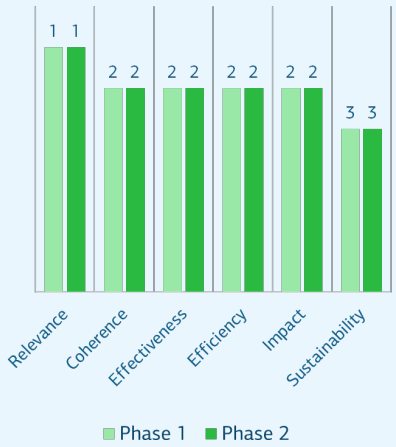
Ex-post evaluation
Family planning and HIV/AIDS prevention, Niger

Title	Family planning and HIV/AIDS prevention			
Sector and CRS code	Health, family planning, 13020			
BMZ number	2013 66 913, 2014 68 529			
Commissioned by	BMZ			
Recipient and executing agency	Republic of Niger, represented by the Ministry of Planning / Coordination Intersectorielle de Lutte contre le SIDA (CISLS)			
FC financing volume and instrument	EUR 10.4 million budgetary grant			
Project duration	2014-2018	**Reporting year** 2025	**Year of random sample**	2025

Overall rating

successful



1: very successful – **6:** completely unsuccessful

Project objectives and implementation

The objective at the outcome level was "Methods of preventing pregnancy and sexually transmitted diseases are known and accepted, which increases the use of condoms and modern contraceptives in the target regions." At the higher level of development policy, the objective was to improve the sexual and reproductive health, self-determination and rights of the Nigerien population, in particular by reducing sexually transmitted infections (especially HIV) and preventing unwanted pregnancies, as well as by increasing birth spacing in the main intervention zones of the projects.

Key findings

The two FC projects were phases V and VI of a sequence of projects. They are appraised as "successful" overall for the following reasons:

- They addressed a key problem in Niger: the insufficient availability and use of contraceptives. The FC projects were designed with young people, sex workers and long-distance truck drivers in mind and responded flexibly to their needs (relevance).
- Both FC projects were coherently embedded in national strategies and donor activities.
- An institutionally strengthened *social marketing* approach made it possible to compensate for the public health sector's shortcomings in the provision of contraceptives at a comparatively low cost. The high effectiveness of the project measures is underlined by the significantly poorer contraceptive prevalence results in the comparison zones without project measures.
- In a difficult socio-economic context, the FC projects contributed to a positive change in attitudes among the traditionally minded population on the issues of sexuality and family planning. However, the financial sustainability of the funded measures is not yet secured in the long term in the fragile context of Niger.

Conclusions

- *Social marketing* approaches in the field of family planning are a comparatively efficient way of improving sexual self-determination and reproductive health in fragile contexts and low-income countries.
- A cultural shift among the population through intensive awareness campaigns that are sensitively tailored to the respective target groups and cultural context is crucial for achieving long-term goals.
- In low-income countries such as Niger, FC projects remain financially dependent on external funding.

Contents

List of abbreviations

AECID	Agencia Espanola de Cooperación Internacional para el Desarrollo, Spanish Agency for International Development Cooperation
AFD	Agence Française de Développement, French Development Agency
ANIMAS-SUTURA	Association Nigérienne de Marketing Social, Nigerien Association for Social Marketing
AIDS	Acquired Immune Deficiency Syndrome
PCR	Final completion report
GDP	Gross domestic product
BMZ	Federal Ministry for Economic Cooperation and Development
BV	Special agreements
CAP	(Etude sur les) Connaissances, Attitudes, Practiques, Study on knowledge, attitudes and behaviour
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CISLS	Coordination Intersectorielle de Lutte contre le Sida, Cross-sectoral Coordination in the Fight against AIDS
CRS	Catholic Relief Service
DBC	Distribution à Base Communautaire, Community-based distribution
DAC	Development Assistance Committee
DHAAP	Department of Defence HIV/AIDS Prevention Programme
DSME	Direction de la Santé de la Mère et de l'enfant, Department of Maternal and Child Health
EPE	Ex-post evaluation
EU	European Union
EUR	Euro
FC	Financial cooperation
FC E	FC Evaluation
FCFA	Franc de la Communauté Financière d'Afrique, currency of the West African Economic and Monetary Union
GAVI	Global Alliance for Vaccines and Immunisation
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GHM	Gestion de l'Hygiène Menstruelle, project in Niger
GIZ	German Society for International Cooperation
HDI	Human Development Index
HIV	Human immunodeficiency virus
IEC	Information, Education, Communication
IST	Sexually transmitted infections
MP	Module proposal
NGO	Non-governmental organisation
OECD	Organisation for Economic Co-operation and Development
ONPPC	Office National des Produits Pharmaceutiques et Chimiques, National Office for Pharmaceutical and Chemical Products
PDES	Plan de Développement Economique et Social, Economic and Social Development Plan,
PDS	Plan de Développement Sanitaire Health Development Plan
PA	Project appraisal
PAR	Project appraisal report
PP	Project proposal
PSN	Plan Stratégique National de Lutte contre les IST et le VIH/SIDA, National Strategic Plan to Combat STIs and HIV/AIDS
SIDA	Syndrome d'immundéficience acquise, Acquired Immune Deficiency Syndrome (AIDS)
SMA	Social Marketing Agency
SRG	Sexual and reproductive health
TC	Technical cooperation
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
USD	US dollar
WAHO	West African Health Organisation
WAWASH	West African Water Supply, Sanitation and Hygiene Programme
WHO	World Health Organisation

Overview

General conditions and classification of the project

The two FC projects evaluated here are the fifth and sixth phases in a sequence of FC projects whose long-term goal is to improve the sexual and reproductive health and rights of the population of Niger. The two phases that were considered in the evaluation are intertwined in their implementation and their effects cannot be distinguished from one another. The appraisal is therefore carried out jointly for both phases.

By international standards, the conditions for achieving the objectives in Niger are still considered extremely unfavourable. The geographical location as a large landlocked country with a low population density and poor transport and health infrastructure, combined with relatively small order volumes, lead to high procurement and distribution costs for condoms and contraceptives. At the same time, poverty and a deeply rooted traditional culture make it difficult to change the behaviour of the population of reproductive age. Poverty and tradition are the main drivers of the continuing very high population growth of currently 3.3% and widespread child marriages: around two-thirds of girls under the age of 18 are married and have at least one child.

Since the start of the FC programme in 2003, the population of Niger has more than doubled, increasing by 118% from 12.8 million to just under 28 million[1] . Niger ranks 121st out of 127 countries on the Global Hunger Index (2024)[2] and 189th out of 193 on the HDI – Human Development Index (2023), making it one of the poorest countries in the world. Around 45% of the Nigerien population lives below the poverty line of less than USD 2.15 per day (2024)[3] . Almost half of children under the age of 5 suffer from stunted growth. Due to poor healthcare, poverty and early pregnancies, pregnancy-related complications are common. Maternal and infant mortality rates are correspondingly high at 441/100,000 and 43/1000 (2020/21)[4] .

The Nigerien government has recognised the problem of high population growth and emphasised the importance of modern family planning in a 2007 policy statement. With the passing of the Reproductive Health Act in 2006, the legal conditions for self-determined family planning were created.

The sub-sector "Sexual and Reproductive Health and Rights" is supported by the BMZ within its scope of action. Following the coup in 2023, the BMZ is attempting to implement projects as independently of the government as possible, involving civil society and targeting specific groups. Both of these approaches apply to the FC projects mentioned here.

Brief description

To improve the sexual and reproductive health and self-determination of the Nigerien population, the *social marketing* agency ANIMAS-Sutura was supported in its efforts to increase demand for condoms and modern contraceptives through communication measures and, on the other hand, to improve the availability of condoms and contraceptives for the target groups. The aim was to help prevent unwanted pregnancies, increase the spacing between births and curb sexually transmitted infections (especially HIV) through increased use of contraceptives.

The two FC projects evaluated here, "Family Planning including HIV/AIDS Prevention, Phases V and VI", are the last two projects in a sequence of projects financed by the FC that was carried out in Niger between 2003 and 2018 in the health policy area and is being continued to this day with the follow-up projects "Family Planning and Awareness Raising (ANIMAS)" I-II. These two FC projects had an FC volume of EUR 5.4 and 5 million and were implemented over a period of four years (48 months) between 2014 and 2018. They follow on from the activities of the previous phases I–IV.

The recipient of the corresponding funding contributions was the Republic of Niger, represented by the Nigerien Ministry of Planning (Ministère du Plan, de L'Aménagement du Territoire et du Développement Communautaire), which, as in the previous phases, transferred overall political and administrative responsibility for the programme to the Coordination Intersectorielle de Lutte contre le SIDA (CISLS, project executing agency). The latter in turn delegated the implementation of the FC projects to the local *social marketing* agency ANIMAS-Sutura, which has been in existence since 2003.

In the nationwide executed **HIV prevention component,** the two FC projects supported the sale of subsidised condoms through a market-oriented distribution structure and focused awareness-raising measures on HIV risk groups such as long-distance truck drivers and sex workers. In the **family planning component,** the FC projects concentrated on disadvantaged population groups in selected villages in the Niamey, Maradi and Tillabéri regions, the three most populous regions in Niger. In these main intervention

[1] Statista 2025
[2] Welthungerhilfe website
[3] World Bank, County Policy and Institutional Assessment (CPIA) 2024
[4] WHO

zones, counselling services for women and men were offered through a specially established community structure, and subsidised modern contraceptives (contraceptive pill, 3-month injection piloted) were sold. Nationwide and regional awareness campaigns were carried out across all components. In phase VI, additional communication measures were offered for young people aged 12 to 18, particularly in cooperation with primary and secondary schools.

