KfW Development Bank

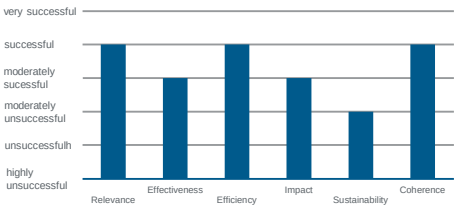
Ex-post evaluation
Private sector project - Reproductive health, Cameroon

Title	Private sector project reproductive health		
Sector and CRS code	Health (CRS code: 13030 Family planning)		
Project number	2013 67 036		
Commissioned by	German Federal Ministry for Economic Cooperation and Development (BMZ)		
Recipient/Programme executing agency	Republic of Cameroon, represented by MINEPAT (Ministère de l'Economie, de la Planification et de l'Aménagement du Territoire)/ACMS (Association Camerounaise de Marketing Social)		
Project volume/ Financing instrument	EUR 16 million / FC financial contribution (budget funds)		
Project duration	2014–2021		
Year of report	2023	**Year of random sample**	2022

Objectives and project outline

The increased use of modern contraceptives and an observable change in the target group's behaviour with regard to self-determined family planning (outcome objective) should contribute to improving mother and child health (impact objective). In four project regions, a social franchise network was established for family planning services via public health institutions with brand advertising, awareness-raising measures, staff training, quality assurance, procurement of contraceptives and the equipment of the franchise clinics.

Overall rating:
moderately unsuccessful



Key findings

The project was effective in terms of developmental outcomes and impacts, but its sustainability is not guaranteed. The project has been rated "moderately unsuccessful" for the following reasons:

– The establishment of the social franchise network for family planning products and services was very relevant in view of the high demand in the project regions in Cameroon.

– With its comprehensive project approach, the project addressed both supply-side and demand-side aspects of family planning and was thus able to effectively contribute to an increase in contraceptive prevalence in the project regions during the project term (effectiveness).

– The close monitoring and supervision of the healthcare facilities involved was associated with high costs, but at the same time contributed to a significant improvement in the quality of family planning services (efficiency).

– Challenges for sustainability consist particularly in the financing of the social franchise network beyond the end of the project. The network was not able to continue to operate due to a lack of financing. Aggravating the issue were supply gaps in the provision of contraceptives by UNFPA after the end of implementation. In just over half of the health care facilities, family planning services are no longer offered in the required quality 2.5 years after the end of the project. The longer term impacts of the supported measures are therefore not given at the time of the evaluation (impact, sustainability).

Conclusions

– A specific approach to adress young people is needed to achieve the desired effects.

– The transfer of the social franchise approach borrowed from the private sector to public health institutions has improved their range of health services in the area of family planning.

– Diversification of financing sources (possibly with other external partners) is central to the sustainable financing of social franchise approaches with public health institutions.

– The objectives and claimed sustainability for similar projects in the area of basic social services with rather poor target groups and a high proportion of non-cost-covering services should not be too ambitious.

Ex-post evaluation – assessment according to OECD-DAC criteria

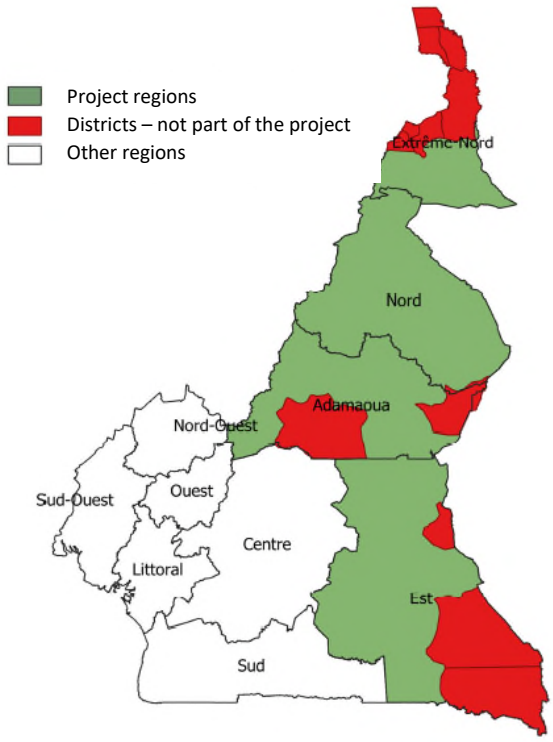
Overview of the rating per criterion:

Relevance	2
Coherence	2
Effectiveness	3
Efficiency	2
Overarching developmental impact	3
Sustainability	4
Overall rating:	**4**

Brief description of the project

The “Private Sector Project Reproductive Health” promoted improved access for girls and women to quality-assured medical products and services in the area of family planning. As part of the project, the social franchise network ProFam, which already exists in other regions of Cameroon, was expanded to the four project regions: Extrême-Nord, Nord, Adamaoua and Est. Inclusion in the *franchise* network enabled the participating private and predominantly public healthcare institutions to offer their services under the ProFam brand. The reason for the inclusion of public institutions in the network was, in particular, the low number of state-recognised private institutions (<10%) in the project regions. In return, the public franchisees undertake to provide health services in accordance with the quality criteria associated with the franchise brand. In principle, *social franchising* is a concept borrowed from the private sector, which is typically used in the private segment of the healthcare sector. In this project, this approach was transferred to public institutions. A total of 372 healthcare facilities (of which 333 are public health facilities) were included in the network, representing approximately 40 % of the healthcare facilities in the regions affected. The social franchisor, here*: Association Camerounaise de Marketing Social/Population Services International* (ACMS/PSI) was responsible for brand promotion, education and awareness-raising measures, staff training and quality assurance measures in the franchise clinics (here, basic health facilities), as well as for the procurement of contraceptives and for the equipment of the franchise clinics. The focus was on products and services for family planning and HIV/AIDS prevention. The target group was women of childbearing age (15–49 years), especially mothers and pregnant women, but also their partners and children. The project thus contributed to reducing maternal and child mortality.

