

Rwanda: HIV Prevention (Social Marketing) Phases I and II

Ex-post evaluation

OECD sector	13040/STD control including HIV/AIDS	
BMZ project number	1996 66 074 (Phase I); 1999 65 203 (Phase II)	
Project-executing agency	Ministry of Health	
Consultant	Population Services International (PSI)	
Year of ex-post evaluation	2003	
	Project appraisal (scheduled)	Ex-post evaluation (actual)
Start of implementation	3. quarter 1996 (Phase I) 3. quarter 1999 (Phase II)	3. quarter 1996 (Phase I) 3. quarter 1999 (Phase II)
Period of implementation	72 months	72 months
Investment costs	EUR 5.45 million	EUR 5.42 million
Counterpart contribution	--	--
Financing from FC funds	EUR 5.12 million	EUR 5.12 million
Other institutions/donors involved	USAID	USAID
Performance rating	Overall adequate developmental effectiveness (Rating 3)	
• Significance/relevance	Rating 3	
• Effectiveness	Rating 2	
• Efficiency	Rating 4	

Brief Description, Overall Objective and Project Purposes with Indicators

The projects were intended to contribute to slowing down the rise in the HIV infection rate and reducing the incidence of sexually transmitted diseases (STD) as well as the number of unintended pregnancies. The programme purpose was to improve the supply of cheap, high-quality condoms to the Rwandan population and educate them about HIV/AIDS/STDs and how they are transmitted.

Target indicators for Phase I were

- Sale of 11.5 million (revised: 9 million, actual: 9.7 million) condoms in 3 years at an increasing rate
- Ongoing supply with about 1,500 outlets nationwide (actual: 1,800, for Phase II: 2,605)

Target indicators for Phase II were

- Sale of a total of 11 million condoms (actual: 13.7 million) in 3 years at an increasing rate with the share of condoms sold outside Kigali increasing by 2001 to 60% and remaining steady after that (actual: about 60%)

Project Design/Major Deviations from the Original Project Planning and Their main Causes

The projects were based on the social marketing approach. The programme measures comprised the provision of condoms and equipment, conducting information campaigns and setting up a system for the nationwide sale of condoms. The first phase concentrated on sections of the population with high-risk sexual behaviour such as long-distance truck drivers, soldiers and prostitutes as well as youth, while the second phase was expanded to include the whole of the sexually active population.

The US American NGO, Population Services International (PSI), was directly tasked with implementation. From FC funds totalling EUR 5.12 million, condoms and vehicles and sales equipment were procured and flanking activities by PSI and its personnel costs financed.

The target group in the first phase were all sexually active Rwandans, with marketing geared primarily to so-called high-risk groups such as long-distance truck drivers, soldiers, prostitutes and youth, while the focus in Phase II was placed on the rural population, women (between 25 and 35 and prostitutes), youth and long-distance truck drivers. The objectives were revised based on experience gained in Phase I, which showed that the spread of the epidemic was not confined to urban centres alone. In the first phase, difficulties were encountered with the sociocultural acceptance of the marketing measures, so that they had to be adjusted to cater for the above cited target groups. The marketing as a whole in Phase I was geared more to the introduction of condoms in general and less to a specific target group.

Altogether, the largest buyer groups in Phase I were the health facilities and the armed forces and in Phase II, wholesale and intermediate traders and the armed forces.

As contrary to the programme's intent, however, the military, the NGOs (apart from a few exceptions) and the health organizations issued the condoms to consumers free of charge, supplies were sensibly terminated as of October 2002 – although this was late enough. Although an interim evaluation had made such a recommendation far earlier, the price of Prudence Plus was not raised until the beginning of 2003 from RWF 20 for a pack of four to RW 50. Prudence Plus had already been frequently sold for RWF 50, partly because RWF 20 coins are relatively scarce but also because RWF 20 was felt by vendors and buyers to be very low (a Fanta costs about RWF 150). The price increase is therefore reasonable and should have happened earlier. Consideration should be given to raising the price again.

Key Results of the Impact Analysis and Performance Rating

Altogether, 23.3 million condoms were distributed (the bulk sold), about 60% in rural regions. In fact, the share in rural regions ought to be higher, since many rural storekeepers buy from wholesalers in the capital. With certain provisos, therefore, the programme objectives in target-group marketing were achieved. For lack of reliable data, it is impossible to determine whether a contribution has been made to reducing HIV prevalence. The latest UNAIDS estimate from 2002 puts the total figure for HIV-positive cases at 500,000, which amounts to a prevalence rate of about 6% in a population of 8.2 million in all. The data on HIV prevalence, however, are still based on estimates and extrapolations and differ by source. The number of reported sexually transmitted diseases has fallen from 11,000 (1998) to 8,000 (2002).