Breakdown of total costs

	Phase 1 (plan)	Phase 1 (actual)**	Phase 2 (plan)	Phase 2 (actual)
Investment costs (total) in EUR million	5,3	5,7	7,1	6,1
Own contribution* in EUR million	0,3	0,3	0,3	0,3
External funding in EUR million	5,0	5,4	***6,8	5,8
of which BMZ funds in EUR million	5,0	5,4	5,0	5,0

Table1: *Breakdown of costs*
Source: *Phase V: Special agreements dated 3 April 2014. Phase VI: Special agreements dated 17 December 2015.*
** Sales revenue (condoms, contraceptive pills, 3-month injections)*
*** Phase V includes residual funds from Phase IV amounting to EUR 0.4 million to extend the project duration from 20 to 24 months. Deviating data in the PCR.*
**** EUR 1.8 million from other various donors*

Map of the project region

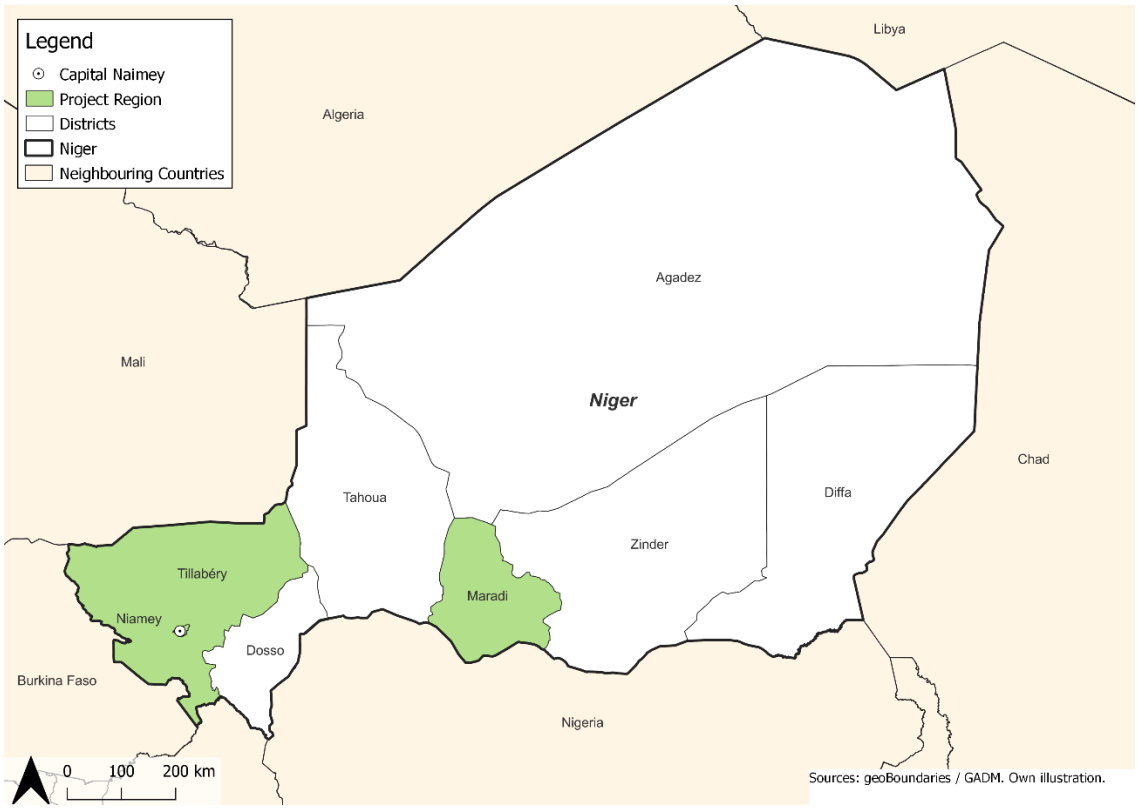


Figure1: *Map of Niger showing the project regions*
Source: *Own illustration.*

Project-specific strengths and weaknesses of the project

The strengths include in particular:

- The successful establishment and consolidation of an effective and efficient *social marketing* agency (ANIMAS-Sutura)
- The professionally designed marketing and awareness-raising measures, which are sensitively tailored to the needs and cultural characteristics of the target group
- The establishment of an efficient condom distribution structure with a market share of 93%
- The inclusion of previously neglected groups, in particular the rural population and young people.

The weaknesses include in particular:

- The vulnerability of the supply of modern contraceptives in regional distribution via the public sector
- Dependence on external funding and lack of financial support from the government.

General conclusions/lessons learned

- Social marketing approaches are a relatively efficient way of improving sexual self-determination and reproductive health in fragile contexts and low-income countries.
- A cultural shift among the population is crucial for achieving long-term goals – through intensive awareness campaigns that are sensitively tailored to the target groups and the cultural context.
- In low-income countries such as Niger, family planning programmes remain financially dependent on external funding.

Assessment according to OECD DAC criteria

Relevance

1. Alignment with policies and priorities

The very high birth rate of 5.8 children per woman (2025)[5] continues to pose considerable challenges for Niger. Accordingly, curbing population growth is a key objective of Niger's development plans (*Plan de Développement Economique et Social*, PDES 2017-2021 and 2022-2026). The following approaches are explicitly listed:

- gender inequality,
- adherence to traditional behaviours,
- low school enrolment rates for girls,
- insufficient access to contraceptives,
- low demand for contraceptives,
- early marriage and early pregnancies,
- insufficient self-determination for women,
- and insufficient institutional anchoring of family planning and population policy.

At the same time, national health policy aims to reduce the continuing high rates of maternal and infant mortality. The high fertility rate and the high number of pregnancies among minors are identified as two of several causes of this situation. The national strategy for HIV/AIDS prevention 2013-17 (Plan Stratégique National sur les IST et le VIH/SIDA, PSN) includes measures for education and access to condoms, especially for the most affected population groups. All measures of the two FC projects were aligned with these strategic objectives and contributed to them directly or indirectly. This also applies to the politically prioritised fight against pandemics such as HIV/AIDS. For example, national family policy included a significant increase in the distribution of condoms and modern contraceptives (contraceptive pill, 3-month injection).

As in phases I-IV, the projects were sponsored by the Coordination Intersectorielle de Lutte contre le SIDA (CISLS) and implemented by the local social marketing agency (SMA) ANIMAS-Sutura. The sponsor took on a coordinating role for various donor contributions and also set the programme framework (Cadre Stratégique National de Lutte contre le SIDA). The programme was integrated into the national health strategy (Plan de Développement Sanitaire, PDS), which aimed to fundamentally improve health services by 2021. In addition to access to medical services, this also included progress in the area of reproductive and sexual health.

The two FC projects evaluated here can be classified under the BMZ initiative "Self-determined family planning and reproductive health for all", which was launched in 2011 and extended until 2025. It is thus part of the core theme "Health, Social Security and Population Dynamics" (BMZ 2030). The objectives and measures of both FC projects focus on gender-sensitive strengthening of sexual health and rights. This orientation takes into account the BMZ's quality criteria of human rights and gender equality.

In addition, the objectives of the FC projects are aligned with the targets of SDG 5 (gender equality) and SDG 3, health and well-being (3.1, 3.2, 3.3, 3.7, 3.c). The issues of family planning and reproductive self-determination are closely linked to poverty and hunger. Accordingly, the FC projects are classified in the context of poverty reduction (SDG 1).

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

In previous project phases, the focus was on the distribution and use of condoms, which successfully contributed to stabilising the prevalence rates of HIV and other sexually transmitted diseases and to preventing unwanted pregnancies. The establishment of a sustainable social marketing structure and the development of culturally accepted education strategies had successfully contributed to the nationwide distribution and increased use of condoms. Given the strong population growth of currently 3.3% and the increasing number of young people, education on the prevention of HIV and sexually transmitted diseases remains an ongoing task in Niger. In the follow-up phases evaluated here, these successes were to be secured by consolidating the distribution network. This also included focusing awareness campaigns more strongly on young people and risk groups. Given that only 10% of partners in stable relationships use condoms and that self-determined family planning cannot be guaranteed by condoms alone, the strategy was expanded in the current follow-up phases to include *modern contraceptives* (the pill, 3-month injection piloted). However, the provision and distribution *of modern contraceptives* requires an adapted social marketing approach with new, significantly restricted distribution channels. In contrast to condoms, contraceptive pills and three-month injections are prescription-only: they can only be dispensed to women by private or public healthcare providers. At the same time, it is also

[5] Worldometer

necessary to ensure that women who request these contraceptives receive expert advice. The provision *of modern contraceptives* is therefore associated with significantly higher costs than condoms, especially in neglected rural areas.

Given the constant level of funding, this reorientation required a geographical focus on the three most populous regions in Niger. A comprehensive community-based concept was developed and implemented in selected villages as part of the FC projects to provide counselling, raise awareness and supply contraceptives. This included the selection and training of local contact persons, known as "relais communautaires", the establishment of community committees and cooperation with local health centres. The community-based distribution of contraceptives ensured that even hard-to-reach population groups had access to these services by covering the "last mile". New content and formats (e.g. on female genital mutilation, girls' education and female self-determination) were developed, including for direct outreach to young people in selected schools and communication with local leaders.

