Project evaluation: summary report

South Africa: Multi-sector HIV Prevention

Project no.:	2012.2236.3
CRS Purpose Code:	13040 STD control including HIV/AIDS
Project objective:	In the two target provinces of German DC (Eastern Cape and Mpumalanga) youth and employees have applied risk-reducing behaviour
Project term:	01/2014 until 12/2017
Project volume:	13.250.000 EUR
Commissioning party:	Federal Ministry for Economic Cooperation and Development (BMZ)
Lead executing agency:	National Department of Health
Implementing organisations (in the partner country):	Provincial Department of Health; Provincial Department of Education; South African National AIDS Council (SANAC); Provincial and District AIDS Councils; Local AIDS Councils; loveLife; Soul City; Higher Education HIV/AIDS Programme, South Africa; Lilitha College of Nursing; Automotive Industry Development Centre Eastern Cape (AIDC EC)
Other participating development organisations:	Joint United Nations Programme on HIV and AIDS (UNAIDS), United Nations Educational, Scientific and Cultural Organization (UNESCO), United Nations Children Fund (UNICEF), United States Agency for International Development (USAID), President's Emergency Programme for AIDS Relief (PEPFAR), Department for International Development (Great Britain) (DFID), European Union (EU); KfW; Global Fund for AIDS, Tuberculosis and Malaria (GFATM)
Target groups:	Young people age 15 -24 years and workers of the automotive industry and the agricultural sector

Project description

South Africa is facing the world's largest HIV epidemic. It is estimated that around 7.02 million people, i.e. 19.1% of the population between the age of 15 and 49 were living with HIV in 2016 (RSA NSP 2017-2022; draft Feb 2017). The infection rate varies considerably by age, sex and geographic location. Adolescent girls and young women are much more likely to be HIV infected than boys and young men of the same age (5.4% vs. 2.1% among 15-19 year-olds, and 16.8%

versus 4.4% among 20-24 year-olds) (RSA NSP 2017-2022; draft Feb 2017). These gender differences in age of infection have been attributed to greater physiological vulnerability of females to HIV exposure, early sexual debut, age-disparate relationships and gender-based violence (Jannie Hugo. 2016). The provinces Eastern Cape and Mpumalanga are the most infected of nine provinces after Kwa Zulu Natal and Gauteng.
This situation has changed since 2012. The rate of new infections is slowing down. While in 2012 470,000 people became newly infected with HIV the estimated number has decreased to 270,000 in 2016, indicating a 34% reduction. However, young women between the age of 15 and 24 are still more vulnerable and carry a higher part of the burden of new infections than young men with estimated 2,000 new infections acquired every week. (RSA NSP 2017-2022; draft Feb 2017). Approximately 11% of teenagers get pregnant and drop out of school (2% of all teenagers in the North Western Province; UNFPA 2017).

The main mode of transition in South Africa is unprotected sex. 20% of men and 5% of women above 15 years of age have more than one sexual partner per year. In the age group of the 15-25 year old young people multiple partners are especially frequent. 35% of the sexual active teenagers have a more than five year older sexual partner. Only 34% of women and 39% of men report to have used a condom during the last sexual intercourse (HSRC 2014).

For a long time, the complexity of the HIV problem with all its consequences was not sufficiently recognised by the South African Government, resulting in a fragmented implementation of the national HIV strategy. This situation changed in 2009, when the South African Government recognised the existence and the great importance of the HIV epidemic for the further development of the country and developed and endorsed a national multi-sectorial strategic plan (NSP for HIV, TB and STI 2010 - 2016).

The project design is based on the observation that risk reducing behaviour among the South African population, and particularly among young people and employees/workers are still insufficient. This is attributed to low individual knowledge and health care seeking behaviour (e.g. HIV counselling and testing) as well as to limited organisational capacity of AIDS Councils as the coordinating bodies to steer the response based on data and needs (cf. GIZ, Änderungsangebot 2014). The project therefore addresses this situation by supporting the organisational capacity of relevant stakeholders for an effective multi-sector coordination and for the implementation of exemplary and innovative prevention approaches specifically for young people and the provision of adolescent and youth friendly services in five districts of the two heavily affected provinces Mpumalanga and Eastern Cape.

