

**Uzbekistan: Promotion of Reproductive Health I and II**

**Ex post evaluation report**

<b>OECD sector</b>	13030 - Family planning	
<b>BMZ project IDs</b>	2000 665 30; 2002 658 19	
<b>Project executing agency</b>	Ministry of Public Health, the Republic of Uzbekistan	
<b>Consultant</b>	EPOS/GOPA	
<b>Year of ex post evaluation report</b>	2009	
	<b>Project appraisal (planned)</b>	<b>Ex post evaluation (actual)</b>
<b>Start of implementation</b>	(1) Q1 2002 (2) Q3 2002	(1) Q3 2002 (2) Q3 2002
<b>Period of implementation</b>	(1) 32 months (2) 5 months	(1) 41 months (2) 5 months
<b>Investment costs</b>	(1) EUR 2.71 million (2) EUR 2.7 million	(1) EUR 2.71 million (2) EUR 2.7 million
<b>Counterpart contribution</b>	(1) EUR 0.15 million (2) EUR 0.2 million	(1) EUR 0.15 million (2) EUR 0.2 million
<b>Financing, of which Financial Cooperation (FC) funds</b>	(1) EUR 2.56 million (2) EUR 2.5 million	(1) EUR 2.56 million (2) EUR 2.5 million
<b>Other institutions/donors involved</b>	-	-
<b>Performance rating</b>	2	
• <b>Relevance</b>	2	
• <b>Effectiveness</b>	2	
• <b>Efficiency</b>	3	
• <b>Overarching developmental impact</b>	2	
• <b>Sustainability</b>	3	

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

The projects were designed to improve the provision of modern reversible methods of family planning to the population in a total of seven provinces (oblasts<sup>1</sup>), as well as improving access to HIV/AIDS prevention measures. In addition, Programme II provided for the dissemination of maternal health passports and educational material in line with the programme appraisal report (PAR) (programme objective). According to

<sup>1</sup> Programme I: Andijan, Fergana, Namangan and Tashkent; Programme II: Andijan, Fergana, Namangan, Buchara, Kashkardaria and Surkhandaria

the PAR this would contribute to a lowering of the birth rate at the same time as guaranteeing individual freedom of choice, and to a reduction (to a limited extent) in the spread of HIV/AIDS infection (overall objective).

The system of objectives and indicators was adjusted as part of the ex-post evaluation. From today's perspective, an appropriate overall objective would be to define what a contribution to reproductive health in the population in the programme regions might be. The following indicators were formulated to measure it: (1) a reduction in maternal mortality rates and (2) a lowering of the rate of fertility. At programme level, an increase in the use of modern methods of contraception with due regard to women's individual freedom of choice was defined as an objective. The following indicators were to be used to determine whether this goal had been achieved: a rise in the rate of contraceptive prevalence (CPR), a reduction in the abortion rate/rate of unwanted pregnancies, and a decrease in the birth rate.

The project's target group comprised the population of reproductive age in the programme regions (approx. 60% of the total population or around 10 million inhabitants in the programme regions). Large numbers of the poorer sections of the population benefited from the projects, particularly women of reproductive age, thanks to the support given to primary health care facilities in more rural areas.

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

The programme measures included: delivery and distribution of modern contraceptives; provision of training and educational materials on family planning; production and introduction of maternal health passports; implementation of training and educational measures regarding family planning methods and maternal health passports (Uzbek counterpart contribution); equipping of health facilities with medical and technical apparatus; and consulting services to support the Ministry of Public Health in procurement tasks, including quality control, monitoring and the production of reports.