Map of the project country incl. the project areas[1]



Source: Final inspection report, December 2020

Breakdown of total costs

Budget funds of EUR 16 million were provided for the project. The counterpart contribution of EUR 391,470 were sales revenues from contraceptives.

		Investment costs (plan)	Investment costs (actual)
Total costs	**EUR million**	**16.20**	**16.39**
External financing	EUR million	0.2	0.39
Own contribution	EUR million	16.0	16.0
of which budget funds (BMZ)	*EUR million*	16.0	16.0

[1] The districts marked in red on the map (outside the Extrême Nord region) were reached by a GIZ project.

Rating according to OECD-DAC criteria

Relevance

1. Alignment with policies and priorities

The objectives of the FC project are anchored in the central strategy documents of the Cameroonian government. The national health sector strategy[2] aims to achieve a contraceptive prevalence rate of 35 % for modern methods by 2035 and to reduce the unmet need for family planning to 10 %. Improving family planning is cited as an essential tool for improving mother-child health. At the same time, funding for the public health system in Cameroon remains low, at less than 5 % of the total budget, and lags behind needs, particularly affecting the area of family planning.

The project is in line with the goals of the initiative of the German Federal Ministry for Economic Cooperation and Development (BMZ) "Self-Determined Family Planning and Maternal Health" and BMZ's strategy paper on "Population Dynamics for Countries with Persistently High Population Growth". In addition, the project's objectives contribute to the 2030 Sustainable Development Agenda, in particular to SDG 3 (Good Health and Well-being) and SDG 5 (Gender Equality).

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

At the start of the project, Cameroon recorded a very high maternal mortality (782 per 100,000 live births) and child mortality rates (62 per 100,000 children) in international comparison.[3] Access to and use of family planning services was severely limited; only 14.4 % of married women in Cameroon used modern contraception. Around one in six women had an unmet need for family planning. The fertility rate was 5.1 children per woman. In a national comparison, the baseline situation in the four project regions was particularly difficult: the contraceptive prevalence rate was significantly below the national average of 14.4 % in the regions of Est (9.1 %), Adamaoua (10.6 %), Nord (4.7 %) and Extrême-Nord (3.3 %). The unmet need for family planning was also significantly above the national average at over 20 % in Adamaoua and Extrême-Nord and at over 30 % in the Nord and Est regions. Initially, the FC project was to be implemented in all districts of the project regions. However, in order to avoid overlaps with a GIZ project, a regional division was agreed upon.

In view of these significant challenges with regard to mother-child health, family planning and population development, the objectives of the project were highly relevant.

The project's target group mainly lives in rural regions of Cameroon and can generally be considered vulnerable. In order to also reach particularly vulnerable parts of the population, particularly in very remote and difficult-to-reach areas, mobile clinics were planned to be deployed at community level as part of the project. By targeting improved access to family planning and improving mother-child health, the project was highly relevant in contributing to gender equality. The project concept also targeted self-determined family planning through educational activities and the expansion of the range of different family planning methods available.

3. Appropriateness of design[4]

The assumed theory of change (TOC) is plausible: the improved qualitative and quantitative availability of healthcare services (both in public and private institutions) in the area of family planning as well as demand-side awareness-raising measures were expected to improve access to and demand for family planning and increase their self-determined use (outcome). This was intended to reduce unwanted (risk) pregnancies, increase birth intervals and improve mother-infant health (impact).

It was a comprehensive project concept that addressed both supply and demand side aspects of family planning. The establishment of the social franchise network and the close supervision and equipment of the participating healthcare institutions was expected to contribute to improving the qualitative and quantitative supply of family

[2] Stratégie Sectorielle de la Santé (2016–2027)

[3] EDS 2011

Assumed increase of 1% per year of project implementation. [6] Chapman index: the cost of a couple-year of protection should not exceed 1% of the annual household income.

planning methods. Awareness-raising measures were intended to improve the target group's knowledge, attitudes and behaviour with regard to family planning and aimed at increasing demand for family planning methods. From today's perspective, the project's design thus addressed core family planning challenges in the project regions and appeared very suitable contributing to achieve the intended module objectives. The level of targets in particular for sustainability was ambitious in view of the high financial dependence of the Social Franchise network on FC funds.

The social franchising approach is a concept borrowed from the private sector that typically aims to complement the public health sector service provision by strengthening the private sector. In this project, however, public health service providers were included in the social franchise network as franchisees. The core elements of the approach (capacity strengthening and quality improvement of the participating institutions, brand advertising, etc.) are in principle also relevant for the public sector. Participating healthcare institutions procure the contraceptives at subsidised prices and resell them at sales prices established under the franchise system.

The implementation of the project by non-governmental organisations – in coordination with the Ministry of Health – seems appropriate from the point of view at the time and today in view of the weak and chronically underfinanced national health administration in Cameroon.

4. Adaptability - response to change

For security reasons, other than planned, the project couldn't cover all districts in the Extrême-Nord region. In addition, there were no changes during the course of the project implementation that would have required a conceptual adjustment of the project.

Rating summary

With the development of a social franchise approach and accompanying awareness-raising campaigns, the project addresses the key challenges of promoting family planning to enhance maternal and child health. The needs for improvements in access and use of family planning were very high at the time of the project appraisal. The project concept is in line with Cameroon's national development strategies and the strategic guidelines of the BMZ. The comprehensive project approach, which addresses both supply and demand side aspects, seems particularly relevant in view of the diverse challenges in Cameroon. Objectives set for the FC project, particularly with regard to the creation of sustainable structures, however, seem too ambitious in view of the context and the high dependence on FC funds. Overall the relevance meets expectations and is thus rated as good/successful.