The objective of the project reads: “In the two target provinces of German DC (Eastern Cape and Mpumalanga) young people and employees have applied risk-reducing behaviour”. The project works in three areas and applies an appropriate and plausible results logic on module level: 1) establishment of a nationwide functioning coordination structure for an effective multi-sector HIV, STI and TB response, 2) creating demand for preventive services through information, education, communication (IEC) and other prevention measures for young people accompanied with an improved provision of adolescent and youth–friendly health services, and 3) information and prevention approaches for employees in the automotive industry and agricultural sector.

The logic for the project objective is plausible and is built on the following hypothesis that:

1) well coordinated sectors and multi-sector information based plans and implementation, 2) strengthened institutional and organisational development of non-government organisations involved in the implementation of prevention measures for young people, 3) implementation of effective and well designed prevention measures for young people and provision of youth friendly services, and 4). HIV workplace programmes in private companies, will lead to behavioural change within the targeted groups.

The five indicators chosen for verifying that the objective of the project is achieved are partly not specific to the extent needed. They were therefore further defined for assessing the achievement of the project.

The projects effectiveness in regards to the HIV infection rate formed one of the bases to evaluate the criterion of impact. Additionally, the programme objective “Vulnerable population groups make increasingly use of adequate services and support measures of HIV prevention offered by all sectors involved“ and the following three programme-level indicators were considered: “Reduction of new HIV infections by at least 50% until 2016“, “Positive change in knowledge, attitude and behaviour of key populations with regard to the avoidance of HIV and TB infections and stigma towards people affected by HIV and AIDS and TB“ and “Increase in the rate of adults to at least 80% until 2016 who have been tested for HIV and screened for TB, educated in qualified HIV counselling and testing centres and who know their HIV and TB status in the intervention regions of the programme“.

The project contributes to the related and relevant national strategies.

Basis for assessment of the OECD-DAC criteria:	Individual and overall rating of the OECD-DAC criteria:
To determine the TC measure's overall rating, calculate the average of the individual ratings of the five OECD-DAC criteria: 14 – 16 points: very successful 12 – 13 points: successful 10 – 11 points: rather successful 8 – 9 points: rather unsatisfactory 6 – 7 points: unsatisfactory 4 – 5 points: very unsatisfactory	Relevance: 16 points: very successful Effectiveness: 07 points: unsatisfactory Impact: 08 points: rather unsatisfactory Efficiency: 07 points: unsatisfactory Sustainability: 10 points: rather successful Overall, the TC measure is rated rather successful with a total of 9.6 out of 16 points.

Relevance (Are we doing the right thing?)

South Africa is facing the worst HIV epidemic in the world with a high rate of new infections in young people and especially in girls and young women every year. Young people still have limited HIV related knowledge and limited access to sexual and reproductive health services of good quality and answering their needs (cf. HSRC 2012).
The project aims at changing the behaviour of young people and employees in private companies, so that they expose themselves less to the risk of an HIV infection. It approaches this in different ways: for example through improving the quality of services provided for young people in health facilities, improving the quality of training of health workers providing these services and addressing information needs of young people. The services health facilities provide for young people include counselling on sexual and reproductive health issues and are therefore an important means for changing behaviour. The project also provides information on HIV/AIDS and testing for employees of private companies as part of a concept that also addresses other relevant health issues and social aspects. The project strengthens the multi-sector approach at all levels through the support of the national, provincial and district AIDS Councils. The project is fully in line with the national policies and strategies. With its focus on young people, the support to enhancing multi-sector coordination and involvement of the private sector it clearly supports the implementation of the National Strategic Plan 2010- 2016.

