance' was the largest in 2005, followed by the public sector at 18%, the more expensive commercial brands at 15% as well one specially for family-planning NGOs (AIBEF) at 14%. In future, we can expect these stakes to shift considerably as demand is increasingly met.

Educational measures were carried out to improve behaviour, especially among young people. Already during Phase I a number of films and radio programmes (including SIDA dans la Cité - AIDS in the City) were produced and broadcast, which were also rebroadcast and well received internationally. The project itself directed its communication measures mainly at urban youth, which were rightly selected as a particularly vulnerable target group. In Phase II, specific integrated communication measures were conducted under the motto 'T'es Yêrê, T'es Cool'<sup>1</sup> ('You are trendy, You are cool') in schools and in the mass media and these were also systematically analysed. Although the behavioural changes measured after two years cannot be clearly ascribed solely to this campaign, there have been considerable positive developments in the core themes.<sup>2</sup> The use of condoms for the last sexual act rose from 47% (2002) to 77% (2004), the ratio of male pupils who had not had sexual intercourse in the last three months rose from 27% (2002) to 57% (2004). The percentage of young people who had a sexually transmitted disease treated in the health centre instead of with traditional medicine rose from 69% (2002) to 77% (2004).

Communication work in rural areas remains a challenge due to the variety of local languages and restricted access to mass media. Interestingly, the demand for and use of Confiance pills is particularly widespread in rural areas, an indicator of successful publicity.

Political instability and the permanent threat of violence had an effect on the direct project partners. The government partners kept changing, agreed state payments were not made. The restrictions in the private sector had a direct, detrimental effect on geographical reach and sales. The withdrawal of major donor organizations also affected planned activities, however.

Measured by the project objective indicators, the sales targets for condoms were exceeded by almost 50%; instead of 15 million, 22.4 million were sold in 1999. The increase to 27.6 million condoms envisaged for the last year of the extension phase, however, could not be achieved, approximately 23 million condoms having been sold, which only equals 83%. The main reason for this setback, however, were difficulties in obtaining timely authorization from the unstable government for project extension and hence for procurement. Annual sales varied accordingly from a 32% rise in 1997 to an 11% drop in 2000, resulting in an annual average increase of 17%, higher than the 15% agreed on. In the course of Phase II, these rates of increase

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<sup>1</sup> 'Yêrê' is a colloquial expression amongst Ivorian youth meaning 'clued in, not naive, able to get the better of someone, responsible'. 'Cool' has a similar affirmative connotation to that in Europe.

<sup>2</sup> The contents of the campaign comprised the whole range of the condom use against HIV/AIDS and unwanted pregnancies, including negotiating with a potential sexual partner on condom use, but also sexual abstinence.

stabilized at a low level of about 2%; sales of condoms came to 87% of the target, despite the security and access problem.

The introduction of oral contraceptives through the social marketing project made less progress than planned at the beginning, with the increase in annual sales coming to only 71% of the planned 600,000 in 1999. In the last year (July 2000 - June 2001), in contrast, the planned target of 500,000 cycles to be sold by trained personnel was exceeded by 14%, a remarkable accomplishment considering the procurement bottleneck. In the further course of Phase II, sales rose on average by 17% a year and the targets were generally exceeded, with the exception of 2005, so that oral contraceptives sales for Phase II only met 95% of the target.

Of the products sold against payment, it may be assumed with high probability that they were used. A consumer study in 2005 on 'Prudence' condoms shows that the contraceptive prevalence rate had increased from 42% in 2002 to 56% of possible outlets, with availability even in the occupied northern part of the country exceeding 50%. 'Prudence' is the best known brand in Côte d'Ivoire. The share of outlets for the particularly important high-risk groups, such as kiosks, street vendors, bars and hotels, has been raised substantially in recent years.

A study on the 'Confiance' pill in 2004 also found it to be the best known and most popular by far, in urban and rural areas alike. Fifty-six per cent of all women using oral contraception choose 'Confiance'. Almost all pharmacies in the survey area and 40% of the health centres (primarily in rural areas where there are no pharmacies) sell this pill.

