

Ex Post-Evaluation Brief

Zambia: HIV/AIDS Prevention I (Social Marketing) and HIV/AIDS Prevention II (VCT)



Sector	13040 STD control including HIV/AIDS			
Project/Client	HIV/AIDS Prevention I (Social Marketing), 2000 66 415*; HIV/AIDS Prevention II (VCT), 2002 66 684			
Project executing agency	Ministry of Health, Zambia			
Year of parent population/ex-post evaluation report: in 2012/2012				
Costs and finance (EUR)	HIV/AIDS Prevention I		HIV/AIDS Prevention II	
	Appraisal (planned)	Ex-post ev. (actual)	Appraisal (planned)	Ex-post ev. (actual)
Investment costs (total)	2.2 million	2.2 million	3.02 million	3.02 million
Counterpart contribution	0.15 million	0.15 million	0.02 million	0.02 million
Finance, of which budget funds (BMZ)	2.05 million 2.05 million	2.05 million 2.05 million	3.0 million 3.0 million	3.0 million 3.0 million
*Project in sample 2012				

Project description: The HIV/AIDS Prevention I (Social Marketing) and HIV/AIDS Prevention II (VCT) projects were to make a contribution to fighting the AIDS epidemic and the former also to reducing the incidence of sexually transmitted diseases. The social-marketing project conducted extensive educational and publicity measures to inform the Zambian population about the risks of AIDS and supplied them with condoms at subsidised prices. Under the VCT project, centres and mobile sites providing HIV tests and counselling were financed (New Start testing centres).

Objective: The **overall objective** of the project was to make a contribution to stemming the spread of AIDS and in the case of the social-marketing project also the spread of sexually transmitted diseases. The **project objective of the social marketing project** was the increased use of condoms in Zambia. The **target group** was the entire Zambian population of reproductive age with a special focus on youth. Some measures were aimed specifically at the high-risk group of prostitutes and their clients. The regional priorities were all urban areas and the Eastern and Southern Provinces. The **project objective of the VCT project** was the increased percentage of Zambians who know their HIV status and have been fully advised of the consequences and their responsibility to their partners. The **target group** was the entire Zambian population of reproductive age in urban areas. Priority was also attached to youth and couples planning to marry.

Overall rating: HIV/AIDS Prevention I (Social Marketing): 3

Of note:

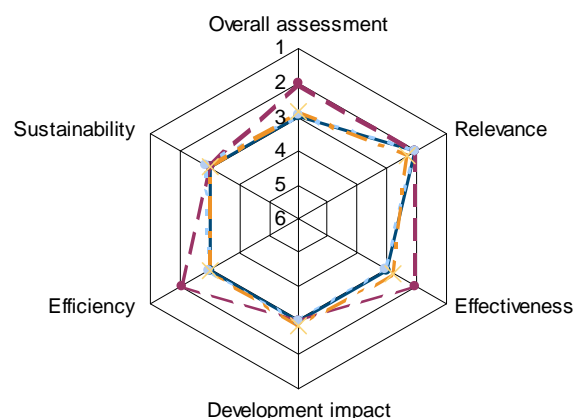
The social-marketing condoms of the implementing organisation account for approx. 50% of the whole condom market and are consequently very important for the supply of the population. There are shortcomings in educational measures. There have been few behavioural changes since project appraisal.

Overall rating: HIV/AIDS Prevention II (VCT): 2

Of note:

The New Start centres were forerunners of stand-alone and mobile test centres in Zambia. During the project term, New Start centres were responsible for 30% of all persons tested for HIV in Zambia.

Rating by DAC criteria



—●— Project 1
 —●— Project 2
 - - - Overall average rating - Sector
 - - - Overall average rating - Region

EVALUATION SUMMARY

Overall rating: Both projects were highly relevant and achieved satisfactory results in terms of their developmental impact and sustainability. The efficiency and effectiveness of the social-marketing project were also considered to be satisfactory so that it is gauged as satisfactory overall (**Rating: 3**). The VCT project performed slightly better in terms of efficiency and effectiveness and is assessed overall as good (**Rating: 2**).

Relevance: The HIV/AIDS epidemic is one of the greatest challenges facing Zambia. With a prevalence rate of almost 14%, it is still one of the most severely affected countries worldwide today. Due to its pronounced spread and the fact that it primarily affects people of productive age, the disease has enormously impaired national economic and social development in the last two decades.