Relevance: 2

Coherence

5. Internal coherence

The project was consistent with the international standards to which German DC is committed, such as gender equality and the implementation of Agenda 2030. The project was implemented within the scope of the design. It was not part of a German DC programme. At the impact level, the project was complementary to other FC projects, which also aimed to improve mother and child health. This includes, in particular, the AFD and FC-funded health programme (*Programmes conjoint*), within the framework of which a voucher system is being implemented to facilitate access to high-quality health services for pregnant women during pregnancy and childbirth. There were also synergies with the nutrition programme for refugees from neighbouring countries implemented through UNICEF, whose primary target group included young and pregnant women and young children. In addition, efforts were also made at the operational level to exploit synergy potentials between the various FC projects where possible. For example, training courses on warehouse management relevant to several FC projects were jointly implemented and financed in consultation with the FC-funded health programme. German TC was also active in one of the four project regions (Adamaoua) with a project to improve access to modern contraceptive methods, which pursued similar objectives and geographically complemented the FC project's measures (outcome and impact level). In addition to awareness-raising measures for family planning and sexual education, the TC project promoted the quality of health services via a competitive incentive mechanism for improving quality.

6. External coherence

In addition to the German DC projects, there were synergies in particular with the United Nations Population Fund (UNFPA), which also provided contraceptives via the national distribution system. During the course of the project implementation, there was close coordination with UNFPA on the needs and availability of contraceptives, which ensured continuous availability of the products. In addition, there were synergies at impact level with a World Bank project for performance-based financing of healthcare facilities, which was implemented in the project regions. Through the performance-based provision of financial resources, the project strengthened the functional capability of the healthcare facilities and promoted the motivation of the staff, which also had a positive impact on the implementation and objectives of the FC project. Although the coordination between the various actors was rated as good overall, it became clear during the various discussions during the evaluation that coordination between the various interventions could have been strengthened even further, for example in order to exploit further synergy potentials with regard to the implementation of community-based activities that were implemented both in the FC project and in projects of other donors.

Rating summary

From today's perspective, the measures were complementary and consistent with other projects of German DC and other donors. Coordination and exchange were generally rated as good by the various interview partners, although it was noted that coordination between the projects could be further strengthened in order to leverage additional synergy potentials at the operational level. The coherence of the project is thus rated as successful.

Coherence: 2

Effectiveness

7. Achievement of (intended) objectives

The adjusted objective for the ex post evaluation was the increased use of modern contraceptives and an observable change in the target group's behaviour with regard to self-determined family planning. At project appraisal, the objective had been to increase the use of quality-enhanced health services in the area of sexual and reproductive health and rights. Since the project had a clear focus on family planning and no measures to improve reproductive health were implemented, the module objective was narrowed down as part of the EPE. Three additional indicators were included in the EPE to map target achievement: unmet need for family planning, attitude toward the future use of modern contraceptive methods and knowledge of contraceptive methods. The target achievement at outcome level is summarised in the table below:

	Indicator	Status at PA	Target value according to PA/EPE	Actual value at EPE
(1)	Contraceptive prevalence rate (CPR) (modern methods) – average value of the four project regions	7% Enquête Démographique et de Santé (EDS) 2011 Nord: 4.7% Extrême-Nord: 3.3% Est: 9.1% Adamoua: 10.6% EDS, 2011	PA: 12%	11.8% EDS 2018 Nord: 6% Extrême-Nord: 6.7% Est: 27.6% Adamaoua: 6% EDS, 2018 **Value partially fulfilled**
(2)	Number of couple-years of protection (CYP) provided by the project over the entire project period (2015–2018)	0	EPE: 450,000	576,626 342,507 of which within the social franchise network (2018) **Value fulfilled**

(3)	New: unmet need for family planning in the project regions	Nord: 31.6% Extrême-Nord: 22.8% Est: 31.8% Adamaoua: 21.8% EDS, 2011	EPE[5]: Nord: 26.6% Extrême-Nord: 17.8% Est: 26.8% Adamaoua: 16.8%	Nord: 20% Extrême-Nord: 22% Est: 13% Adamaoua: 28% EDS, 2018 **Value partially fulfilled**
(4)	New: positive attitude towards the future use of modern contraceptive methods in the project region	Women: 11.2% Men: 13.6% Internal project survey, 2017	EPE: Women: 21.2% Men: 23.6%	Women: 34.1% Men: 40.8% Internal project survey, 2020 **Value fulfilled**
(5)	New: Knowledge of at least 3 of 4 modern contraceptive methods in the project region	Women: 24.2% Men: 22.5% Internal project survey, 2017	EPE: Women: 48.4% Men: 45%	Women: 47.4% Men: 29.7% Internal project survey, 2020 **Value partially fulfilled**

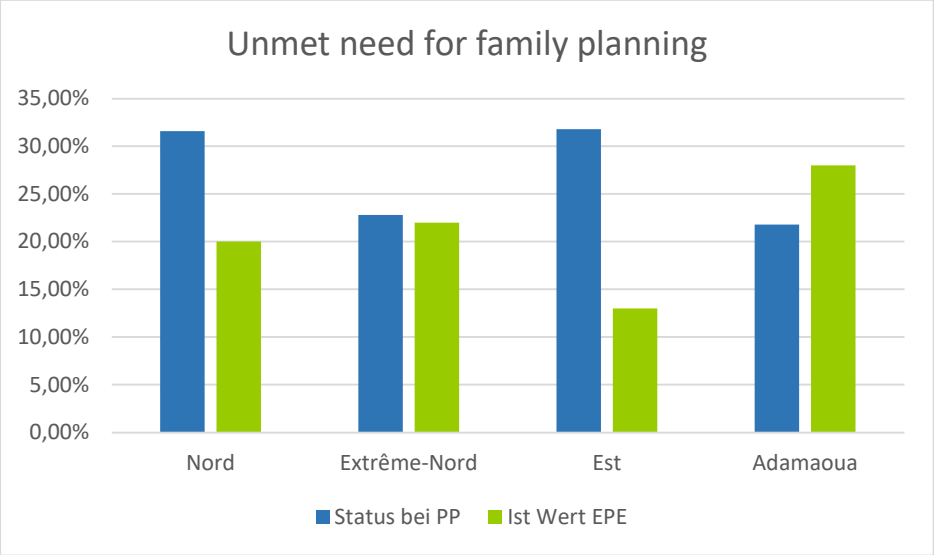
More recent data for actual values at the time of the EPE are unfortunately not available. However, it is plausible that the positive trends at the end of the implementation of the FC project evaluated here (Phase I) did not continue in a comparable manner. Firstly, due to the COVID-19 pandemic, which has led to a decline in consultations in healthcare facilities and, in particular, the use of preventive healthcare. On the other hand, the more than two-year delay in the start of the FC follow-up phase led to an unforeseen funding gap, which resulted in the discontinuation of activities of the social franchise network, which in turn affected the provision of family planning services in supported health facilities. At the end of 2022/beginning of 2023, only less than 50% of the supported health facilities were still able to offer family planning services of sufficient quality (see evaluation of health facilities as part of the FC follow-up phase, see also Sustainability). The decline in family planning services in the supported health facilities was further exacerbated by supply shortages of contraceptives during/as a result of the COVID-19 pandemic (see also Sustainability).

