

EVALUATION OF

COUFFO PROJECT, BENIN

EXECUTIVE SUMMARY

OCTOBER 2025

This publication was produced at the request of Médecins Sans Frontières (MSF) – Brussels Operational Centre (OCB) under the direction of the Stockholm Evaluation Unit (SEU).

All evaluators engaged by SEU adhere to the SEU Ethical Guidelines for Evaluations.

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This report presents the executive summary extracted from the full evaluation report.

DISCLAIMER

The views expressed by the authors in this publication do not necessarily reflect those of Médecins Sans Frontières or the Stockholm Evaluation Unit.

INTRODUCTION

The mid-term review of the Couffo project of Médecins Sans Frontières (MSF) in Benin, conducted by Global Health Direct for the Stockholm Evaluation Unit, aimed to analyse the relevance, effectiveness, efficiency and sustainability of the interventions carried out since 2022 in the health zone of Klouékanmè, Toviklin and Lalo (KTL). This review, conducted using a mixed and participatory methodology, combined literature review, use of routinely collected medical data, stakeholder interviews, community focus groups, and field observations. 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. Methodological limitations include the lack of independent primary quantitative collection, the variable quality of routinely collected data, partial access to databases, and the limited geographic scope of the sample analysed.

KEY RESULTS

WHAT IS THE GENERAL APPROACH AND WHAT ACTIVITIES HAVE BEEN IMPLEMENTED IN COUFFO?

To address national strategic priorities in sexual and reproductive health (SRH) and maternal and newborn health (MNH) to reduce maternal morbidity and mortality, the project adopted a general approach combining clinical capacity building, improved infrastructure, provision of essential equipment, and community mobilization structured around women leaders. This dual clinical and community-based approach was seen as appropriate to achieve the multiple objectives set for the project.

Activities implemented

The Couffo project deployed a set of clinical, community and institutional actions:

- **Strengthening the provision of quality care:** antenatal consultations (ANC 1 and 4), assisted deliveries, family planning, safe abortion care (SAC), care for victims of sexual violence (VSX).
- **Support in terms of infrastructure and equipment:** rehabilitation of maternity wards, installation of water towers and WATSAN/Infection prevention and control equipment, supply of medical equipment (ultrasound machines, surgical and neonatal equipment, test devices, medicines and various healthcare equipment).
- **Capacity building:** monthly training and bi-monthly coaching for 12 midwives on Comprehensive Emergency Obstetric and Neonatal Care, Exploring Values and Attitudes, SAC, VSX, family planning and infection prevention.
- **Community engagement:** establishment and training of women leaders in charge of awareness-raising, home visits (basic medical consultation), referral to Health Centres, and "whisperers" groups to influence community behaviours towards MNH and SRH.
- **Referral mechanisms:** installation of tricycles for emergency medical transport and full coverage of transport costs and care of urgent cases at the local hospital.
- **Financial and institutional support:** select free services, salary supplements, gradual integration into the institutional mechanisms of the MoH, collaboration with the Departmental Directorate of Health (DDS)/ Health Zone Coordinating Doctor (MCZ).

Adapted activities

Some components have required adjustments to local and institutional realities:

- **Gradual introduction of SAC and VSX:** preceded by advocacy and awareness-raising to reduce social and religious resistance. Due to the conscientious objection of many midwives, MSF has had to rely on a small core of volunteer providers and establish ad hoc partnerships with private clinics.
- **Medication management:** after negotiation with the authorities, MSF obtained authorization to import medicines and the stocks were integrated into the national circuit, escaping MSF's direct logistical control, which required an adaptation of coordination and monitoring.
- **Clinical training:** necessary adaptation in the face of contradictions between MSF protocols and national standards, and the need to involve more local trainers for harmonization.
- **Support cycle:** introduction of a rotating model (2 years of support per health centre), with gradual adjustment of withdrawals and integrations to take into account the actual capacity of the health centres.

Overdue activities

Other actions planned or initiated are experiencing delays or remain incomplete:

- **Institutionalization and sustainability:** weak planning by the Ministry of Health to ensure the retention of human resources and the maintenance of gains after the withdrawal of MSF.
- **Maintenance of infrastructure and equipment:** concerns about the long-term maintenance of WATSAN/Infection prevention and control equipment and installed hardware.
- **Integration of trained personnel:** not systematically taken up by the authorities, which weakens the sustainability of the investment in capacity building.
- **Monitoring and evaluation systems:** still fragmented between several databases (health, HP, finance, HR, etc.), hindering the consolidation and optimal use of data.
- **Recognition and motivation of women leaders:** their volunteer status and the absence of institutional mechanisms weaken the continuity of their commitment after MSF's departure.

The introduction of the SAC and VSX components followed a phased approach, preceded by an awareness and advocacy phase to reduce resistance. While progress has been made, the provision of care remains vulnerable due to the conscientious objection widely practiced by midwives and the dependence on a small number of voluntary providers. Ad hoc partnerships with private clinics have made it possible to temporarily compensate for this deficit, but their sustainability requires a diversification of providers, harmonization of protocols with the Ministry of Health, and strengthening of legal and institutional advocacy.

