



GE
HEALTH
SALUD
HEALTH

HEALTH SANTÉ SALUD
HEALTH
SANTÉ
GESUNDHEIT
HEALTH
GESUNDHEIT
SALUD

Ex-post evaluation 2011 – Brief Report

“Joint Regional HIV/ AIDS project along the Abidjan-Lagos Transport Corridor”, Africa N.A.

Published by:

Deutsche Gesellschaft für
Internationale Zusammenarbeit (GIZ) GmbH
Monitoring and Evaluation Unit
Postfach 5180
65726 Eschborn
T +49 61 96 79-1408
F +49 61 96 79-801408
E evaluierung@giz.de

Internet: www.giz.de

Produced by:

Sybille Rehmet and Dr. Petit-Jean Zerbo on behalf of AGEG Consultants eG and Oliver Karkoschka

This report was produced by independent external experts.
It reflects only their opinion and assessment.

Eschborn, May 14th, 2012

Tabular overview

The evaluation mission

Evaluation period	10/2011 – 1/2012
Evaluating institute / consulting firm	AGEG Consultants eG, Kirchheim unter Teck
Evaluation team	Dr. Sybille Rehmet (AGEG), Dr. Petit-Jean Zerbo (AGEG) and Oliver Karkoschka

The development measure

Title according to the offer	“Joint Regional HIV/ AIDS Project along the Abidjan-Lagos Transport Corridor”, Africa N.A.
Number	World Bank project with GTZ-IS, no PN (Project ID: P074850)
Overall term broken down by phases	2/2004 – 12/2007
Total costs	US\$ 19.1 million, of which US\$ 17.7. million from IDA, US\$ 1.4 million contributions of the five participating countries (approximately € 12.5 million at 31.1.2008)
Overall objective as per the offer, for ongoing development measures also the objective for the current phase	“The access of vulnerable groups to basic services for prevention and treatment of HIV/AIDS along the Abidjan-Lagos Transport Corridor has improved.”
Lead executing agency	Head of states of the 5 countries, represented in the supervisory board by the respective ministers for health and transport
Implementing organisations (in the partner country)	Executive Secretariat founded for the implementation of the project
Other participating development organisations	NGOs and healthcare providers working on behalf of the Executive Secretariat

Target groups as per the project proposal	Workers in the transport sector, local and migrant populations, as well as commercial sex workers along the corridor
---	--

The rating

Overall rating <i>On a scale of 1 (very good, significantly better than expected) to 6 (the project/program is useless, or the situation has deteriorated on balance)</i>	3
Individual rating	Relevance: 1; Effectiveness: 3; Impact: 3; Efficiency: 3; Sustainability: 3

The "Joint Regional HIV / AIDS Project along the Abidjan-Lagos Transport Corridor" has been evaluated in two missions between November 2011 and January 2012 by an international team of independent evaluators consisting of Dr. Sybille Rehmet, Dr. Petit-Jean Zerbo and Oliver Karkoschka. The three countries Ghana, Togo and Benin have been visited.

The methodology of the evaluation is based on assumptions about relationships between causes and effects, and on a comparison of the situation of the target groups before and after the implementation of the project both in the project area and in comparison to control groups. Through qualitative methods a wide range of actors including the project's target groups were involved in the open impact analysis.

The objective of the project was "The access of vulnerable groups to basic services for prevention and treatment of HIV / AIDS along the Abidjan-Lagos Transport Corridor has improved". The project was primarily funded by the World Bank with about 18 million US\$, and implemented from 2/2004 to 12/2007 through an Executive Secretariat which had been created for this purpose. From the beginning of the project until July 2007, the Executive Secretariat was supported by GTZ-IS as a management consultant in financial management, procurement and implementation of procurement contracts/tenders, with an additional focus on the development and implementation of a system for monitoring and evaluation.

