Report Number: ICRR0023798

1. Project Data

Project ID	Project Name
P147638	Population and Health Support Project
Country	**Practice Area(Lead)**
Niger	Health, Nutrition & Population

L/C/TF Number(s)	Closing Date (Original)	Total Project Cost (USD)
IDA-56440,IDA-D0620	31-Dec-2021	97,619,687.05
Bank Approval Date	**Closing Date (Actual)**	
22-May-2015	30-Jun-2022	

	IBRD/IDA (USD)	Grants (USD)
Original Commitment	103,000,000.00	0.00
Revised Commitment	96,064,498.64	0.00
Actual	97,619,687.05	0.00

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2. Project Objectives and Components

a. Objectives

The Project's Development Objective (PDO) as stated in the Project Appraisal Document (PAD), Financing Agreement and Implementation Completion Results Report (ICR) was "to increase the utilization of reproductive health and nutrition services in Targeted Areas" (PAD, para 23; Financing Agreement, Schedule 1; ICR, para 10). The targeted regions were Dosso, Maradi, Tahoua, Tillabéri, and Zinder. These regions have high fertility levels, high under-five mortality, low coverage of skilled birth attendance, and high

prevalence of stunting among children under-five (PAD, para 25). The intended beneficiaries of the project were women of reproductive age, pregnant and lactating women, adolescent girls, and children under-five.

Although the project was restructured five times, including changes to the results framework in April 2019, the PDO remained unchanged. No split evaluation is being undertaken because the PDO and PDO indicators did not change, and one Intermediate Results Indicator (IRI) target was decreased by only 4 percent. Four IRIs were dropped and passed on to the Sahel Woman Empowerment and Demographic Dividend (SWEDD) project (P150080) as part of a rationalization of activities. Two new IRIs were added, four Disbursement-Linked Indicators (DLIs) had their targets substantially increased (average +77 percent) and one new DLI was added. Taken in its entirety the changes made to the results framework are not suggestive of a decreased scope and do not warrant a split evaluation.

b. Were the project objectives/key associated outcome targets revised during implementation?

Yes

Did the Board approve the revised objectives/key associated outcome targets?

Yes

Date of Board Approval

c. Will a split evaluation be undertaken?

No

d. Components

Component 1: Improving the provision of high-quality Reproductive Health and Nutrition (RHN) services through DLI-based financing (US$66.6 million equivalent at appraisal, revised to US$71.6 million in March 2019, cost at closure US$68.9 million)

Disbursements were linked to selected key performance indicators such as contraception use and acceptance, number of assisted deliveries, child immunization and growth monitoring, timely payment to facilities, and health workers' training and supervision. DLI payments were made within a Sector-Wide Approach (SWAp). An initial disbursement was made to the Ministry of Health (MoH) to start activities, thereafter payments were made on an annual basis proportional to the achievements of the DLIs to cover operational expenses of facilities. At the first restructuring financing for this component was increased by US$5 million using funds from Component 2 to finance a ninth DLI that tracked the number of skilled birth attendances provided free of charge to patients and subsequently reimbursed to health facilities.

Component 2: Increasing the demand of RHN services (US$30 million equivalent, revised to US$25 million in March 2019, cost at closure US$21.3 million)

This was a regular investment component aimed to increase the demand for RHN services at the community level using interpersonal communication, social marketing, social dialogue, and community mobilization among the main stakeholders. This had three subcomponents; 2.1) promote social and behavioral change by addressing the knowledge, social, cultural and gender barriers by developing, and implementing community health communication guides and strategies to strengthen the network of

Community Health Workers, 2.2) women's and adolescent girls' empowerment which focused on providing young women (age 10-24) with life skills training and small economic incentives in collaboration with the United Nations Population Fund (UNFPA) and other NGOs, and 2.3) mobilize opinion leaders and develop a husband project. At first restructuring, all activities under subcomponent 2.3 were dropped from the project due to overlap with the SWEDD project and the activities and budget of subcomponents 2.1 and 2.2 were narrowed.

Component 3: Improving capacity to manage, coordinate, monitor and evaluate RHN services and demand-side activities (US$6.4 million equivalent at appraisal and closure).

This component aimed to provide the MoH with (i) administrative, management, and fiduciary support; (ii) technical support to enhance the design of policies and strategies and the revision of training programs to improve the quality of RHN care; (iii) implementation monitoring and evaluation; and (iv) leadership and skill building at all levels to support implementation, particularly through the use of the Rapid Results Initiative (RRI). An RRI is a 100-day cycle during which local health workers collaborate with local political and traditional authorities to improve a selected DLI within their health district. The RRI facilitates collaborations between various teams, fostering a culture of results, monitoring, and evaluation at the local levels. This component also included technical assistance for capacity building for the implementation agencies.