WHAT CHANGES HAVE BEEN OBSERVED FOLLOWING THE IMPLEMENTATION OF THE PROJECT?

First, the project improved the provision of SRH and MNH services offered in MSF-supported health centres through holistic support including infrastructure, equipment, capacity building for health personnel, financial and institutional support. In addition, the project has helped to stimulate demand for these services by changing the perception of some pregnant women and women of reproductive

Summary Report

age through community awareness and follow-up by women leaders and “whisperers”. The project contributed to the gradual evolution of community perceptions on sensitive issues such as abortion and contraception. Women leaders, selected by the communities, have played an essential role in breaking down socio-cultural barriers, disseminating reliable information and referrals to health care facilities. This strategy has resulted in better access to information on available SRH and MNH services, a reduction in logistical and financial barriers directly limiting access to these services, and a strengthening of the health systems providing these services.

The sustainability of this model still rests on a fragile foundation, in particular because of the voluntary nature of the commitment of women leaders and the absence of institutional mechanisms to guarantee the continuity of their activities after a possible withdrawal of MSF. Aware of this limitation, the project nevertheless integrated the sustainability dimension from the outset by placing a strong emphasis on community engagement, through a participatory process of selection and mobilization of women leaders. They were identified and recruited after in-depth working sessions with their communities, in order to consolidate the legitimacy of their role and strengthen local buy-in. To address the key issue of funding and empowering these initiatives, MSF has also partnered with a specialized civil society organization, *Éleveurs sans Frontières*, which supports women leaders in developing income-generating activities adapted to their context. This strategy aims to strengthen their capacities and diversify their livelihoods, thus creating prospects for sustainability beyond MSF's direct support.

In MSF-supported health centres, the project may have indirectly contributed to an increase in the coverage rate of Antenatal consultations 1 (ANC1), the maintenance of quality maternal, newborn and child health services, and an increase in Postnatal consultations 2 in the health centres supported by the project. The improvement of these indicators seems to be correlated with the implementation of project activities. However, the data collected by the review do not clearly identify effects on the rate of ANC4 in the third trimester of pregnancy, deliveries by qualified personnel, the use of SAC or VSX services, and family planning consultations for pregnant women. The results are mixed and do not show any significant change. It should also be noted that some limitations related to data quality – such as potential data entry errors, changes in data collectors or changes in the methods of calculating indicators – may have influenced these results. At the level of the KTL Zone Hospital, the review notes a decrease in the case fatality rate of direct obstetric complications and in the intra-hospital maternal mortality rate since the beginning of the project. It is difficult to attribute these changes to the project, but a few key facilitators emerged from qualitative and documentary data, including the establishment of a referral and transport system for emergency obstetric and neonatal cases, large-scale awareness raising on the importance of MNH services particularly for pregnancy follow-up, and MSF's funding of Comprehensive Emergency Obstetric and Neonatal Care and quality MNH services provided.

HOW CAN THE ACHIEVEMENTS OF THE MSF PROJECT BE PRESERVED AND SUSTAINED ONCE THE PROJECT IS TRANSFERRED TO THE BENINESE AUTHORITIES?

The mid-term review also identifies structural constraints that hinder the effectiveness and sustainability of the project: uneven management of referral tricycles, issues in pharmaceutical supply, rotation of MSF international mobile staff and national MoH staff, lack of systematic feedback to community structures (Health Centre Management Committee - *Comité de Gestion* - COGES), and

Summary Report

difficulties in accessing certain disaggregated data for the analysis of results by the monitoring team. In addition, the retention of activities by the Ministry of Health remains a major challenge due to limited human and financial resources, which compromises the institutional capacity to maintain the gains made and underlines that the sustainability of the project's results remains fragile.

IN WHAT WAYS AND FOR WHOM WAS THE PROJECT A SUCCESS? HAS IT BEEN A SUCCESS FOR MSF, THE MINISTRY OF HEALTH, COMMUNITIES AND PATIENTS?

The project was a success for MSF, allowing the organisation to forge close links with the MoH and local health authorities, and to pilot a community-based approach in parallel with a standard clinical approach.

For the Ministry of Health, the project has provided concrete support for strengthening the local health system: improvement of staff capacities (Comprehensive Emergency Obstetric and Neonatal Care, Basic Emergency Obstetric and Neonatal Care, SAC, VSX, Infection prevention and control training), provision of equipment and medicines, targeted free care, and introduction of innovative apparatus such as referral tricycles. These elements helped to strengthen the project's alignment with national priorities and to test solutions that could be transferred to other areas.

For communities and patients, the benefits have been tangible: reduction of financial barriers through targeted free care, expanded and better access to antenatal consultations, childbirth and SRH services, improved practices for the prevention and management of obstetric emergencies, and a gradual transformation of perceptions on sensitive issues such as family planning, SAC and VSX. The commitment of women leaders and the co-construction with the COGES have strengthened confidence in the care system and fostered local ownership, despite the challenges of motivation and recognition that remain to be consolidated to ensure sustainability.