The projects aimed to make a contribution to stemming the AIDS epidemic and other sexually transmitted diseases. This conformed to the goals of the Zambian Government at project appraisals and ex-post evaluation. It had already recognised the importance of AIDS control in the 1990s and attached greater importance to it with the foundation of the National HIV/AIDS/STI/TB Council in 2002 and the development of the National HIV/AIDS Strategic Frameworks (NASF) since 2001. After a marked concentration on the expansion of treatment with antiretroviral drugs in recent years, the strategic focus of the new NASF 2011-2015 has again been placed on the prevention of HIV. Preventing HIV/AIDS is a developmental aim of the German Federal Government to which it is committed under the Millennium Development Goals. HIV/AIDS is a cross-cutting task of German development cooperation in Zambia. HIV/AIDS control has been largely financed from the outset by donors. The financial stake of Zambia is still estimated today at merely 10 to 15 per cent. The main source of finance for the implementation of NASF 2011-2015 is the US Government followed by the Global Fund to Fight AIDS, Tuberculosis and Malaria. With declining funds from several donors for HIV/AIDS, greater financial participation by the Zambian Government has become more important.

At the time of the project appraisals in 2000 and 2002, contributory factors to the spread of the epidemic in the general population included inadequate knowledge about HIV/AIDS, transmission paths and preventive measures, insufficient access to and demand for condoms, stigmatisation and discrimination and limited personal knowledge of HIV status. The projects adopted appropriate approaches to coping with these problems. The results chains were basically plausible but have been impeded by factors such as poverty, the status of women and little risk awareness.

With various educational and behavioural change measures and publicity campaigns, the **social-marketing project** aimed at raising demand for condoms while improving access through subsidised sales. Besides testing, the **VCT project** (voluntary counselling and testing) comprised counselling services to enable both HIV positive and HIV negative persons to make informed decisions on their future sexual behaviour and their general lifestyle. The New Start centres

were forerunners of the stand-alone test centres and mobile testing sites in Zambia and a starting point for both preventive counselling and the treatment of infected patients. The concentration on the whole population was correct due to the general epidemic. Measured against the criteria of HIV prevalence, risk and effectiveness, the regional priorities and the concentration on youth, prostitutes and couples were also appropriate. Of particular importance is the targeted testing of couples, which is now the strategy of most test campaigns in Zambia. Behavioural changes, HIV counselling and testing and condom marketing belong to the main strategies for HIV prevention in NASF 2011-2015. The relevance of both projects is assessed as good (Sub-rating: 2).

Effectiveness: The **project objective** of the **social-marketing project** was the increased use of condoms in Zambia. This objective is still state of the art today. It was to be deemed to have been achieved if after the end of the implementation period

- a higher percentage of persons with changing sexual relationships increasingly use condoms,
- altogether about 10 million condoms were sold and
- 350,000 female condoms were distributed.

The targets for the sale of condoms were exceeded, with 12.5 million male condoms and 650,000 female condoms sold. FC thus financed 20% of the condoms of the implementing organisation in the project term. In the ex-post evaluation, the condom sales are, however, only assessed as additional indicators, since they do not yet reflect the use of the output, that is, the outcome level. Condom use with irregular partners was defined as the indicator for behavioural changes. This was to increase between 2003 and 2007 in urban areas from 54% to 60% among men and from 43% to 55% among women and in rural areas from 35% to 45%. According to the most recent household survey data from 2009, these targets have not yet been achieved. In urban areas, condom use with irregular partners has only increased marginally while the trend in rural areas is unclear. The use of condoms in all kinds of partnerships in Zambia remains low and inconsistent. The many reasons for this include insufficient knowledge of prevention and condom use, trust in permanent partnerships with the simultaneous spread of multiple and concurrent partnerships (MCPs), the poor negotiating status of woman, generally low risk awareness in the population, poor access to condoms in rural areas and high alcohol consumption. Due to widespread MCPs and the large ratio of couples where only one partner is HIV positive (HIV discordant couples), condom use in permanent partnerships is very important for stemming the epidemic. This has not risen since project appraisal. Positive developments are increasing abstinence and the older age of initial sexual intercourse among youth. In all, the project is assessed as still satisfactory (Sub-Rating: 3).

