KfW Development Bank

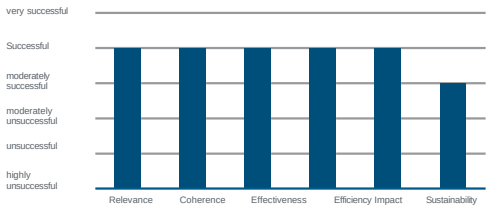
Ex-post evaluation
Family planning and HIV prevention, Côte d'Ivoire

Title	Family planning and HIV prevention, phases IV-VI		
Sector and CRS code	Family planning (1303000); combating sexually transmitted diseases and HIV/AIDS (1304000)		
Project number	2011 67 014; 2015 69 078; 2017 68 951		
Commissioned by	Federal Ministry for Economic Cooperation and Development		
Recipient/ Project executing agency	Recipient: Republic Côte d'Ivoire; Project executing agency: Agence Ivoirienne de Marketing Social (AIMAS)		
Project volume/ financing instrument	Budget funds grant: EUR 12.0 million (IV), EUR 5.0 million (V); EUR 5.0 million (VI)		
Project duration	2013 - 2023		
Year of report	2024	**Year of random sample**	2023

Objectives and project outline

The aim of the project was to contribute to stabilising the sexual and reproductive health and rights of the Ivorian population by improving knowledge about, acceptance and use of contraceptives. To this end, social marketing of affordable and high-quality contraceptives and a social franchise concept for clinics were financed. The target group of the project was the sexually active population, especially young people between the ages of 15 and 24.

Overall rating:
Successful



Key findings

The ex-post evaluation found that the project plausibly contributed to the stabilisation of sexual and reproductive health and rights in Côte d'Ivoire, thus generating positive development policy changes. Nevertheless, the sustainability of the results is at risk. Overall, the project has nonetheless been rated successful for the following reasons:

- The conceptual concept convinces with its strategic relevance and impact-orientation. The needs and capacities of those involved and affected were adequately taken into account.
- The project is in line with German development policy priorities and international norms and standards in the area of gender equality and the protection of women and girls. At national level, the project executing agency AIMAS actively contributes to the coherence of the project through its key role in national supply and distribution planning for contraceptives.
- Effectiveness was increased above all by the quality of implementation. AIMAS optimised implementation steps across the three phases and strategically and effectively with local and national partners.
- The sustainability of the impacts generated is severely jeopardised and cannot be maintained without further activities. At the time of the ex-post evaluation, the executing agency is heavily dependent on the expiring FC financing and there are only a few alternative financing partnerships. There is a high risk to sustainability which therefore is rated as only moderately successful.

Conclusions

- Social marketing remains an appropriate and necessary instrument for awareness raising and access to contraceptives for young people and poorer sections of the population.
- In contexts without a "total market approach", the information from market analyses foreseen under a social market approach can effectively support public procurement and distribution planning.
- At state level, agreements with relevant educational institutions (e.g. Ministry of Education) and public broadcasting can facilitate information and education of the target groups.

Ex-post evaluation - assessment according to OECD DAC criteria

Overview of the rating per criterion:

Relevance	2
Coherence	2
Effectiveness	2
Efficiency	2
Overarching developmental impact	2
Sustainability	3
Overall rating:	**2**

Abbreviations:

AFD	*Agence Française de Développement* French development agency)
AIMAS	*Agence Ivoirienne de Marketing Social* (Ivorian agency for social marketing)
GDP	Gross domestic product
BMZ	Federal Ministry for Economic Cooperation and Development
CIV	Côte d'Ivoire
CYP	*Couple Years of Protection* (Couple contraceptive years)
DAC	Development Assistance Committee
EUR	Euro
FC	Financial Cooperation
FC E	FC Evaluation
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HDI	Human Development Index
HIV	Human Immunodeficiency Virus
MAP	Measuring Access and Performance
MSHP-CMU	*Ministère de la Santé, l'Hygiène publique et de la Couverture Maladie universelle*
NGO	Non-governmental organisation
PNLS	*Programme National de Lutte contre le Sida* (National Program to combat AIDS)
PNSME	*Programme National de Santé de la Mère et de l'Enfant* (National Program for mother-child health)
PA	Project appraisal
PAR	Project appraisal report
PCR	Project completion report
PRSS	*Projet de Renforcement du Système de la Santé* (Project to strengthen the healthcare system)
RTI	*Radiodiffusion, Télévision Ivoirien* (National radio and television broadcaster)
SRHR	Sexual and Reproductive Health and Rights
TRaC	Tracking Results Continuously
TC	Technical Cooperation
UNFPA	United Nations Populations Fund
USAID	United States Agency for International Development
USD	US Dollar
WAHO	West African Health Organisation

Brief description of the project

To improve the health situation of the population in Côte d'Ivoire, social marketing of affordable and high-quality contraceptives as well as a social franchise concept ("BelFam") for clinics was financed. The focus of the FC project was on maternal and child health, sexual and reproductive health and rights, as well as HIV/AIDS prevention. The target group of the project was the sexually active population, with a focus on young people between 15 and 24 years, particularly young women. The activities included the procurement and distribution of contraceptives as well as communication measures (mass media and interpersonal communication). Additionally, the establishment of a social franchise network for clinics was intended to ensure the availability of long-term contraceptive methods and sustainably promote the corresponding capacity building in the healthcare sector.

Phases IV – VI of the project selected for evaluation were implemented during the period 2013-2023. The activities followed on from the previous phases I - III. During the implementation period of Phase III (2007 – 2014), a total of 2.7 million *Couples' Years of Protection* (CYP) were achieved through the distribution and sales of contraceptives, and the level of awareness among the target groups was measurably increased through communication measures. The achievement of objectives in Phase III served as the foundation for Phase IV.

The three phases of the project considered in the evaluation were identically designed, the implemented activities of the three phases merged into one another, and their impact cannot be considered separately. Therefore, the evaluation is examining the three phases in an overarching manner.

Breakdown of total costs

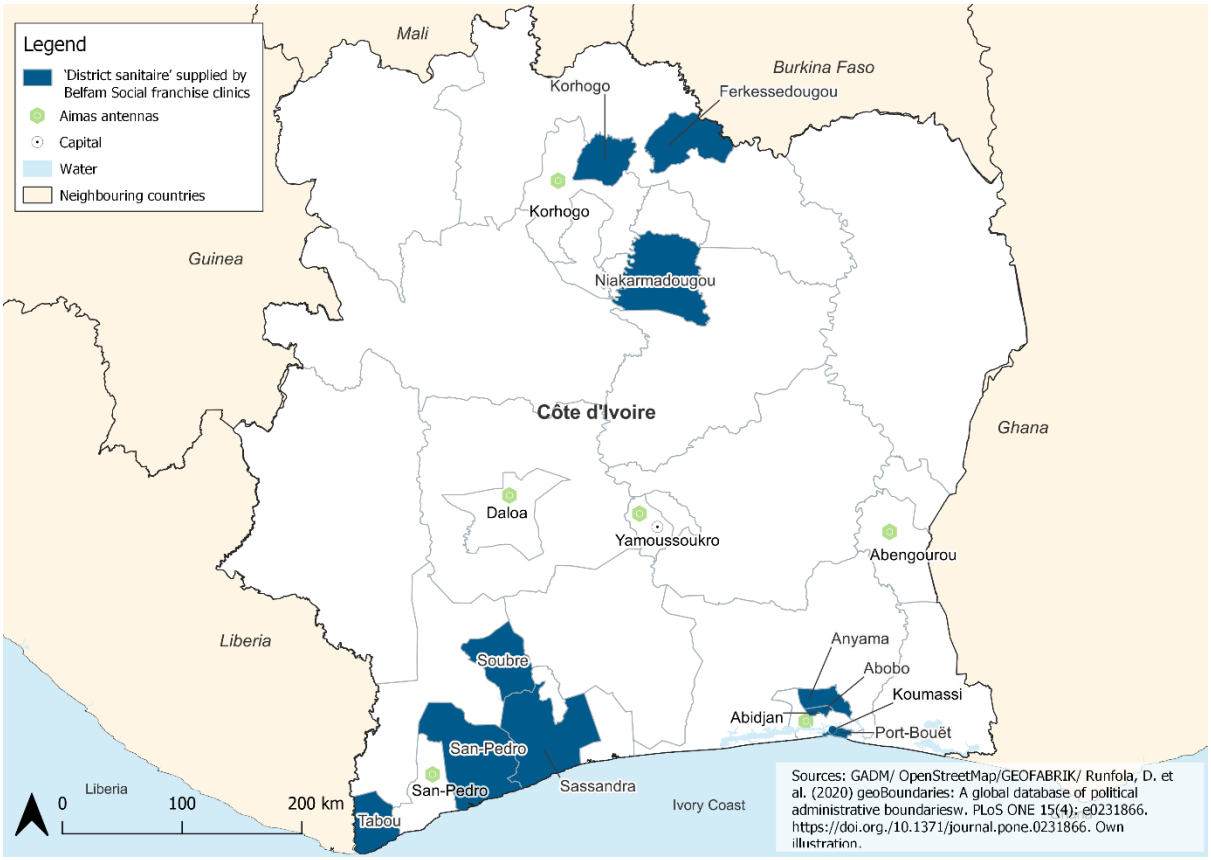
Phase IV	**Investment costs (plan)**	**Investment costs (actual)**
Total costs in EUR million	**15,98**	**16,087**
Own contribution* in EUR million Côte d'Ivoire (CIV)/sales revenues	0,9 (CIV) + 3,08 (sales revenues)	0,601 (CIV) + 3,486 (sales revenues)
External financing in EUR million	12	12
of which budget funds (BMZ) in EUR million	*12*	*12*

