Response to Evaluation Report (overarching narrative)

The external evaluation of the Southern African Regional HIV BCC Programme was set up as an impact evaluation with five objectives:

a. to measure the programme reach,
b. to assess the value-added of combined interventions by three partners,
c. to assess the marginal effect of the current round of BCC activities relative to preceding and cumulative impact of HIV messaging overall,
d. to investigate the extent to which relevant aspects of the intervention built the skills and resources of communities to respond to the HIV epidemic,
e. to measure progress towards “increased health awareness and related social and behavioural change”, as per the DFID logframe.

In addition the evaluation evaluated the cost-effectiveness of the overall intervention.

The evaluation was conducted under the leadership of Tulane University throughout 2012 (following programme completion in December 2011) across all intervention countries (Lesotho, Malawi, Mozambique, Namibia, Swaziland, Zambia and Zimbabwe) with a total sample size of 42,326. The evaluation used data collected by interviews of adults aged 15-49 that were identified using a multi-stage cluster randomised sample. Overall, the methodology of this evaluation is considered sufficiently rigorous to allow for various comparisons between different countries and interventions and robust conclusions.

One major challenge, however, relates to the fact that any evaluation of behaviour change must ultimately rely on self-reported behaviour as direct observation is impossible and change in resulting HIV incidence is only measurable with a considerable time lag and would be subject to various biases and confounding factors that would limit the conclusions of such a massive and costly exercise. We therefore have to accept that an evaluation such as this one, relying on self-reported behaviour is the most rigorous methodology possible in this context. The evaluation team enhanced the robustness of results by an extensive multivariate regression analysis to take various (known or estimated) biases and confounding factors into account.

Overall, the evaluation concludes that “effects were more frequently detected among the precursors to behaviour change - rather than actual behaviour”. Given the relatively short timeframe of the programme in comparison to expected societal change in behaviour, this finding is not surprising and may actually indicate a more sustained change of social norms that would later result in wider societal change. A comparison of various media sources seems to suggest that television programming has lesser effects than radio or print media. Also in light of costs and programme reach, this finding suggests print and radio as the media of choice for BCC messages in future programmes. Evidence on combined partnerships for BCC interventions was limited so that no conclusion can be drawn from this.

The evaluation also concludes that the interventions proved to be highly cost-effective in terms of expected behaviour change (failing to demonstrated actual behaviour change for the reasons outlined above) when compared with other HIV prevention interventions. Certainly, the cost per person reached is mostly below similar studies, identifying good value for money of the programme.

The evaluation suggests “more extensive analysis to detect any effects on the economic relationship surrounding intergenerational sex and gift-giving”. This will be taken up by the new Southern African Regional HIV Prevention Evidence programme, which will specifically investigate innovative approaches for HIV Prevention among adolescents with a focus on women and girls.

In conclusion, the extensive impact evaluation demonstrated substantial effects on precursors of behaviour change as well as on self-reported behaviour change.
Management Response & Recommendations Action Plan