The **project objective** of the **VCT project** was a higher percentage of the population who know their own HIV status and have received full counselling on the consequences and their responsibility to sexual partners. It is considered achieved if after the end of the implementation period

- 100,000 clients had been counselled and tested,
- 90% of clients had received their test results on the same day and
- 90% of clients indicated they were very satisfied or satisfied with the service.

The objective indicators were surpassed. Altogether, more than twice as many people were tested than planned. All clients received their results on the same day and about 93% were satisfied or even very satisfied with the service. Between 2005 and 2009, the ratio of people who voluntarily underwent a HIV test tripled to 23%. In 2009, 94% of the population knew where they could be tested. The New Start testing centres made a major contribution to this. The majority of the Zambian population is, however, still not aware of its status. Stigmatisation and discrimination and other factors also hamper greater demand for HIV tests. The intention of the FC project was, however, to bring about behavioural changes both among HIV positive and HIV negative persons by expanding testing. There is little evidence for this step in the results chain. Altogether, there has been comparatively little HIV-relevant behavioural change in the Zambian population (see above). Despite surpassing the project objective indicators, the effectiveness of the VCT project is therefore only assessed as still good (Sub-Rating: 2).

Efficiency: The implementing NGO, Society for Family Health (SFH), is a well structured organisation that cooperates with both the public and private sector. Its personnel are well trained and motivated and draw in part on long-standing experience within SFH. Efficiency has been raised in recent years: more targeted activities for most-at-risk populations, the use of large events to enlarge the outreach and the integration of different measures and services. Operating costs for SFH have risen in recent years. Income from condom sales and test fees is presently used for special campaigns and does not contribute to operating cost recovery, so that SFH is wholly dependent on external support. Its main source of finance is USAID. Limited funds for educational measures curtail sales and tests that would be feasible with current capacities.

The **social-marketing project** was implemented with a delay of 6 months. The condoms were sold with the involvement of private wholesalers and retailers. Due to the sparsely populated country, distribution is generally very cost-intensive. The efficiency of sales channels could be improved by even greater deployment of private-sector actors. At present, retailers that could be included in the distribution network still rely too much on supply by SFH itself. There have been recurrent stock outs for condoms in the past.

The allocative efficiency of the project seems adequate. The FC-financed condoms sold in the project term amount to 109,583 couple years of protection from unwanted pregnancy. SFH estimates that 1,220,000 disability-adjusted life years (DALYs) were prevented through FC finance. With the help of different products, it seeks to segment the condom market more closely in line with the population's ability to pay. SFH's cheapest condom presently costs approx. EUR 0.04. In rural areas, it distributes condoms free of charge. In urban areas, it also sells condoms in the higher price range to stimulate the commercial market. This has, however, hardly developed since project appraisal and currently accounts for approx. 3% of the whole

condom market. The ratio of social-marketing condoms amounts to approx. 52% and the ratio of free condoms, to approx. 45%. Assuming annual requirements of 120 condoms, approx. 0.5% of average per capita income must be spent. Commercial condoms cost 3 to 50 times as much. In view of the inability to pay of the rural target group, heavy subsidies for condoms but also access to free condoms in particularly poor areas is very important. The efficiency of the social-marketing project is assessed as satisfactory (Sub-Rating: 3).

The **VCT project** was implemented with a delay of 15 months. The New Start testing centres and the related mobile sites apply highly standardised methods and provide a good quality of services. All counsellors are certified nationally. Both the testing centres administered by SFH itself and those managed by franchise partners undergo regular quality controls. Thanks to the exact documentation of tests carried out, test kits can be delivered efficiently and punctually. Over-staffing in the testing centres detracts from efficiency. Some testing centres have expedited the integration of other services, such as male circumcision or family planning, to raise their efficiency but also their effectiveness. The costs of conducting the tests amount to approx. US\$ 20, remaining relatively constant since project start.¹ The test fees have been recently raised and amount to approx. EUR 0.45 in the urban centres and EUR 0.15 at mobile events. Overall, only approx. 45% of clients pay, the others are exempted due to their inability to pay. In 2007, 30% of all tests in Zambia were carried out by New Start. At evaluation, the New Start centres account for only approx. 0.5% of the institutions where people can be tested, but conduct 9% of all tests. Of major importance are the mobile events. Like the distribution of condoms in rural areas, these are very cost-intensive. In micro-economic and macro-economic terms, however, the allocation of funds appears adequate. In 2011, 80% of New Start clients were reached via mobile events, predominantly in regions with insufficient access to health care facilities. Altogether, the efficiency of the VCT project is assessed as good (Sub-Rating: 2).