* CIV refers to the guaranteed government contribution plus the sales revenue generated by AIMAS

Phase V	**Investment costs (plan)**	**Investment costs (actual)**
Total costs in EUR million	**6,324**	**7,164**
Own contribution* in EUR million Côte d'Ivoire (CIV)/sales revenues	0 (CIV) + 1,324 (sales revenues)	0 (CIV) + 2,164 (sales revenues)
External financing in EUR million	5	5
of which budget funds (BMZ) in EUR million	*5*	*5*

Phase VI	**Investment costs (plan)**	**Investment costs (actual)**
Total costs in EUR million	**7,240**	**6,737**
Own contribution* in EUR million Côte d'Ivoire (CIV)/sales revenues	0,5 (CIV) + 1,740 (sales revenued)	0 (CIV) + 1,672 (sales revenued) + 0,06 (other)
External financing in EUR million	5	5,01 (incl. residual funds)
of which budget funds (BMZ) in EUR million	*5*	*5*

Map of the project country incl. project areas



Rating according to OECD DAC criteria

Relevance

1. Alignment with policies and priorities

The objectives of the project were aligned, among other things, with the Ivorian strategic plan for reproductive health (2010-2014), which aimed to increase contraceptive prevalence among women of reproductive age, curb sexually transmitted diseases, and promote services for sexual and reproductive health. Additionally, updated national strategic plans for combating HIV/AIDS, and other sexually transmitted diseases were developed for the periods 2011-2015 and 2016-2020, prioritizing the prevention of new infections and underlining the ongoing relevance of promoting sexual and reproductive health in Côte d'Ivoire. The strategic plans are also seen in the context of international human rights conventions: Côte d'Ivoire had already ratified the UN Convention on the Elimination of All Forms of Discrimination Against Women in 1995; in 2011, as part of the periodic UN reporting on the convention, Côte d'Ivoire was recommended to further prioritize the prevention of unintended pregnancies and HIV/AIDS through family planning and sex education.

Globally, the project contributed to Goals 3, 5, and 6 of the Millennium Development Goals (Phase IV) and to Goals 3 and 5 of the subsequent Agenda 2030 (Phases V-VI). The project can also be attributed to the BMZ initiative "Self-determined Family Planning and Reproductive Health for All," which was launched in 2011 and extended until 2025. It thus integrates into the core theme "Health, Social Security, and Population Dynamics" (BMZ 2030). In the design of the project, particular focus was placed on gender-sensitive strengthening of sexual health and rights (especially through self-determined family planning for women), thereby considering the quality features of human rights and gender equality. This was particularly relevant against the backdrop of high maternal mortality in Côte d'Ivoire, primarily caused by the mortality rate from unsafe abortions. For this reason, the goal of sexual self-determination for women became an essential element in the project design. Family planning was also identified as a key factor in the fight against poverty and hunger, and the project was thus classified as

contributing to poverty alleviation.

The poverty situation in Côte d'Ivoire at the time of the project design was closely linked to the prevailing political and institutional framework conditions in the country. Côte d'Ivoire and its population had been exposed to years of unrest and violent conflicts. Although the situation in the country had increasingly stabilized since 2011, the civil war years (2002-2007) and the ongoing tensions in the years thereafter had left their mark. The poverty rate in the population had risen sharply, and the administrative institutions were weakened. A political reorganization in 2011 resulted in the merger of several ministries, from which the project executing agency, the *Ministère de la Santé et de la Lutte contre le SIDA* (MSLS), emerged. At the time of the project design, the newly established ministry was confronted with enormous challenges. These were addressed by appointing the well-known non-governmental organisation (NGO) *Agence Ivoirienne de Marketing Social* (AIMAS) as the actual implementing organisation. Thus, an organisation was selected that had already demonstrated its crisis resilience and effectiveness in previous phases of the project.

2. Alignment with the needs and capacities of the beneficiaries and stakeholders

Since the outbreak of the HIV/AIDS pandemic in the late 1970s, Côte d'Ivoire has been one of the countries most affected by the disease in West Africa. Even in the 2010s, HIV prevalence, particularly in urban areas and among women, was significantly above the regional average. The 2010s were also characterized by an above-average maternal mortality rate, persistently high birth rates, and an unmet need for contraceptives.

The project was designed based on a well-founded target group analysis. The target group analysis was based on publicly accessible primary data as well as a behavioral study ("Tracking Results Continuously" – TRAC) financed during the previous phases, thus directly building on the insights from preceding years. The target groups selected for the project had a particularly high unmet need for contraceptives at the time of design, especially women in rural areas who were in a relationship, and female singles in suburban areas. In the course of HIV-prevention, young people (15-24 years) were also to be addressed. Additionally, the target group analysis highlighted a higher risk of HIV-infection for young women in urban areas, which is why the project was particularly aimed at young women. Addressing these target groups also established a connection to the high maternal mortality, which was mainly due to unsafe abortions. At the same time, the involvement of men or partners was considered important, as women due to socio-cultural factors often had a weak position in their partnerships regarding decision making on family planning and contraception. Thus, the communication activities were also specifically intended to sensitize men or partners. The target group analysis clearly considers relevant gender dimensions and supports the gender-transformative design of the project, in which a behavioral change was explicitly intended to be generated through awareness-raising among women and men.

3. Appropriateness of design

The project design is overall assessed as plausible. The project's impact chain is based on relevant scientific evidence, which attributes the long-term success of social marketing-projects to achieving consistent and lasting behavioural change in the target group.[2] AIMAS was able to build on the expertise of the leading international not-for-profit organisation Population Services International (PSI), which was involved in AIMAS' founding and had provided advisory support to the organisation in subsequent years.[3]

The assumption underlying the theory of change (TOC) is that communication measures increase awareness of and knowledge about family planning and disease prevention and, together with an enhanced access and availability of contraceptives (output level), can contribute to “strengthened responsible behaviour among the target groups in the area of sexual and reproductive health” (objective at outcome level during project appraisal). This objective at the outcome level implies a direct behavioural change, which could only indirectly be attributed to the project's activities. At the time of the ex-post evaluation, this objective is not considered "state of the art" and was reformulated to “the improved knowledge about, and increased acceptance and use of contraceptives”.

The activities included communication measures (mass media and interpersonal communication) as well as the procurement and distribution of contraceptives (outputs). Additionally, the establishment of a social franchise-network was intended to ensure the availability of long-term contraceptive methods and sustainably promote the corresponding capacity building in the healthcare facilities (outputs). As an additional innovation in Phases IV-VI, the distribution of intrauterine devices (IUDs) as a modern contraceptive method alongside established products (pill, three-month injection) was to be piloted (outputs). The use of the provided contraceptives, health care

[2] Social marketing was first introduced in the 1970s and is often used with the goal of “behavioural changes that serve the common good” (Lee, N.R. and Kotler, P., 2011). The concept of social marketing was extensively outlined, among other things, by KfW in the project proposal for Phase IV of the project.
[3] The growing data basis for social marketing projects was later systematically analysed and summarized by PSI, among others, and published in the Journal Health Policy and Planning (Firestone et al. 2016).

services, and communication measures (outcome) was intended to reduce the number of unintended pregnancies, increase birth intervals, and reduce infection rates of sexually transmitted diseases. In this way, a contribution to the stabilization of sexual and reproductive health as well as the right to self-determined family planning was to be achieved (impact).