Component 4: Contingent Emergency Response (US$0 at appraisal and closure)

This component was to improve the Government's response capacity in the event of an emergency. There was a moderate to high probability that during the project's life, environmental or other factors could lead to a major emergency that could cause significant adverse economic and/or social impact.

e. Comments on Project Cost, Financing, Borrower Contribution, and Dates

Project cost, project financing and Borrower contributions:

The lending instrument was an Investment Project Financing (IPF). The IPF was executed using a hybrid structure with a DLI component complemented by traditional investment components. All project costs were covered by World Bank financing through the International Development Association (IDA) grant of US$94 million equivalent and a credit of US$9 million equivalent, with no financing contribution expected or made by the Borrower. The project was initially appraised at US$103 million, was revised to US$96 million in April 2019 and US$97,619,687 was disbursed by closure.

Dates:

Project approval took place on 22-May-2015 and the project became effective 5 months later, on 23-Oct-2015. The mid-term review took place on 18-Jun-2018 as planned.

The project was restructured five times:

- 12-Apr-2019 following the mid-term review for a change in implementing agency for component 2 from the Ministry of Population (MoP) to the MoH, as country institutional changes led to the division of the Ministry, change in results framework (as described in Objectives section above), change in

components and cost and reallocation between disbursement categories (as described in Components section above). *Amount disbursed prior to this US$61.56 million, 60 percent*.

- 09-Oct-2020 for reallocation of US$4,65 million between disbursement category 2 (Goods and Services) to category 3 ("Cash Transfer") due to a larger number of girl beneficiaries than planned. *Amount disbursed prior to this US$76.95 million, 75 percent.*
- 04-Nov-2021 for a change in the loan closing date by six months to allow for the final evaluation of some of the DLIs and to finalize distribution of agropastoral kits. *Amount disbursed prior to this US$84.30 million, 82 percent.*
- 17-Feb-2022 for reallocation between disbursement categories upon government request. The DLI on skilled birth assistance was reduced from US$13 million to US$9.5 million and the project supported procurement of antigens and consumables needed for vaccination as public stocks were depleted. *Amount disbursed prior to this US$91.35 million, 89 percent.*
- 18-May-2022 for cancellation of financing of US$6.6 million equivalent that would not be disbursed by the end of the project and recommitted that amount to the subsequent project, Lafia Iyali. *Amount disbursed prior to this US$93.56 million, 91 percent.*

The project closed on 30-Jun-2022, 6 months later than the planned closing date at appraisal.

3. Relevance of Objectives

Rationale

Relevance of the objectives is rated high. Niger has made progress on economic growth and poverty-reduction, yet these gains were in jeopardy due to the country's demographic profile and poor human development (PAD, para 2). At appraisal, the demographic transition – the shift from high to low mortality and fertility levels – had begun through an impressive decline in child mortality, however, fertility remained high (7.6 children per woman) resulting in rapid population growth and a high childhood dependency ratio of 1.05 children per working-age adult (PAD, para 3). The maternal mortality ratio (MMR) had not improved as planned partly due to the low utilization of reproductive health services due to both supply and demand side constraints.

The project's objectives were fully aligned with the Government's policies. The Government had made several commitments to invest in its population and to promote human capital, such as the Plan for Economic and Social Development (PDES 2012-2015) and the Health Development Plan (HDP 2011-2015). The PDES emphasized the importance of focusing on demographics as a prerequisite for attaining all other development plan goals. The health objectives of the PDES focused particularly on reproductive and maternal health. The HDP also aimed to strengthen the legal framework by enforcing the reproductive health law enacted in 2006. The Government had endorsed a Common Fund with its development partners and committed to concerted efforts to improve the delivery of RHN services (ICR, para 7).

The project's objectives were fully aligned with the past and current World Bank's Country Partnership Strategy (CPS). At appraisal, the World Bank's FY13-16 CPS aimed to assist Niger in achieving resilient growth and reduced vulnerability, alongside the crosscutting objective of mainstreaming gender and strengthening governance The PDO of increasing utilization for RHN services enhances cognitive development in children, their educational achievement, and future economic productivity, thus

contributing to the eradication of extreme poverty. Furthermore, the project prioritized the most deprived regions within Niger and aimed to benefit women, with the goal of reducing inequities and building institutional capacity through the SWap. The FY18-22 Country Partnership Framework continued to focus on gender and fertility by highlighting the positive feedback loop between the intensification of the per capita resource allocation and the increase in human capital accumulation (CPF FY18-22, para 32). The project was built on the World Bank's extensive international experience in results-based financing (ICR, para 49).