At the time of the project review in 2011/2012, the prevalence of modern contraceptives (hormonal contraceptives such as the contraceptive pill, 3-month injection or implants) was 11% and the unmet need was 16%. A large part of the population perceived large numbers of children and early pregnancies as part of a traditional culture. The associated negative consequences for the health of mothers and children and the poverty of families were often overlooked or accepted as a given. Consequently, there was a great need for education in the area of family planning at that time. On the other hand, the data show that, on the supply side, the demand for modern contraceptives could not be sufficiently met. The situation is fundamentally different when it comes to HIV prevention. In 2012, the average rate of condom use during extramarital sex was already 77%. Previous phases had already significantly improved the supply and demand of condoms[6] .

Condoms and modern contraceptives are generally provided free of charge in the public health sector in Niger. However, the public health sector is still unable to offer these contraceptives in sufficient quantities for everyone and at all times. The many reasons for this include inadequate infrastructure, staffing and funding, but also marked inefficiencies and a lack of expertise. Another problem for the target group is the lack of privacy when obtaining contraceptives from public service providers. In such a context, *social marketing* and *social franchising* approaches have proven successful worldwide, with privately oriented structures distributing contraceptives as a subsidised market product in protected environments. Such offerings are explicitly intended to complement the deficient public sector and are usually supported by the state, as is the case in Niger. The subsidy rate for the products is based on the purchasing power or poverty situation of the target group. The provision of contraceptives through a *profit-oriented* private sector (pharmacies, private clinics, doctors) plays only a minor role in Niger.

Given the continuing very traditional values of a large part of the population with regard to child marriage and the number of children, outsourcing the politically sensitive issue of family planning to an independent NGO such as ANIMAS-Sutura has the advantage for the government and its authorities of being able to pursue their own goals without making themselves publicly vulnerable. This is all the more true today for the current military government. In this respect, the *social marketing* agency ANIMAS-Sutura, which was already established in the predecessor projects, continues to correspond to the political and cultural framework conditions in Niger.

The total unmet need for contraceptives rose from 16% in 2012 to 19% in 2023 ([7]), which, taking into account a growing total population, means a disproportionate increase in demand. This also increased the importance of a supplementary, privately organised supply of contraceptives. The demand for condoms is particularly high among risk groups such as sex workers, long-distance truck drivers and members of the military. Accordingly, the measures in the HIV component are targeted at these high-risk groups.

The ANIMAS-Sutura approach was collaborative and inclusive, actively involving key players from the fields of politics, business and religion, as well as specific target groups such as women, men, young people and at-risk groups. This ensured that the different needs and values of those involved were taken into account. In the target regions, the focus of the projects was on village communities and end users.

ANIMAS-Sutura's communication measures, e.g. nationwide radio broadcasts, school and village events, were designed to be culturally sensitive, involving stakeholders, in particular public authorities, schools and traditional leaders. Famous actors presented the advantages of the 'FOULA' condom in short animated films ('Les Aventures de FOULA') for maximum promotional effect. The various educational measures were tailored to the individual needs of women, men and young people and groups at village level, as well as to the requirements in schools.

[6] In the first data collection in 2007, 42% of men stated that they used condoms during extramarital sex.
(EPE Niger: Social Marketing for HIV Prevention, 2013)
[7] Data for married women (all types of contraceptives): Niger, Tableau des Indicateurs en Détails, PMA, Performance Monitoring For Action, 2023

3. Appropriateness of design

The concept of *social marketing* is based on relevant scientific and practical evidence that sustainability of behavioural changes in the target group can only be achieved if increased demand for contraceptives through awareness campaigns and counselling structures is met by an easily accessible supply of contraceptives.

The underlying assumption is that communication and counselling measures raise awareness of family planning and disease prevention and, together with improved availability of contraceptives (output level), can contribute to more responsible and self-determined behaviour among the target groups in the area of sexual and reproductive health (outcome goal).

The activities financed for this purpose were to include communication measures (mass media, interpersonal and group-specific communication) as well as the procurement and distribution of condoms and modern contraceptives (contraceptive pill, 3-month injection). In addition, measures were taken to expand and autonomise the distribution network to achieve the greatest possible financial and organisational independence, to establish structures for counselling and self-organisation at the level of selected villages, and to increase the efficiency of the *social marketing* agency (outputs). From phase V onwards, the marketing and distribution of the 3-month injection was also piloted in the provision of contraceptives. The use (outcome) of the contraceptives, services and communication measures provided was intended to help prevent unwanted pregnancies, increase the intervals between births and reduce infection rates of sexually transmitted diseases.

At the outcome level, different indicators were defined in some cases during the programme review in phases V and VI. However, four sufficiently meaningful indicators can be identified for the overall assessment of both phases (see chapter on effectiveness and impact and Annex: Target system and indicators):

Two indicators defined for both phases

(1) "Prevalence of modern contraceptives in the main intervention zones";

(2) "Proportion of people in the main intensive zones who report having used a condom during their last sexual intercourse with an unmarried partner";

and one indicator each from phases VI and V

(3) "Proportion of people in high-risk groups who stated that they used a condom during their last sexual intercourse,"

(4) "Proportion of women in main intervention zones who advocate the use of modern contraceptive methods".

HIV prevalence was appraised at the usage-related outcome level. However, as it represents an **effect** of condom **use**, we have correctly reclassified it at the impact level.

Due to a lack of data, one outcome indicator for Phase V, "Increase in the proportion of women in key intervention zones who use condoms to space births or avoid unwanted pregnancies," could not be evaluated. However, due to the expansion of measures to include modern contraceptives, this indicator would no longer be relevant from today's perspective. In phase VI, the outcome target of increased use of modern contraceptives was supplemented by "observable behavioural changes" with regard to the topics of self-determined family planning and HIV/AIDS prevention. This wording is unclear. The increased use of contraceptives mentioned in the first part of the target formulation already covers relevant behavioural changes (redundancy). Even taking into account the indicators used, the wording remains vague. At the level of outcome indicators in Phase V, the proportion of women in the intensive zones who *advocated* the use of modern contraceptive methods was determined. This can be considered an appropriate indicator of acceptance, but does not necessarily imply a *change in behaviour*.

In phase VI, the reduction in the desired number of children per woman in the project regions was included as a new indicator. However, this indicator is also considered inappropriate, as the desired number of children does not necessarily imply a change in behaviour. In addition, the module proposal for phase VI already noted that 91% of births are planned and that large families continue to be a high ideal for both women and men. There is insufficient causality between the number of children, self-determination and women's reproductive health.

In addition to birth intervals that are too close together, the age at which women have their first pregnancy is too young and should be considered relevant to women's still insufficient right to self-determined family planning. In addition to the indicator used, 'increasing birth spacing', this could lead to the derivation of an additional indicator, such as reducing the proportion of girls under the age of 18 with a child or reducing child marriages. Although the communication measures also include education on the disadvantages of widespread child marriage, a significant reduction in child marriage would be considered too ambitious as goal for the project duration of the two current phases. Due to the deep traditional roots of child marriage in Niger, this goal can only be pursued *in the longer term*. Accordingly, this aspect was included in a separate FC project in 2021 ("Promoting girls' education in Niger", BMZ No. 2021 68 516). The impact goal here is: "Girls' self-determination is strengthened and the frequency of early marriages and early pregnancies is reduced". In the case of child marriages, which are still widespread, a marriage only

gains real recognition with the birth of the first child. The pressure of a first pregnancy is correspondingly high, even among young adults. The awareness-raising measures of the two projects evaluated here therefore focused more on increasing the interval between the birth of the second child (see Logframe Phase VI Output No. R2-2: 'Young people plan to use contraceptives after their first child').

Based on these considerations, the outcome target in this evaluation was adjusted: "Methods of preventing pregnancy and sexually transmitted diseases are known and accepted by the target group, which increases the use of condoms and modern contraceptives". Increased use of contraceptives reduces the number of possible births and thus contributes to the impact goals of preventing unwanted pregnancies and increasing the birth interval. The intended increase in the use of modern contraceptives in the project regions from an average of 17% to 30% between 2015 and 2020 was considered ambitious but feasible. This also applies to the necessary broad change in attitude among the target group and the acceptance of modern contraceptive methods from 72% to over 80% between 2015 and 2020.

The impact target for the appraisal of Phase V was "to improve the sexual and reproductive health and rights of the Nigerian population by reducing unwanted pregnancies, increasing birth spacing and reducing sexually transmitted infections, in particular stabilising HIV prevalence". The measures relating to the use and distribution of *condoms* were nationwide, while the use and distribution of *modern contraceptives* focused in particular on the *intensive zones* of the FC projects/programmes, i.e. the zones and target groups with unmet needs. Accordingly, the sub-goal of increasing birth spacing was limited in the target formulation to the main intervention zones of the projects. The target of increasing birth spacing by three months in the regions covered is appropriate. The impact goal of the EPE is now: "Improving the sexual and reproductive health, self-determination and rights of the Nigerien population by reducing sexually transmitted infections (especially HIV) and preventing unwanted pregnancies, as well as by increasing birth spacing in the main intervention zones of the FC projects."