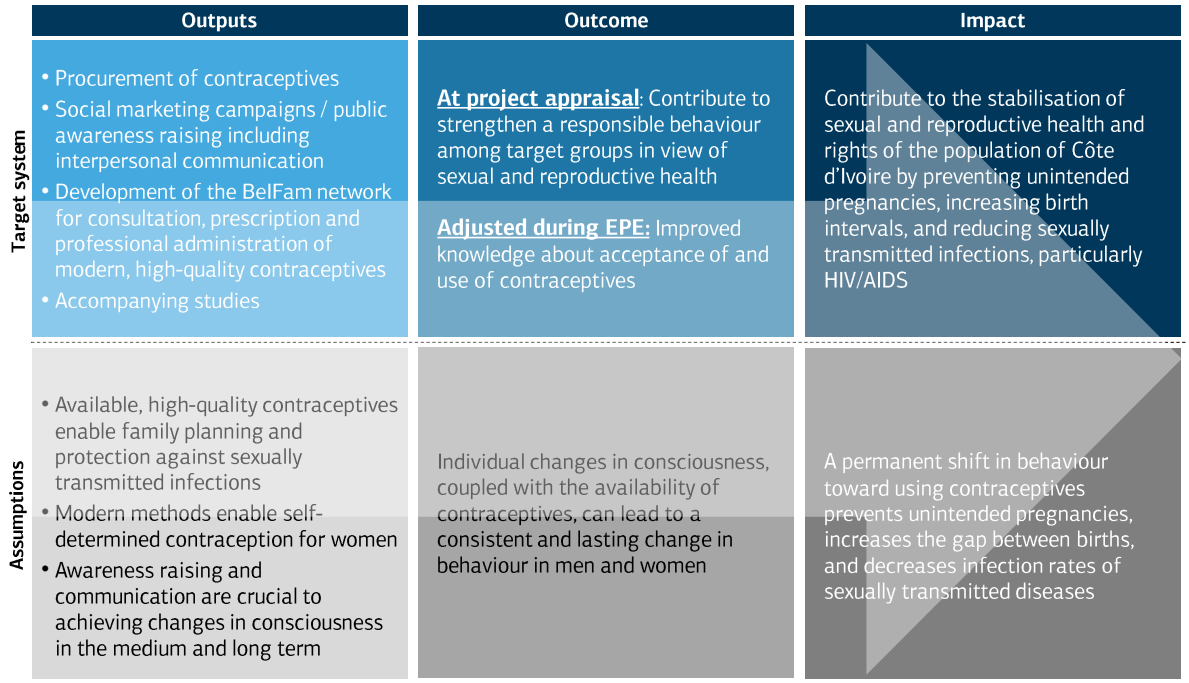


Figure 1: Target system and results chain

The indicators defined at project design for measuring the effects (also see chapter on Effectiveness and Overarching Developmental Impact) are assessed as (partially) appropriate at both the impact and outcome levels: Particularly the indicators used regarding awareness-raising among target groups and the calculation of Couples' Years of Protection (CYPs) are appropriate standard indicators. However, a number of indicators at the outcome level included several parameters or were not sufficiently specific (e.g. "% of spouses in rural and suburban areas who support their wives regarding FP (a) and take more responsibility for HIV/target groups (b)"). The majority of the inadequate indicators had been adjusted for Phases V and VI.

The indicator "stabilization of contraceptive prevalence among selected target groups", which at design had been foreseen to measure results at the impact level, is considered a relevant outcome-indicator. At the impact level, the birth rate and maternal mortality rate are indicators that have been added for the ex post-evaluation.

At the outcome-level, the target values were based on data collected in the preceding phases from attitude and behaviour studies (*Connaissance, Attitude, Pratique* – CAP, and TRaC studies). The communication measures were also designed based on these studies. In implementation, continuous monitoring and intermediate evaluation was assured through accompanying studies. Thus, the design also aimed for an impact-oriented implementation.

The project was designed with a holistic approach including a needs-based planning for the supply with and distribution of contraceptives (both in view of the mix of contraceptive methods and respective quantities). Distribution was to be ensured through a network of pharmacies, wholesalers and intermediaries, AIMAS centers, and other distribution partners. A mobile unit was to be deployed to serve hard-to-reach areas.

The communication measures were planned in French as well as relevant local languages to ensure that a broad segment of the target groups could be reached. In rural areas and urban areas with high poverty rates in particular, interpersonal communication was the approach to be increasingly relied upon in the later phases to reach target groups who were not reachable through mass media. To create an effective and sensitized access to the target groups, various communication methods were to be applied (e.g., indirect messages through small plays/sketches; joint review of campaign material followed by discussion) and local NGOs as well as religious or local authorities were to be sensitised to also spread the core messages.

Regarding its financing plan, the design for phase IV would have allowed it as a stand-alone project. However,

additional financing needs had been highlighted which led to the commissioning of the additional Phase V. AIMAS' sales revenues from the social marketing-activities were intended to almost fully cover the administrative and operational costs of the implementing organisation. Due to the absence of a counterpart contribution from the government of Côte d'Ivoire in Phase IV, the financing and cost plan for Phase V was established without relying on a counterpart contribution.

4. Adaptability – response to change

The design of the project can be partly understood as a response to the learning experiences from the preceding phases. The new phases were primarily intended to support women in protecting themselves from diseases or unintended pregnancies. For example, new indicators were developed to help focus more on women's self-determination and partners' responsibility:

- "% of surveyed women reported that their sexual self-determination has increased or improved"
- "% of spouses in rural and suburban areas who support their wives regarding FP (a) and take more responsibility for HIV/target groups (b)"

The Covid-19 pandemic represented the greatest change and challenge during the project period. AIMAS responded swiftly and was able to obtain an exemption authorization from the government of Côte d'Ivoire to continue the distribution of contraceptives. The communication activities were also adapted, and a "truck podium" was introduced, through which the core messages could be disseminated to the target population with sufficient distance. At the time of the pandemic outbreak, AIMAS was considered the only organization conducting health communication. An extra unit for pandemic control was created, which carried out Covid-19 communication activities until the end of 2021. However, this ultimately also tied up capacities within AIMAS, which were no longer or only partially available for family planning and reproductive health activities during this period.

Rating summary

The project explicitly aligns with the strategic plans for promoting sexual and reproductive health of the government of Côte d'Ivoire. It further is a good fit to international and BMZ policies and priorities. The design considers the needs and capacities of the involved stakeholders and beneficiaries and aims for an impact- and results-oriented implementation. The target groups-proximity of the project design is assessed as high. The adaptability of the project was clearly demonstrated during the Covid-19 pandemic. Thus, the relevance of the project is deemed successful.

Relevance: 2

Coherence

5. Internal coherence

The project was not part of a German development cooperation program. The German technical cooperation (TC, GIZ) is not directly active in the health sector; however, there was cooperation with GIZ projects in other sectors, for example, between 2017-2023 through occasional collaboration with companies from Côte d'Ivoire in the health sector as part of the "Global Business Network Program". However, there were no connections of German TC to the evaluated phases of the project.

Since the end of 2018, the FC project for health system strengthening in Côte d'Ivoire is being implemented (*Projet de Renforcement du Système de la Santé* - PRSS). AIMAS implements the second component of the latter, thus there is a direct connection to the project evaluated here. Through the health system strengthening project the communication measures for behavioural change around pregnancy and childbirth and the distribution of contraceptives are being scaled up.

The project is also complementary to other BMZ-funded projects, such as the FC program Reproductive Health and HIV/AIDS Prevention of the Economic Community of West African States (ECOWAS PRSR Phases III, IV, V, VI), German contributions to the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), and other ongoing FC-funded social marketing-projects and Sexual and Reproductive Health and Rights (SRHR) projects of German development cooperation in the region.

With its focus on sexual health and rights, the project is in line with international norms and standards, particularly regarding human rights and gender equality. Germany aligns itself, among other things, with the UN Convention on the Elimination of All Forms of Discrimination Against Women. The UN Human Rights Committee further calls for governments to ensure access to high-quality and evidence-based information and education on sexual and reproductive health and rights, as well as the provision of a range of affordable contraceptive methods.

6. External coherence

The project executing agency AIMAS plays a key role in the national needs-based planning for contraceptive supplies and distribution in particular through the social marketing-component. The social marketing-approach specifically targets population groups affected by relative poverty through enhanced availability and access to subsidized contraceptives. It's target group does not include neither wealthier groups of the population nor the poorest population groups. The latter were to be served by other market segments (e.g. free contraceptives for the poorest, private/commercial sector for the wealthier parts of the population). These market segments were served on the one hand by donors (free provision mainly by UNFPA) and on the other hand by the private sector (luxury segment, including SSL International). However, the government of Côte d'Ivoire has not yet conducted analysis across the market segments (including the free, subsidized, commercial market segments in a so-called "Total Market Approach"). The demand for modern short and longer term contraceptives and condom supplies is established in regular coordination with relevant partners including AIMAS and the national programs for maternal and child health and HIV/AIDS control (PNSME, PNLS). For this purpose, the existing inventory data from AIMAS' warehouses and market data collected by AIMAS were and are being used. Regular coordination meetings including AIMAS were also held approximately every four months at the decentralized (regional or district) level.

Furthermore, AIMAS' central role in the family planning sector ensured synergies with other interventions funded by UNFPA, USAID, and AFD, where AIMAS also acted as the project executing agency. The parallel funding from other donors was utilized by AIMAS to complement the project activities, for example, to cover a larger area (UNFPA, USAID) or to strengthen the BelFam network (AFD).

At the time of the ex-post evaluation, the Ivorian government started to introduce a policy for free contraceptives for all. This policy was initially introduced in ten districts and is supported by other donors, particularly USAID and UNFPA. However, the required counterpart contribution from the government of Côte d'Ivoire for financing this new approach is not secured, leading to supply shortages. The impacts of this policy on social marketing, especially regarding the demand and price level that will be accepted by the population in the future, are not yet quantifiable and threaten the coherence and sustainability of AIMAS' ongoing activities (see also chapter on Sustainability).

Rating summary

The project, with its focus on sexual and reproductive health and rights, aligns with German development policy priorities and international norms and standards in the area of gender equality and the protection of women and girls. At the national level, the project executing agency AIMAS actively contributes to the external coherence of the project through its key role in the national needs-based planning for contraceptive supplies and distribution, given the absence of a "Total Market Approach". The coherence is assessed as successful.