Compared to the status at EPE, the target achievement at the time of completion of implementation in 2018 was quite positive overall. The contraceptive prevalence rate (indicator 1) for example, which reflects the availability and use of contraceptives had increased by around 5 % on average in the project regions as expected. In the same period, the national average contraceptive prevalence rate almost stagnated at a level of 14-15 %. In view of this context, the development in the project regions is remarkable. However, there are considerable differences between the project regions: while the increase in the Est region is well above average at 18.5 percentage points, the North and Extrême-Nord regions only recorded moderate increases of 1.3 % and 3.4 % respectively. In the Adamaoua region, the prevalence rate fell by 4.6 %. The average upward trend in contraceptive prevalence was also confirmed by internal project surveys: between 2017 and 2020, an increase of almost 7 % from 21.5 % to 28.3% was measured. The strongest increase (8.4 %) was recorded for the 35-39 age group, while it was significantly lower for young women aged 15-19 (5.3 %) and 20-24 (2.6 %), indicating that the project measures were not as effective for young people under the age of 24. This aspect was already addressed in the design of the follow-up phase (BMZ No. 2019 67 280) and the project concept was expanded to include an explicitly youth-friendly family planning service. However, in view of the restrictions with regard to the provision of family planning services after the end of the implementation of the FC project evaluated here, it can be assumed that the prevalence rate in the project provinces at the time of the EPE will be lower than at the time of project completion.

Assumed increase of 1% per year of project implementation. [6] Chapman index: the cost of a couple-year of protection should not exceed 1% of the annual household income.

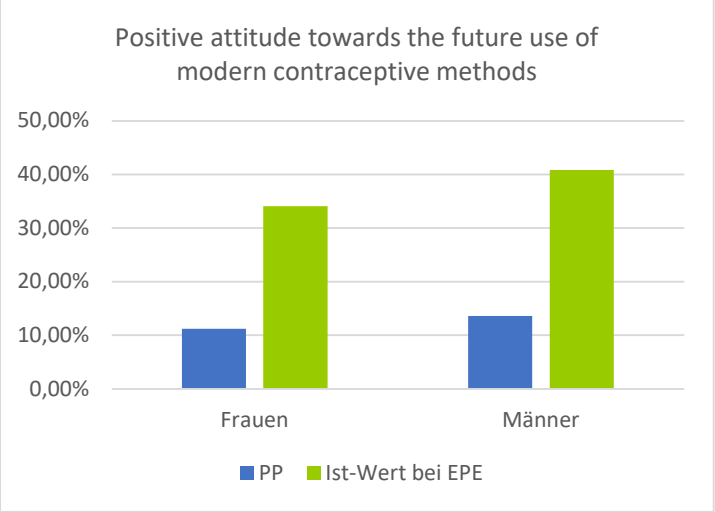
With the help of the contraceptives financed by the project, a total of 576,626 couple-years of protection (CYPs) were achieved in the four project regions, of which 342,507 CYPs are attributable to the sales of the contraceptives within the social franchise network (Indicator 2). Originally, the contraceptives financed by the FC project were intended for sales exclusively through the social franchise network. However, in the course of project implementation, the distribution mechanism was adapted to the national distribution mechanism. The purchased contraceptives were distributed to health centres via so-called regional funds, enabling distribution of the contraceptives by health centres outside the network, as well. A total of 211,000 new users were reached within the social franchise network. The project thus made an above-average contribution to the implementation of the government's operational objectives for family planning in the project regions: for the period 2015 to 2020, 262,000 new users were to be reached in the four regions with family planning methods. 80 % of this target was covered by the project, although the social franchise network only covered 40 % of the healthcare facilities. Due to documented stock-outs of several contraceptive methods and the significantly reduced range of family planning services after the end of the implementation of the FC project, it is plausible to assume that significantly fewer contraceptives (and thus CYP) will be made available at the time of the EPE than during implementation.

The unmet need for family planning (Indicator 3) indicates the extent to which the available supply of family planning methods is sufficient to meet existing demand. Here too, a differentiated picture is shown for the project regions: while unmet demand nearly stagnated in the Extrême-Nord region, it fell significantly in the Nord region (-11.6 %) and the Est region (-18.8 %) and increased slightly in Adamaoua (+6.2 %). There is also no current data available, but it is plausible that unmet demand has stagnated or possibly even increased after the end of implementation of the FC project evaluated here (Phase I), as the supply of family planning services has decreased significantly.



Source: PA and EDS 2018

The attitude of the population towards the future use of modern contraception has developed very positively during the project period. For both men and women, the proportion of people with a positive stance towards the use of modern contraception has approximately tripled between 2017 and 2020.