Overarching developmental impact: The overall objective of both projects was to make a contribution to stemming the further spread of AIDS and in the case of the social-marketing project of sexually transmitted diseases. This is in keeping with the state of the art. No indicators at overall objective level were defined at appraisal. HIV incidence and syphilis prevalence are assessed as indicators at impact level in retrospect. UNAIDS estimates indicate that HIV incidence in Zambia declined between 2001 and 2009 by almost 30% from 1.7% to 1.2%. Syphilis prevalence among adults declined from 7% (2001) to 4% (2007). Owing to the many factors that influence the transmission of HIV and other sexually transmitted diseases (e.g. the large increase of antiretroviral treatment), the net effect of the FC projects cannot be determined. Altogether, the changes in sexual behaviour that were to contribute to containing HIV were small. The overarching developmental impacts for both projects are assessed as satisfactory (Sub-Rating: 3).

Sustainability: HIV/AIDS and the health sector in general are high up on the national agenda. This priority is also very likely to be retained in future. The sector is also supported with

¹ No reference figures are unfortunately available. Altogether, this amount is considered appropriate.

considerable external resources. Financial dependence on several large donors in particular, however, poses a certain risk. The corruption scandal in the health sector, when several donors suspended their funding, and the withdrawal of some donors from the sector underline the urgency of mobilising national resources. Small steps towards greater ownership are the recently adopted increase of national funds for treatment and the initiative to found a national HIV/AIDS fund. At SFH level, income from condom sales and test fees do not significantly contribute to the financial sustainability of the organisation. After the end of FC finance, SFH was able to acquire new funds and increase the number of condoms sold and tests conducted as well as take up new services and products. In addition, it is now the largest provider of male circumcision and will carry out approx. 60% of operations nationwide in 2012. A ninth New Start centre has also been opened. There have, however, been recurrent stock-outs of condoms, which is detrimental to their acceptance. USAID funds, which currently make up 75% of finance for SFH, are assured until 2015. Government support is confined to supplying test kits. There are problems with staff compensation, as both other NGOs and the Ministry of Health presently pay considerably more. Some qualified personnel have already been recruited away. There are substantial financial bottlenecks for information campaigns. Mass media campaigns, mobile video units and advertising, which were financed under the FC project, could no longer be conducted in recent years. The work of other NGOs and the heavier focus by the government on prevention could mitigate the adverse effects of these financing gaps on the sustainability of behavioural changes. In a young population with very slow behavioural changes till now, continuous educational and awareness measures are indispensable. The sustainability of both projects is assessed as satisfactory (Sub-Rating: 3).

General conclusions: The social-marketing project financed the introduction of a flavoured condom brand (MAXIMUM Scented), extending the product range in Zambia. No follow-up finance was, however, secured for this brand. After temporary support from UNFPA and PSI Washington, there are presently no funds for MAXIMUM Scented, so that SFH has been seeking to keep it on the market at a cost-covering price since June 2012. Whether this will succeed remains to be seen. The recurrent stock-outs and price fluctuations have had an adverse effect on the acceptance of the condom. In countries where longer term engagement of German Development Cooperation entails great uncertainty, a measure such as the introduction of a new brand of condom should be particularly carefully appraised so as not to jeopardise the acceptance of condoms in general. It should be clarified whether other donors are prepared to finance the product in parallel and/or subsequently or whether the brand can be self-supporting after the completion of the FC project.

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

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

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

Ratings 1-3 denote a positive or successful assessment while ratings 4-6 denote a not positive or unsuccessful assessment

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 is very unlikely to improve. 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. Ratings 1-3 of the overall rating denote a "successful" project while ratings 4-6 denote an "unsuccessful" project. It should be noted that a project can generally be considered developmentally "successful" only if the achievement of the project objective ("effectiveness"), the impact on the overall objective ("overarching developmental impact") and the sustainability are rated at least "satisfactory" (rating 3).