

Lesotho: Family planning and HIV prevention

Ex post evaluation report (final evaluation)

OECD sector	13030	
BMZ project ID	1999 65 120	
Programme executing agency	Ministry of Health and Social Welfare (MOHSW)	
Consultant	GFA Medica, Hamburg	
Year of ex post evaluation	2008	
	Programme appraisal (planned)	Ex post evaluation report (actual)
Start of implementation	2nd quarter of 2000	2nd quarter of 2001
Period of implementation	51 months	56 months
Investment cost	EUR 2.3 million	EUR 2.85 million
Counterpart contribution	EUR 0.05 million	EUR 0.19 million
Financing, of which FC funds	EUR 2.25 million	EUR 2.65 million
Other institutions/donors involved	-	-
Performance rating	3	
• Relevance	2	
• Effectiveness	2	
• Efficiency	3	
• Overarching developmental impact	3	
• Sustainability	3	

Brief description, overall objective and programme objectives with indicators

The programme objectives of the Financial Cooperation (FC) programme were to improve the distribution of contraceptives and condoms in order to ensure a sufficient supply of modern family planning methods and to contribute to the prevention of HIV/AIDS, to enhance the acceptance of modern family planning methods and to improve the treatment and care of STD (sexually transmitted diseases) patients. The overall objective of the programme was to contribute to the improvement of the quality of life and sustainable development in Lesotho, and to contribute to a reduction of the infant and maternal mortality rates as well as the HIV and STI prevalence rates.

The following indicators were applied to the level of the overall objective: reductions in the total fertility as well as the maternal and infant mortality rates, an increase in the contraceptive prevalence rate and a reduction of the HIV prevalence rate. At the level of the programme objectives, the following indicators were used: (i) 12 months after the start of the programme and up to 12 months following programme completion contraceptives and condoms are sufficiently available throughout the country, (ii) by the time the programme ends contraceptives and condoms worth 345.000 Couple Years of Protection (CYP) have been distributed to the Ministry of Health and Social Welfare

(MoHSW) and participating NGOs, and (iii) 6 months following the start of the programme and up to end of the programme STD drugs are sufficiently available throughout the country.

Programme design

The programme was primarily concerned with the procurement of hormonal contraceptives, condoms, medical and other equipment, drugs, reagents and consumables. These were to be distributed by public health facilities as well as NGOs. In addition, a consultant was assigned to revise and simplify the existing logistics system for contraceptives and to train MoHSW staff in its use.

At the outset of the FC programme, a contraceptive needs assessment was carried out. Additionally the information system used to collect data on contraceptive consumption, demand and supply was analysed. The analysis showed that reliable data on the supply and consumption of contraceptives and condoms was not available and that hence an accurate, forward-looking procurement system was not in place. Moreover, the analysis revealed that the existing logistics system was too complex and thus not user-friendly. For this reason, a simplified logistics system was introduced in the course of the programme and corresponding training activities were conducted. There were no reports of shortages or incidences of stock-outs during the programme.

Key results of the impact analysis and performance rating

It can be assumed that one of the major impacts of the programme was a reduction in the infection rate with HIV/AIDS and other STDs. However, current data on STD rates is not available. In addition, the HIV prevalence rate actually increased during the course of the programme (from 9.8% in 1999 to 23.2% in 2007). Programme data shows, however, that about 25 million condoms were procured and supplied to the target groups by the end of 2005 and that they were used. Studies indicate that the use of condoms increases as a function of their availability. Nevertheless, other factors also play an important role as regards the use of condoms, such as knowledge about HIV/AIDS prevention, attitudes, self-confidence, age, etc. Despite the lack of proof, positive effects can nonetheless be attributed to the programme as no other donor financed the supply of condoms to public providers in the period from 2002 to 2004.

It is further assumed that the programme has resulted in a decline in the number of unwanted pregnancies and thus a drop in the total fertility rate. Between 2002 and 2005 the FC programme was the only donor-financed programme under which contraceptives were supplied to the MoHSW and to national NGOs active in the field of family planning. Over the course of the programme, there was a continuous increase in both the availability of couple years of protection as well as the contraceptive prevalence rate. Similarly, the birth rate decreased from 4 to 3.5 births per woman. By contrast, infant mortality experienced a setback, rising from 86/1000 (2000) to 102/1000 (2005). In addition, the maternal mortality rate also increased from 550 per 100,000 live births in the year 2000 to 762 per 100,000 live births in 2004. These negative trends in the maternal and infant mortality rates are attributed not only to the HIV/AIDS epidemic, but also to increasing poverty and a general deterioration in the standard of health services. It can be assumed, however, that without the programme, developments in the maternal and infant mortality rates would have been even worse.

The programme objectives were partially achieved. In total, condoms and other contraceptives worth more than 450,000 couple years of protection were procured and distributed. Their acceptance, especially among men, however remains a challenge which is why many women opt for injectible contraceptives, i.e. a method that they can hide from their husbands and partners.

The target group was defined as the entire sexually active age population of Lesotho (15-49 years), in particular the poorest and poorer parts of the population living in rural areas. Overall, the programme was successful in reaching the target group. The low-cost hormonal contraceptives and the free condoms distributed by the MoHSW under the FC programme are mainly used by the poorest and the poorer population groups. However, the free condoms are beset with a negative image as they are deemed to be of inferior quality. Health centre staff therefore have a lot of persuading to do when handing out the condoms. Higher income groups opt for the more expensive contraceptives of the NGO Lesotho Planned Parenthood Association (LPPA), the subsidised condoms distributed by the social marketing agency Population Services International (PSI) or commercial products provided by the private sector. The rural population was only partially reached with regards to the distribution of condoms. According to the information available, the condoms provided free of charge by the MoHSW were obtainable in 80% of urban distribution centres, but only in 20% of rural distribution centres. This indicates that there is still a supply gap.