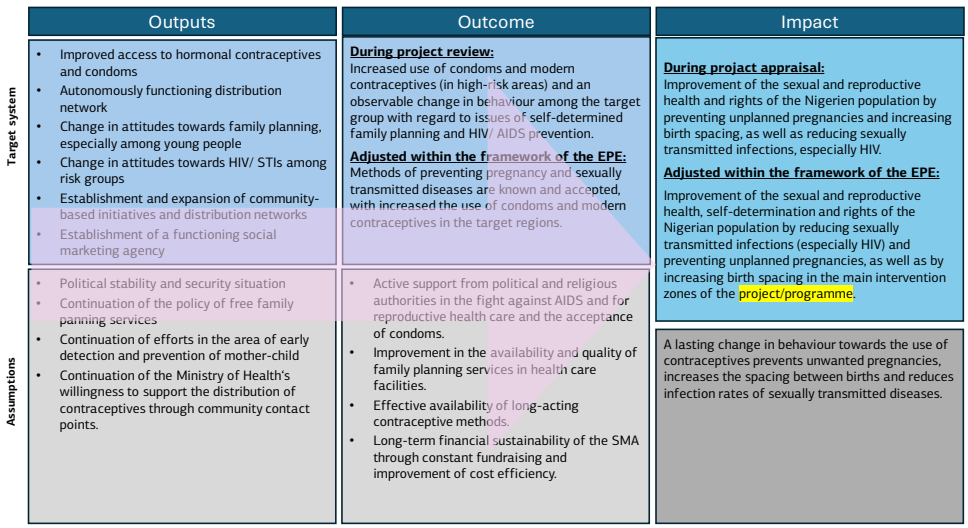


Figure 2: *Target system and impact chain*

Source: *Own illustration.*

The impact indicator for Phase VI, "The average birth spacing increases", is limited to the main intervention zones in line with the regional concentration of measures and reads "The average birth spacing increases in the main intervention zones". The indicators for HIV prevalence, which were originally classified at the outcome level, supplement the impact indicators with the formulations "HIV prevalence in the general population is stagnating or declining" and "HIV prevalence in the high-risk group of prostitutes is declining". Although the nationwide HIV prevalence rate had already been reduced to a low level (0.7%) in phases I-III, at the time of the phase VI review, the prevalence rates among sex workers were 17.3% (2012)[8], with the risk of rapidly rising infection rates continuing to exist. The widespread use of condoms had already proven to be an effective preventive measure, provided that availability and risk awareness among users continued to be ensured. From today's perspective, the weighting of the HIV indicators is appropriate (see chapter on impact and Annex: target system and indicators).

With the above adjustments, the chain of effects is now sufficiently plausible: the communication measures at the output level lead to an increase in knowledge among the target group with regard to personal risks and options for action, which increases the acceptance of contraceptives and thus makes their use more likely. At the same time, measures to establish a target group-oriented distribution structure lead to improved access to contraceptives for the target group (output), which, in conjunction with

[8] Programme proposal "Family planning including HIV/AIDS prevention, phase VI", 14 January 2015

increased acceptance, results in an increase in the actual use of contraceptives (outcome). Knowledge transfer and the options for action offered improve the reproductive self-determination and rights of the target group (impact). In addition, any additional use of contraceptives contributes to the prevention of sexually transmitted diseases and reduces the number of births, which has a fundamentally positive effect on reproductive health (impact).

4. Adaptability – response to change

During the implementation of the two phases, ANIMAS responded flexibly to new challenges and learning experiences. With the loss of donor commitments amounting to around EUR 1 million during the implementation of phase VI and due to cost increases in the tendering process for consultancy services, the project budget had to be significantly tightened and the measures conceptually realigned (see chapter 11). ANIMAS attempted to compensate for the lack of data availability on the part of national authorities through a quality initiative of the CAP studies (Connaissances Attitudes Pratiques). In the area of educational measures, new approaches were tried in very traditional villages, such as the organisation of forums with the participation of local leaders, where other topics were initially given priority (e.g. hygiene during breastfeeding). Due to the unexpectedly high illiteracy rate, radio campaigns were intensified and materials revised. Training courses for wholesalers were designed and offered to speed up the process of making condom distribution autonomous.

Rating summary of relevance: very successful (1)

The projects were explicitly aligned with Niger's strategic plans for promoting sexual and reproductive health and the targets of SDG 3 (Good Health and Well-being). They can be classified within the context of international and BMZ priorities. The design took the needs and capacities of the beneficiaries and stakeholders into account in a very precise and differentiated manner and was adapted to changing requirements. In organisational and financial terms, we appraise the design of both FC projects as target group-oriented and results-oriented. It addresses a core problem of Niger's socio-economic development and shows potential to make a decisive long-term contribution to solving the problem (high health risks due to insufficient demand for and supply of contraceptives) through structurally and conceptually appropriate FC measures. The relevance of both FC projects is therefore rated as very successful.

Coherence

5. Internal coherence

The two FC projects evaluated here were implemented within the BMZ scope of the design for the health sector, though there was no EC-wide health programme. German TC is not active in the health sector in Niger. The two FC projects are phases of a sequence of consecutive individual projects (Family Planning and HIV/AIDS Prevention I-IV (Phase I: BMZ No. 2000 65 763, Phase II: BMZ No. 2005 65 960, Phase III: BMZ No. 2008 66 756, Phase IV: BMZ No. 2011 65 729), Family Planning and Awareness Raising I-II (Phase I: BMZ No. 2017 68 142, Phase II BMZ No. 2019 69 435), which have been implemented since 2003 and whose final phase (Family Planning and Awareness Raising II) is currently still being implemented. Since 2017, the FC projects Reproductive Health I-IV (Phase I: BMZ No. 2014 67 224, Phase II: BMZ No. 2017 69 041, Phase III: BMZ No. 2017 69 058, Phase IV: BMZ No. 2019 69 427). This includes, among other activities, piloting a results-based reimbursement fund in which selected health facilities are reimbursed for reproductive health services at fixed rates. There is particular potential for synergy with regard to the communication and awareness-raising activities planned under Component 3 in selected primary and secondary schools and neighbouring villages, for which ANIMAS-Sutura was also contracted as one of two NGOs. The FC project "Promoting girls' education in Niger" (BMZ No. 2021 68 516), which focuses on girls' self-determination, was not yet being implemented during the reporting period. The conceptual, content-related and regional orientation of the individual FC programmes are complementary and build on each other. Phases V and VI evaluated here complement other BMZ-funded projects, such as the FC programme 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 on sexual and reproductive health and rights (SRHR) projects of German development cooperation in the region.

With their focus on sexual and reproductive health and the right to self-determination, the FC projects evaluated here are in line with international norms and standards, particularly with regard to human rights and gender equality. Germany's approach is based, among other things, on the UN Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW). Similarly, the UN Human Rights Committee calls on states to ensure access to high-quality, evidence-based information and education, as well as a wide range of affordable contraceptive methods, in order to protect women and girls and their self-determination.

6. External coherence

To coordinate the activities of the various ministries and donors in the field of AIDS control and family planning, the government established the *Coordination Intersectorielle de Lutte contre le SIDA* (CISLS) executive secretariat, which was placed directly under the authority of the president in 2007. Its mandate included coordinating measures for cooperation with the private sector and civil society at the community level, a cooperation that is explicitly highlighted in the national development strategy for the health sector.[9] The FC projects were sponsored by the CISLS, which delegated the implementation of the measures to SMA ANIMAS-Sutura. With CISLS as the project executing agency at the time, it was possible to ensure that the FC projects were implemented in line with other government and donor activities. ANIMAS-Sutura worked on behalf of and in close coordination with CISLS and was used as an implementing organisation by other donors relevant to the sector. CISLS was dissolved in 2021 and the mandate was transferred to the Ministry of Health.

The most important donor commitment in the health sector at present is a basket fund (Fonds Commun), which provides financial support for the Ministry of Health's national development strategy for the health sector (PDS 2017–2021) and the action plan for family planning (2012–2020), complementing the state budget. The current total volume is around EUR 25 million. The largest donor is the French *Agence Francaise de Développemment* (AFD) with a total of EUR 13 million, followed by AECID (Spain), the GAVI Alliance, UNICEF (*chef de fil*), UNFPA, WHO and the EU. The basket is available exclusively for financing the public health sector, including reproductive health.

In addition to KfW, ANIMAS-Sutura has established numerous partnerships with organisations such as UNFPA, UNICEF and the World Bank in order to diversify its funding and ensure the sustainability of its measures. In total, ANIMAS-Sutura mobilised around EUR 2.6 million for further measures from various donors during the two FC phases evaluated here from 2014 to 2018. ANIMAS also acted as an implementing organisation for interventions financed by UNFPA, USAID and AFD, thus ensuring synergies between the individual measures. ANIMAS played a key role in national contraceptive needs planning, which promoted a coherent approach with national and international partners in the context of the FC projects evaluated here, particularly with regard to social marketing activities. The needs assessments were based on project monitoring and studies on usage rates.

At the request of the Ministry of Health, UNFPA, with funding from the Bill & Melinda Gates Foundation, supported the FC projects evaluated here in piloting the three-month subcutaneous injection (Sutura-Press) as a new product from the *social marketing* agency. From phase VI onwards, this SMA product was made available free of charge by the Nigerien Ministry of Health. As part of the UNFPA-funded "ILLIMIN" project, over 10,000 girls were reached, and the "Ecoles des Maris" strategy raised awareness among men for greater involvement in family planning.