Source: PA and EDS 2018

Positive developments were also seen in terms of knowledge of modern methods during the project period. The proportion of women with knowledge of at least three modern contraceptive methods reached 47.7 % in 2020, almost doubling compared to 2017. For men, this development was significantly more moderate with an increase of 22.5 % to 29.7 %.

8. Contribution to the achievement of objectives

Although it is not possible to clearly attribute the positive developments of the indicators to the project measures, it is still very plausible that the measures have made a significant contribution to the achievement of the objectives. On the supply side, the project contributed to a significant increase in quality through the close support and supervision of the franchise clinics, training and equipment. The supervision and support was highlighted as particularly important by healthcare personnel during the evaluation. Of the 372 accredited healthcare facilities, 305 met all quality criteria to 100 % satisfaction in an external quality evaluation in 2019. The target value of 300 was slightly exceeded. The remaining healthcare facilities met a minimum quality standard. The availability of contraceptives in the franchise clinics also experienced high levels of user satisfaction during the project period (87 % in 2017, 90 % in 2020) and was confirmed in discussions with healthcare professionals as part of the evaluation. Various short-term and long-term contraceptive methods were offered through the social franchise network (pills, injections, hormonal implants, intrauterine devices, morning-after pill). In particular, the range of long-term methods was very limited or not available before the start of the project. By expanding the range, women have been able to choose the most suitable contraceptive method based on individual considerations. Data on developments in the overall contraceptive market are not available.

On the demand side, the positive development of the indicators with regard to the knowledge and attitudes of the population suggests that the information and awareness-raising measures implemented as part of the project were generally effective. Although there is no data basis for comparatively evaluating the effectiveness of the various measures, the various interview partners highlighted the involvement of traditional authorities in the awareness-raising campaigns as being particularly effective.

In addition to the core activities in the area of family planning, the project included isolated activities that were not directly related to family planning (e.g. provision of food supplements for infants). These measures should support the marketing of family planning services by helping pregnant women and mothers visit the institutions and then have access to information and services in the field of family planning in addition to the provision of food supplements. They were said to be highly appreciated by the population.

9. Quality of implementation

ACMS, supported by Population Services International (PSI), was generally characterised by good quality in the management and implementation of the project. The project implementation was accompanied by various impact measurement studies. The data collected represented an important basis for the EPE. In the Est region, the project was carried out under a subcontract by the Cameroonian NGO CAMNAFAW. The management capacities of

this small NGO proved to be comparatively weak, so the overall quality of implementation in this region was lower. Personnel changes and weaknesses in financial management were associated with delays in the implementation of project activities. There was a high need for support from ACMS to compensate for these weaknesses.

10. Unintended effects (positive or negative)

From today's perspective, the project had no discernible positive or negative unintended impacts.

Rating summary

The comprehensive project approach, which addressed both supply and demand aspects of family planning, has noticeably improved access to and use of modern family planning methods during the project period. However, once implementation of the FC project ended, the target values of the outcome indicators were only partially met and it is plausible to assume that these have deteriorated in the meantime due to demand and supply-side restrictions. The effectiveness of the project is therefore rated as moderately successful.

Effectiveness: 3

Efficiency

11. Production efficiency

The project was to be implemented over a term of 48 months. During this time, all outputs were realised and residual funds could be used to continue the project measures for another 15 months. This was made possible in particular by savings in the procurement of contraceptives as well as by higher sales revenues of the contraceptives. The total cost of the project is around EUR 16.39 million. In addition to the FC contribution of EUR 16 million, EUR 391,470 was covered from the sales revenues of the contraceptives; the contraceptives procured as part of the project were sold at national standard prices for further distribution to the regional funds. Data for assessing affordability in relation to the international standard: Chapman index,[6] are not available.

Overall, there were only minor differences from the planned budget. Cost increases were recorded in particular for the ongoing implementation costs (+26 %), which can be traced in the context of the term extension. Additional costs were also incurred for the implementation of marketing, communication and training measures (+12.5 %). These cost overruns are sometimes due to the fact that training measures had to be repeated several times due to the high staff turnover in healthcare facilities. For example, a total of 1,030 healthcare employees were trained in family planning compared to an original target of 750. The proportion of international consulting costs of around 10 % seems appropriate compared to other FC projects in the subsector in the region.

The total cost of the project per couple-year of protection (CYP) is EUR 27.80/CYP. Although this efficiency indicator is below the value estimated at the start of the project (EUR 35.50/CYP), it appears high compared to other family planning programmes in the region. However, since the social franchise approach included not only the sales of contraceptives, but also extensive measures to strengthen the capacity of healthcare facilities and to raise awareness and inform the target population, the EUR/CYP indicator has only limited significance for the programme's efficiency. Looking only at the procurement costs of contraceptives, the cost is EUR1.90/CYP, which is below the UNFPA [7]*Contraceptives Price Indicator.* The procurement costs of the contraceptives as part of the project can therefore be regarded as comparatively low.

12. Allocation efficiency

Overall, the project regions were very weak in terms of access to family planning and indicators in the area of mother/child health (also see the Relevance section). The FC project did not address the weakest institutions in the regions with the social franchise approach. This seems appropriate to the approach. The needs of the participating institutions were met against the backdrop of the overall very weak starting situation. The state health administration is very weak. ACMS was able to ensure a significantly higher quality and closer support of the participating institutions than the public health system could have provided. Existing national structures were used for

[6] Chapman index: the cost of a couple-year of protection should not exceed 1% of the annual household income.

[7] UNFPA Contraceptives Price Indicator Year 2020

the distribution of contraceptives. The operating costs of ACMS and the NGO in the Est Region (CAMNAFAW) for establishing and maintaining the social franchise network and ensuring the quality and quantity of family planning services were high, also in comparison with other social franchise projects, they amounted to around 50 % of the total costs. It cannot be clearly assessed to what extent these costs were still appropriate with regard to the achievement of targets or whether an alternative budget allocation would have allowed more efficient target achievement. The close supervision of the healthcare facilities within the framework of the franchise network with monthly quality checks was resource-intensive, but also contributed to a significant increase in the quality of family planning services. In particular, the close support provided by ACMS was highlighted by the healthcare personnel as a very positive aspect of the project during the evaluation.