Coherence: 2

Effectiveness

7. Achievement of (intended) objectives

The objective as defined at project appraisal was to contribute to strengthen a responsible behavior in view of sexual and reproductive health. The direct contribution of activities to behavioral change however is difficult to measure iand would be more appropriately located at the impact level in today's designs. Therefore, the adjusted objective within the framework of the ex-post evaluation is: "Improved knowledge about, acceptance of, and use of contraceptives." The indicators and target levels remained unchanged.

The achievement of the objective at outcome level can be summarized as follows:

Table Target achievement Outcome (selection):

Indicator	Status at PA Phase IV: 2013 Phase V: 2015 Phase VI: 2017	Target value according to PA/EPE Phase IV: 2016 Phase V: 2019 Phase VI: 2021	Actual value at PCR (2021) based on the AIMAS final report	Actual value at EPE (2024)
(1) Stabilisation of contraceptive prevalence among selected target groups (women aged 15-49)	Phase IV: 12.8 % Not updated for phases V and VI	Phase IV: 15 % Not updated for phases V and VI	25.9 % (2021, all methods) 21 % (2021, modern methods)	27 % (2022, all methods) 22 % (2022, modern methods) **Fulfilled**
(2) % of the women surveyed that confirm that their sexual and reproductive self-determination has increased or improved Proxy indicator used: *% of married women aged 25-35 in rural and suburban areas who state that they can discuss the use of a modern family planning method with their partner to avoid an unintended pregnancy*	IV: 76.8 % V: 80 % VI: 80 %	IV: 80 % V: 83 % VI: 83 %	IV: 80 % V:/ VI: 82.3 %	No updated values available for 2024 IV: **Fulfilled** VI: **Not fulfilled**
(3) % of spouses in rural and peri-urban areas who (a) support their wives in FP (b) and who take more responsibility for HIV prevention a) *"Would you agree to encourage your wife if she decides to use a modern family planning method to avoid an unintended pregnancy?"* b) Proxy indicator*: Number of men who have more than one sexual partner and stated that they used a condom during their last sexual intercourse.*	IV a) 77,3 % b) 18 % V: a) 82,0 % b) 21,7 % VI: a) 82,0 % b) 21,7 %	IV: a) 80 % b) 25 % V: a) 85 % b) 25 % VI: a) 85 % b) 25 %	IV: a) 82 % b) 21,7 % V: / VI: a) 65,7 % b) 16,2 %	No updated values available for 2024 IV: a) **Fulfilled** b) **Not fulfilled** VI: a) **Not fulfilled** b) **Not fulfilled**
(4) % of adolescents with awareness of unintended pregnancies and the associated risks	IV: 86 % V: 87 % VI: 87 %	IV: 88 % V: 90 % VI: 90 %	IV: 87 % V:/ VI: 84.1 %	No updated values available for 2024 IV: **Not fulfilled** VI: **Not fulfilled**

(5) Couple years of protection (CYPs)	IV: 0 V:0 VI:0	IV: 2.9 million in 8 years (=335,029/year); adjusted to 1.6 million (540,000/year), cf. BE 2014 V: 530.000 VI: 625,867	IV: 1.5 million V: 0.8 million after extension VI: 0.8 million at the time of the PCR	No updated values available for 2024 IV: **Not fulfilled** V: **Fulfilled** VI: **Fulfilled**

Data source: Final report AIMAS Phase VI (2021)

For 2024, there are no actual values available. It is generally noted that the majority of the set objectives and target values were narrowly missed or only partially achieved. At the same time, many indicators show a positive trend over the project period (Phases IV-VI).

The **indicator for contraceptive prevalence among selected target groups** is significantly better at the time of the project completion report (PCR) and the ex-post evaluation than the target value of Phase IV. In 2021, contraceptive prevalence in Côte d'Ivoire was 21 % for modern methods and 25.9 % for all methods. Given the high market share of AIMAS products (approximately 40 % at the time of the PCR), it is likely that the project contributed to the increased contraceptive prevalence in Côte d'Ivoire. At the same time, it must be noted that at the time of the project appraisal in 2013, the extension of the project by two additional phases was not foreseeable, and the financing proposals for Phases V and VI did not contain any new target values. Therefore, the target value at project appraisal was not formulated as a target value for 3 phases and a timeline until 2021. Compared to the strategic plan for reproductive health 2010-2014, the target value for the contraceptive prevalence rate for the FC project was less ambitious but significantly more realistic: while the strategic plan envisaged an increase in contraceptive prevalence from 13 % in 2010 to 25.1 % until 2014, the actual contraceptive prevalence in 2014 was 16.4 %.

The indicator for sexual self-determination increased by approximately six percentage points between the project appraisal of the fourth phase in 2013 and the PCR ten years later; in Phase IV, the target value was achieved. The target of Phase VI of 83 % was narrowly missed (actual value at PCR: 82.3 %).

Similar observations apply to the **indicator for awareness of modern methods** (not depicted). Over the project period, there was a significant increase in awareness among surveyed women for the pill (2013: 38.5 % - 2021: 49.5 %) and condoms (2013: 56.5 % - 2021: 74.1 %). In Phase IV, the ambitiously chosen target values were not achieved, leading to a downgrade for the target values of Phases V and VI. For the sixth phase, the target values for condoms and intrauterine devices were exceeded; the target value for the pill reached 49.8 % against the intended 50 %. The target value for the three-month injection was not achieved (29 % instead of 35 %). Given the strong increase in awareness for condoms and pills across the three phases, it is plausible that the activities implemented under phase IV also contributed to the achievement of targets at the end of the project (after phases V and VI), even though target values were not yet met at the end of the implementation of phase IV.

For the **indicator that encompassed spouses' attitudes regarding modern methods for their partners and their self-responsibility**, a significant improvement of almost five percentage points was observed between Phases IV and V. However, the target values for Phase VI were not achieved and fell below the baseline values of 2013. The proportion of partners of women aged 25-35 in rural and suburban areas who had two or more partners in the last 12 months and reported using a condom during their last sexual intercourse decreased from 21.7 % in 2016 (Phase V) to 16.2% in 2021. The Covid-19 pandemic and the absence of the counterpart contribution from the government of Côte d'Ivoire in Phase VI may have played a role, as fewer communication measures than planned could be carried out. At the end of phase IV, 9.2 % of men had participated in AIMAS sensitization measures, while at the end of the phase VI, it was 5.5 % - without specifying the time period/phase in which they had participated.

The **indicators for achieving targets among adolescents measured the knowledge level of adolescents regarding HIV prevention measures (not depicted) and their awareness of unintended pregnancies and associated risks.** Here, there were predominantly statistically significant positive developments. At the end of

the fourth phase, the targets were narrowly missed; however, as with the indicator for sexual self-determination, there was an adjustment of target values between Phases IV and VI, which was assessed as appropriate, and almost all were fulfilled for Phase VI: Abstinence and fidelity were mentioned by 35.9 % and 34.7 %, respectively, slightly exceeding the target values. For condoms, the target value of 93 % was narrowly missed, with 91 % (compared to 90.9 f% in 2016) of surveyed adolescents mentioning condom use as a means of HIV prevention. Regarding adolescents' awareness of the risks of unintended pregnancies, the target values for Phases V and VI were narrowly missed. At the end of the project period, the value was 84.1 % of respondents, below the baseline value of Phase IV in 2013. It is also noted that the adolescent target group changed according to age structure between the phases, meaning new groups were reached in each phase, which is only partially reflected in the TRaC study.

Another indicator of the project (see Figure 2) comprised the sales figures for contraceptives. The target values were as follows:

	Phase IV	Phase V	Phase VI
Condoms	64.296.976	25.000.000	33.950.000
Pill cycles	8.958.962	4.000.000	4.158.000
Three-month injection	703.500	150.000	178.200
Spirals	No target set	5.000	No target set

Table 1: Sales targets for contraceptives

The sales targets were partially (narrowly) achieved, and for condoms in Phase V, significantly exceeded. Based on the sales figures, it can be seen that the sale of intrauterine devices was not successfully launched; beyond sales, intrauterine devices were also distributed free of charge to health facilities, but due to low demand, they could not be successfully passed on to patients by the time of project completion. This was partly because service providers outside the BelFam network often were not trained in the insertion and removal of intrauterine devices or were not adequately equipped. In Phase VI, during the pandemic fewer women visited health centres, which lead to most of the procured intrauterine devices being used only in 2022, and thus the distribution was not fully captured in the final report.