Since the original objective of the project was formulated for the output level without naming measurable changes at the level of the target groups, the objective was slightly adapted for the purpose of this evaluation. The assessment was based on four of the project indicators which have been chosen according to the adapted objective. An important element of the concept was the concerted regional cooperation between the five participating countries (Nigeria, Benin, Togo, Ghana, Cote d'Ivoire), and the focus on specific high risk groups for HIV transmission such as truck drivers, commercial sex workers (CSW), border officials, and migrant and local populations along the corridor. Major strengths of the project design were the integration of existing experiences, the regional dimension, and the involvement of heads of state to secure their political support, intersectoral collaboration of health and transport sectors, and the implementation through local non-governmental organizations (NGOs). However, the conceptual design did not sufficiently address the necessary improvements in the cooperation between relevant organizations for the prevention and treatment of HIV/AIDS, such as governmental health centres and NGOs. In addition it was hardly discussed how to contribute to the sustainability of project achievements and impacts.

The orientation of the project towards the mobile target groups which are highly relevant for HIV transmission and the focus on border areas of the corridor complemented the national HIV/AIDS programs. Thus the project was a very important addition to existing measures. The regional and multi-sectoral approach of the project and its conformity with national and international guidelines, such as the quality standards for voluntary testing and counselling on HIV/AIDS of the WHO and UNAIDS, were also strong points for the relevance of the project. Despite some weaknesses due to the lack of strategy for the systematic consideration of gender and poverty, the **relevance** of the project is rated as **very good (level 1)**.

The newly formulated objective which had been adapted by the evaluators for the purpose of the evaluation – “the specific target groups (truck drivers, commercial sex workers) use improved prevention services and treatment options for HIV/AIDS and adapt their behaviour accordingly” – has been partially achieved. The project has directly and significantly contributed to remarkably improving prevention and treatment services for HIV/AIDS both quantitatively and qualitatively. For example, 16 new counselling and testing centres have been established along the corridor. At the same time, the project promoted the acceptance of the services among the most important target groups. The number of voluntary HIV tests increased from about 5,000 in 2005 to more than 27,500 at the end of the project in 2007. The increase in the use of condoms was also successful, but to a lesser extent than planned. It increased from 59% to 64% in truck drivers, and from 62% to 67% in CSW. Overall women benefited at least as much as men from the services of the project.

Key success factors were a well-developed strategy with comprehensive packages of measures which were implemented in a target group specific way through a broad cooperation structure. Another decisive factor was a clear political mandate by the political leaders of the participating countries. In contrast, the integration into the national programs was insufficient, and a comprehensive approach to capacity development to strengthen the performance of existing structures in the health systems was lacking. Overall, the management was very focused on the implementation of planned measures and the definition of service processes. It did not pay the same attention to behavioural changes of the target groups or mechanisms of cooperation necessary for sustainability. The contribution of GTZ-IS was also a success factor. The separation between administration by GTZ-IS (especially financial management and procurement) and responsibility for the content by the Executive Secretariat seemed favourable. However, a closer integration of the GTZ-IS conducted monitoring into the management by the Executive Secretariat would have been helpful for the better use of the data and the implementation of necessary adjustments. The

effectiveness of the project is therefore given a **satisfactory rating; positive results predominate (level 3)**.

The project made a contribution to the Millennium Development Goal (MDG) 6A (reducing the spread of HIV). The existence of HIV/AIDS as a social and a regional problem was accepted and the stigmatization of people with HIV/AIDS started to decline during the course of the project. The life situation of people with HIV/AIDS improved. The project could thus contribute to poverty reduction in the human, economic, socio-cultural, and political dimension. However, in some aspects the contribution of the project remained significantly below its potential. Changes in the HIV/AIDS prevention and treatment systems of the countries have been limited, since respective impacts were too imprecisely formulated in the project planning, and no appropriate strategies have been developed. Therefore, the development **impact** is being assessed with a **satisfactory rating; positive results predominate (level 3)**.