Within the framework of these two programmes a total of some 2.1 million contraceptive coils, 1.6 million oral contraceptive cycles, 1.1 million units of injectable contraceptives (3-monthly jabs) and approx. 11.1 million condoms were procured and fully distributed by the oblast health authorities to the health centres at the oblast and district levels by March 2006. The figures for injectable contraceptives and condoms planned as part of the programme appraisal were thus more or less adhered to. The number of oral contraceptives procured was reduced by around 1.2 million cycles in favour of an increase in the procurement of approx. 1 million contraceptive coils at the request of the Ministry of Public Health. In combination with deliveries from the United Nations Population Fund (UNFPA) and procurement funded from the Uzbek national budget, the requirement for contraceptives up until the end of 2007 was satisfied. The programmes were able to provide a total of 7.34 million couple years of protection (CYP) with IUDs, 119,646 CYPs with oral contraceptives, 264,512 CYPs with injectable contraceptives and 92,880 CYPs with condoms. The total number of 7.85 million CYPs delivered meant that the target total envisaged in the programme appraisal was fulfilled at 173% (target: 4.5 million CYPs).

In Namangan oblast approx. 64,000 maternal health passports were distributed between April 2004 and January 2006 and medical personnel were trained in their use. In 2005 approx. 70% of women in Namangan had already given birth with a maternal health passport. The maternal health passport was very positively received by medical

specialists and expectant mothers, as well as by political representatives, because it facilitates standardisation of medical examinations and expectations of quality from doctors, contributes to the education and the improved autonomous behaviour of expectant mothers with regard to their own health, and can be used as a means of collecting statistical data on obstetrics (e.g. the rate of caesarean births, the prevalence of hepatitis and other data on morbidity).

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

A primary achievement of the project was to support health facilities at the primary care level in rural areas. It can be presumed that the project primarily benefited the poorer sections of the population who make use of the free family planning services run by state health facilities.

The programme offers women an opportunity for increased self-determination in relation to issues of family planning and reproduction by the provision of a broad mix of modern, reversible contraceptive methods. Enabling women to choose to have a greater age gap between children (and/or a time-controlled age gap), together with improved knowledge about their own health, enhances women's freedom and contributes to a decrease in specifically female health risks. The project makes an important contribution to the improvement of women's living conditions and their social status within an Islamic context.

The inclusion of a specific line in the Ministry of Public Health budget for the funding of contraceptives, introduced under the aegis of the project, and the strengthening of the autonomy and performance of national and regional reproductive health centres contributed to the development of good governance.

We have made the following assessments as regards the project's **overall developmental efficacy**:

**Relevance:** In view of the increasing number of women of fertile age in particular and the previously very limited availability of contraceptive methods, the ongoing provision of modern contraceptives, as well as the education of the population with regard to self-determined family planning and mother-child health, remains a basic prerequisite for a successful policy on sexual and reproductive health (SRH). This is also the case where meeting key goals for national development and health strategies is concerned. Moreover, the projects' initiatives correspond to the developmental priorities agreed between the Federal Government and the Uzbek Government, as well as the central objective of the Federal Ministry for Economic Cooperation and Development (BMZ), in respect of the fight against poverty and the achievement of MDGs. Although formal collaboration between the donors active in the area of SRH can still be improved upon, the German contribution was delivered as a complement to the contraceptive provision financed by UNFPA and the state budget. In summary, we assess the **relevance** of the project as **good** (rating 2).

**Effectiveness:** The two programmes have ensured contraceptive supply on the basis of need in the seven oblasts under their remit up until the end of 2007. Despite conflicting data on the contraceptive prevalence rate, it is reasonable to assume that the CPR has risen continuously, both in the programme regions and nationally, over the course of the programme. The planned number of couple-years of protection was exceeded (factor 1.7). A decrease in the rate of abortions (taken as a proxy indicator for unwanted pregnancies) has been recorded in all programme oblasts. Since the

programmes met the demand for contraceptives in the programme regions while they were running at a rate of nearly 100%, and because comprehensive investment in educational initiatives took place during their implementation, it seems reasonable to assume a causal connection between the programmes and the effects achieved at programme level. Since nationwide contraceptive usage in Uzbekistan is higher in lower income segments of the population and in rural areas than in higher income and urban segments, it can be assumed that the population sector defined as the target group has particularly profited from the programmes. We therefore, assess the project's **effectiveness** as **good** (rating 2).

