

# AN EVALUATION OF Couffo Project, Benin






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## INTRODUCTION

The Couffo project, launched by MSF in 2022 and scheduled to run until 2027, aims to contribute to the reduction of maternal and neonatal morbidity and mortality in the Klouékanmé, Toviklin, and Lalo (KTL) Health Zone, in collaboration with the community and through the strengthening of the quality of care at both primary and secondary levels. More specifically, it aims to strengthen the provision of Maternal and Neonatal Health (MNH) services, Sexual and Reproductive Health (SRH) care, and support for survivors of Sexual Violence, including a mental health component currently under development. MSF operates at the Klouékanmé District Hospital and, in parallel, supports several health centres on a two-year rotational basis per centre.

This mid-term evaluation aimed to analyze the relevance, effectiveness, efficiency and sustainability of the interventions carried out since 2022. It was based on a Theory of Change co-constructed with MSF, serving as a framework for contribution analysis and the identification of critical links in the results chain.

## METHODOLOGY

-  Mixed approach
-  Documentary review
-  Quantitative analysis of secondary data
-  In-depth interviews and focus group discussions conducted with 127 individuals
-  Stories of change

## CONCLUSION

The review confirms the **strategic and operational relevance** of MSF's intervention in the Couffo department. The project has successfully combined the **strengthening of clinical services with structured community mobilisation** centred around women leaders. This approach has contributed to a reduction in maternal and neonatal mortality, an increase in service attendance, improvements in continuity of care, and changing community perceptions of health behaviours.

The gradual introduction of sensitive components — including Safe Abortion Care (SAC), Survivors of Sexual Violence care, and psychosocial support — has demonstrated the project's ability to **adapt to local sociocultural realities**. The involvement of women leaders, who are trusted figures within the communities, has proven to be a powerful lever for overcoming social barriers and promoting the use of healthcare services.

However, the review also highlights **significant challenges to sustaining these achievements**. Issues related to human resources (replacement and retention of trained staff), logistics (management of referral tricycles, availability of supplies), financing (lack of sustainable mechanisms to ensure free and functional services), and social acceptability (resistance to SAC, persistent taboos) represent major vulnerability factors. These challenges go beyond MSF's strictly humanitarian mandate but directly affect the sustainability of the outcomes achieved.

## RECOMMENDATIONS

*The full list of recommendations and lessons learned can be found in the final report.*

- Strengthen advocacy** with the Ministry of Health (MoH) and local authorities for the gradual integration of project gains (trained human resources, equipment, community mechanisms) into plans and budgets.
- Support local health authorities** in administrative and financial management to ensure continuity after MSF's withdrawal.
- Train all healthcare providers on key topics** (MNH, SAC, sexual violence) and organise regular refresher sessions.
- Continue harmonising protocols with the MoH** by supporting the update and adoption of national protocols, with the direct involvement of national trainers.
- Diversify SAC service providers** (private partners, local NGOs) to reduce dependence on a limited number of actors and mitigate the impact of conscientious objection.
- Maintain and promote the role of women leaders** while clarifying their complementarity with the Community health workers.
- Optimize community management mechanisms** (referral tricycles, referral monitoring) and strengthen consultation with the Health Centre Management Committee (Comité de Gestion) to increase their role in sustainability.
- Develop operational tools for transition planning**, with clear and progressive milestones.
- Establish a post-intervention monitoring system** (key indicators) to detect any regression after MSF's withdrawal.
- Adjust the duration of MSF's support based on the resolution of certain structural issues** (salaries, sustainable funding), rather than an automatic extension of the support.