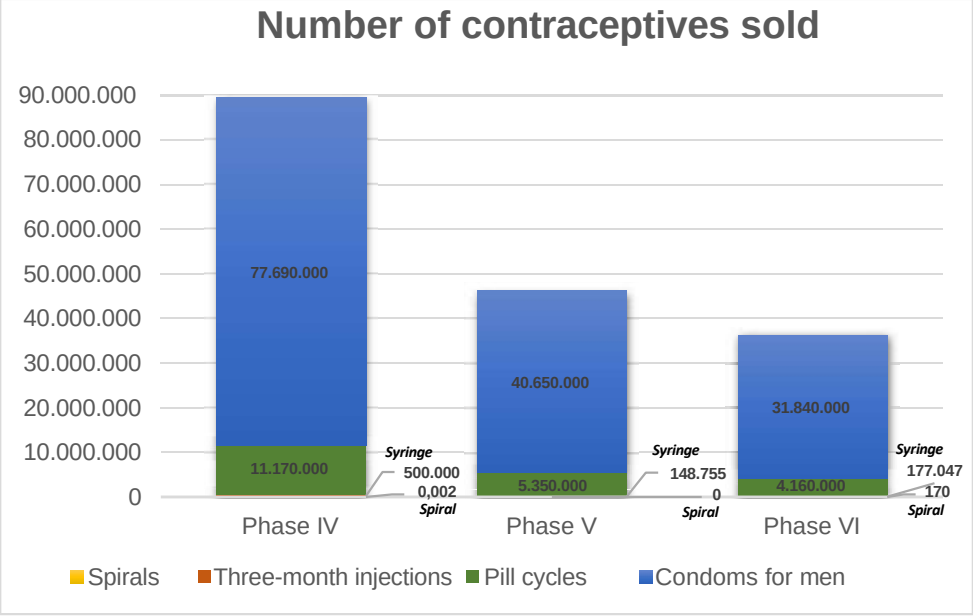


Figure 2: Number of contraceptives sold

Based on the presented paragraph and the additional free distribution of contraceptives during the awareness campaigns, **approximately 3.1 million Couple-Years of Protection (CYP)** were achieved through sales through the project. The goals set for Phases V and VI were thus achieved or exceeded. The adjusted goal of 1.6 million for the fourth phase was not reached.

Overall, the achievement of the project's objectives presents a mixed picture. The target values for the three phases were in some cases narrowly missed. However, the evaluation also notes that the number of indicators

was above average, and the target values are generally considered ambitious, especially given that indicators 1 and 3 measure attitudinal or behavioural changes. Considering that, as described, many indicators show a positive trend over the entire project period—particularly in the achieved CYP and the increased awareness among target groups for (modern) methods—the achievement of objectives is still assessed as successful.

8. Contribution to the achievement of objectives

The described objective and target system of the project aims at measuring behavioural change among the target groups. In addition to social marketing-activities, it is plausible that the awareness raising and communication measures as well as the establishment of the social franchise-network "BelFam" significantly contributed to achieving the objectives.

Social Marketing and Communication Activities: In the area of social marketing, the project's achievement is positively evaluated, as the products offered by AIMAS are considered constantly and easily available and the target group appreciates them for their substituted price, which is reflected in low price elasticity. AIMAS' market share[4] averaged 45 % for phase V. For the phase VI, it reduced — presumably due to increased demand and a broader product range (especially for pills and three-month injections) — to 40 %. AIMAS' market share was primarily generated through pills (85 % for 2021) and condoms (47.5 % for 2021), although the condom market traditionally experiences distortions, as they are available prescription-free and in many places they are distributed for free. AIMAS' condoms were sold through wholesalers, intermediaries, and retailers and were available to target groups through shops, mobile vendors, pharmacies, and since Phase VI, also in a few vending machines (USAID-funded). For AIMAS' most well-known condom brand, "Prudence", the TRaC study in 2021 found low price elasticity; the majority of customers would continue to buy "Prudence" even with a price increase of 50 % or even 100 %. For the more expensive brand "Complice", the price elasticity is somewhat higher, although approximately 75 % of customers would still buy the condoms even with a 100 % price increase.

For achieving objectives and targets among adolescents, AIMAS awareness campaigns in public schools are assessed as particularly effective measures. The behavioral study conducted at the end of Phase VI showed that a quarter of the surveyed adolescents who had participated in awareness activities on HIV/AIDS and the risks of unintended pregnancies had done so at school. Overall, 18.6 % of surveyed adolescents participated in AIMAS' youth campaign; 29 % participated in community sensitization measures (e.g., through other NGOs). Approximately 38 % of adolescents also heard or saw an advertisement for AIMAS' condom brand "Prudence". This also demonstrates an effective use of (mass) media for advertising contraceptives, which is similarly reflected among adult target groups: According to the behavioral study, the marketing conducted by AIMAS between 2018-2021 reached 44.8 % of women in the target group, especially in suburban areas (49.3 %). More than half of the women who heard or saw an AIMAS advertisement reported to have seen an AIMAS ad more than five times. The most important channel of communication for marketing was by far through television (over 83 %). Even more spouses of women in the target population were reached by AIMAS advertisements, over 76 % reported to have seen or heard an advertisement for AIMAS contraceptive products. The main channels through which they were reached were television and radio. Only 8 % of women and 5 % of men reported to have attended an interpersonal sensitization measure.

The collaboration with the national broadcasting and television company *Radiodiffusion, Télévision Ivoirien – RTI* was another measure that contributed to the effectiveness of the FC project. A key factor for the outreach of AIMAS' marketing was the special permission from the government, which allowed AIMAS the unique broadcasting of advertisements for hormonal contraceptives over public broadcasting channels. However, this was not the best channel to reach the adolescent target group. According to the behavioural study, adolescents prefer international television channels (57% of respondents) over RTI (17.9 %) and generally don't listen to the radio much. In 2021, 66 % of adolescent respondents in the behavioral study reported not to listen to the radio at all. The outreach among adults is more positively evaluated: 28% of women and 47 % of spouses reported watching RTI television channels. In Phase VI, AIMAS marketing broadcasts on national television were reduced compared to previous phases, as the financing for the collaboration actitivies with RTI was borne from the counterpart contribution from the government of Côte d'Ivoire, and these payments were not made in time. Broadcasts in Phase VI were aired on national radio and especially over 15 local radios.

Social Franchising: "BelFam": Within the framework of the "BelFam" component, collaboration with clinics proved to be very effective, although only 30 health centres nationwide could benefit from the measure. The social franchising-component made a direct contribution to achieving the project's objectives by both strengthening the supply side of health service for family planning and reproductive health and creating demand. Supervision and

[4] Couple-Years of Protection (CYP) market shares of contraceptives imported into Côte d'Ivoire

training activities contributed to the improved quality of services and at the same time laid the foundation for stable sales of AIMAS products. At the same time, communication and mobilization activities and mobile consultations rose awareness of the offered health services and contributed to an increasing demand for family planning services. In Phases V and VI, a total of 77,646 women switched to a modern contraceptive method through the BelFam-network, including 17,215 new users (women who started using a contraceptive method for the first time).

The ex-post evaluation still found a high need to further strengthen the supply side through training and supervision. Anecdotal data suggest that in some cases, women sensitized by communication measures could not receive adequate support in the public clinics they visited. The demand for modern contraceptive methods generated by AIMAS could thus not be met due to still weak capacities on the supply side.

Ultimately, discussions with target groups during the ex-post evaluation also showed that many women who participated in the project's sensitization measures actively chose modern methods. This is reflected in women trying different products before settling on one and continuing to use it or stopping contraception to have a child and then returning to modern methods.

9. Quality of implementation

AIMAS' project management led to partial optimization of project implementation, particularly in the following areas:

- By obtaining a pharmacy licence, AIMAS is now in a position to supply hormonal contraceptives to business partners without an intermediate stop (also see chapter on Efficiency);
- With the authorisation of the Ministry of Education, AIMAS can carry out educational campaigns in schools;
- By hiring an IT-specialist, it was possible to digitalise and optimise supply and distribution planning for the procurement of contraceptives, minimising fluctuations and reducing the risk of bottlenecks and stock outs.

It was also positively noted that adapted approaches to various target groups were applied, evidence-based and tailored to the context and the various communication channels. The selected core messages of the communication campaigns were derived from insights from behavioral studies of the project's preceding phases. The studies had shown, for example, that social norms and religious/spiritual beliefs play an important role in the decision to use modern contraceptive methods. Therefore, communication measures in Phases IV-VI were more focused on these topics: TV spots with religious authorities were produced, and religious or traditional leaders were involved in interpersonal communication on-site. Discussions with target groups during the ex-post evaluation showed that AIMAS' engagement of local authorities had a trust-building effect for parts of the target group. AIMAS also succeeded in involving the target groups themselves in the creation of communication campaigns, such as adolescents who took on roles in the media productions of the campaign *Prends Le Contrôle de Ta Vie*, actively engaging with the topic of sexual health and its communication. The slogan of the campaign *Ma Femme, Mon Amie* also stems from focus groups with spouses who were surveyed about their attitudes and were specifically targeted by the campaign.

