

**Guinea: Social marketing of contraceptives**

**Ex post evaluation report**

<b>OECD sector</b>	13030 / Family Planning	
<b>BMZ project ID</b>	1996 66 603	
<b>Project executing agency</b>	Guinean Ministry of Health	
<b>Consultant</b>	Population Services International (PSI)	
<b>Year of ex post evaluation</b>	2006	
	<b>Programme appraisal (planned)</b>	<b>Ex post evaluation (actual)</b>
<b>Start of implementation</b>	3 <sup>rd</sup> quarter 1997	3 <sup>rd</sup> quarter 1998
<b>Period of implementation</b>	60 months	75 months
<b>Investment costs</b>	EUR 7.95 million	EUR 10.35 million
<b>Counterpart contribution</b>	EUR 0.23 million	EUR 0.26 million
<b>Financing, of which Financial Cooperation (FC) funds</b>	EUR 5.62 million	EUR 5.62 million
<b>Other institutions/donors involved</b>	USAID: EUR 2.10 million	USAID: EUR 4.57 million
<b>Performance rating</b>	2	
<b>• Significance/relevance</b>	2	
<b>• Effectiveness</b>	2	
<b>• Efficiency</b>	3	

**Brief description, overall objective and project objectives with indicators**

The aim of the project was to reduce the HIV infection rate and the birth rate while at the same time ensuring individual freedom of choice by supplying the target group with affordable and high-quality contraceptives. The target group was the sexually active population in Guinea, in particular HIV risk groups (prostitutes, lorry drivers) and the young population, for whom it is difficult to access family planning offers provided by the public sector.

The programme is the continuation and expansion of a social marketing programme that has been financed by US AID since 1991. The financial contribution provided from Financial Cooperation (FC) funds served to finance contraceptives, equipment, the extension of sales channels, the marketing of products, the implementation of advertising and education measures, research, support for the programme management and interim evaluation as well as support for the local staff of the American non-governmental organisation (NGO) Population Services International (PSI) / Option Santé Familiale (OSFAM).

The overall objective of the project was to help reduce the HIV infection rate and the birth rate while ensuring individual freedom of choice. No indicator was defined to measure the achievement of the overall objective.

The programme objective was to improve the supply of the Guinean population with affordable and qualitatively good condoms and hormonal contraceptives. The following indicators were defined to measure the achievement of the programme objective:

- Sale of 26 million condoms over a period of five years with an increasing tendency;
- Sale of 280,000 cycles of oral contraceptives and 90,000 units of three-month injectables (also with an increasing tendency).

### **Project design / major deviations from the original project planning and their main causes**

The project follows the concept of 'Contraceptive Social Marketing', in which products are sold for social purposes and at subsidised prices but with commercial marketing methods. The marketing of condoms with the goal of preventing HIV/AIDS as well as the marketing of hormonal contraceptives to promote family planning on the basis of prevention awareness are widespread variants of Social Marketing. Usually, these projects are carried out with local personnel and with the support of an international non-governmental organisation (NGO) (here: the US consultant PSI). The NGOs operate in many areas (for example in small enterprises). They purchase condoms and hormonal contraceptives on the world market with financial support from donors and sell them at subsidized prices through private sales channels in the target country. The marketing activities are being supported by brand advertisement and product-unspecific awareness campaigns on HIV and are being supported by market studies and other complementary research.

PSI has been in charge of the implementation of the project since 1991. No major amendments were made to the programme design. However, the step-by-step transfer of implementation tasks to the local NGO OSFAM did not succeed, for which reason the project was carried out exclusively by PSI Guinea.

The total cost of the project amounted to around EUR 10.35 million and was thus clearly higher than estimated at project appraisal (EUR 7.95 million). This is due, among others, to the extension of the project and changes in the exchange rate of the USD and concerns only the share of costs to be borne by USAID. Due to the low cost recovery ratio and the high procurement costs, the unexpectedly high rise in the sale of hormonal contraceptives led to further considerable cost increases. Due to their favourable purchase price the cost of condoms was lower than estimated. We consider these costs appropriate.

EUR 4.57 million (USD 5.03 million) were provided as co-financing by USAID. The actual amount of FC funds provided for the programme amounted to EUR 5.52 million. The amount is composed of the total FC funds of EUR 5.62 million, which include EUR 0.22 million funds remaining from the FC project 'National Family Planning Programme' (1994 65 642) and excludes funds of EUR 0.32 million, which were transferred to the successor project (see below). The counterpart contribution (sales revenues) amounted to EUR 0.26 million.