Rating
High

4. Achievement of Objectives (Efficacy)

OBJECTIVE 1
Objective
Increased utilization of reproductive health services in Targeted Areas.

Rationale
Theory of Change

The theory of change developed by the appraisal team was sound and based on academic literature which focused on the nexus of human capital, reduction in fertility, and spending efficiency (PAD, Figure 2 p.10). The project's three components were interrelated: it was reasonably expected that better governance (component 3), supported by additional health financing, will lead to improved coverage and higher service quality (component 1). Improved service quality and demand-stimulating activities (component 2) were reasonably expected to encourage the target population to seek health care, thus improving health and economic prospects (ICR, para 9). The theory of change emphasized the results linkages between the supply- and demand- side components of the project (PAD, para 30). Selected demand-side activities (component 2.3) were cancelled and undertaken by the SWEDD project (P150080) (discussed in section 2). The SWEDD project is due to close in December 2024, and the efficacy of its activities have yet to be assessed.

Project Results

The project achieved the following:

(a) improved family planning, acceptability of community health, and contraception use;

Outputs

- 1,963,880 women utilized modern contraception from a baseline of 549,301 women, based on the audited HMIS, surpassing the revised target of 1,551,726 woman (141 percent) (DLI1).

- 111,494 new accepters (girls <20) used modern contraceptives from a baseline of 5,239 new accepters, based on the audited HMIS, not achieving the revised target of 211,621 new accepters (DLI3).
- 1,236,543 couple years protection based on the HMIS, surpassing the target of 979,979 couple years (148 percent).
- 7521 adolescent girls registered in school annually based on activity reports, surpassing the target of 7400 adolescent girls (102 percent).
- The project paid stipends to girls, encouraging them to stay in school and delay marriage. The beneficiary girls also had frequent meetings with community health workers, and received reproductive health kits. None of the 50,000 girls who received stipends got married while enrolled in the program.
- Through the project, health authorities encouraged two behaviors: delayed marriage/sexual activity and the use of modern contraception. These two birth control methods are substitutes. However, the indicators in the results framework measure only the utilization of modern contraception, which is not sufficient to fully gauge progress as it does not cover abstinent girls and women.
- Beyond the results framework, the ICR offers insights from the ENAFEME survey which shows that the pregnancy rate was halved among teenage girls aged 15-17 years old (from 11.3 percent to 5.5 percent) between 2012 and 2021. Even among the 19-49 years old population, the pregnancy rate fell significantly from 15.3 percent to 13.8 percent. In a draft technical note, the Global Financing Facility attribute the drop in the Total Fertility Rate (from 7.6 percent to 6.2 percent) to a significant reduction in the married or sexually active female population (which fell from 91.2 percent to 77.8 percent) (Transition demographique au Niger, 2023). Further triangulation was performed using ENAFEME by looking at the birth interval spacing, which increased 14 percent between 2012 and 2021. This positive shift is observed for all age groups, suggesting an overall structural change. This suggests that contraception likely advanced more than the results framework indicates.

Outcomes

- 6,837,562 women aged 15-49 and children (<5) in the targeted regions used the basic package of reproductive health and nutrition service, based on Health Management Information System (HMIS) data, which surpassed the target of 5,922,647 beneficiaries (115 percent) (PDO indicator).
- 8.2 percent of women aged 15-49 years used modern contraceptive methods based on the ENAFEME survey, falling below the baseline of 10 percent, and not achieving the target of 17.2 percent (PDO indicator). However, these results stand in contrast with data from the HMIS, as well as fertility statistics. The inconsistency between the HMIS and ENAFEME cannot be reconciled with absolute certainty, but limited evidence suggests that ENAFEME may have underestimated the contraception rate, while the HMIS tended to overestimate it (ICR, para 32a). Household surveys, such as ENAFEME, can be less reliable when asking intimate questions such as contraception rate. This might be due to a lack of privacy during the interview or social pressure influencing respondents to provide answers they perceive to be socially acceptable.

