

BACKGROUND

Launched in the aftermath of Hurricane Matthew in 2016, the Port-à-Piment (PaPim) project gradually evolved from an emergency intervention into a comprehensive sexual and reproductive health (SRH) project from 2022 onwards. Guided by the Three Delays Model (Raymondville et al., 2020), it is built around a network of obstetric and neonatal care facilities, as well as community-based health promotion and referral systems, with the aim of reducing maternal and neonatal morbidity and mortality by improving timely access to quality care and strengthening referral and transport systems.

This evaluation aimed to assess the progress and impact of the PaPim project from 2022 to 2025, as well as its prospects for sustainability beyond the planned end of the project cycle in 2027.

METHODOLOGY

-  Mixt-method approach
-  Desk review
-  Secondary analysis of DHIS2 data
-  Key informant interviews (MSF, MSPP, health facilities, communities)
-  Case studies: PaPim CEmONC and Rendel and Tiburon health centres (BEmONC)

MAIN FINDINGS

The project was highly relevant in a context characterised by geographic isolation, insecurity, poverty, limited availability of health services, transport barriers, and restricted access to quality emergency obstetric and neonatal care. It contributed to increased use of antenatal care and facility-based deliveries, improved access to emergency care, and supported the decentralisation of maternal health services.

However, several structural and systemic challenges threaten the sustainability of these gains. The evaluation found mixed coherence between the project and the broader structure of the Ministry of Public Health and Population (MSPP) health system. Continued reliance on Port-à-Piment as a high-quality referral centre, combined with persistent barriers related to distance, transport, cost, and the limited functionality of peripheral facilities, reduces effectiveness, efficiency, and long-term sustainability.

Other challenges include delays in emergency referrals, intermittent stock-outs of essential medicines and blood products, weak monitoring and learning systems, low uptake of gender-based violence services, and ongoing gaps in sexual and reproductive health services for adolescents.

CONCLUSIONS ET RECOMMANDATIONS

While the Port-à-Piment project has significantly improved access to and use of maternal and neonatal health services, sustaining these gains will require a strategic shift from a donor-supported service delivery model to a health systems strengthening approach that prioritises local ownership, institutional capacity, and integration within the structures of the Ministry of Public Health and Population (MSPP).

To support this transition, the evaluation recommends the following:

- 1) **Develop a financial transition plan** that combines a targeted cost-effectiveness assessment with a phased transfer of responsibilities to safeguard the continuity and sustainability of project activities.
- 2) **Refine sustainability objectives and related actions in collaboration with the MSPP and other key stakeholders**, including through the development of a joint MSPP–MSF sustainability and transition strategy outlining a phased handover process, and the establishment of a joint MSPP–MSF sustainability assessment framework.
- 3) **Strengthen and expand community-based activities** to incorporate treatment services and adolescent-responsive approaches, including by integrating adolescent peer educators and training them alongside community health workers on adolescent-friendly SRH support.
- 4) **Improve data collection and management approaches** by incorporating disaggregated data and routine review processes.
- 5) **Redesign gender-based violence services** around a survivor-centred care-seeking strategy.