User studies showed that the social marketing products have not infringed on the role of other suppliers. In Phase II, it was verified that sales of condoms in the lower price range rose as well, if not on the same scale as the social marketing condoms. In oral contraceptives, the social marketing product Confiance was largely bought by so-called new users, particularly from rural areas, so there has been no transfer of more expensive products or those from the public sector. In addition, 'Confiance' users show a high brand loyalty.

The main impact of the project lies in achieving the overall objective, that is, to contribute to reducing population growth while ensuring individual freedom of choice and to lower the HIV infection rate in Côte d'Ivoire. The available projections indicate that annual population growth will slow down from 3.5% (1994) to 1.7% (projected for 2003-15). The average number of births per woman is estimated at 4.5 (2003) as compared with 5.7 (1994). According to unofficial estimates, the contraceptive prevalence rate for so-called modern methods today is substantially higher (estimated at approx. 12%) than the 4% in 1994, after it had already risen to 9% in 1998-99. The general contraceptive prevalence rate was put in the last study in 1998-99 at 20% of women of reproductive age, with 11% using so-called traditional contraceptive methods. No more recent national studies have been carried out since. As to HIV prevalence, correct, comparable figures pose problems, as the data acquisition system has now been refined. Nevertheless, the relatively small difference between 1995 (9.8% of the population) and 2003 (11%) shows that no drastic rise took place in this period at least. Côte d'Ivoire is nevertheless one of the countries most heavily impacted by HIV/AIDS in West Africa with what is still described as a general epidemic. Altogether, the project can be assumed to have contributed over the last ten years to achieving the overall objective as it has provided a major part of the effective methods in HIV/AIDS prevention and contraception in the country.

Specific development measures in gender were not planned in Phase I, apart from the explicit inclusion of ensuring individual freedom of choice in the overall objective. Both genders bear responsibility for the relevant decisions here. There are no studies on the implementation of this basic freedom of choice, however. In the media circulated as part of the social marketing component women and men are depicted as equally important decision-makers and can be identified with by both genders as positive role models. A systematic separation of communication contents and measures by gender was not made, however. The crisis situation during the further course of the project very probably had a particularly adverse effect on the vulnerability of women and girls, which call for special measures in areas such as communication, distribution channels and pricing.

As a general rule, the impacts of HIV/AIDS prevention as well as of contraception benefit women in special measure. This includes the prevention of disease and causes of death which particularly threaten women due to their physical constitution and inferior social status and have far greater consequences for them when it comes to nursing the ill or taking care of AIDS

orphans. The prevention of risky pregnancies has a proven influence on the state of health of women and children. The gender scope of the project was not put to full use in Phase I, has, however, been taken into account in designing the current Phase III.

A couple year of protection (CYP) costs the consumer the equivalent of EUR 4.57 for condoms (120 a year) and EUR 3.11 for oral contraceptives (13 cycles a year). As per the Chapman Index, an established guideline for measuring affordability, a CYP should not amount to more than 1% of annual per capita income. In 2004, this averaged US\$ 780 (approx. EUR 625). In relation to this, the CYP costs for Ivorian consumers of the two preventive methods are lower, for condoms, at 0.7% and for pills, at 0.5%. We may assume that they remained under this mark throughout the project.

The ratio of the Ivorian population that must manage on less than US\$ 2 a day is estimated at about 38%. No studies on the actual income of poorer classes in acute crisis areas of the country, for example, are available. There are, however, no indications that the price is a major impediment to the use of subsidized condoms and pills. Their provision at easily accessible outlets generally caters for the restricted consumer patterns of poor people. The project has a recognizable bearing on poverty; due to the relatively small ratio of absolutely poor nationwide, the component merits the designation of general developmental orientation.

Participatory development and good governance (PD/GG): The implementation has been delegated by the Ivorian government to a national NGO with support from an international consultant and does not support the work of the government directly. The project is not aligned with participatory development or good governance.