UNICEF provided ANIMAS with funding for the GHM (Gestion de l'Hygiène Menstruelle) project, which aimed to improve the sexual and reproductive health of girls in schools. Its measures included awareness-raising and educational activities designed to increase awareness of reproductive health and promote access to relevant services. Other smaller activities at ANIMAS-Sutura involve training community agents (Relais communautaires) through CRS (Catholic Relief Service) and the West African Health Organisation (WAHO) to strengthen community-based distribution of contraceptives and awareness-raising measures. Communication and awareness-raising measures were designed and implemented in collaboration with relevant stakeholders and target groups (authorities, schools, communities, village groups, village elders, health service providers).

In response to the military coup in July 2023, many Western donors suspended or completely halted their bilateral cooperation. The suspension of German development cooperation was lifted on 20 February 2025. Cooperation with France remains suspended. Cooperation with the European Union and Spain was suspended and has not yet been resumed. The Netherlands has partially suspended cooperation at the central level, but is continuing it at the regional level. All other donors, with the exception of USAID, have resumed cooperation. In the fight against HIV/AIDS, the GFATM and the World Bank in particular are once again active as donors.

Rating summary of coherence: successful (2)

The projects, with their focus on reproductive health, are 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. The individual projects of German development cooperation build on each other and complement each other. At the national level, the project executing agency ANIMAS-Sutura actively contributes to the external coherence of the projects by involving other donors in the activities and financing alongside German FC. All measures are implemented in coordination with the public health sector, represented by the Ministry of Public Health (*Ministère de la Santé Public*). Coherence is appraised as successful.

[9] Health Development Plan, PDS, 2011-2015

Effectiveness

7. Achievement of objectives

The objective at the outcome level was "Methods of preventing pregnancy and sexually transmitted diseases are known and accepted by the target group, and the use of condoms and modern contraceptives has increased."

The following indicators were used to measure the outcome objective:

Indicator	Status at time of review 2011/ 2012	Target value at EPE (review) 2015/ 2020	Actual value at PCR 2018	Actual value at EPE* 2021
(1) Modern contraceptive prevalence rate in the main intervention zones	Phase V: 11% (2011) Phase VI: Maradi: 5,6% Tillabéri: 19% Niamey: 26,3% (2012)	Phase V: 21% (2015) Phase VI: Maradi: 25% Tillabéri: 25% Niamey: 40% (2020)	Phase V: 23,7% (2018) Phase VI: Maradi: 39,4% Tillabéri: 26,5% Niamey: 34,7% (2018)	Phase V: n.a. Phase VI: Maradi: 49.5% (30,2%)** Tillabéri: 51% (49,4%)** Niamey: 28.5% (17,6%)** (TRaC 2021) ***Nationwide: 10.0%**** Target value partially achieved
(2) Proportion of people in the main intensive zones who state that they used a condom during their last sexual intercourse with an unmarried partner	Non-regular partner: 75% With prostitutes: 80% *(average 77,5%)*	Non-regular partner: 80% Prostitutes: 85% (Ø 82,5%)	Non-regular partner: 74,3% Prostitutes: 97,6% *(Ø 86%)*	n.a. Target value partially achieved
(3) Proportion of people in high-risk groups who state that they used a condom during their last sexual intercourse	Prostitutes: 91% Long-distance lorry drivers: 84% (2013)	Prostitutes: 91% Long-distance lorry drivers: 84% (2020)	Prostitutes: 97,6% Long-distance lorry drivers: 88% (2018)	Prostitutes: 99,7% Long-distance lorry drivers: 92,9% (2021, CAP study) Target value achieved
(4) Proportion of women in the main intervention zones who are in favour of using modern contraceptive methods	72%	>80%	91,6% *(69% in rural areas without project measures)*	90,7% (2021, CAP, not specific to modern contraceptives) n.a. Target value achieved

Table 2 *: Outcome target achievement*
Source*: Final Report Phase V and VI, PCR 20 January 2020, PANB, CAP Study 2021 and 2023, TRaC Summary Report 2021.*
Note*:*

** Due to the military coup in 2023 and the subsequent suspension of German cooperation from July 2023 to February 2025 the CAP study planned for 2024 had to be postponed until the end of 2025. Therefore, current data are not available for most indicators.*

*** In brackets: data from comparable villages in the region without project interventions (ANIMAS-Sutura: Rapport Final Phase VI)*

**** Policy Brief: Contraceptive prevalence and fertility in Niger 2021*

(1) The indicator for modern contraceptive prevalence in the main intervention zones of the projects is significantly higher than the target value in PCR in 2020, as it will be in 2023 in the rural project zones of Maradi and Tillabéri. In comparable rural villages in the same region without FC measures, the values are significantly lower in some cases, with the national average at only 10%. In the urban region of Niamey, an improvement in the prevalence rate was also achieved between 2012 and 2020 (from 26.3% to 28.5%). The target of 40% for Niamey, which from today's perspective was somewhat too ambitious, was not achieved in the long term. The prevalence data from 2023 indicate that the distribution and counselling structures established by the FC projects continue to contribute to an increase in prevalence to this day.

(2) The latest available data on the proportion of people in the main intensive zones who report having used a condom during their last sexual intercourse with an unmarried partner is from 2018; the target values were partially achieved.

(3) In terms of condom use, the very high level of condom use achieved among high-risk individuals (focus target group phase VI) is remarkable: In 2021, 99.7% of sex workers and 92.9% of truck drivers reported having used a condom during their last sexual intercourse, exceeding the targets of 91% and 84%.

(4) The increasing use of modern contraceptives can also be attributed to a fundamentally positive attitude towards modern contraceptives. The communication measures of the FC projects have significantly increased the rate of approval of modern contraceptives among women to over 90%, well above the target minimum of 80%. In terms of attitudes towards and use of modern contraceptives, the two FC projects have achieved their overall objectives.

8. Contribution to the achievement of objectives

The main focus of the measures to achieve the outcome targets was to increase demand through intensive communication campaigns. The awareness-raising and education measures included nationwide campaigns and events as well as targeted measures in the project regions, particularly in primary and secondary schools. The measures in schools, which reached around 250,000 pupils, succeeded in anchoring knowledge of their own rights and family planning options in this target group. Following on from the nationwide campaigns of the FC's previous projects, new TV and radio sketches from the series "Les Aventures de FOULA" were produced and broadcast, along with additional spots, clips, songs and materials for a large number of programmes and events. The content is adapted annually as needed. Around 48,000 film and theatre screenings were organised and around 130,000 discussions and one-to-one conversations were held at kiosks throughout the country. The target group-specific reach of the kiosks is estimated at over 2.5 million people over the course of the projects, including travellers passing through[10] . In addition to personal contacts, radio broadcasts play a special role in the FC projects, as they are the most efficient way to reach the rural population. ANIMAS is working with 69 national and regional radio stations, which broadcast the songs, spots, sketches and discussion rounds produced in over 150,000 programmes, with multiple repeats for maximum advertising impact.

In the project regions, the community-based distribution structure was massively expanded from 553 villages to 1,275 villages in 28 zones as part of the two FC programmes. The community-based distribution and advisory structure established and maintained by ANIMAS-Sutura is supported by trained contact persons, the *relais communautaires* (2,250 people), women's and men's groups (e.g. 90 *Ecoles de Maris*) and independent village committees (768), with the involvement of local health service providers, sales outlets and village elders. This approach ensured that the participants received advice tailored to their needs and had access to modern contraceptives. In phase VI, communication measures focused on involving primary and secondary schools – an approach that was explicitly supported by the then Minister of Education. The FC measures included events in 69 schools, reaching almost 500,000 young people aged 12-24. This enabled particularly vulnerable target groups to be more strongly involved in awareness-raising. The communication measures reached all relevant target groups, including particularly disadvantaged and vulnerable groups such as the rural population, high-risk groups and young people.

ANIMAS also participated in major national events to raise awareness of family planning issues. These included AIDS Day, Population Day, National Day, National Youth Meeting and the very popular traditional wrestling competitions. At the supra-regional level, ANIMAS organised a meeting for experts from Niger, Côte d'Ivoire, Chad and Burkina Faso. ANIMAS is represented on social media with a Facebook page that is well frequented. These measures have contributed to a better perception and anchoring of family planning issues in the public sphere and among political decision-makers.

On the supply side, the two FC projects were able to provide a sufficient number of contraceptives to meet the increased demand, with a total of 45.5 million condoms and 1.7 million pill cycles sold. As planned, the availability of condoms in participating distribution outlets such as pharmacies, shops/kiosks, bars, petrol stations and street vendors averaged 95%. The market share of the FOULA condom brand, distributed exclusively by ANIMAS-SUTURA, was 93% between 2012 and 2016[11] . The planned sales target of a total of 46.1 million condoms was narrowly missed. However, given the high availability in easily accessible distribution outlets nationwide, it can be assumed that demand was fully met. The intended average increase in sales of 5% per annum was achieved, however, and serves as an indicator of the successful work of the communication measures.

Sales figures for SUTURA brand pill cycles were significantly below the planned 2.8 million cycles and growth rates of 8% per annum. In view of the insufficient but free distribution of contraceptive pills through the public health sector, the demand development expected at the time of the programme review must now be considered overly optimistic. Ultimately, it was possible to maintain a stable level of supply in line with demand, despite recurring supply bottlenecks at the regional depots of the central procurement authority ONPPC (Office National des Produits Pharmaceutiques et Chimiques). These supply problems affect not only the ANIMAS network, but also the public sector products that dominate the market. For example, the market share of the

[10] Source: ANIMAS-Sutura, GFA: Final Report Phase V (2016). Final Report Phase VI (2018)
[11] Study of the contraception market in Niger, September 2019

SUTURA pill is only 12%. In order to improve local stockpiling, ANIMAS provided support to the managers of the distribution centres affected.