Rating summary

The project was implemented without major delays and the project measures could even be extended in a cost-neutral manner. The consulting costs were reasonable compared to similar projects and the procurement costs of the contraceptives were low. It was only in the training of healthcare staff that efficiency was lost. The production efficiency is thus evaluated as good.

With regard to allocation efficiency, on the one hand, the high operating costs for maintaining the social franchise network must be taken into account. On the other hand, they are linked to output generation – which is somewhat less visible but quite significant – namely the increase in the quality of family services. Against this background, we also rate the allocation efficiency as good, so that the efficiency of the project as a whole is rated as successful.

Efficiency: 2

Overarching developmental impact

13. Overarching (intended) developmental changes

The objective adjusted as part of the EPE was to contribute to improving maternal and child health.

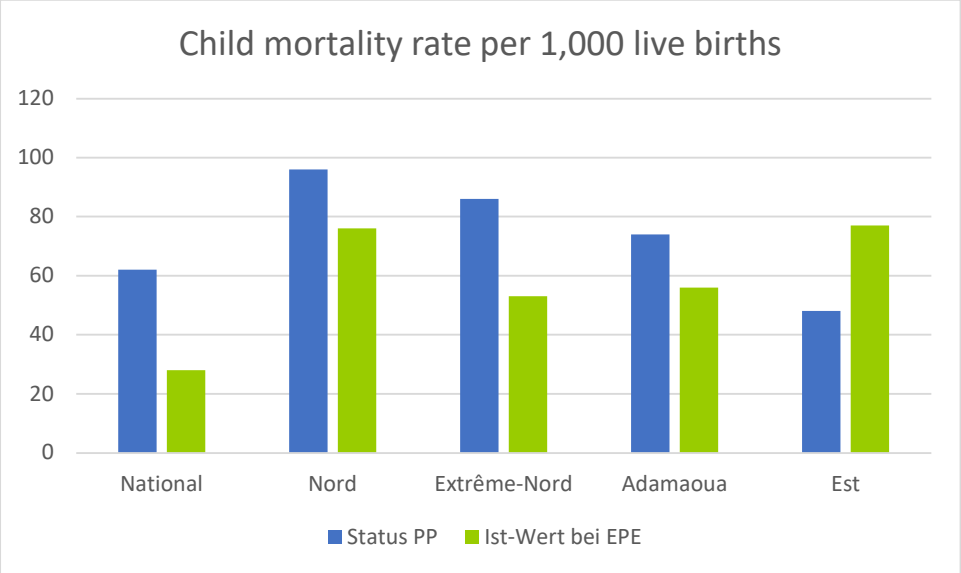
The achievement of the objective at impact level can be summarised as follows:

Indicator	Status PA	Target value according to EPE	Actual value at EPE
(1) Reduction in maternal mortality (per 100,000 live births)	National: 782/100,000 live births EDS 2011	National: 70 per 100,000 live births by 2030 (SDGs)	National: 406/100,000 live births EDS 2018 **Value not fulfilled**
(2) Reduction in child mortality of children under 5 (per 1,000 live births)	National: 62/1,000 live births Nord: 96/1,000 live births Extr.-Nord: 86/1,000 live births Adamaoua: 74/1,000 births Est: [48/1,000 live births][8] EDS 2011	National: 25 per 1,000 live births by 2030 (SDGs)	National: 28/1,000 live births Nord: 76/1,000 live births Extr.-Nord: 53/1,000 live births Adamaoua: 56/1,000 live births Est: 77/1,000 live births EDS 2018 **Value not fulfilled**

[8] For the Est region, the indicator is only of limited significance, as child mortality was probably underestimated in the EDS 2011.

Although there are positive developments in terms of impact indicators, it is plausible that the objectives at impact level have not been met.

Positive developments in maternal and child mortality were observed between 2011 and 2018. Maternal mortality fell sharply from 782 to 406 per 100,000 live births. This development can be evaluated particularly positively in view of the fact that an increase in maternal mortality was recorded between 1998 and 2011.[9] Child mortality was reduced from 62 to 28 deaths per 1,000 children under the age of five. This development is also positive in comparison with the developments in previous years, in which the downturn was significantly less pronounced.[10] In addition to this national value, comparable positive trends can also be observed for the project regions of the project, although the baseline level in these regions was significantly higher and the child mortality rate there is still above the national average. In general, it must be taken into account that no comparable current data are available for 2022, which is why the data from the last EDS 2018 was used. Due to the fact that the supply situation had deteriorated during the COVID pandemic, and the funds available for the healthcare sector have decreased, it can be assumed that the current situation is somewhat worse than in 2018. If, contrary to expectations, the positive trend during project implementation would have continued afterwards, the SDG targets could have been in reach.



Source: PA and EDS 2018

14. Contribution to overarching (intended) developmental changes

The contribution of the project measures to these developments cannot be determined or quantified ex post. The use of modern contraceptives can contribute to reducing maternal mortality by preventing unwanted/high risk pregnancies and unsafe abortions and reducing the birth rate per woman. It can also contribute to prolonging birth intervals, which is particularly relevant for reducing infant and child mortality in addition to maternal mortality. Since the desired outputs and outcomes were achieved within the framework of the project and the theory of change between outcome and impact generally appears plausible, it can be assumed that the project has also contributed to improving mother-child health. In addition, the development of the birth rate can be used as a proxy indicator for the validation of the theory of change. The former decreased slightly from 5.1 to 4.8 births per woman on a national average between 2011 and 2018. This downturn can also be observed in the four project regions, with the decline in Adamaoua (by 0.6 births per woman) and in Extrême-Nord (by 0.9 births per woman) even exceeding the national average. In order to assess this development, it must generally be taken into account that it is an indicator that covers several generations, meaning that the indicator only noticeably reflects the changes within younger generations with a certain delay. In view of this situation, the declining trend in birth rates in the seven-year period can generally be assessed as positive and confirms the assumption that the project has made a positive contribution to reducing maternal and child mortality.