(b) improved utilization of birth-related health services, such as skilled delivery attendance;

Outputs

- 411,765 women delivered by a trained health professional from a baseline of 317,748 women, based on the audited HMIS, not achieving the target of 537,160 woman (DLI2)

- 260,688 assisted birth vouchers were reimbursed from a baseline of zero vouchers, based on the audited HMIS, surpassing the target of 200,000 (130 percent) (DLI 9).
- 1,956,339 deliveries attended by skilled health personnel based on the HMIS, surpassing the target of 1,500,000 (150 percent).

Outcome

- 44.4 percent Skilled Birth Attendance (SBA) at delivery for women aged 15-49 years, based on ENAFEME survey, which was an increase from the baseline (25.6 percent) but did not meet the target of 55 percent (PDO indicator). The ICR concludes that the SBA target was overly ambitious (aimed to increase the SBA by 115 percent and the corresponding DLI aimed to increase the SBA by 70 percent) (ICR para 32b).

(c) improved health system management, delivery, and beneficiary satisfaction, all of which contribute to improved utilization of services;

Outputs

- The health system was strengthened through the implementation of the RRI approach (see section 2, component 3). The nature of the RRI necessitated timely monitoring and reporting of achievements from the lower levels. While the number of planned RRI cycles was 15, a total of 32 cycles took place. The RRIs facilitated collaborations between various teams, fostering a culture of results, monitoring, and evaluation at local levels. Health districts ran several cycles to promote contraception and reproductive health, especially targeting teenagers. These efforts included household visits by community health workers, who received specialized training using materials developed by the project.
- 4,914,935 children were immunized based on the HMIS, surpassing the target of 3,933,000 (125 percent).
- 890,962 children 0-11 months were immunized against measles from a baseline of 730,410 children, based on the audited HMIS, surpassing the target of 889,198 (101 percent) (DLI5). The project offered timely support, reallocating the budget to procure measles vaccines promptly when stocks were depleted to ensure the successful accomplishment of vaccination goals.
- 5,227 trainings of health workers were conducted to deliver RHN services from a baseline of zero trainings, based on the audited HMIS, surpassing the target of 1400 (373 percent) (DLI7).
- 79 health workers received supervision visits in the previous period including direct observation of their work from a baseline of 40 workers, based on activity reports, surpassing the target of 75 health workers (111 percent) (DLI8).
- A guideline was adopted for the implementation of RHN services in the community.
- A participatory process evaluation was conducted, and lessons were integrated in the annual work plan. There was alignment of the annual work plan to support results of the project and beneficiary feedback was collected from health districts.

Outcome

- 93.8 percent of health facilities reported health management data on time (completeness rate of family planning form) based on activity reports, surpassing the target of 85 percent.

In summary, the efficacy of (a) is assessed as modest given that evidence demonstrates a regression from baseline for the most important indicator used to measure this dimension (women aged 15-49 years using modern contraceptive methods). The efficacy of (b) is also assessed as modest given that the Skilled Birth Attendance (SBA) targets were not achieved. The ICR lacked evidence on the demand side activities for both dimensions (a) and (b) which were supposed to contribute to achieving the targets as per the theory of change. The efficacy of (c) is noted to be substantial given the improved health system management. Given the above ratings, a modest rating for the overall objective is warranted.

Rating
Modest

OBJECTIVE 2
Objective
Increased Utilization of Nutrition services in Targeted Areas.

Rationale
Theory of Change

As for objective 1.

Project Results

The project achieved the following:

Outputs

- 643,560 children <1 year received nutrition counseling and an updated growth chart from a baseline of 1,389 children, based on audited HMIS data which surpassed the target of 357,511 (180 percent) (DLI4).
- 3,778,899 women and children received basic nutrition services based on HMIS data, surpassing the target of 2,160,000 (175 percent).
- RRIs focused on breastfeeding practices, but also promoted other behaviors such as hand washing, growth monitoring, feeding recommendations, and diarrhea case management. These efforts were directed towards infants, and involved counseling of mothers, growth monitoring, and the provision of treatments and supplemental food.

Outcomes

- 6,837,562 women aged 15-49 and children (<5) in the targeted regions used the basic package of reproductive health and nutrition service (PDO indicator), based on Health Management Information System (HMIS) data, which surpassed the target of 5,922,647 beneficiaries (115 percent). For nutrition specific services provided by the health system, the goal of 2.16 million beneficiaries was surpassed by 1.6 million, resulting in 75% more beneficiaries than originally anticipated.

- 29.5 percent exclusive breastfeeding for children under 6 months based on the SMART survey, not achieving the target of 38 percent. The ICR concludes that the breastfeeding rate target (PDO indicator) was set too ambitiously compared to what other programs have accomplished using the same indicator in the same regions of Niger in a slightly earlier period (ICR para 34).