The three-month SUTURA-Press injection was piloted in 55 villages in the Maradi region during phases V and VI. The target of 14,000 units[12] could not be achieved, with only 8,300 doses administered. However, without reference data, it was virtually impossible to make a realistic estimate of actual demand in advance. The number of women requesting the injection rose to 5,000 by 2018, with a discontinuation rate of only 5%.[13] Overall, the results of this pilot phase indicate a low but steadily increasing demand for injections as a contraceptive. To better establish SUTURA products (pill, 3-month injection), distribution was intensified via the community-based network established by ANIMAS in 1,275 villages. To this end, ANMIAS provided further training to the specialist staff who prescribe contraceptive pills. This includes midwives, nurses, gynaecologists and general practitioners in the project regions.

9. Quality of implementation

ANIMAS-Sutura is also regarded by other donors as a solid organisation with transparent and efficient project management. ANIMAS' ability to respond flexibly and constructively to new challenges and adapt its strategies accordingly (e.g. the introduction of the 3-month injection in phase VI) has proven crucial to its success. Continuous training of staff and a rigorous monitoring and evaluation system have contributed to this. In 2017, after intensive negotiations involving the German Embassy, the reintroduction of customs exemption for imported SUTURA products was achieved. Access to schools and the events organised there was coordinated with the Ministry of Education. As part of an organisational analysis (2016-18), ANIMAS' effectiveness as a social marketing agency was further expanded. This included a strategy to make the distribution network autonomous, additional training in sales techniques, and personnel changes at the management and consultant level. The nationwide distribution network for condoms is solidly established with a market share of 93% for the FOULA brand distributed by ANIMAS and did not experience any supply bottlenecks during the project period. The distribution of modern contraceptives struggled with an unreliable supply from the state procurement agency ONPCC. Here, ANIMAS attempted to stabilise local stock levels by training local managers.

One positive appraisal is that the approach to different target groups was tailored to the respective context on an evidence-based basis. The campaigns were developed on the basis of analyses of the social and behavioural problems identified during the project design phase. In addition, workshops were organised to define key messages in order to ensure that the content was relevant and appealing to the target groups.

10. Unintended effects (positive or negative)

No negative unintended effects were identified. The communication and awareness-raising measures achieved a number of positive social side effects that went beyond the intended objectives. For example, the community-based structures that were established promoted social cohesion in the villages and strengthened the commitment of local leaders. In the schools supported, the relationship of trust between pupils and teaching staff improved. The sale of contraceptives and income-generating activities helped many women to increase their income and gain economic autonomy[14] .

Rating summary of effectiveness: successful (2)

With a few exceptions, the indicators for achieving the outcome target were met or exceeded. This applies in particular to the increase in the prevalence of modern contraceptives in the main intervention zones and the smooth nationwide distribution and sale of condoms. The high effectiveness of the project measures is underpinned by significantly poorer prevalence results in the comparison zones without project measures. Overall, the results indicate that the communication structures and campaigns that were established have significantly increased the use of contraceptives.

Efficiency

11. Production efficiency

As planned, the two programmes ran for a total of 48 months from the beginning of January 2014 to the end of April 2018, with phase V being implemented from January 2014 to December 2015 and phase VI from May 2016 to April 2018. There were no significant project delays.

The condoms were procured through two long-term framework agreements with ANIMAS suppliers at fixed unit costs of EUR 0.033 and EUR 0.035 respectively. The use of internationally tendered framework agreements ensured a cost-efficient, flexible

[12] Source: Special agreements dated 7 September 2016. In PV 8.7.2011, paragraph 3.19 mentions 120,000 three-month injections as the sales target. This must be a typo (12,000 instead of 120,000).
[13] Final Report Phase VI
[14] ANIMAS-Sutura: Written information on questions from KfW dated 15 July 2025

and demand-oriented procurement process. A total of 45.5 million condoms were sold at a price of 25 FCFA per unit (approx. 4 euro cents). With 46.1 million condoms planned, this corresponds to 99% of the target. In phase V, 22.2 million of the planned 23.1 million condoms were sold (96%), and in phase VI, 23.4 million of 23 million (102%). The total of 1.7 million pill cycles sold represents around 75% of the planned target of 2.19 million pill cycles. The target achievement in Phase V was only 49% (584,757 out of 1,185,201) and in Phase VI 97% (973,800 out of 1,004,513). The reason for the significantly lower sales figures in Phase V was delivery problems for which the project was not responsible. The unit price per cycle was 50 FCFA (approx. 8 EUR cents). During the pilot phase of the 3-month injection SUTURA-Press in phase VI, 8,309 units (planned 14,000) were sold at a unit price of 50 FCFA (approx. 8 EUR cents).

A total of EUR 1,9 million was invested in procurements in phases V and VI (condoms, pills, 3-month injections), which accounted for 18% of FC funding. At EUR 719,248 (phase V: EUR357,614, phase VI: EUR361,634)[15] , the income from the sale of the products was significantly higher than the planned EUR645,501 (phase V: EUR 265,978, phase VI: EUR 379,523). The share from the sale of condoms was around 82%, that from contraceptive pills around 18% and that from the 3-month injection less than 1%. What is striking in phase V is the higher revenue achieved despite sales figures falling short of the planned figures. Taking constant sales prices into account, it can be assumed that the sales figures for the pills were overestimated.

In phase V, with an FC contribution of EUR 5.4 million and 223,790 contraceptive years achieved, EUR 24 per contraceptive year was spent. In phase VI, the cost-effectiveness of FC financing improved to EUR 22 per couple-years of contraception with 259,716 couple-years of contraception achieved[16] . Overall, it can be seen that the ratio of total costs per couple-years of contraception improved continuously over the course of the project phases: from EUR 37 in the first phase to EUR 22 in phase VI. This is still above the African average of EUR 18, but can be considered a good result given the difficult conditions in Niger.

Due to unrealised commitments from other funding partners amounting to around EUR 1 million (EUR 0.8 million instead of EUR 1.8 million) and higher consultant costs (+ EUR 0.2 million), the cost and financing plan had to be adjusted in phase VI. Despite a reduction in local implementation costs (ANIMAS administration and personnel costs) from EUR 4.2 million to EUR 3.4 million, the number of villages supported more than doubled from 553 to 1,275. This was made possible by the cost-efficient inclusion of neighbouring villages and improvements in efficiency. Marketing and communication costs were around 18% below budget, but without any significant loss of reach.

Consulting costs were reduced from 17% in phase V to 14% in phase VI, which is slightly above the project review planning of 13% in phase V and 12% in phase VI. However, given the difficult conditions in Niger, these costs can still be considered reasonable. ANIMAS-Sutura was able to implement 99.05% of the funding provided by all donors, which, given the unremarkable audits, indicates efficient management of the funds. It is remarkable that, despite the necessary cost savings due to planned but unfulfilled donor commitments, the targeted outputs were achieved with the available resources.

We appraise production efficiency as successful. The cost per contraceptive year per couple was further reduced. The geographical reach of the measures was maintained despite a lower overall budget and unplanned additional costs. Implementation is proceeding largely without delays and with the exploitation of cost-saving potential.

12. Allocation efficiency

Local implementation costs (operating costs) amount to approximately EUR 7 per couple-year of contraception[17] , which is significantly lower than the EUR 8 in previous phases. Sales revenues cover approximately 5% of total costs and 24% of operating costs. There are tight limits to further efficiency gains. The appropriateness of consumer prices is regularly appraised by ANIMAS through surveys on willingness and ability to pay. In 2019, for example, the sales price for three condoms was increased from 75 FCFA to 100 FCFA (15 euro cents). However, prices are fundamentally inelastic due to the free public sector and the poverty situation, and can only be increased marginally in a socially acceptable manner.

We appraise the allocation efficiency as successful. The outcomes/impact achieved could not have been achieved in any other way, especially not through the public sector. As already illustrated in the section on relevance, the public sector is unable to provide contraceptives or education and counselling to disadvantaged target groups (rural populations).

Rating summary of efficiency: successful (2)

The efficiency of the two FC projects evaluated can be assessed as successful. The reach of the high-quality communication measures is remarkable. ANIMAS-Sutura has made significant progress in the distribution of contraceptives and other health products, as evidenced by the high number of products sold and distributed. The organisation has generated revenue through the sale of its products, which has contributed to covering a growing proportion of the project costs. This efficiency is also supported

[15] Final report for phases V and VI
[16] Final report for phases V and VI. The PCR contains different data. Calculation: EUR 5.8 million / 259,716 CYP = EUR 22.3/CYP
[17] Own calculation based on data from the PCR dated 20 January 2020 (Annexes 3, 4) and Final Report Phase V and VI from ANIMAS, GFA: Local costs V and VI: EUR 1,608,219 + EUR 1,762,869 = EUR 3,371,088; CYP V and VI: 223,790 CYP + 259,716 CYP = 483,506 CYP. EUR 3,371,088 / CYP 483,506 = EUR 6.97/CYP

by the projects' ability to adapt its measures to reduced funding and develop innovative approaches. The projects were able to expand its reach at the village level in a cost-neutral manner. There were no significant delays in implementation.