[9] 511/100,000 (1998); 669/100,000 (2004)

[10] 80/1,000 (2001); 77/1,000 (2006)

15. Contribution to overarching (unintended) developmental changes

No unintended developmental changes were identified during the EPE. The discussions with project managers and stakeholders also did not provide any indications of unintended changes at impact level.

Rating summary

At the overarching developmental impact level, the project aimed to contribute to a significant reduction in maternal and child mortality. In this respect, positive trends were recorded and it seems plausible that the project has contributed to these developments through the increased use of modern contraceptives. However, no current data are available, and it is plausible to assume that the positive trends have at least subsided. We thus rate the impact of the project as moderately successful.

Impact: 3

Sustainability

16. Capacities of the beneficiaries and stakeholders

The executing agency ACMS works project-based and finances its activities from the respective project budgets. ACMS does not have funds of its own and was therefore unable to continue operating the social franchise network beyond the project term. Historically, the Cameroonian goernment does not finance NGOs and social franchise approaches. The pricing structure of the social franchise network does not allow to sustainably finance activities and contraceptives without external financial support. Therefore it is not possible to continue the quality and quantity of family planning services at the level of the participating healthcare institutions, let alone address the demand side sufficiently.

Without the technical and material assistance of the project, the participating healthcare facilities faced major challenges in maintaining the service and quality levels after the end of the project. A project-specific data collection, which was carried out at the end of 2022 in preparation for follow-up phase II, nevertheless presents an ambiguous picture. 2.5 years after the end of the project, 47 % of the social franchise network's healthcare facilities were still able to provide family planning services of sufficient quality (i.e. they had at least two trained and certified members of staff, the necessary equipment/materials and contraceptives). On the other hand, 26 % of healthcare facilities needed significant investment to restore quality standards just over a year after the project ended. The situation varies considerably between regions. While the resilience of healthcare facilities is greater in the Nord (35 %) and Extrême-Nord (40 %) regions, as other donors support them, significantly fewer facilities were able to maintain the quality standard in the Adamaoua (17 %) and Est (8 %) regions. A difference in the resilience of private and public institutions cannot be derived from the survey.

This mixed picture coincides with the impressions of the on-site evaluation, which was limited to the Nord region. Some of the healthcare institutions visited were able to continue family planning services – in particular due to financing from other donors. In other healthcare facilities, family planning services had stopped completely. The visited healthcare institutions noted that one of the greatest challenges in maintaining supply was the availability of contraceptives via the national distribution system after the end of project implementation. At the time of the evaluation, there were stock-outs at various levels of the distribution system (central pharmacy, regional distribution centres, healthcare facilities), so that some healthcare facilities had not had contraceptives available for several months. According to experts, the reasons for these stock-outs include weaknesses in the supply chain from the central pharmacy to the healthcare facilities. In addition, the national procurement and distribution system for contraceptives in Cameroon is mainly fed by the provision of free contraceptives by UNFPA. The COVID-19 pandemic led to supply bottlenecks that affected UNFPA's provision of contraceptives and led to international supply gaps. In addition, donors' and partners' efforts in the field of reproductive health (including those of German DC together with UNFPA) for a binding commitment of the Cameroonian government to family planning were only successful insofar as a budget line for the procurement of contraceptives was established, but until the date of the EPE no funds had been allocated.

Regarding the continuation of community-based communication measures, in isolated cases, community-based healthcare employees trained by the project were able to continue activities financed from other donors or on a

voluntary basis. In most communities, however, these activities could not be continued due to a lack of financial resources.

Overall, it appears that the project participants (healthcare institutions, ACMS, Ministry of Health) were not in a position, above all financially, to continue the project measures beyond the project term and thus maintain the positive effects over time. It was planned that the financing of the follow-up phase of the FC project would follow seamlessly and implement measures in the same project areas. In addition to an increase in the national budget, there were other ideas for ensuring financial sustainability, such as the integration of family planning services into the concept of Results Based Financing (RBF) implemented by the World Bank or the inclusion of the measures in the *Cheque-Santé*-project for pregnant women (also supported by German FC). However, these have not yet been realised and exceed the scope of the FC project. Thus, the feared risks to sustainability had already materialized at the time of the evaluation.

17. Contribution to supporting sustainable capacities

The project aimed to contribute to sustainably enhanced institutional capacities. By using the national distribution system for contraceptives, for example, the stakeholders (regional distribution centres, healthcare institutions) were strengthened in important aspects such as storage management and purchase system. Project monitoring referred to national data. The approach for quality assurance established for the project was transferred into a national manual of the Cameroonian Ministry of Health and thus formalised. In practice, however, this manual has rarely been used to date.

The social franchise approach itself is associated with high operating costs and was not designed to achieve a substantial cost recovery ratio through the sales revenues of contraceptives or the franchise fees of participating healthcare institutions. The project was thus unable to strengthen financial capacities for the continuation of family planning services and activities after the end of the project. Due to unresolved tax issues, there were delays in the start of the follow-up phase of the FC project evaluated here (Phase I) which led to a multi-year interruption in financing. The German FC follow-up phase II first started preparatory activities in September 2022. As part of the follow-up phase, the plan is to restore capacities that had been built up in Phase I, evaluated here, but which no longer exist at the time of the EPE. However, based on the information available as part of the EPE on the follow-up phase, the risks for sustainability persist.