The project is not directed at environmental protection and resource conservation.

#### **Component I - Social marketing:**

Relevance/Significance: For the last ten years, the social marketing component has made a major contribution to attaining the overall objective as it provides a considerable part of the available methods for HIV/AIDS prevention and the prevention of unwanted pregnancies in Côte d'Ivoire. Its work towards effecting positive behavioural changes particularly amongst the young population is also relevant and significant. Even though no current national studies are available, the corresponding indicators can be expected to have developed positively despite the serious crisis. The social marketing component is also of developmental relevance because it is not just tied in with national strategies on HIV/AIDS control and family planning/reproductive health: In cooperation with suitable private-sector and NGO partners, it also ensures that contraceptive methods are available at all, not just, but especially, in crisis regions where the government is hardly able to maintain its services.

In both its impact domains, HIV prevention and contraception, as well as in institutional networking, the social marketing component deserves to be accorded high developmental significance and relevance (Subrating 1).

Effectiveness: The adverse framework conditions placed a constraint on the attainment of the performance indicators (sales figures) in Phase I and the subsequent phases. The sales figures achieved, particularly for condoms, nevertheless merit a positive assessment. The distribution network is well adapted to user habits and ensures the nationwide dissemination of the social marketing products. It is very widely known and has not had a detrimental effect on the products of other providers. The institutional development started in Phase I bore remarkable fruit in Phase II. The legal NGO status was consolidated, personnel management was taken over and sources of finance were diversified. The international procurement of contraceptives is largely handled by the local NGO today and there are no longer any discernible procurement gaps. A positive aspect of the precarious security situation was that the foreign consultant was obliged to perform his advisory activities at a distance, to which the national NGO responded by developing on its own.

As all the indicators show, the national social marketing agency AIMAS has consistently managed under inimical conditions to make condoms and oral contraceptives known and available nationwide and raise sales figures overall. The effectiveness of the social marketing component is therefore rated as very good to good (Subrating 1).

Efficiency: Total costs per couple year of protection (CYP) for procurement and distribution amount to EUR 11.84. If we deduct income earned from sales and audio-visual productions, the costs per CYP amount to EUR 10.29. These CYP costs are comparable with projects in populous countries with substantially higher sales volumes at resultant lower costs. This result is very favourable considering that the sales price for condoms has remained the same since 1991. The procurement costs for condoms throughout the project till today have been curbed from EUR 3.78 (1995) to EUR 2.82 (2001) to EUR 2.55 (2005) for 1 CYP - 120 condoms a year (production efficiency). One reason for this has been dispensing with packaging in the field. On the other hand, these costs rose for pills from EUR 2.38 to EUR 3.02 to EUR 3.04 resp. per CYP (13 cycle pill per year) due to the manufacturer's higher production costs.

Cost recovery through revenue from the social marketing component amounts to (I) 13.1% of total costs, (II) 33.3% of operating costs (personnel and functions) as well as (III) 63.6% of personnel expenditure. The reasons for this were some structural adjustment measures such as the closure of cost-intensive field outlets. The ratio of sales via private traders was increased substantially, from 5.6% of total turnover in 1998 to 61.4% in 2001, which contributed to sustainability. Cost recovery was increased again substantially in the following phase to (I) 25% of total costs, (II) 81% of operating costs and (III) 144% of personnel costs. Personnel cost recovery is the best result thanks to personnel reduction and reorganization. A conducive factor is the audio-visual production studio, which received income from third-party funds for productions that the project can also use for its own communication measures. Quite a number of clients have reduced or terminated their activities in Côte d'Ivoire, in recent years, however. Also, as a general rule, financial sustainability cannot be expected of a social marketing project working in such a poor and unstable country, neither in the short nor medium term. Nevertheless, it has managed to make a large contribution to cost recovery (allocative efficiency).

Since Phase I failed to recover any substantial costs and long-term progress was nevertheless made in the efficiency indicators, efficiency can be rated as satisfactory (Subrating 2).