Impact

13. Overarching developmental changes

The impact-level objective was to contribute to improving the sexual and reproductive health and rights of the Nigerien population by reducing sexually transmitted infections, particularly HIV, preventing unplanned pregnancies and increasing birth spacing in the main intervention zones of the projects.

The following indicators were used to measure the impact objective.

Indicator	Status at time of review	Target value at EPE (review)	Actual value at PCR	Actual value at EPE*
(1) The prevalence of HIV in the general population is stagnating or declining**	V: 0,7 % (2011) VI: 0,4 % (2015)	V: <1 % (2015) VI: 0,4 % (2020)	0,2 % (2018)	0,2 % (2022) Target value achieved
(2) HIV prevalence among the high-risk group of sex workers is declining in the project regions	17,3 % (2012)	15 (2020)	9,5 % (2019)	n.a. Target value achieved
(3) The average birth interval in the main intervention zones of the projects is increasing.	31 months	34 months (2020)	36 months (Year 2018) compared to 24 months outside the main intervention zones in the three project regions	34 months Nationwide 31,3 months *(ENAFEME 2021)* Target value achieved

***Table 3** : Impact target achievement*
***Source**: Second Generation Surveillance Report (SSG) 2019, Final Report Phases V and VI, World Bank: HIV prevalence, Niger 2022, PCR dated 20 January 2020, ENAFEME 2021*
***Note**:*
** Due to the military coup in 2023 and the subsequent suspension of cooperation with Germany and other donors, as well as the overall critical security situation (red zones), no more recent data is available.*
*** The outcome indicator for Phase V, "Stabilisation of the HIV prevalence rate at below 1%", is appraised here as an impact target, as in Phase VI.*

14. Contribution to overarching intended developmental changes

A key contribution of both projects was to remove the taboo surrounding topics such as condoms, contraception and sexuality in a traditionally conservative society. The social debate initiated by a wide range of communication measures created a space for people to form their own opinions, supported by knowledge transfer and counselling. Awareness campaigns such as "*Les Aventures de Foula*" have raised awareness of reproductive health and the importance of family planning among the population as a whole. The involvement of religious and community leaders and communication measures aimed at men (*Ecoles de Maris*) have led to men becoming increasingly involved in family health issues and to greater acceptance of contraceptive methods. The latest survey shows that 90.7 per cent of women and 86.9 per cent of men in the main intervention zones have a positive attitude towards modern contraceptive methods.[18]

The awareness campaigns have initiated a public discourse on previously taboo topics, which has ultimately contributed to improving the social status of women. In recent years, there has been a clear trend towards declining fertility rates among women in Niger. In 2015, the number of births per woman was 7.2 and has been falling steadily since then to 6.4 in 2020 and 5.8 in 2025. The extent to which factors other than the project measures, such as increased education and the influence of international social media, have contributed to this is unclear and would require further study.

15. Contribution to overarching unintended developmental changes

The measures at the level of supported communities (*Démarche de Base Communautaire*) have strengthened social cohesion in the communities and improved their problem-solving skills[19] .

[18] TRaC Summary Report, 2021
[19] ANIMAS-Sutura: Written information on questions from KfW dated 15 July 2025

Rating summary of impact: successful (2)

In an extremely conservative cultural context, the project measures have had a positive influence on people's willingness to engage with family planning issues and have contributed to a change in social norms. This is reflected in the very low HIV prevalence rate achieved, its significant reduction among risk groups and a marked increase in birth spacing in the project regions. For this reason, we appraise the contribution of the two FC projects to a positive impact as successful.

Sustainability

16. Capacities of beneficiaries and stakeholders

The implementation of measures in the area of sexual and reproductive health and rights continues to be heavily dependent on donor support. Government spending on the health sector is around 6% of GDP (2021), which is far below the recommended 15% (Abuja target). Due to underfunding, the public sector is unable to fully meet the needs of the population in the areas of health, family planning and HIV prevention.

The appraisal of the concept of *social marketing* to provide care and education to the population in the area of family planning has been and continues to be positive and supported by the government. The work of ANIMAS-Sutura is seen as complementary to the free but inadequate services provided by the public sector. It is recognised that the approach of a privately organised NGO and the sale of subsidised products is a cost-effective way of providing services to disadvantaged groups of the population. However, financial support from the state budget seems unrealistic. On the one hand, the priorities for the use of extremely scarce budgetary resources lie in supporting underserved state institutions and, on the other hand, financing an externally funded NGO would be a political issue for the current government, which is fundamentally sceptical about NGO activities in the country. The new government has temporarily suspended all activities related to family planning in schools. The manner in which these activities will be resumed is currently being negotiated between the Ministry of Health and the Ministry of Education. With the new government (2023), the burden of public levies on SMA as an NGO has also increased, including a 10% tax on all domestic contracts. ANIMAS-Sutura has so far benefited from exemption from import duties on contraceptives sold under the FC financing agreement. With the end of FC financing, the exemption would be abolished and, with customs duties of around 27%, would place an additional burden on SMA's balance sheet.

ANIMAS-Sutura shows a strong commitment to autonomy and has made remarkable progress towards institutional sustainability, both financially and operationally. The organisation has set clear goals to ensure sustainability and has implemented sound and transparent financial management. It has generated relevant income through the sale of its products, which contributes to the diversification of its funding sources. Another goal is to make distribution largely autonomous, i.e. to reduce or eliminate financial incentives for wholesalers and intermediaries. As a result, the share of autonomous condom distribution increased from 33% (2014) to 42% (2018). In addition, ANIMAS-Sutura has invested in expanding its human and organisational capacities and is recognised as a key player in social marketing and reproductive health in Niger. Despite this progress, financial sustainability remains a challenge.

At the village level, the concept of *relais communautaire* introduced by ANIMAS was fortunately adopted by the Ministry of Health in 2024 and is now being implemented nationwide with state-supported liaison officers and a broader advisory approach that goes beyond reproductive issues. This has made it possible to structurally anchor the counselling and care of previously disadvantaged population groups despite political crises. This newly created, permanent exchange between target groups and state health structures strengthens the position of the target group and contributes to the perpetuation of the attitudes and behaviours achieved in the target group. It can be assumed that once the positive attitudes of individuals in the target groups towards family planning issues have been achieved, they will not change significantly in the long term. However, it remains to be seen to what extent these individuals will influence the younger generation as multipliers. The long-term trends of important indicators, such as fertility and prevalence rates, point to the sustainability of the social transformation that has been achieved.

17. Contribution to supporting sustainable capacities

Phase VI was originally intended to mark the end of FC funding for SMA measures. Accordingly, the project concept was geared towards achieving the greatest possible autonomy for ANIMAS-Sutura. The consulting firm GFA focused on improving the organisation, management, efficiency and capacities of the SMA. During Phase VI, expenditure on the development of the SMA was significantly increased again, from EUR 85,000 to EUR 228,000. Overall, good progress was made in this way (see above), particularly in terms of making the marketing and sales network autonomous. Strict performance monitoring proved helpful in identifying and implementing improvement measures, e.g. improving the quality of advice through additional training for sales staff, consultants and other relevant actors. However, the planned study to analyse alternative legal forms and structures has not yet been carried out.

With the support of the projects, ANIMAS-Sutura implemented a strategy to largely autonomise the distribution network for FOULA condoms. Around half of the distribution is organised through a long-distance drivers' association, the *Réseau des Routiers*. However, the margins for sellers do not cover costs. Accordingly, the SMA has subsidised distribution via the long-distance drivers' organisation. As part of the intensively negotiated autonomy strategy, these subsidies have been gradually reduced. However, this part of the distribution structure cannot be maintained entirely without subsidies.

The community-based counselling and distribution structures financed by the FC projects (part of the cost items training, marketing and local implementation costs) were crucial for the acceptance and demand for modern contraceptives among the neglected target group in rural areas. The majority of women who became familiar with and used the contraceptive pill or three-month injection during the projects will continue to demand these in the future, regardless of further counselling measures, and will share their experiences with other women. If the distribution structures established by ANIMAS no longer allow for reliable supply due to insufficient funding, it can be assumed that at least some of the women will seek alternative sources of supply and, if necessary, accept higher costs and longer distances, e.g. to the nearest public health station or pharmacy. The involvement of men and religious leaders, which is promoted by the FC projects, increases the likelihood that women in such situations will be supported by their partners. In phase VI, young people, and girls in particular, were included in the communication strategy as a new target group. Once imparted, the knowledge will remain, but the extent to which it will shape people's behaviour will depend on other external factors such as the supply situation, cultural influences and individual life circumstances.

18. Durability of impacts over time

The long-standing communication campaigns since 2003 and the intensive, target group-oriented educational work have certainly contributed to a slow but steady change in attitudes among the population with regard to contraception and family planning. This is particularly evident in a clear downward trend in population growth from a peak of 3.85% in 2012 to the current 3.28%[20]. The number of births per woman is also following this trend, falling from 7.2 births in 2015 to 5.8 in 2025[21] , with a further decline expected. The cultural change promoted by the projects is considered to be permanent, at least for the current generations aged 15 and above. In the longer term, there is a risk that subsequent generations will return to a more traditional orientation, especially if educational activities are significantly reduced.

