

Uganda: AIDS prevention II

Ex post evaluation report

OECD sector	13040 - Combating sexually transmitted diseases and HIV/AIDS	
BMZ project ID	1998 65 098	
Project executing agency	Ministry for Health	
Consultant	Marie Stopes International	
Year of ex post evaluation report	2009 (2007 random sample)	
	Project appraisal (planned)	Ex post evaluation (actual)
Start of implementation	Q1 2000	Q3 2000
Period of implementation	48 months	57 months
Investment costs	EUR 5.88 million	EUR 5.56 million
Counterpart contribution	EUR 0.77 million	EUR 0.45 million
Financing, of which Financial Cooperation (FC) funds	EUR 5.11 million	EUR 5.11 million
Other institutions/donors involved	-	-
Performance rating	2	
• Relevance	2	
• Effectiveness	3	
• Efficiency	2	
• Overarching developmental impact	2	
• Sustainability	2	

Brief description, overall objective and project objective with indicators

This project (BMZ no 1998 65 098) entailed the implementation of social marketing campaigns to promote condoms. The overall objective was to contribute to health improvements in the Ugandan population of reproductive age (15-49 years). The programme's objectives were, on the one hand, to improve the population's understanding of the opportunities available for HIV/AIDS/STD prevention, and, on the other, to increase the acceptance and use of condoms among the sexually active population. Programme duration extended from May 2000 to April 2004. The project's target group was the entire sexually active population of reproductive age in Uganda, but in particular the rural and semi-rural population, which had been underserved to date in terms of condom provision, and women between the ages of 15 and 49. Besides the distribution of premium quality subsidised condoms, the project included education programmes and advertising campaigns. FC funds were to finance project costs for condoms, vehicles, office equipment, information campaign materials and the development of new strategies for rural areas, including the required surveys. FC financing came to EUR 5.11 million. An amount of EUR 0.45 million was added to that from sales revenues. Total costs came to EUR 5.56 million.

Project design/major deviations from original planning and their main causes

The following measures were to be financed under the project: the purchase of approx. 60 million condoms (of WHO quality), equipment (vehicles, audio-visual equipment), consumable purchases (advertising materials and office supplies), advertising and sales activities, and the development and implementation of new strategies for rural areas accompanied by appropriate surveys. During the project appraisal the following results were envisaged: an improvement in the supply of, and access to, premium condoms, especially in rural areas; and an improvement in the population's understanding of the opportunities available for HIV/AIDS/STD prevention. At project appraisal stage, the anticipated results were drafted in line with the planned programme objectives. From today's perspective, they simply match the programme objectives and are dealt with in the relevant section (see 'effectiveness'). With regard to the provision of condoms, from our present viewpoint the number of condoms distributed and the resulting CYP (Couple Years of Protection) represent an appropriate result, and not just their availability nor improvements in understanding.

In total, 62 million (instead of the planned 60 million) 'Life Guard' brand condoms were procured and distributed, which corresponds to approx. 515,000 CYP. In urban areas the project was implemented generally as planned and without any major changes. The sub-goal was to sell at least 20 million condoms in rural areas; however, only slightly more than half that number (approx. 11 million) was achieved. Social marketing in rural areas proved to be too costly and was therefore discontinued early in the programme.

Key results of the impact analysis and performance rating

In summary, we have arrived at the following evaluation of the project's developmental efficacy based on the criteria of relevance, effectiveness, efficiency, overarching developmental impact and sustainability:

Relevance: Overall the core problem at the time of project appraisal – insufficient understanding, acceptance and use of prevention methods – was correctly identified. It was assumed that improving HIV/AIDS knowledge and increasing the acceptance and use of condoms could contribute to the prevention of HIV infection and hence to the improvement of reproductive health. As became apparent, however, the conceptual design of the project was not adequate to reach the intended population in rural areas. The project objectives are in keeping with MDG 6 (combating HIV/AIDS) and refer indirectly to MDG 1 (reducing poverty resulting from widespread HIV infection) and MDG 3 (gender equality by providing women with the opportunity for sexual and reproductive self-determination). Although regular meetings took place with other donors active in the field of HIV prevention, competition between different condom brands was only partially averted. The project is in keeping with German development policy, in which combating HIV/AIDS occupies a special position. At the time of project appraisal, health was one of the priority sectors for German DC (Development Cooperation) with Uganda. At present, attention is focused on the areas of water supply and sewage disposal, the finance sector, and renewable energies. Overall, the project's relevance is rated as good.