IS THE PROJECT DESIGN RELEVANT AND APPROPRIATE TO THE GENERAL/SPECIFIC OBJECTIVE OF THE PROJECT?

The review highlights that the project's objectives were well aligned with the context and priority needs of the intervention area, in particular to address the persistent challenges of quality and access to care in Couffo. The project built its approach around a standard MSF care package focused on maternal, newborn and child health, while complementarily integrating sexual and reproductive health components. This combination has made it possible to strengthen the coherence and relevance of the care offer, promoting a comprehensive and integrated approach for the benefit of the communities.

WHAT OPPORTUNITIES CAN BE IDENTIFIED TO MAKE THE PROJECT MORE EFFECTIVE? WHAT CHALLENGES REMAIN TO BE SOLVED?

The Couffo project could be more effective by consolidating an integrated monitoring and evaluation system, harmonizing protocols with the Ministry of Health and strengthening advocacy for the sustainability of the gains. However, several challenges remain: lack of continuity of trained staff, difficulties in maintaining infrastructure and equipment, socio-cultural resistance to SAC and VSX, as well as systemic limitations related to the financing, logistics and governance of the health system.

Summary Report**WHAT LESSONS CAN BE LEARNED FROM THE PROJECT'S COMMUNITY ENGAGEMENT APPROACH THAT ARE RELEVANT TO OTHER OCB PROJECTS?**

The community-based approach of the Couffo project shows that the involvement of women leaders and community groups is a powerful lever for increasing adherence to care, including on sensitive issues such as SAC and VSX. It emphasizes the importance of an integrated strategy, combining clinical strengthening and local mobilization, to remove social and financial barriers. Transferable lessons for OCB include: participatory selection of women leaders, co-construction with COGES, institutional recognition, and tailored incentives.

WHAT LESSONS CAN BE LEARNED FROM THE COLLABORATION WITH THE MINISTRY OF HEALTH THAT ARE RELEVANT FOR OTHER OCB PROJECTS?

Collaboration with the Ministry of Health has shown the importance of close alignment with national priorities and co-construction of interventions to strengthen both legitimacy and sustainability. Institutional delays, sometimes perceived as restrictive, have proven to be strategic opportunities to refine approaches and strengthen mutual trust.

Lessons for improving the project itself: it is necessary to further harmonize protocols with those of the Ministry, and to integrate project achievements more systematically into national plans and budgets to promote their sustainability.

Good practices already implemented: from the design, implementation and monitoring of interventions, the project has ensured early involvement of health authorities. During the first two years, MSF presented the progress of activities to the Ministry of Health every six months, allowing regular exchanges on the results achieved and the challenges encountered.

Broader lesson: it is essential to support the strengthening of the Ministry's administrative capacity in order to support the sustainability of the project. However, this area goes beyond MSF's direct mandate and requires longer-term institutional investment.

RECOMMENDATIONS FOR THE PROJECT

Faced with these findings, the review highlights a selection of priority recommendations, from a broader set developed in the full report. These recommendations are aimed at:

CONSOLIDATING INSTITUTIONAL INTEGRATION AND SUSTAINABILITY

- Strengthen advocacy with the Ministry of Health and local authorities for the gradual integration of project gains (trained human resources, equipment, community mechanisms) into plans and budgets.
- Support the Departmental Directorate of Health / Health Zone Coordinating Doctor and health centres in administrative and financial management to secure continuity after MSF's withdrawal.

STRENGTHENING THE QUALITY AND RESILIENCE OF CLINICAL SERVICES

- Train all healthcare providers on key themes (MNH, SAC, VSX) and organize regular refresher sessions.

Summary Report

- Continue to harmonize protocols with the MoH, supporting the updating and ownership of national protocols, with the direct involvement of national trainers.
- Diversify SAC providers (private partners, local NGOs) to reduce dependence on a limited number of actors and limit the impact of conscientious objection.

STRENGTHENING COMMUNITY MECHANISMS AND THEIR RECOGNITION

- Maintain and enhance the role of women leaders (continuous education, institutional recognition, income-generating activities via partnerships such as *Éleveurs sans Frontières*), while clarifying their complementarity with community health workers.
- Optimize community management mechanisms (referral tricycles, referral monitoring) and strengthen consultation with the COGES to increase their role in sustainability.

IMPROVE TRANSITION AND FOLLOW-UP

- Develop operational transition planning tools, 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 according to the resolution of certain structural issues (salaries, sustainable funding), rather than an automatic extension of the support.

CONCLUSION

In conclusion, the Couffo project is distinguished by an integrated and relevant approach, which has led to significant progress in maternal and newborn health and sexual and reproductive health in a context that is both stable and marked by persistent structural challenges. The successes observed are based on the complementarity between reinforced clinical provision and community mobilization, but their sustainability will depend on the ability to address the critical assumptions identified, to institutionalize practices and to ensure a planned and contextualized transition to local and national actors. This review highlights how the project stands at the intersection of humanitarian action and health systems strengthening. Yet, the project's theory of change does not sufficiently define the level of ambition for results to be sustained after the project is concluded. We recommend strategic reflection on the potential of the project to serve as a catalyst for systemic change.