Additionally, the effective collaboration of the project executing agency AIMAS with strategic partners was crucial for achieving the objectives. In collaboration with the hormonal contraceptive manufacturer MYLAN, AIMAS negotiated long-term payment terms for procurements (e.g., payment after distribution) to ensure AIMAS liquidity. AIMAS also succeeded in identifying relevant and reliable distribution partners to ensure the widest possible access to contraceptives. Wholesalers like Prosuma and TIMA were selected based on their customer segments (retail for low and middle-income levels) and geographic coverage, enabling access to contraceptives for the project's target groups. Long-term partnerships were established with some wholesalers over the course of the project phases. Many of them know and appreciate AIMAS' goals and social mission, which led to them continuing to place orders and ensuring product placement near cash registers even during supply shortages by AIMAS. A market study conducted in 2021 (Measuring Access and Performance – MAP) showed that AIMAS-distributed condoms were prominently displayed at 60-70% of sales points. Effective partnerships were also established in the course of communication activities, such as during the youth campaign *Prends Le Contrôle de Ta Vie*, where AIMAS worked with nine local NGOs. During on-site visits for the ex-post evaluation, it became clear that the targeted selection of NGO and media partners at the local level contributed to establishing a direct and trust-based access to the target groups.

10. Unintended effects (positive or negative)

No unintended effects were identified.

Rating summary

Throughout the project, positive trends were observed for increasing acceptance and use of contraceptives, although the ambitious target values were only partially achieved or narrowly missed in the end. At the same time, the described data clearly indicate that the implementation of planned activities by the project executing agency AIMAS made a significant contribution to achieving the objectives for all components of the project, and the quality of implementation is rated as above average. The implementation particularly benefited from AIMAS' continuous optimization of implementation steps across the three phases and from strategic partner selection. Therefore, the effectiveness of the project is assessed as successful.

Effectiveness: 2

Efficiency

The indicators relevant for assessing efficiency include the cost per CYP and the coverage of operating costs, thus illustrating the (conditional) economic viability of the project. Costs slightly increased between Phases V and VI while the number of CYPs remained constant; this is attributed to the outbreak of the Covid-19 pandemic and associated challenges. At the same time, it is positively noted that cost efficiency in Phases V and VI was significantly above the target value; in Phase IV, it was only slightly below (10.56 EUR/CYP instead of 10.50 EUR/CYP). The coverage of operating costs increased from 69.2 % (Phase V) to 80.7 %, but did not reach the target value of 90 %.

Indicator	Status PA Phase IV: 2013 Phase V: 2015 Phase VI: 2017	Target value according to PA Phase IV: 2016 Phase V: 2019 Phase VI: 2021	Actual value at PCR (2021) based on the AIMAS final report	Actual value at EPE (2024)
(1) Stabilisation of the a) costs per Couple-Year of protection (CYPs) and b) coverage of operating costs	IV: a) EUR 9 b) 100 % V: a) EUR 12 b) 86 % VI: a) EUR 13,7 b) 90 %	IV: a) EUR 10,5 b) 93 % V: a) EUR 11 b) 88 % VI: a) EUR 12 b) 90 %	IV: a) EUR 10,56 b) 89 % V: a) EUR 8,88 b) 69,2 % VI: a) EUR 9,36 b) 80,7 %	No updated values for 2024 IV: a) **Fulfilled** b) **Not fulfilled** V: a) **Fulfilled** b) **Not fulfilled** VI: a) **Fulfilled** b) **Not fulfilled**

11. Production efficiency[5]

The project duration spanned the three phases from 2014 to 2021, with 41 months for Phase IV having the highest FC volume (12 million EUR), 21 months for Phase V, and 18 months for Phase VI (each 5 million EUR). Phases V and VI were respectively cost-neutrally extended by six and three months to ensure the disbursement and earmarked use of remaining funds. The intended outputs could be delivered with the available funds, although adjustments mentioned in the Relevance chapter occurred during implementation.

[5] The data used here are sourced from the final report of the project executing agency, audit reports, and the KfW-internal evaluation of the auditor's report.

The largest adjustments to outputs occurred in Phase VI, mainly due to the outbreak of the Covid-19 pandemic. Additionally, due to the absence of the government of Côte d'Ivoire's counterpart contribution, some communication measures had to be adjusted. Consequently, fewer communication measures took place in Phase VI than planned. Instead, more procurements were conducted. In fact, by the end of Phase VI, approximately 15 % of FC funds were spent on communication measures and 56 % on procurements; compared to originally, 25 % budgeted for communication measures and 45 % for procurements. This reallocation is considered an efficient and appropriate use of funds. At the same time, pandemic-related higher procurement costs slightly reduced the production efficiency of procurements. This is also minimally evident in the cost efficiency per CYP, where the total costs of the project are allocated to the number of achieved Couple-Years of Protection (see above). Considering only procurement costs, the average value across all phases is approximately 3.30 EUR/CYP, which is slightly above the UNFPA Contraceptive Price Indicator for 2021 (2.70 USD).

At the end of Phase VI, there are still claims for counterpart contributions from the entire project amounting to approximately 1,186,000 EUR, of which 374,000 EUR are outstanding debts of the government of Côte d'Ivoire to RTI for already broadcasted emissions. The remaining funds of about 812,000 EUR are intended to be used for additional RTI-broadcasts within the current phase of the follow-up project for health system strengthening PRSS. The funds have not yet been provided nor utilized at the time of the ex-post evaluation.

Other deviations from the budget plan were minimal and are considered non-critical. Consulting costs averaged nine percent of total costs, which is considered appropriate in regional comparison.

12. Allocation efficiency

While the share of sales revenue in the total financing of the project for Phases V and VI was around 30 %, the coverage of operating costs varied over the three phases as described below:

Phase	Phase IV	Phase V	Phase VI
Sales proceeds	EUR 3.486 million	EUR 2.164 million	EUR 1.672 million
% Share of total financing	21 %	30 %	29 %
% cover operating costs	88,6 %	69,21 %	80,7 %

Table 2: Contraceptive sales revenues of the three phases

The coverage of operating costs was below the target values in all three phases. According to AIMAS, the decrease in operating cost coverage over the project's duration is also attributed to cost increases due to an expansion of the network of participating health service providers and other sales outlets. The maintenance of the headquarters, five antennas, and decentralized warehouses across the country increased the operating costs over the years. The goal of ninety percent operating cost coverage for Phase VI is therefore considered very ambitious. However, interviews during the ex-post evaluation also showed that further efficiencies could have been realized, especially at the organizational level. AIMAS continues to operate a very personnel-intensive implementation, which binds expensive resources through the constant involvement of the highest hierarchy level. Furthermore, the price-elasticity presented in the Effectiveness chapter reveals untapped potential to generate higher revenues and thus contribute to an enhanced operating cost coverage. On an annual basis, the average prices per capita of USD 6.25 (Prudence) and USD 13.40 (Complice) are well below 1% of the per capita household income in Côte d'Ivoire, which was approximately USD 22.9 at the end of the project[6].

Nonetheless, the adaptation of implementation conditions by AIMAS, as described in the "Effectiveness" chapter, also shows that the organisation is indeed capable of realizing efficiency potentials. Regarding the sales of hormonal contraceptives procured by AIMAS, it is particularly noteworthy that AIMAS has had its own pharmacy license since 2019, enabling more effective distribution. The license made AIMAS a storage facility for pharmaceutical products, allowing the organisation to provide hormonal contraceptives directly to pharmaceutical wholesalers and franchise clinics without relying on pharmaceutical laboratories. Certification as a pharmaceutical warehouse not only saved time and transportation costs but also enabled improved, more direct contact with pharmaceutical wholesalers for more effective product distribution. For more efficient condom distribution, AIMAS also established a "bulk buyer" system, requiring a minimum sale of 50 cartons per wholesaler. Furthermore, agreements with the government of Côte d'Ivoire for advertisement and marketing as well as access to schools

[6] The so-callled Chapman Index, which sets expenditures of 1 % of household income for contraceptives as a benchmark; Source: final report of the project executing agency.

for information and awareness raising activities proved beneficial for the allocation efficiency of the project. Collaboration with the national broadcasting and television company RTI enabled the use of nationwide mass media, which is considered an efficient method for addressing adult target groups (see chapter on Effectiveness). The agreement with the Ministry of Education created a more direct and broader access to adolescent target groups.

Rating summary

The project was implemented with fewer funds than originally planned. There were no major delays; the cost-neutral extensions served the successful completion of the project and the full distribution of the final procured contraceptives. Therefore, production efficiency is rated as good. There is potential for efficiency improvements only in the area of efficient operational management at AIMAS. Nonetheless, overall efficiency is assessed as successful.

Efficiency: 2

Overarching developmental impact

13. Overarching (intended) developmental changes

The objective of the project was to contribute to the stabilization of sexual and reproductive health and rights of the population of C°ote d'Ivoire by preventing unintended pregnancies, increasing birth intervals, and reducing sexually transmitted infections, particularly HIV/AIDS. The objective was assessed as appropriate and was not further adjusted in the context of the ex-post evaluation. The achievement of the objective at impact level can be summarised as follows:

Table Target achievement Impact:

Indicator	Status PA (2013)	Target value according to PA	Actual value at PCR (2021)	Actual value at EPE (2024)
(1) Stabilisation of HIV prevalence among selected target groups (adults aged 15-49)	3,7 %	3,3 %	1,8 %	1,8 % (2023) **Fulfilled**
(2) Maternal mortality per 100,000 live births	597	n.a.	480 (2020)	480 (2020)
(3) Birth rate	5,14	n.a.	4,35	4,23

Data source: UN population data; World Bank GenderStatistics

The actual values at the time of the PCR and the ex-post evaluation are significantly better than the baseline values, or the target value in the case of HIV prevalence. The HIV prevalence at the time of the PCR was 1.8 %, indicating a significant reduction since the project appraisal. Maternal mortality decreased from 597 to 480 per 100,000 live births. The birth rate at the time of the PCR was 4.35, which is below the baseline value of 5.14 births. Especially considering that the indicator encompasses multiple generations of women, it would be expected that changes are visible only in the long term, so the already visible decline is positively evaluated.