With the project's support to implementing health services suitable for young people it is also in line with the National Adolescent Sexual and Reproductive Framework Strategy (2014-2019) and the Adolescent and Youth Health Policy (2016-2020). The project also contributes to the implementation of the national Re-engineering Primary Health Care (PHC) Strategy and to the Private Sector HIV Strategy. It is in line with the related international strategies like the UNAIDS Strategy 90-90-90 to end the HIV Pandemic in 2030.

The relevance of the TC measure is rated very successful with 16 points.

Effectiveness (Will we achieve the project's objective?)

The objective of the project reads: 'In the two target provinces of German DC (Eastern Cape and Mpumalanga) young people and employees have applied risk-reducing behaviour'. The achievement of the objective is measured on the basis of the indicators presented in the table below. The indicators as formulated in the project proposal were not sufficiently specific or in need of a bigger survey for verification, which was not yet conducted. The project did not undertake such studies due to the high cost, even if such would have been important and applicable given the projects available funds or the possibility of combined planning with other development partners. Therefore the evaluation team felt that results could not be sufficiently captured by the data available and looked at data available from stakeholders. The team also added important processes initiated by the project to the assessment.

Objectives indicators	Target value according to the offer	Current status according to the project evaluation
1. The number of target districts in the Eastern Cape and Mpumalanga in which the steering of the implementation of the NSP for HIV, STIs and TB is conducted through a meaningful, gender differentiated M&E system and on the basis of gender sensitive 'Know Your Epidemic - Know Your Response' analyses is increasing.	*2 of 5 target districts are steering accordingly*	None of the 5 Districts fulfils all the criteria of the indicator, and it is unlikely that any will fulfil it until the end of the project.
2. The number of target districts in the Eastern Cape and Mpumalanga in which the representatives of the private sector and the youth sector are actively involved in the work of the district AIDS councils (DACs) is increasing.	*2 of 5 target districts representatives of the private sector and the youth sector are involved in the work of the AIDS Council*	In all 5 Districts representatives of the private and the youth sector are involved in the work of the AIDS Councils; however, they do not participate regularly in the meetings and the extent of their contribution is not clear.
3. The proportion of youth in the target districts (aged 15-24) with comprehensive knowledge about HIV and sexual and reproductive health and rights (SRHR) is increasing.	*50% of young males and females in 2 of 5 target districts have comprehensive knowledge*	At the time of the evaluation no representative data were available to verify the indicator. Data of the currently conducted follow -up of the 2012 National HIV prevalence, incidence and behaviour survey will only become available in late 2017/early 2018. Data from single interventions and M&E indicate a limited contribution to knowledge increase. Hence, the achievement of the indicator until the project's termination appears unlikely.
4. The proportion of employees in the automotive industry and the agricultural sector in the intervention regions with comprehensive knowledge of HIV and SRHR is increasing.	*70% of male and female employees/workers in at least 2 of 5 target districts have the comprehensive knowledge*	44% employees have the comprehensive knowledge according to a KAB-study conducted at one of the participating companies. The gathered data is however limited in its representativeness. The support to this area was significantly reduced. It is therefore unlikely that the indicator value will be reached until the end of the project.
5. The number of young people (aged 10-24) per health institution that make use of the services of sexual and reproductive health in the target districts of Eastern Cape (EC) is increasing.	*The number increases by 12%*	The baseline data available need to be specified further. The end line survey will be carried out in 09/2017. According to the baseline data, the use of health facilities, specifically in regards to SRH services, varies heavily. Reporting will need to be adapted to better reflect increased male and female youth utilization of family planning, HIV counselling and testing etc.

The evaluation team comes to the conclusion that objective indicator 1, 2 and 3 are unlikely to be achieved until the end of the project. Only objective indicator 4 will be achieved partly until the end of the project. The assessment of the achievement of indicator 5 depends on the completeness and break down of data collected in 09/2017.