The project had a reasonable cost structure. The costs for the management and the Executive Secretariat were even slightly lower than the amounts anticipated in the project planning. The adjustment of amounts for specific budget items in order to respond to changing demand was also seen as positive. The contributions of the countries were indeed small with less than 10% of the total budget, but were completely paid. The costs for training and travel, procurement and other expenditures corresponded to the respective national regulations and guidelines. The World Bank as well certifies an effective management of the project. Efficiency was mitigated by the weak collaboration with national AIDS programs. From an efficiency point of view, the project's approach to develop new elements without making effective use or capture the value of existing potential is seen as unfavourable. This is e.g. the case for the development of the project's organisational structure for implementation. Also the development of an own condom brand was not effective taking into account the lack of sustainability, nor was the connection between free distribution of condoms with the creation of a marketing structure at the same time. On the other hand, the collaboration with existing NGOs in the implementation of measures was positive. Overall, the **efficiency** is given a **satisfactory rating; positive results predominate (level 3)**.

Important effects continue to exist, even four years after the termination of the project, and are not expected to diminish. These effects relate to the knowledge about HIV/AIDS and sexually transmitted infections (STI), the willingness to use condoms, HIV tests and counselling services, the reduction of stigma and discrimination, and the development of capacities of the implementing partners. Services for the prevention and treatment, however, are almost entirely dependent on external financing without sustainable funding mechanisms

having been developed. An example for the herewith associated negative effects is the reduction of the use of VCT from over 45,000 in 2006 to around 27,500 in 2007 when the support activities of the project already ended in the middle of the year. The project has contributed to the improvement of the cooperation between the countries, but mechanisms for coordination and cooperation and in particular to finance the necessary services were lacking. With its short duration of four years, the project did not aim to pursue sustainability. However, a more sustainability-oriented strategy of capacity development focussing from the very beginning not only on implementation of activities, but also on the creation of durable mechanisms for cooperation and system performance, would have increased conditions for sustainability. The **sustainability** of the project is therefore rated as **satisfactory sustainability (level 3)**.

The project addressed a very relevant problem with an innovative strategy and could achieve important results, such as wider use of condoms by target groups relevant for HIV transmission, and the lifting of taboo on HIV. Thus the project contributed to important developmental goals such as the reduction of the spread of HIV, and the improvement of the situation of people living with HIV/AIDS. However, the outcomes and impacts particularly on the institutional sector were not sustainable, among other reasons due to the lack of a strategy for capacity development. Hence the success of the project as a whole is rated as **satisfactory (level 3)**.

Recommendations

When designing and implementing similar HIV/AIDS projects GIZ should consider the following points:

- The importance of a regional cross-border approach arises from the mobility of the core groups relevant for the transmission of HIV/AIDS. Relating to the institutional design, the implementing organization must be given a clear mandate, but a high degree of flexibility must be guaranteed. It is also necessary to find a reasonable compromise between achieving consistent performance in the countries and simultaneously addressing different levels, potentials and problems in the respective countries. For regional projects a political mandate should be reached, possibly through an existing mechanism (e.g. ECOWAS).
- For the capacity development special consideration should be given to the cooperation between organizations. In particular, the exchange and cooperation between governmental and non-governmental organizations should be enhanced to strengthen the capacity of the systems for prevention and treatment, and coordination mechanisms for the cooperation of multiple sectors at national and local level should be further

developed. At the political level, mechanisms for funding and for regional coordination should be developed. The intended changes at these levels should be addressed by indicators.