14. Contribution to overarching (intended) developmental changes

During the PCR, it was already established that the CYP can be converted to approximately 900,000 avoided pregnancies and 4,400 avoided maternal deaths[7]. Although this cannot be directly translated into a quantifiable contribution to development policy changes, as mentioned under Effectiveness, it is likely, given the high market share of AIMAS products (approximately 40% at the time of the PCR), that the project contributed to this increased contraceptive prevalence in Côte d'Ivoire. Since the theory of change (TOC) between outcome and impact appears plausible, and avoided pregnancies have a sustainable effect on birth rates and population growth, it is assumed that the project contributed to the stabilization of sexual and reproductive health (see Figure 3). UN

[7] Methodology of the PCR: Conversion factor for the region: https://www.guttmacher.org/sites/default/files/article_files/attachments/guttmacher-cyp-memo.pdf

population data similarly show that the unmet need for contraceptives among married or partnered women decreased from 27.2 % to 21.4 % between 2013 and 2022. This development is particularly relevant against the backdrop of increasing demand.

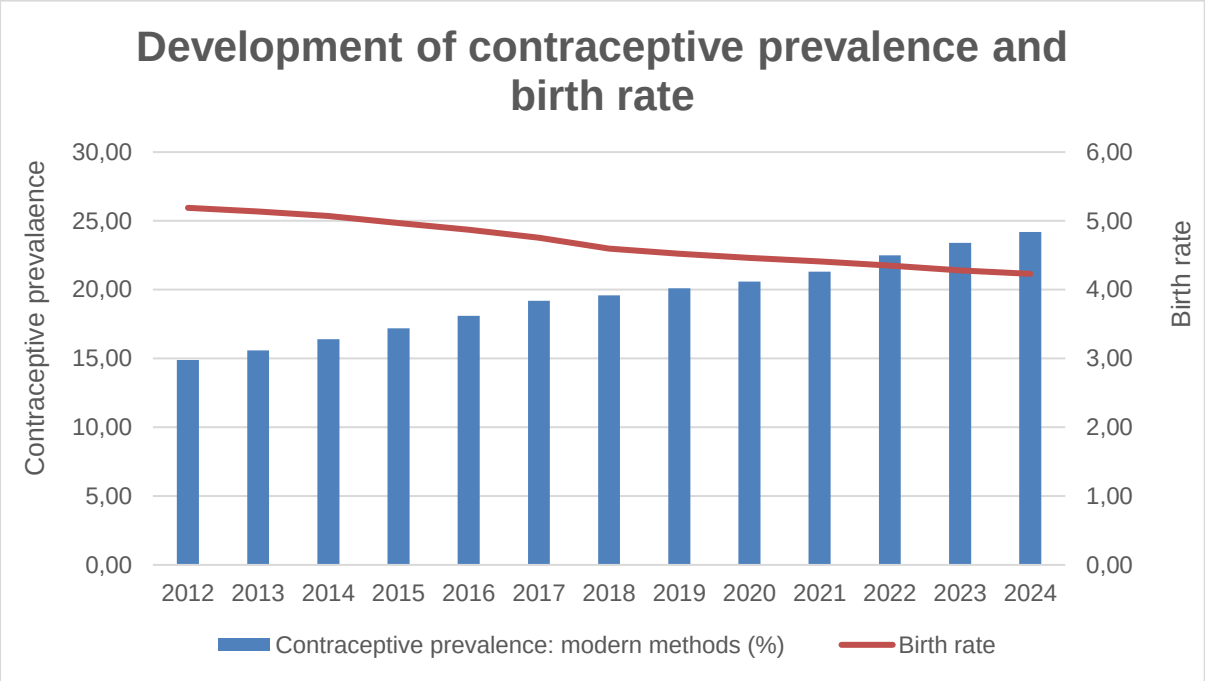


Figure 3: Contraceptive prevalence and birth rate 2012-2024

For HIV prevalence, the 163 million condoms distributed during the project, according to the PCR, represent a (conservative) estimate of 16,300 avoided HIV transmissions.

The achievement of objectives at the impact level is not only promoted by awareness efforts and the availability of contraceptives but also by a range of external factors. Particularly the educational level and economic development for girls and women are additional elements that promote an increase in contraceptive prevalence[8]. During the project period these context factors changed: In 2013, only 27.5 % of school-age girls completed secondary school, whereas in 2022, their share almost doubled (55.5 %). Between 2013 and 2022, the Gross Domestic Product rose from 42.7 billion USD to 70.1 billion USD. Women's employment increased slightly from 53 % to 56 %.[9]

15. Contribution to overarching (unintended) developmental changes

No unintended developmental policy changes were identified.

Rating summary

Both the prevalence of HIV/AIDS and the birth rate and maternal mortality rate decreased during the project period, while contraceptive prevalence increased. Given the achieved CYPs in the project and the generally high market share of AIMAS products in Côte d'Ivoire, it is likely that the project contributed to the stabilization (or improvement) of sexual and reproductive health and rights. Against this backdrop, the project is assessed as successful in terms of overarching development policy impacts.

Overarching developmental impact: 2

[8] Berlin Institut 2011
[9] *World Bank Gender Statistics* 2024, World Bank Country Data Côte d'Ivoire 2024

Sustainability

16. Capacities of the beneficiaries and stakeholders

The implementation of measures in the area of sexual and reproductive health remains heavily dependent on donor support. The health sector of the Côte d'ivoire continues to suffer from low government spending, which falls short of international commitments. In 2001, the government committed to the Abuja target, which aims to allocate 15 % of the budget to the health sector[10]. At the time of the project appraisal in 2013, 12 years later, the government health budget was at 4.62 %. In 2022, at the time of the project completion report, government spending on the health sector was approximately 6 % of the budget, only slightly more than at the beginning of the project. At the time of the ex-post evaluation, the budget planning for 2025 is available, which foresees approximately 7 % of government spending for the health sector[11]. Although this increase is generally welcome, the public sector is still unable to fully meet the population's needs in family planning/HIV prevention. During the ex-post evaluation, it became clear that the responsible government programs highly value AIMAS' activities. Nonetheless, the government has not yet taken responsibility for their continuation. Regarding communication measures, it also became evident that without AIMAS' activities, awareness raising efforts would significantly decline. Particularly in terms of awareness and communication, in some areas AIMAS is the only government partner allowed and able to conduct such activities. However, the government sees no possibilities to support AIMAS without external funding.

Over the project period, as described in the previous chapter, some overarching development policy impacts were achieved. AIMAS' work has reached awareness efforts in schools; simultaneously, there was a political will to anchor sexual education in schools, summarized in the "National Program for Sexual Education in Côte d'Ivoire 2016-2020" of the government of Côte d'Ivoire[12], which envisages sustainably embedding sexual and reproductive education in the educational sector and supports the sustainability of AIMAS' youth campaigns.

Currently, AIMAS continues to implement social marketing-activities within the framework of the follow-up project PRSS, but not at all locations and without the social franchising-component. Despite generally positive trends in development policy changes over the project period, discussions and project visits during the ex-post evaluation also highlighted some risks of limited sustainability for some of the achievements. Two years after the end of the last phase of the project, interlocutors anecdotally reported a rising number of young mothers in the health center (Koumassi) and a declining usage rate of modern contraceptive methods (Daloa). Conversations with target groups revealed that knowledge, let alone the use, of modern methods is (still) not consistently socially anchored, and knowledge transfer cannot happen solely within society (e.g., from parents to children), but continued awareness campaigns and support from health staff are needed.

17. Contribution to supporting sustainable capacities

Overall, the project executing agency AIMAS has developed into a professional implementation organisation over the project duration with the support of FC financing, capable of successfully conducting complex programs in family planning/HIV prevention nationwide. However, AIMAS has only been able to scale its own income sources to a limited extent, which poses challenges for the organisation given the phasing out of FC financing within the PRSS framework. AIMAS is currently actively seeking alternative financing partners; in 2023, an initial order for contraceptives was placed with the West African Health Organization (WAHO), but delivery will occur no earlier than the end of 2025. Sensitization measures, however, cannot be supported by WAHO. Additionally, discussions are ongoing with the World Bank and UNFPA. Furthermore, partnerships in the private sector are being pursued: AIMAS successfully launched the product PREGNON (morning-after pill) in 2010 at its own expense and now aims to establish more efficient distribution partnerships with manufacturers, which would enable long-term financing and better repayment terms for AIMAS. AIMAS is also working on reducing operating costs, including the long-term acquisition of a building to lower rental costs and operating costs for the headquarters.

A business plan updated in 2020 aims to commercialize communication measures, develop campaigns and media products for business partners or other organisations, and thus establish a second income source alongside the distribution of subsidized contraceptives. This approach has only just started. While the development and updating of the business plan for AIMAS is an important step, only its implementation can actively contribute to financial sustainability for AIMAS as an organisation.