The evaluation team therefore assessed a plausible attribution of supported interventions to an increase in knowledge, the objective of the project. A precondition for this is the increased utilization of information providing services and counselling services for issues related to sexual and reproductive health by young people. Unfortunately, the overall utilization of these services has not increased in the targeted districts but decreased by 48% (data of loveLife). These data reflect two underlying causes: a decrease of availability and /or utilisation of certain services until June 2016 and a cut of funding for the NGO loveLife providing these services, which have resulted in less face-to face interventions and close down of youth clubs The reach through youth clubs and peer education declined from 67,442 in 2014 to 4,312 people in 2016 (adjusted M&E data). There was also a 50% reduction in utilization of the nationwide hotline. The promising loveLife platform (supported by KfW, GIZ supports M&E only) in EC only reaches 30 young people monthly (360 per year) in the focus districts.

However, students exposed to a campus radio programme reported increased risk perception and use of the campus clinics for HIV testing, condom and contraceptive use, thus contributing to risk reducing behaviour.

Important steps for improved adolescent and youth-friendly health services have been implemented. Groups of stakeholders have been sensitized towards the needs of young people through attitude change trainings to create a supportive environment for the utilisation of youth friendly services and start a change process. Self-reported awareness by staff of youth needs has increased.

Based on results of the baseline assessment of facilities towards youth friendly services standards quality improvements started in 11/2015. In meetings health facility staff reported about sub-dimensions of standards they have already improved – (e.g. infection control measures, opening hours) so that facilities will be more likely to respond better to the needs of young people (seen in two health facilities).

Clinics anecdotally reported a first increase in utilization; and school children confirmed friendliness of nurses.

With the project's support the non-government organisation loveLife has established a results-based monitoring system, which is used to monitor effectiveness of their interventions and contribution to national targets. Employees have been trained, systems are in place and the management is reviewing now results from M&E regularly and takes decisions based on the findings. Identified challenges or negative results are followed up with quality improvement processes. But this process has just started.

Based on the assessment of the indicators the effectiveness of the TC measure is rated unsatisfactory with 07 points.

Overarching development results (impact) (Are we contributing to the achievement of overarching development results?)

The overarching long-term (political objectives) of the project are the programme objective "Vulnerable population groups make increasingly use of adequate services and support measures of HIV prevention offered by all sectors involved", the objectives of the BMZ country strategy for South Africa and the relevant national strategies of South Africa, in particular the National Strategy Plan.

According to the country strategy, the project should, as part of the overarching political development framework, contribute to the reduction of HIV infections, and therefore, to the social stability as well as to the realisation of human rights in South Africa and the region. Simultaneously, vulnerable population groups are supposed to be increase their utilisation of available health services for HIV prevention in all sectors and thereby reduce their percentage of HIV- and TB-infections in the overall population, while also changing the stigmatisation of people living with HIV/AIDS and TB.

Looking at the indicators one central political objective is to contribute to a decrease of new HIV infections in South Africa. The project objective (changing behaviour of youth and employees) is one important pathway to achieving this long-term objective. However, no representative data measuring changes in the behaviour of young people were available during the evaluated period.

The hypothesis of the project regarding its contribution to reduced HIV infections is plausible. However, limited results achieved in regard to increased knowledge of young people and employees and improved coordination capacity of AIDS councils make the contribution to overarching long-term objectives questionable despite of important processes that have

been initiated. Potential for upscaling and/or contributions to mainstreaming topics were not available for validation at the time of the evaluation.

The impact of the TC measure is rated rather unsatisfactory with 08 points.

Efficiency (Are the objectives being achieved cost-effectively?)