The current government continues to view Niger's high population growth as a major social challenge and is promoting family planning within the limits of its capabilities. Due to low government revenues and other priorities such as security, public health services will remain inadequate in the future. In the long term, therefore, only further external funding will be able to ensure an adequate and continuous supply of contraceptives to the population. This also applies to communication and education activities. Although the private sector has also expanded in the health sector, with an increasing number of (village) pharmacies, among other things, it does not represent an alternative source of care for the predominantly poor population.

The introduction, consolidation and optimisation of the *social* marketing approach via ANIMAS-Sutura as an SMA can be considered a success, given the above-average difficulties in Niger. *Social marketing* approaches do not claim to be cost-neutral; rather, in many countries they represent the most efficient way of ensuring supply and demand in the field of family planning. As part of further commitments by the German Federal Government to the reproductive sector in Niger (see overview of FC projects), the social marketing agency ANIMAS-Sutura continues to receive financial support to this day.

Rating summary of sustainability: moderately successful (3)

The sustainability of the intended effects of the projects depends primarily on the population's open-minded attitude towards contraception and family planning. In this respect, the two projects have contributed to a positive change in attitudes, which will also induce higher demand for contraceptives in the long term. However, the distribution structures established by SMA and the communication measures implemented remain dependent on external financial support, even though just under a quarter of operating costs can now be financed from own revenues. From a development policy perspective, the expectation of complete independence from external financial aid in the health sector is unrealistic in countries with insufficient financial resources. Support in such a fragile context should therefore be understood more as a long-term humanitarian aid measure. The concept of social marketing primarily stands for the most efficient use of necessary funding. For these reasons, there is no significant downgrading in the assessment of sustainability.

Overall assessment: successful (2)

The self-determination and rights of the target groups in matters of sexuality and family planning have been significantly improved through context-sensitive communication measures. On the one hand, this has been achieved by removing the taboo surrounding these topics and providing information about possible contraceptive measures and, on the other hand, by improving access to

[20] Worldometer: Population of Niger 2025
[21] Ibid.

contraceptives for previously disadvantaged population groups. This was based on the development of a comparatively cost-effective *social marketing* concept, which not only ensured communication campaigns but also the necessary supply to meet the growing demand for contraceptives. The resulting increase in the use of condoms and contraceptive methods has contributed to the health of the target groups, but also to the country's long-term socio-economic relief. Given the extremely difficult initial situation in Niger, the cultural change that has been initiated can be appraised as an outstanding success. A sufficient future supply for the demanding, predominantly poor population depends on continued financial support for the structures that have been established, whether from the national budget or from external sources of funding. The appraisal took into account the fact that in fragile contexts and low-income countries, the sustainability of social sectors and family planning projects is generally limited.

Contribution to Agenda 2030

The two programmes contributed to Goals 3 (Good Health and Well-being) and 5 (Gender Equality) of the 2030 Agenda. With a market share of 93 per cent of condoms, the achievement of Goal 3.3 (end the AIDS epidemic) is primarily attributable to the measures taken in the projects. Through the couple prevention years achieved and the communication measures, the projects also contributed to Goal 3.7 (access to sexual and reproductive health services). The projects design and direct approach to women and their spouses can be explicitly attributed to Goal 5.6 (access to sexual and reproductive health and rights). The needs-based design, which is geared towards equality, and the communication measures tailored to the various target groups contributed overall to the *"Leave No One Behind"* principle of the 2030 Agenda.

Methodology

Evaluation methodology

The ex-post evaluation follows the methodology of a rapid appraisal, i.e. a data-based, qualitative contribution analysis, and represents an expert opinion. The project is attributed effects based on plausibility considerations, which are based on a 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). The causes of any contradictory information are investigated, attempts are made to resolve them, and the assessment is based on statements that are confirmed by several sources of information (triangulation), where possible.

The analysis of the effects is based on assumed causal relationships, documented in the impact matrix developed during the project appraisal and updated during the ex-post evaluation, if necessary. The evaluation report sets out arguments as to why certain influencing factors were identified for the effects observed and why the project under review probably made a certain contribution (contribution analysis). The context of the development measure is taken into account in terms of its influence on the results. The conclusions are put into relation to the availability and quality of the data basis. An evaluation concept serves as the reference framework for the evaluation.

The method offers a balanced cost-benefit ratio for project evaluations, on average, with a balance between knowledge gain and evaluation effort, and allows for a systematic assessment of the effectiveness of DFG projects across all project evaluations. Individual ex-post evaluations cannot therefore meet the requirements of a scientific assessment in the sense of a clear causal analysis.

The main objective of the evaluations (knowledge interest) is to measure impacts, provide accountability, promote transparency and enable institutional learning.

Type of evaluation:

Remote without national experts (desk review).

Key questions of the evaluation according to the evaluation concept:

- *Were the concept and measures efficiently designed to strengthen women's rights and self-determination with a focus on sustainability?*
- *Is the high proportion of costs for implementation structures (SMA and consultants) of around 45% justified?*
- *How can the financial sustainability of the social marketing agency ANIMAS be ensured?*
- *What is the reference point for the goal of reducing unwanted pregnancies when 91% of births are wanted?*

Non-public (internal) documents

Final Report Phase V, ANIMAS-Sutura
Final Report Phase VI, ANIMAS-Sutura
KfW programme proposal "Reproductive health including HIV prevention II", 17 January 2008
KfW programme proposal "Family planning including HIV prevention Phases IV and V", 8 July 2011
KfW financing proposal Phase V, Reproductive health including HIV prevention, Phases IV and V, 20 November 2012
KfW ex-post evaluation report "Social marketing for HIV prevention, BMZ No. 2000 65 763 (EUR 5.11 million) and reproductive health including HIV prevention, BMZ No. 2005 65 960 (EUR 3.0 million)", 24 October 2013
KfW programme proposal "Family planning including HIV/AIDS prevention, phase VI", 14 January 2015
KfW PCR (final inspection) of the FC programme Family Planning and HIV/AIDS Prevention, Phase IV, 23 March 2015
KfW Final inspection report on the FC module "Family planning including HIV/AIDS prevention V and VI", 20 January 2020

Directory of public sources

TRaC Summary Report, Juli 2021
CAP Studie : Niger 2021 : Enquête CAP, Association Nigérienne de Marketing Social
Étude du marché de la contraception au Niger, September 2019
Demographic and Health Survey 2017 (vorläufige Ergebnisse)

Policy Brief. Prévalence Contraceptive et Fécondité au Niger, 2021
Social Marketing für Gesundheit und Familienplanung, BMZ/GIZ, August 2013
Social marketing for health and family planning, German HIV Practice Collection, January 2011
Statista: Sozioökonomische Indikatoren, Niger (2025)
Tableau des Indicateurs en Détails, PMA, Performance Monitoring For Action, 2023

Republique du Niger:

Annuaire des Statistiques Sanitaires et Sociales – Niger, Ausgaben 2014 bis 2023
Plan de Développement Social, PDES, (2017-2021)
Plan de Développement Social, PDES, (2022-2026)
Cadre Stratégique National de Lutte contre les IST-VIH/SIDA 2008-2012 (2007)
Plan de Développement Sanitaire, PDS 2011-2015 (2010)
Plan de Développement Sanitaire, PDS 2017-2021 (2016)
Plan de Développement Sanitaire et Social, PDSS 2022-2026 (2022)
Plan d'Action pour la Planification familiale au Niger 2011- 2020 (2011)
Plan d'Action National Budgétisé de Planification Familiale 2021-2025 du Niger, PANB (2021)
Plan Stratégique National de Lutte contre les IST et le VIH/SIDA 2013-2017 (PSN)
Enquête Nationale sur La Fécondité et la Mortalité des Enfants de Moins de 5 Ans (ENAFEME) 2021
Rapport des comptes de la santé, exercice 2021

Data sources and analysis tools

Partner monitoring data, studies and surveys, websites, specialist publications

Project sites visited

Not applicable.

Interview partners and modality (in person, virtual/by telephone, in writing)

Project executing agency ANIMAS-Sutura, consultants, Ministry of Health, experts.

The analysis of the effects is based on assumed cause-and-effect relationships, documented in the impact matrix developed during the project appraisal and updated during the ex-post evaluation, if necessary. The evaluation report sets out arguments as to why certain influencing factors were identified for the effects observed and why the project under review probably made a certain contribution (contribution analysis). The context of the development measure is taken into account in terms of its influence on the results. The conclusions are put into relation to the availability and quality of the data basis. An evaluation concept serves as the reference framework for the evaluation.

On average, the method offers a balanced cost-benefit ratio for project evaluations, with the knowledge gained and the evaluation effort being in equilibrium, and allows for a systematic appraisal of the effectiveness of FC projects across all project evaluations. Individual ex-post evaluations cannot therefore meet the requirements of a scientific assessment in the sense of a clear causal analysis.

The following aspects limited the evaluation

An on-site evaluation trip was not possible for security reasons. The availability of government actors, especially those responsible for the project at the time, was severely limited.

Assessment methodology

A six-point scale is used to assess the project according to OECD DAC criteria, with the exception of the sustainability criterion. The scale values are as follows:

Level 1 Very successful: results significantly above expectations

Level 2 Successful: results fully in line with expectations, without significant shortcomings

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

Level 4 Moderately unsuccessful: 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 deteriorated

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 classified as "successful" in terms of development policy if both the achievement of objectives at the outcome level (effectiveness) and impact level, as well as sustainability, are rated at least as "moderately successful " (level 3).

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

Imprint

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