The project has helped alter awareness in Rwandan society. Earlier, it was impossible to talk openly about sexuality or condoms. Today, about 97% of women and men do not object to HIV/AIDS being reported in the mass media and altogether 77% of men and 66% of women talk to their partners about HIV/AIDS prevention. This shows that HIV/AIDS has been acknowledged as a problem and is discussed by couples and families. Some people still associate HIV with a magical curse and seek out traditional remedies. Successful prevention work has, however, been done particularly amongst the young, urban population. As their contemporaries from rural regions frequently see them as role models, preventive know-how and above all practices can be expected to continue to gain ground nationwide, especially amongst young people. Prudence Plus has now become synonymous with condoms in Rwanda and the radio programmes are widely known.

The impact chains posited at programme appraisal, such as savings on the costs of orphan care outside the family, preventing the loss of human resources and cost savings for nursing care in and outside families are essentially plausible, but not verifiable. The condoms issued can protect the sexual partners against HIV/AIDS and the resultant adverse effects.

Purposive education on HIV/AIDS and 'condom negotiation' has enabled young women and female prostitutes to reduce the risk of infection. They have also been helped to take on responsibility for safeguarding and asserting their interests (particularly in dealings with men). With its nationwide radius, the project benefits the entire sexually active population that can afford to purchase (heavily subsidized) condoms. With a sales quota of about 60%, the programme also reaches the poor rural population. So it has a direct poverty relevance.

We assess the developmental effectiveness of the project as a whole as follows:

The programme objectives defined in purely quantitative terms were achieved. Behavioural objectives were not agreed. Condom use altogether is unsatisfactorily low. Nevertheless, extensive preventive know-how amongst the population questioned and the above-average condom use by 15-24 year-olds indicate that the programme has a positive influence on the

sexual conduct of a key target group. The effectiveness of the project is therefore assessed as satisfactory (Rating 2).

Due to high HIV prevalence, the relevance of the project is high. The high-risk sexual conduct, particularly of certain groups, is conducive to spreading the epidemic. No reliable figures are available on the development of HIV prevalence in recent years. At best, we can plausibly assume a slower rise at least. The project contribution to this and hence its significance cannot be identified as a separate factor. The foremost developmental impacts lie in raising awareness, whose measurable health impacts are more long-term. In view of this and the spread effect of the measures, we gauge the significance/relevance of the project to be sufficient (Rating 3).

Due to the inability to assign overhead costs to various donor contributions and product lines, we can only make a limited assessment of the programme's cost efficiency. For long phases of the programme, the condoms were sold at prices far below the viable level and that compatible with the development policy objective of the project. The revenue and thus the efficiency of the project could have been increased by raising the price earlier. We therefore assess the efficiency of the project altogether as insufficient (Rating 4).

The project's **developmental effectiveness** overall is gauged as **sufficient (Rating 3)**.

General Conclusions Applicable to Other Projects

In future projects in the health sector, project appraisals should define more indicators for impacts and behaviour. Quantitative targets only, such as the number of condoms sold or outlets are not very suitable for ascertaining the impacts. Considering the many different determinants of the course the AIDS epidemic can take, realistic overall objectives need to be defined. As a general rule, single condom marketing projects can hardly be expected to reduce HIV prevalence nationwide.

In projects with this kind of executive setup, there is a need to sort out in advance which overhead costs KfW is to bear or share, how to demarcate these and who is supposed to allocate the costs to prevent random cost assignment and profiteering by the executing agency. We urgently recommend introducing transparent unit cost calculation for various product lines (e.g. condoms, mosquito nets, water disinfection).

If social marketing measures are carried out as a priority programme and little reliable information on the HIV/AIDS prevalence rate is available (as in the present case), consideration should be given to promoting the nationwide establishment of systems (antennae) for the regular monitoring of the epidemic.

In social marketing projects, marketable prices should be charged to raise the efficiency of the project and/or lessen subsidy requirements.

Legend

Developmentally successful: Ratings 1 to 3	
Rating 1	Very high or high degree of developmental effectiveness
Rating 2	Satisfactory degree of 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 a project's "developmental effectiveness" and its classification during the final evaluation into one of the various levels of success described below in more detail 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.