18. Durability of impacts over time

At the time of the evaluation, no data is available for a data-based assessment of the sustainability of the impacts. In the case of the healthcare institutions visited as part of the evaluation, the limited availability of contraceptives had a negative impact on the sustainability. A significant downturn in the number of women reached by family planning services was noted. In some health facilities, family planning services had to be suspended for several months. In other cases, the supply had to be limited to certain family planning methods for which the required products were available. In order to bridge the gap and continue their preferred method, some women have been reported to purchase family planning supplies at significantly higher prices from pharmacies. The fact that some women are willing to accept this additional effort and increased costs, suggests that the positive attitudes towards family planning continue, at least in parts of the population, even after the end of the project. But access for vulnerable and more price-sensitive women is limited. Access to and availability of family planning services is a key factor in the demand for and actual use of contraceptives. It can be assumed that the demand for family planning built up during the project is declining overall due to the non-availability of contraceptives, in particular in parts of the population that due to financial barriers don't have alternative access to more costly supplies from pharmacies.

Rating summary

The challenges for the project's sustainable effectiveness lie in particular in the lack of financial sustainability of the social franchise approach with public health institutions, which is not geared towards covering of the costs and could therefore not be continued after the end of the project without further external financing. Therefore after the end of the project implementation, important support measures for healthcare institutions to ensure a high-quality supply of family planning services stopped. In addition, supply bottlenecks of contraceptive methods complicated matters after the project's implementation. Almost exclusively, healthcare institutions that were supported by other sources of financing (in particular external donors) in addition to the FC project were able to maintain the built-up capacities after the end of the FC project evaluated here and continue to offer family planning services with appropriate quality. It can be assumed that the significant reduction in the supply of family planning services

also had an impact on demand and use, and thus on the sustainability of developmental impacts. When the project ended, there were no plans to interrupt the project for three years. In fact, the German FC follow-up phase was expected to continue without interruption; further considerations for other follow-up financing have not materialised. The unforeseen interruption in financing for the social franchise network has highlighted the sustainability challenges of the approach. Although close to half of the healthcare institutions are still able to provide family planning services of sufficient quality 2.5 years after the end of the project, this is not the case for the majority of the institutions supported – and especially for almost all institutions in particularly disadvantaged project regions or regions where no other donors are active in the field of reproductive health. In view of this situation, the sustainability is therefore rated as moderately unsuccessful.

Sustainability: 4

Overall rating:

The project was relevant in view of the significant needs in the four project regions and, in its design, was very well suited to addressing the core problems in terms of improved access and increased use of modern contraceptives. The project objectives at outcome level were partially achieved.

The greatest challenge lies in the sustainable financing of the enhanced supply and awareness raising measures, which could not be continued after the end of the project without further financing (by German FC, other donors or the Cameroonian Government). In addition, gaps in the provision of contraceptives prevented a large number of health centres from maintaining the supply of family planning services after the end of the project. In view of the major challenges with regard to the continuation of activities, a positive takeaway is that at least close to half of the healthcare institutions are still able to offer family planning services of sufficient quality 2.5 years after the end of the project, primarily thanks to the support from other donors.

Due to the limited sustainability, which poses a major risk to the long-term effectiveness of the measures, we rate the project as moderately unsuccessful despite the positive results in the other evaluation dimensions.

Contributions to the 2030 Agenda

The project contributed to SDG 3 (Good Health and Well-being) and SDG 5 (Gender Equality) of Agenda 2030. In particular, SDG 3.7 (“Ensure universal access to sexual and reproductive health-care services”) and SDG 5.6 (”Ensure universal access to sexual and reproductive health and reproductive rights”) were addressed. In addition, the project contributed to reducing maternal mortality (SDG 3.1) and infant mortality (SDG 3.2) through the improved access and use of a range of family planning services. The project also contributes to the realisation of the human right to sexual and reproductive self-determination and health.

Project specific strengths/weaknesses and general conclusions/lessons learned

Strengths of the project included:[11]

- High relevance for improving family planning
- Comprehensive project approach addressing both supply and demand aspects of family planning
- Involvement of traditional authorities in communication and awareness-raising measures
- ACMS/PSI as a professional implementation structure

Weaknesses of the project included:

- Continuation of the social franchise approach dependent on further financing (FC, other donors, state)

- Sustainable effectiveness is limited without continuation of measures, in particular due to limited availability of contraceptives after the end of the project.

General conclusions and lessons learned **(mindestens 3)**:

- Implementation through the non-governmental organization ACMS proved effective in the Cameroonian context and in view of the weak government health authorities.

- The transfer of the social franchise approach borrowed from the private sector to public health institutions has improved their range of health services in the area of family planning.

- When designing social franchise approaches, the promotion of financial sustainability should be considered from the outset. Since the projects are implemented in the context of low-income target groups and contraceptives must be offered at affordable prices, an increase in the cost recovery ratio is only suitable to a limited extent. Future financing of a similar nature requires an explicit exit strategy or medium/long-term financing in order to ensure the sustainable effectiveness of the measures. In the present case, the diversification of sources of financing for the franchise network was key.

- In order to achieve the desired effects among young people as well, a specific approach targeting young people is needed, which takes into account the specific challenges of this target group in accessing family planning services.

- The objectives and claimed sustainability for similar projects in the area of basic social services with rather poor target groups and a high proportion of non-cost-covering services should not be too ambitious.

Evaluation approach and methodology

Methodology of the ex-post evaluation

Ex post evaluations follow 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, project-executing agency's project reporting, project impact monitoring, strategy documents of the Government of Cameroon, state statistics

Data sources and tools for analysis:
Monitoring data of the project-executing agency, information gathering through on-site discussions

Interview partners:
Project-executing agency, Ministry of Health, target group (health care facility level), other development organisations, local and regional administration

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 caused limitations for the evaluation:
For security reasons, it was not possible to travel to all four project regions. The on-site evaluation was limited to the North region.

Methodology of the performance evaluation

A six-point scale is used to assess the programme 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).

About this publication

Responsible
FC E
Evaluation department of KfW Entwicklungsbank
FZ-Evaluierung@kfw.de

KfW Group
Palmengartenstrasse 5-9
60325 Frankfurt am Main, Germany