**Efficiency:** The costs of consulting services (less than 5% of total costs) and the procurement costs per couple-year of protection (EUR 0.51), as well as the programme costs per couple-year of protection (EUR 0.67) are very low. This may be assessed as very positive in view of the limited competition within the Uzbek market and the low order sizes, although it is strongly linked to the high proportion of contraceptive coils within the contraceptive mix. With the exception of the contraceptive pill, the unit costs for all contraceptives were lower than those expected at programme appraisal. The allocative efficiency, on the other hand, is low, since the contraceptives were distributed to the population as a whole at no cost via the public sector. Market segmentation with varying levels of aid could lead to considerable cost savings for the government and result in a targeted use of FC funds to meet the demands of poor population segments. This, however, would necessitate a change in the law to permit humanitarian aid to be distributed on a chargeable basis. Taken as a whole we assessed the project's **efficiency** as **satisfactory** (rating 3).

**Overarching developmental impact:** The overall objective indicators have developed positively over the course of the programme. The maternal mortality rate fell from 34.1/100,000 live births (2000) to 24.3/100,000 live births (2007). The birth rate in the programme oblasts (in contrast to the national figure) also decreased between 1999 and 2005 and since then has remained almost stable, although it is tending to rise. This tendency is linked, among other things, to the fact that the number of women of child-bearing age rose by 47.2% between 1991 and 2005. Against this background and in view of the fact that the programmes almost entirely met the demand for contraceptives in the programme oblasts, the stabilising of the birth rate since 2005 must be considered a significant success for the programme. A first impact study of the introduction of maternal health passports in the pilot oblast of Namangan indicates a trend towards a decrease in perinatal mortality among women with maternal health passports and towards a decrease in child mortality rates, directly attributable to the programme. To summarise, we assess the **overarching developmental impact** as **good** (rating 2).

**Sustainability:** Since the focus of the project was on the provision of contraceptives, any sustainability regarding these project elements was not to be expected as far as concerns the distribution and use of the contraceptives was not to be expected. For this reason we have primarily investigated other issues in relation to sustainability. These include: whether sufficient funds are still available for the procurement of contraceptives after the end of the FC project; whether the conditions have been created for a reliable system of demand estimation, procurement and distribution; and whether the maternal health passports introduced will continue to be used. The Uzbek Government has introduced its own budget line for contraceptives since 2005, from which it has been possible to meet around 10% of demand on an annual basis. The

objective is to raise this percentage to 20% in the short term. A change in the legal position which would favour the introduction of social marketing and a contribution to costs by users has so far been rejected by the government. Despite subsequent deliveries by UNFPA following the FC programmes and GFATM finance for the procurement of condoms, there remains, in view of the considerable demand for funds, a risk of a temporary under-provision until the commencement of the FC follow-up programme, which is currently in the planning stage. While it is true that the government is attempting to ensure the long-term continuation of the positive outcomes achieved by the introduction of maternal health passports in the oblast of Namangan, nonetheless there are insufficient financial means available. In summary, we assess the project **sustainability** as **still satisfactory** (rating 3).

Overall in light of the above-mentioned aspects, we assess the programme's **developmental efficacy** as **still good** (rating 2).

### **General conclusions and recommendations**

In order to ensure the long-term availability of contraceptives, to reduce dependency on donor support and to improve resource allocation efficiency, a dialogue should continue with the Uzbek Government about the introduction of a social marketing approach and the creation of the necessary legal framework. Alongside a reduction in requirements for funding from government and international donors, we see the potential to strengthen campaigns of information and education and to provide a contraceptive mix based on demand.

In order to achieve sustainability as regards maternal health passports, it will be necessary to clarify how they might be financed on a long-term basis. It is desirable for ongoing printing costs to be financed from the national budget. When changes are made to the maternal health passport, due consideration should be given to any cost saving opportunities in respect of design and production, in order to keep the running costs of the initiative low for the Ministry of Public Health.

### **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).

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