Effectiveness: To a large extent, adequate progress was made toward the programme objectives of improving the population's knowledge of the opportunities available for HIV/AIDS/STD prevention and raising the acceptance and use of. In terms of understanding that condoms protect against infection and knowing where to buy them or obtain them free of charge, marked improvements were recorded between 2000 and 2006 among both men and women. At the same time, negative developments were observed over this period in high-risk sexual practices. It is unclear whether this increase in risk-taking behaviour was associated with condom use, which is a highly relevant question for HIV prevention. Just over half of the sales volume for rural areas targeted under the programme objective indicator (at least a third of 60 million, hence 20 million) was actually achieved (11 million). It was known at project appraisal that

acceptance-raising measures would play a decisive role in rural areas. However, the KAP surveys necessary for this were not carried out, nor was a strategy developed for these rural areas; at least there is no indication of this in the available documents. All in all, there are reasons to believe that the planned sales volumes could be achieved more quickly and at a lower cost in urban areas, and this was done successfully. Certainly the activities undertaken in rural areas were less successful in reaching the programme's objective. Overall, in view of the improvements in knowledge regarding HIV prevention, and despite failing to reach all the rural target group, effectiveness has been assessed as satisfactory.

Efficiency: Cost recovery (total costs) from sales receipts stands at around 8%, and recovery on operating costs at around 50%. Project CYP costs averaged EUR 11 per CYP, which compares well internationally. Total cost recovery is average when compared with other countries in sub-Saharan Africa, but the level of operating cost recovery is considered very good. Overall, the level of (total) cost recovery could have been improved even further by fixing higher sales prices. However, in the year 2000 Uganda was among those countries most severely affected by HIV/AIDS; hence a rather low consumer price was set, with the aim of reaching the greatest possible number of people. Given the speed of condom sales and the fall in HIV prevalence, it appears that a positive contribution in this area was made. Market segmentation between condom brands distributed through social marketing and those provided free of charge demonstrated shortcomings in some areas. We have assessed the programme's efficiency as good.

Overarching developmental impact: The HIV prevalence rate (a retrospective indicator for the overall objective) dropped significantly from around 8.5% at the start of the programme in the year 2000 to 6.1% shortly after the programme ended in 2005. In 2007 it stood at just 5.1%. Although the prevalence rate remains at a relatively high level, the figures point to a marked fall in new infections. We infer that the provision of low-cost condoms, especially in the urban areas (which show a higher prevalence rate) had a positive impact on the number of new infections. Since the distribution of FC condoms was only partially completed in rural areas, the project's contribution in such locations is considered limited. The project's overarching developmental impact has therefore been rated as good.

Sustainability: Recovery of operating costs stood at 50%, indicating a good level of financial sustainability during the programme. From an institutional perspective, by and large the continued existence of a social marketing agency can only be ensured if new funding principals can always be found, since full cost recovery can not be achieved with the sale of subsidised products. Hence, as early as 2003, Marie Stopes International Uganda (MSI-U), the project executing agency, was setting out plans in a strategy document for the development of subsequent contracts. Between 1997 and 2009, MSI-U received also support from the DfID and GFATM. FC continues to support MSI-U in the provision of condoms through Phase III of the project (BMZ no 2001 65 308), which is currently in progress. Further support beyond 2009 for Life Guard condoms from MSI-U (with other donors involved) is not planned at present; nor does this seem necessary, now that the market for condoms is established. The total volume of the condom market in Uganda has been significantly increased in recent years. Well over 100 million condoms are now sold or handed out in Uganda every year. The phasing-out of FC condoms should therefore lead to a migration to other brands, whether provided commercially, by social marketing or by the state, but it should not cause a significant reduction in condom availability. Further work is needed to clarify the sustainability of behavioural changes. The available data indicate at least a partially positive trend in the understanding of HIV prevention and in other changes in behaviour. The project's overall sustainability has been assessed as good.

Performance rating: In summary, the project has been evaluated as good (rating 2).

Notes on the methods used to evaluate project success (project rating)

Projects are evaluated on a six-point scale, the criteria being relevance, effectiveness (outcome), “overarching developmental impact” and efficiency. 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 rating that clearly exceeds expectations
- 2 Good rating fully in line with expectations and without any significant shortcomings
- 3 Satisfactory rating – project falls short of expectations but the positive results dominate
- 4 Unsatisfactory rating – significantly below expectations, with negative results dominating despite discernible positive results
- 5 Clearly inadequate rating – despite some positive partial results the negative results clearly dominate
- 6 The project has no positive results or the situation has actually deteriorated

A rating of 1 to 3 is a positive assessment and indicates a successful project while a rating of 4 to 6 is a negative assessment and indicates a project which has no sufficiently positive results.

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 an improvement is very unlikely. 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. A rating of 1 to 3 indicates a “successful” project while a rating of 4 to 6 indicates an “unsuccessful” project. In using (with a project-specific weighting) the five key factors to form an overall rating, it should be noted that a project can generally only be considered developmentally “successful” if the achievement of the project objective (“effectiveness”), the impact on the overall objective (“overarching developmental impact”) and the sustainability are considered at least “satisfactory” (rating 3).