We rate the programme's overall developmental efficacy as follows:

The provision of contraceptives, STD drugs as well as consumables for the treatment of HIV/AIDS patients remains an integral part of the strategy pursued by the Government of Lesotho to promote reproductive health and to fight HIV/AIDS. Given the very high HIV prevalence rate specifically among the working population, the Government rightly perceives HIV/AIDS as a prime threat to the country's social and economic development. Furthermore, the programme measures are compatible with the central goal of the German Government to contribute towards reducing poverty and achieving the MDGs. While the formal cooperation between the donors in the health sector is generally not well developed, the measures and objectives of the FC programme under review were coordinated with the predecessor programme of the UN. After the end of the FC programme, the UN resumed its active role as a donor for the procurement of condoms and hormonal contraceptives. In conclusion, we rate the relevance of the programme as "good" (rating 2).

The supply of condoms and other contraceptives together with the establishment of a simplified logistics system greatly improved their availability. During programme implementation the contraceptive prevalence rate rose continuously. The targeted figure of 345,000 couple years of protection was clearly exceeded by more than 100,000. The target group was reached, although the contraceptives were by no means available throughout all rural areas during programme implementation. The urban population continues to benefit from substantially better supplies than rural inhabitants. In particular the poor and poorer parts of the population opt for the free of charge condoms distributed by public health facilities. On this basis, we assess the effectiveness of the programme as still "good" (rating 2).

Both the cost of the consulting services and the costs per couple year of protection (EUR 4.22 excluding or EUR 5.88 including consulting costs) are relatively high. However, the quantities required in a small country such as Lesotho place limitations on the possibility of increasing production or procurement efficiency. In terms of allocation, the market segmentation in the field of contraceptives in Lesotho is considered advantageous and complementary. The poor population groups opt for the condoms provided free of charge by the MoHSW as well the heavily subsidised contraceptives, whereas the middle and wealthier income groups choose the products offered by PSI, LPPA or the commercial sector. Nonetheless, staff of public health facilities constantly need to convince patients that the free of charge "government condoms" are not of inferior quality. Overall we judge the efficiency of the programme as still "satisfactory" (rating 3).

At the level of the overall objective, the indicators developed negatively over the term of the programme, with the exception of the birth rate and the contraceptive prevalence rate. However, given that the target groups used the contraceptives, condoms and STD drugs for the intended purpose, it can be assumed that the HIV prevalence rate and maternal and infant mortality rates would have deteriorated to an even greater degree if the programme had not been in place. It should also be pointed out that women prefer injectable contraceptives, partly because they can be used without their partner's knowledge. However, unless combined with condoms, these provide no protection against HIV/AIDS. To sum up, we rate the overarching developmental impact with a weak "satisfactory" (rating 3).

As the programme focused on the procurement of contraceptives, no sustainability beyond the distribution and use of the contraceptives procured can be expected. It can therefore be argued that the sustainability criterion was met during the implementation of the programme. As a complementary question, the ex post evaluation assessed whether funding continued to be available after the completion of the FC programme and whether the revised and simplified logistics system continued to function. Although the MoHSW was able to procure contraceptives with financial assistance from the UN after the end of the FC programme, the health facilities are only poorly supplied at present. Not even the continual supply of condoms could be guaranteed because the regular reporting procedures scheduled as part of the logistical system broke down after the FC programme terminated. In view of these disruptions in the supply chain, we rate the sustainability of the programme with a weak "satisfactory" (rating 3).

Taking due account of the above aspects, the performance rating for the programme's overall developmental efficacy is still "satisfactory" (level 3).

General conclusions and recommendations

If there is a dual system under which condoms or other contraceptives are distributed free of charge via public health sector institutions while a social marketing programme sells heavily subsidised condoms and contraceptives for a small fee, the free of charge programme can potentially undermine the sustainability of the other. In the case of Lesotho, the free of charge supply of condoms through the Government and the PSI programme complemented rather than hampered each other, only because broad sections of the population believe that the free of charge condoms are of inferior quality. The negative effect is that staff working in government health institutions need to persuade their clients to use the condoms and that these are of equal quality as the condoms sold by other providers. Hence, prior consideration should be given to the question whether it is recommendable to run programmes with different subsidy structures side by side, and if so, how they can be tailored to serve different target groups without causing mutual detriment.

Notes on the methods used to evaluate project success

Assessment criteria

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

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

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

Rating 1	Very good sustainability	The developmental efficacy of the project (positive to date) is very likely to continue undiminished or even increase.
Rating 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.)
Rating 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.
Rating 4	Inadequate sustainability	The developmental efficacy of the project is inadequate up to the time of the ex post evaluation and an improvement that would be strong enough to allow the achievement of positive developmental efficacy is very unlikely to occur. 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.

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 focus on the following fundamental questions:

Relevance	Was the development measure applied in accordance with the concept (developmental priority, impact mechanism, coherence, coordination)?
Effectiveness	Is the extent of the achievement of the project objective to date by the development measures – also in accordance with current criteria and state of knowledge – appropriate?
Efficiency	To what extent was the input, measured in terms of the impact achieved, generally justified?
Overarching developmental impacts	What outcomes were observed at the time of the ex post evaluation in the political, institutional, socio-economic, socio-cultural and ecological field? What side-effects, which had no direct relation to the achievement of the project objective, can be observed?
Sustainability	To what extent can the positive and negative changes and impacts by the development measure be assessed as durable?