- The involvement of a wide range of actors from government, civil society, professional and religious groups not only plays an important role in raising awareness and conducting information campaigns for prevention, but should also be mobilized for the reduction of stigma and discrimination against people living with HIV/AIDS.
- As with the project under evaluation, the measures, activities and services should consist of a comprehensive combination and include at least the following elements: information, communication and awareness raising, target group specific peer educators and outreach approaches combined with concrete measures to prevent and treat HIV/AIDS and STIs, and the use of the media. According to the best practices of the project, particular attention should be paid to a target group centred approach with a thorough analysis of their vulnerability. A stronger focus should be put on the group of non-organized commercial sex workers by developing targeted offers referring to their specific situation and interests which should be closely related to poverty reduction. Empowerment of the commercial sex workers strengthens their (self-) organization and helps to represent and defend their interests both in relation with their customers and at the political level, and is therefore seen as extremely effective and sustainable. Marketing of condoms should consider the overall market situation and sustainability aspects. Free-of-charge distribution of condoms should not be systematic, but remain limited to specific occasions. The negative effects on the building of a marketing structure and the subsequently raised expectations in the target groups should be considered.
- The Executive Secretariat, which implemented the project activities, should regard its roles more differentiated. While at the beginning support for the conceptualization of activities and the elaboration of innovative approaches should be prioritized, later in the course of the project the Executive Secretariat should increasingly concentrate on the promotion of exchanges between countries and the development of transnational objectives, plans, and standards. The implementation of measures should be and remain the task of the national AIDS programs, not least to support their capacity development. Thus, the role of the Executive Secretariat and the project should change more into a facilitating and supportive role promoting and moderating regional coordination, while at the same time transferring the responsibility for the implementation more and more to the countries and their national structures. This should also encourage considerations on a regional level on how countries can effectively meet their responsibilities and obligations

in the health sector, and what adjustments of institutional and other frameworks are required to do so.

- Stronger links with the national programs in terms of planning, implementation and joint evaluation and reporting are essential. This requires that project leaders understand their role as a player who wants to achieve common goals together with the participating countries and their programs. This should include setting up management structures at technical and national level to ensure mutual participation in the planning. A regional project should complement and support national programs and not replace parts of their activities on a permanent basis, and be detached from the national structures.
- Particular attention should be paid to the sustainability of results and impacts. This should encourage to analyse the existing institutional opportunities in the countries more in depth, and to set them in value as a basis for implementation and support. In addition, important processes for change should be identified which are necessary for the achievement of the objectives, and for sustainability. Processes determining the use of project services by the specific target groups, processes of cooperation or learning processes should be subject to strategic considerations and systematic reflections. This includes for example capacity building of national programs to work with mobile target groups, or the institutionalization of the cooperation between government health centres and NGOs with their target group specific outreach approaches, which constituted the performance of prevention and preparedness systems.

Comparison of target and actual situation with respect to achievement of the objective, on the basis of the indicators laid out in the contract

Overview of indicator values including values from the mid-term evaluation

Objective:

“The specific target groups (truck drivers, commercial sex workers) use improved prevention services and treatment options for HIV/AIDS and adapt their behaviour accordingly.”

Indicator	Target Value	Baseline 2005	Mid-Term Evaluation (end of 2005)	2007
1. Incidence of sexually transmitted (urethritis) infections among male commercial vehicle drivers.	4.7%	6.7%	10,0	11.5%
2. Prevalence of gonorrhoea among CSW	4.5%	8.9%		3.8%
3. Commercial vehicle drivers using a condom in their last act of sexual intercourse with a non-regular partner	90%	59%	68%	64%
4. CSW report using condoms with their clients of the previous week.	80%	62%	70%	67%

Source: ALCO Completion Report, 2008.

Green – indicator achieved **Yellow – indicator partly achieved** **Red – not achieved/unlikely to be achieved**

HEALTH SANTÉ SALUD
GESUNDHEIT
SANTÉ
HEALTH
GESUNDHEIT
SALUD
SANTÉ
HEALTH
GESUNDHEIT

Deutsche Gesellschaft für
Internationale Zusammenarbeit (GIZ) GmbH

Dag-Hammarskjöld-Weg 1-5
65760 Eschborn/Germany
T +49 61 96 79-1408
F +49 61 96 79-801115
E evaluierung@giz.de
I www.giz.de