The project evaluation team assessed efficiency by looking at the relationship between resources used on the one side and outputs achieved on the other as well as the interplay between resources. The resources included different categories of project staff (national and international short and long term experts, development advisors and integrated experts) and funds provided to partner organisations. The assessment was based on the approach "Expenditure Tracking" (also known as "Follow the Money"). This approach traces all expenditures associated with the project to the outputs as defined in the results matrix. During the evaluation all expenditures (up to the date of the evaluation) and obligations (until the end of the project) were tracked and the resulting outputs were recorded. In a second step, these outputs were assessed based on the output indicators in the results matrix as well as their probability for contributing towards the outcome. In order to assess the efficiency the costs for the different components were traced to the different outputs of each of the components.
The project has a large amount of funds available. Given this larger amount in relation to the created products and the results, as well as in regards to the low level of effectiveness proven by evaluating the project's indicators, the efficiency also needs to be assessed as unsatisfactory.

Looking at the limited effectiveness of the project and the limited achievements also in regard to the outputs and the rather high level of funds used the efficiency is limited.

The efficiency was negatively influenced by a number of interrelated factors. Firstly, the instruments used by the project were not chosen well to maximise the results through generating synergies and/or selected to minimise costs. The instrument concept rested heavily on development advisors (DAs), and the deployment sometimes lacked a clear strategy and rationale. For example, a relatively high number of DAs was deployed in small organisations/institutions contributing to imbalances and dependencies on external support for day-to-day functions. The lack of coherence between the required professional profiles of the partner organisations and the personal profile of the DAs caused an imbalance in the service delivery of external and internal employees in medium-sized organisations.

Also, the regional distribution of the different interventions and instruments of the project was only partly coordinated on district and sub-district level. The chances to generate synergies between the different areas of work were as a consequence limited. In regards to utilising the existing synergies between the three components, a combined planning mechanism across these three at programme level, and hence on the intervention level, would have enabled the project to yield better results overall.

Secondly, the lack of a coherent, project-wide M&E-system and the relevant management processes as well as a systematic review process of allocated funds in relation to the targeted outputs and outcome have contributed to a management response to challenges identified during the implementation that was delayed.

Overall the use of project resources could have been more streamlined based on actual progress and towards desired results.

The project has optimised the use of resources by partner inputs and coordination with other donors as much as possible. The Department of Health has made national experts available to guarantee the realisation of agreed interventions. In the area of teacher trainings, the project ensured a better utilisation of resources by guaranteeing complementarity with projects by UNFPA, UNESCO and UNICEF.

The efficiency of the TC measure is rated unsatisfactory with 07 points.

Sustainability (Are the positive results durable?)

Sustainability of results is depending on how well advisory content, approaches, instruments, methods and concepts are anchored in the partner system. Good examples for this are the work with SANAC, the work with the programme "Future Beats" and with the non-government organisation loveLife.

With SANAC the project has developed a stigma index and respective training manuals, which are recognised as national documents and owned by SANAC. They have also developed a capacity development strategy for lower level AIDS councils.

The programme "Future Beats", is embedded well into the overall IEC programme for university students. Training expertise for future trainings in innovative radio journalism is available at Wits University, "Future Beats" is recruiting their own staff, and underlying systems for campus radio are in place for further scale up.

For the cooperation with the private sector sustainability seems still questionable. The project did not sufficiently address the need to anchor the results in the private sector within the partner systems. The main focus of the component was the cooperation with the Health and Wellness Department of AIDC EC. AIDC EC is a medium sized institution with a good network within small and medium sized automotive companies in parts of Eastern Cape and a growing outreach to farms. However, it is localized and operating in the province of Eastern Cape only and lacks the networks in the national business community and respective organisations.

Additionally, the private sector approach was lacking the necessary cost-need analysis of the proposed workplace programmes. This would have enabled the decrease of financial contribution throughout the project's duration and beyond, in order to make the contracted companies in the medium term financially independent.

Looking at the cooperation with loveLife, it would have been desirable to evaluate and consider at the beginning of the cooperation in how far sustainable financial aid to the organisation would be guaranteed by national partners for the longer term. Thereby, it would have become possible to respond immediately and solution-oriented, before the decrease of intervention occurred.

The sustainability of the TC measure is rated rather successful with 10 points.

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