Currently, remaining FC funds amount to EUR 239,583.10 EUR, which are to be used for the successor project Social Marketing II (2001 65 688). Together with the amount of EUR 79,696, which was already transferred before, the total amount transferred to phase 2 amounts to EUR 319,279.10. The audits conducted by PwC have provided evidence for the proper utilisation of the funds.

### **Key results of the impact analysis and performance rating**

The main impact of the programmes was to reduce the HIV infection rate and the birth rate (overall objective). Both objectives relate to long-term developments, on which the project has a rather indirect impact given the complex relations of cause and effect. A major prerequisite for achieving the overall objective is to impart knowledge about prevention to the population and to achieve the required behavioural changes. The comparison of surveys conducted in the last few years shows a rise in the knowledge about HIV/AIDS by over 10% and a rise in the use of condoms, especially in the age bracket of young people aged below twenty. People in this age

bracket use condoms three times as often as people in older age brackets. Due to methodological changes in determining the HIV infection rate it is difficult to formulate assumptions about the contribution rendered by the programme to reducing the HIV rate. Due to changes in the method to compile data the HIV prevalence rate is in general lower today than a few years ago. However, this does certainly not reflect the actual development of HIV prevalence. This is evidenced by figures for pregnant women, which showed a 2.8% HIV prevalence in 2001 and between 4.1% and 7.3% (depending on the region) in 2004.

Studies established in the last six years on the contraceptive prevalence rate (CPR – the share of women of childbearing age who use contraceptive methods) show a rise in the CPR by 2.9% to 10.5% (2005). On the basis of the data and figures compiled it can be stated that the project has rendered a significant contribution to both improving HIV prevention awareness and increasing the use of contraceptives.

The programme objective to improve the supply with condoms and hormonal contraceptives was exceeded by far. Sales figures for condoms are 23% higher than planned and the figures for the pill and three-month injectables exceed the planned figures by more than 400%. Altogether 32 million condoms were sold, with annual sales increases of approx. 20%. In addition, 1.6 million pill cycles and 436,000 individual doses of three-month injectables were sold. Negative aspects to be mentioned are, however, that a much larger share of pills and injectables was sold via the informal market to women, and that the women were not always looked after by qualified medical staff. In many cases women bought injectables informally because no supply was available in the formal market and then took these injectables with them to a health centre. Any significant risks have so far not become known. This dynamic development is evidence of the high pent-up demand in the population for such products, but also of the good programme concept. This is reflected by the IEC measures, which are targeted to the specific needs of the target group. Intensive accompanying research and evaluation measures are necessary for this purpose. In the last five years PSI Guinea has quintupled its expenditure on such measures. The prices fixed under the programme are adequate and make the purchase of contraceptives affordable for the target group. A major factor for access to contraceptives is the number of sales points in the market for medical and non-medical products. In the last few years the number of sales points has almost doubled, thus, giving the population outside the urban centres increasing access to such products. For rural regions, where commercial structures are only weakly developed, models are being tested to integrate community structures. A mapping system is being built up to provide a geographical overview of the sales points and to improve their servicing.

In terms of economic efficiency of the project, the average cost per couple year protection (CPY) for the three products was EUR 20.63 in the period 1998 to 2003. In comparison with other projects this in the region this is in the middle range. Both cost recovery rate I (ratio of sales revenues to total costs) and cost recovery rate II (ratio of sales revenues to operating costs) have improved substantially for all three products in the course of the programme. Cost recovery rate I rose from 2.5% to at almost 6% (2003), cost recovery rate II from 8% to almost 20% (2003). These figures are not entirely satisfying but have improved further in the course of Phase II. Here it has to be noted that the loss in value of the Guinean Franc vis-à-vis the US dollar has a negative impact on the cost recovery rate because sales revenues are converted into US dollar. This means that in the event of a value loss of the local currency the cost recovery rate is also declining. Otherwise, the rate would have been more favourable.

The adequacy of sales prices of contraceptives is determined on the basis of the so-called Chapman-Index, according to which a couple in the respective target group should not spend more than 1% of its annual income on contraceptives. According to the index, the costs of the annual quantity of condoms amounted to 0.45% of the average annual income of a couple, for the pill is was 0.39% and for three-month injectables 0.30%. Thus, the sale of contraceptives is affordable for people. Prices were still low and at a level acceptable for the population, even after the price increases of 100% and 110%, respectively, which were implemented in the course of the project.