[10] The declaration of intent is found in the National Development Plan 2021-2025.
[11] Agence Ecofin 2024; Yop LFrii News 2024; Weltbank 2023
[12] GUIDES D'USAGES ET PEDAGOGIQUES

The BelFam network continues to exist, although many of the activities financed in the project (training, free consultations, etc.) can no longer be offered. At the same time, the network's standards are maintained at the district level. This is monitored as best as possible, but not always as comprehensively as it was with AIMAS.

In addition to direct collaboration with health facilities, AIMAS has also supported the capacities of local partner NGOs. During the visits of the ex-post evaluation, local NGOs attested having gained relevant knowledge and experience in project and financial management, which continues to be applied.

18. Durability of impacts over time

The introduction of a so-called free policy for contraceptives, which began in 2024, additionally negatively impacts the successes previously achieved by AIMAS, primarily through market distortion with unknown effects on product pricing. For reasons of economic viability, the prices of AIMAS products should have been increased long ago. The government's free policy is also dependent on donor support; the government remains behind its commitments regarding procurements, leading to shortages and stock-outs in contraceptive supplies risking to undermine widespread use.

Rating summary

The development of AIMAS as an implementing organisation and the associated capacity building is assessed as very successful. The impacts of the project largely remain, and the structures created with and through AIMAS continue to be capable and effective. There is a chance that AIMAS will independently move towards financial sustainability of its activities, although the organisation is highly dependent on the expiring FC financing at the time of the ex-post evaluation, with few alternative financing options available. The sustainability of the generated impacts is highly threatened and cannot be maintained without further activities. The sustainability dimension of the project is at high risk and is therefore rated as moderately successful.

Sustainability: 3

Overall rating: 2

In the context of the ex-post evaluation, it was determined that the project, through the achieved Couple-Years of Protection and in light of declining HIV/AIDS prevalence, reduced maternal mortality, and reducing unintended pregnancies and increasing birth intervals, plausibly contributed to the stabilization of sexual and reproductive health and rights in Côte d'Ivoire, thereby generating positive overarching development policy impacts. In the overall assessment, the relevance and coherence dimensions of the project are particularly positively highlighted. The content design is convincing due to its strategic relevance and impact orientation. Additionally, the project aligns with German development policy priorities and international norms and standards in the area of gender equality and the protection of women and girls. At the national level, the project executing agency AIMAS actively contributes to the external coherence of the project through its key role in national supply and distribution planning for contraceptives, given the absence of a total market approach.

Although the ambitious target values were only partially achieved or narrowly missed in the end, the evaluation finds that the implementation of planned activities by the project executing agency AIMAS made a significant contribution to achieving the objectives for all components of the project. The quality of implementation is particularly rated as above average.

Only the sustainability of the project is assessed as only moderately successful, in view of significant risks to the sustainability of the impacts without further financial support.

Overall, the project is still rated as a successful (2).

Contributions to the 2030 Agenda

The project contributed to Goals 3 (Good Health and Well-being) and 5 (Gender Equality) of the Agenda 2030. Through the achieved Couple-Years of Protection and communication measures, the project primarily contributed to Goal 3.7 (Access to sexual and reproductive health services). The high market share of AIMAS condoms also paves the way for Goal 3.3 (End the AIDS epidemic). The gender-transformative design of the project and the

direct engagement of women and their spouses can be explicitly attributed to Goal 5.6 (Access to sexual and reproductive health and rights). The needs-oriented, equality-focused design and the communication measures tailored to different target groups collectively contributed to the "Leave No One Behind" principle of Agenda 2030.

Project specific strengths/weaknesses and general conclusions/lessons learned

The strengths and weaknesses of the project include in particular:

- Within the framework of the **social marketing-component**, the effective distribution of contraceptives was achieved. Diverse communication measures reached various target groups through different channels (mass media, interpersonal campaigns, education in schools). The project executing agency AIMAS, acting as a social marketing-agency on behalf of the government, played a key role in the national supply and distribution planning for contraceptives, facilitated by market analyses. In Côte d'Ivoire, social marketing will remain relevant, especially in the context of insufficient (state) financial commitments, which to date undermine the prospect of a cost-free distribution of contraceptives envisaged by the government of Côte d'Ivoire.
- The **social franchising-component** made a direct contribution to achieving the project's objectives by strengthening service provision (supply side) and creating demand.
- The **effective collaboration of the project executing agency AIMAS with strategic partners** was crucial for achieving the objectives. On one hand, the good relationship of the project executing agency with suppliers and distribution partners facilitated the distribution of contraceptives for the social marketing-component: On the other hand, close cooperation with relevant state entities enabled more effective and direct communication channels.
- Despite the positive impacts the project was able to achieve, it also became clear that the **objectives and target values (especially at the outcome level)** and the **sustainability aspirations** of the social marketing component were, in some parts, **too ambitious**.
- Additionally, AIMAS has only been able to scale its own income sources to a limited extent, which poses challenges for the organisation given the phasing out of FC financing.

Conclusions and lessons learned:

Social marketing enables targeted engagement with specific groups and remains an appropriate and necessary tool for reaching adolescents and poorer segments of the population. In contexts lacking a total market approach, market analyses conducted under the social marketing-component can effectively support national supply and distribution planning. Combined with **social franchising**, the effectiveness of social marketing can be enhanced by strengthening the supply side; the introduction and expansion of modern methods are thus supported and can potentially have an impact beyond the project's end, for example, through standard setting.

Effective collaboration with strategic partners can be crucial for achieving objectives. Long-term or well-maintained partnerships with distribution partners can lead to wholesalers and intermediaries becoming familiar with the goals and values of social marketing, developing not only economic but also a social motivation for product distribution, thereby strengthening sales. At the state level, agreements with relevant educational entities (e.g., Ministry of Education) and public broadcasting can facilitate access to target groups.

The achievement of the project's objectives was diminished by **overly ambitious goals at the outcome level**, such as those related to behavioral and attitudinal changes. Additionally, **there are risks concerning the sustainability** of the measures. Knowledge of, let alone the use of, modern methods is (still) not consistently socially anchored even after the project's end, and continued awareness campaigns and support from health personnel are needed.

Evaluation approach and methods

Methodology of the ex-post evaluation

The ex-post evaluation follows the methodology of a rapid appraisal, i.e. a data-supported, qualitative contribution analysis and represents an expert judgement. This involves attributing impacts to the project through plausibility considerations based on the careful analysis of documents, data, facts and impressions. Where possible, this also includes the use of digital data sources and modern techniques (e.g. satellite data, online surveys, geocoding). Causes of any contradictory information are investigated, attempts are made to eliminate them and the assessment is based on statements that are - if possible - confirmed by several sources of information (triangulation).

Documents:
Internal project documents, secondary technical literature, strategy papers of the Ivorian government, context, country and sector analyses, impact monitoring of the project (TraC/MAP studies), comparable evaluations (FC project SRGR Cameroon 2023).

Data sources and analysis tools:
(Digital) databases (UN Population Data), data collection on site, monitoring data from the partner, surveys

Interview partner:
Project executing agency, government programs of C°ote d'Ivoire, implementation partners (NGOs, wholesalers), target groups, USAID, KfW sector team.

The analysis of impacts is based on assumed interdependencies, documented in the impact matrix developed during the project appraisal and, if necessary, updated during the ex-post evaluation. The evaluation report presents arguments as to why which influencing factors were identified for the identified results and why the analysed project presumably made which contribution (contribution analysis). The context of the development project is taken into account with regard to its influence on the results. The conclusions are set in relation to the availability and quality of the data basis. An evaluation design is the reference framework for the evaluation.

For project evaluations, the method offers a - on average - balanced cost-benefit ratio, in which the knowledge gained and the evaluation effort are in equilibrium, and allows a systematic assessment of the effectiveness of FC projects across all project evaluations. The individual ex-post evaluation can therefore not fulfil the requirements of a scientific assessment in the sense of a clear causal analysis.

The following aspects limited the evaluation:
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Methodology of the performance evaluation

A six-point scale is used to assess the project according to the OECD DAC criteria. The scale values are assigned as follows:

Level 1 Very successful: result significantly above expectations

Level 2 Successful: result fully in line with expectations, without significant deficiencies

Level 3 Moderately successful: below expectations, but positive results dominate

Level 4 Moderately unsuccessful: is significantly below expectations and negative results dominate despite recognisable positive results

Level 5 Unsuccessful: despite some positive partial results, the negative results clearly dominate

Level 6 Highly unsuccessful: the project is useless or the situation has worsened

The overall rating on the six-point scale is based on a project-specific weighting of the six individual criteria. Levels 1-3 of the overall rating indicate a "successful" project, while levels 4-6 indicate an "unsuccessful" project. It should be noted that a project can generally only be considered developmentally "successful" if the achievement of the project objective ("effectiveness") and the impact on the overall objective ("overarching developmental impact") as well as the sustainability are rated as at least "Moderately successful" (rating 3).

The annex to this report is available upon request (German only).

Imprint

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