Overall rating for Component I: Accounting for 96.7% of total FC, the social marketing of contraceptives can be assessed separately, especially as it had no direct bearing on the second cooperation component concerned with integrated family planning in the Man region. Developmental efficacy is rated as good to very good (Rating: 1).

Component II: Family planning services in the public sector of the Man region, cooperation project with GTZ

As part of the FC project, EUR 0.61 million was provided for a cooperation component with GTZ on family planning services in the public sector of the Man region. EUR 0.41 million in FC funds was actually allocated. This was integrated into the TC project, Advice in Health and Family Planning, Project no. 1994.2163.7, and did not have any direct connection with the main social marketing component. The responsibility for monitoring objectives achievement in this Component II lay with GTZ. The objectives of the cooperation project were not achieved, major contributory factors to this being the adverse general climate and in particular the poor state of the public health sector.

The FC contribution did not help to achieve the results aimed at; there is an evident results chain gap between measures and anticipated results. There are no current figures on the project region at ex-post evaluation but the government services there may be assumed to have been defunct, at least for a lengthy period. The cooperation project component must be rated as insufficient in terms of developmental efficacy. As it accounts for only 3.3% of total FC, this assessment is irrelevant for the overall project.

## **General Conclusions**

1. As has already emerged in other crisis regions such as Central Africa, a major lesson learnt is the strength of NGOs in fragile states and sociopolitical crises or instability, provided support from abroad is not withdrawn. A risk in bilateral projects, however, is continued necessary acceptance on the part of a government that may be incapable of governing. Continuing an important health sector task under partly chaotic and dangerous conditions calls for highly motivated personnel but also requires an adaptable setup that is recognized as politically independent. This affords a project the freedom to enter into alliances that can

operate beyond ideological and military boundaries. Cooperation with humanitarian organizations has proved to be worthwhile here.

2. In hindsight, running an equipment component in an isolated cooperation project with TC proved to be an ineffective instrument, particularly since it did not complement the main component. The influence in particular of material and equipment in health centres on their performance and use was not sufficiently appraised in the project approach and implementation by the project partner in charge of planning, monitoring and reporting. Coupled with the changing priorities and financial bottlenecks of the TC project there is an obvious danger of misinvestment. Precedence should generally be given in such cases to finance from TC or partner country funds, which is better suited for adaptable procedure and project development.

### Keys

Developmentally successful: Ratings 1 to 3	
Rating 1	Very high or high degree of developmental effectiveness
Rating 2	Satisfactory developmental effectiveness
Rating 3	Overall sufficient degree of developmental effectiveness
Developmental failures: Ratings 4 to 6	
Rating 4	Overall slightly insufficient degree of developmental effectiveness
Rating 5	Clearly insufficient degree of developmental effectiveness
Rating 6	The project is a total failure

### Criteria for the Evaluation of Project Success

The evaluation of the "developmental effectiveness" of a project and its classification during the ex-post evaluation into one of the various levels of success described in more detail below concentrate on the following fundamental questions:

- **Are the project objectives reached to a sufficient degree (aspect of project effectiveness)?**
- **Does the project generate sufficient significant developmental effects (project relevance and significance measured by the achievement of the overall development-policy objective defined beforehand and its effects in political, institutional, socio-economic and socio-cultural as well as ecological terms)?**
- **Are the funds/expenses that were and are being employed/incurred to reach the objectives appropriate and how can the project's microeconomic and macroeconomic impact be measured (aspect of efficiency of the project conception)?**
- **To the extent that undesired (side) effects occur, are these tolerable?**

We do not treat **sustainability**, a key aspect to consider for project evaluation, as a separate category of evaluation but instead as a cross-cutting element of all four fundamental questions on project success. A project is sustainable if the project-executing agency and/or the target group are able to continue to use the project facilities that have been built for a period of time that is, overall, adequate in economic terms, or to carry on with the project activities on their own and generate positive results after the financial, organisational and/or technical support has come to an end.