The project is a key element of the HIV/AIDS prevention and family planning policy pursued in Guinea. The project measures are appreciated very much by the government. The government intends to submit an application to the Global Fund to Fight Aids, Tuberculosis and Malaria (GFATM) for the supply of 40 million condoms, which are to be sold by PSI. This is a clear expression of confidence which the government has in the efficiency of the organisation. PSI Guinea is becoming increasingly important for the public health sector in Guinea. Since the public Guinean system for the supply of medicine is not very efficient, major bottlenecks have occurred in the supply of contraceptives to health care facilities. For this reason, PSI Guinea concluded a cooperation agreement with the Guinean central state chemists for the purchase and sale of PSI products. In this way PSI Guinea, in interaction with a central institution at the national level, has created an important prerequisite for ensuring the supply of the public health sector with contraceptives.

No specific measures to promote women were planned under the project. Both men and women are protected when using condoms. Nevertheless, the prevention of infection, disease and death reduces the strain on women, whose role is to care for the ailing and for children orphaned by AIDS. Preventing unwanted pregnancy is first and foremost a concern of the women as well. The programme therefore has gender equality potential.

As condoms and contraceptives are subsidised it is ensured that lower income groups can also benefit on a large scale from HIV prevention and family planning. Thus, the project has contributed to direct poverty reduction.

As regards the aspect of 'participation/good governance' no impacts were scheduled. The same applies to environmental objectives.

From today's perspective the project carries the following risks: Since it was not possible to successfully involve OSFAM in the project, institutional sustainability is currently not ensured. This risk was to be reduced in the medium to long term by supporting local social marketing competences and by identifying a suitable NGO. The connection between retailers and wholesalers is seen as a future risk with regard to condom marketing, which is feared not to be sufficient to ensure a continuous supply. Another major risk for the future is that the market may be flooded with large quantities of condoms through the public sector (GFATM application), which are made available to the population free of charge via decentralised institutions responsible for AIDS prevention and local NGOs. The distribution structures used by these institutions do usually not provide the same broad access to condoms as is ensured by PSI's sales structures, which also provide condoms late in the evening. In addition, there is the danger that large quantities will be sold in the informal market at very low prices. Overall, there are considerable risks to the sustainability of the project.

In the following, we assess the developmental impact of the programme on the basis of the criteria of efficiency, effectiveness and relevance/significance as follows:

PSI Guinea has continuously improved its efficiency by adjusting its distribution structure, reducing staff numbers in the regional antennas and creating synergies through cooperation. Given the fact that socio-economic indicators are bad and that the private sector is weakly developed social marketing in Guinea needs to be given financial support in the future, too. Overall, we classify the programme's efficiency as sufficient (sub-rating 3).

In terms of quantity, the planned programme objectives were clearly exceeded. However, this statement has to be somewhat qualified with regard to the assistance provided by the medical staff of PSI, which is due to the fact that part of the condoms are sold via the informal sector. PSI Guinea is continuously working to find solutions to the existing problems (such as ensuring that people in rural areas have better access to services, the improved supply of contraceptives to the public sector) by developing different strategies and intensive accompanying research. However, the sustainable impact of the good performance of PSI is in danger because it has up to now not been possible to involve a national non-governmental organisation. Thus, as regards the criterion of effectiveness we rate the project as satisfactory (sub-rating 2).

The project is still justified from a sector perspective. HIV/AIDS prevention continues to have a high priority in the development context of Guinea. Family planning is gaining increasing importance, also with regard to synergies which can be achieved for the education and awareness of the target groups. The overall objective of the project was to contribute to lowering the HIV infection rate and the birth rate. Given the strong demand for contraceptives it can be assumed that a major contribution was made to the achievement of the overall objective through the use of the services and products offered under the project. Thus, as regards the criterion of relevance / significance we rate the project as satisfactory (sub-rating 2).

Overall, we rate the developmental efficacy of the programme "Social marketing of contraceptives" as satisfactory (rating 2).

### General conclusions and recommendations

- If in the course of a project the overall context/system, in which the project is implemented, is changed sustainably, the target system (indicators) should be adjusted accordingly. Otherwise there is the danger that project measures are not congruent and that the achievements of the project are not correctly assessed.
- In a project, which due the range of products offered targets both HIV prevention and family planning, messages on family planning should be an integral part of HIV sensitisation measures. Condoms have a double protective function, which should be made explicitly clear. Surveys have shown that in particular young women tend to use condoms rather for the purpose of contraception than HIV prevention. This tendency should be further supported and strengthened through adequate and comprehensive sensitisation measures.

### Legend

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, organizational and/or technical support has come to an end.