Rating
Substantial

OVERALL EFFICACY

Rationale
Attribution: The evidence above suggests substantial improvements in RHN service utilization over the project's duration. The project's investments were important contributions to a sector-wide approach, providing 58% of the "Common Fund's" financing over the 2017-2021 period.

The overall efficacy of the project is rated substantial with moderate shortcomings due to i) seemingly inappropriate targets for both objectives with some overambitious targets (SBA at delivery and exclusive breast feeding rate targets) and others significantly surpassed suggesting under ambitious ones (e.g., beneficiary numbers for nutrition counseling and basic nutrition services), ii) achievement far lower than the baseline for modern contraceptive use and data inconsistencies between the ENAFEME survey and HMIS (further discussed in the M&E Section, Section 9), and iii) the lack of evidence on the efficacy of the demand-side activities that were likely critical to the theory of change (e.g., mobilization of community and religious opinion leaders and husbands). The project team later added that based on the ISR and aid memories there was little achieved in demand-side activities at the time these IRIs were dropped (ICR Review Preparation interview with Project team, 28 November 2023). These shortcomings call into question the robustness of the outcome evidence.

Overall Efficacy Rating
Substantial

5. Efficiency
Cost-benefit analyses were undertaken both ex-ante (PAD, Annex 10) and ex-post (ICR, Annex 4). At appraisal the cost-benefit analysis conducted included all initial DLI components (64% of total project budget or US$66.6 million). Costs and benefits were discounted with a real social discount rate over 5 years, estimated at 5 percent. Only direct costs and benefits of the DLI project were accounted for. Direct costs consisted of total DLI

project costs for purchasing services (outputs approach) and for providing support to inputs (i.e. investments in quality and provision of reproductive health commodities). Indirect costs were not included in the analysis due to difficulties in assessing and monetizing these costs. Direct benefits refer to total gains generated from health services delivered to beneficiaries. Indirect benefits were not accounted for (e.g., users behavior change). The ex-ante cost-benefit analysis yielded positive results, showing a Net Present Value (NPV) of US$6.5 million and an Internal Rate of Return (IRR) of 18 percent (although the Benefit Cost Ratio was not calculated). A methodological weakness of the ex-ante cost-benefit analysis is that it does not detail how these benefits were monetized.

The ex-post cost-benefit analysis also focused on the DLIs (component 1). The costs of all DLI-related activities were included (71 percent of total project cost or US$68.9 million nominal, US$61.6 million present value). Only the DLIs that could be converted into averted Disability-Adjusted Life Years (DALYs) were considered as benefits and totaled US$190.8 million. These benefits included (a) the number of women (15-49 years) who delivered with the assistance of a trained health professional (DLI2), (b) the number of children (less than 1 year) who received nutrition counseling and an updated growth chart (DLI4), and (c) the number of children (less than 1 year) who were vaccinated against measles (DLI5). The valuation of DALYs was done using the most current Gross National Income per capita in Niger, which is US$590. Both DALYs and invested financial resources were discounted at a rate of 5 percent. The NPV was US$129.1 million with a benefit-cost ratio of 2.09. The IRR was 51 percent, which is substantially higher than the cost of capital in Niger (6-7 percent). The methodology of the ex-post cost-benefit analysis is sound and likely conservative, given that it does not quantify benefits from all DLIs and other components of the project.

As per The Human Capital Index 2020 Update (World Bank, 2020) a 10-percentage point decrease in the prevalence of childhood stunting results in a 3.5 percent increase in adult productivity. Whilst stunting was not measured during the project cycle, the ICR suggests that the project positively affected the prevalence of childhood stunting through its nutrition services (ICR, Annex 4). Another factor not included in this cost-benefit analysis is the long-term benefit of declining fertility, which has been estimated to have the potential to increase the real per capita Gross Domestic Product by 11 percent to 32 percent by 2030 if Niger reduced its fertility rate to sub-Saharan Africa fertility levels (ICR, Annex 4).

Despite four indicators being dropped from Component 2, relating to demand side activities, US$21.3 million was disbursed by project closure. No quantitative or qualitative analysis has been provided to assess the efficiency of this component.

The project had a minimal implementation delay (only a 6-month extension) COVID-19 notwithstanding. The brief extension was necessary to finalize the verification of some DLIs. In agreement with the MoH, the amount of US$6.4 million was cancelled and recommitted to the subsequent project as delays in procurement would have rendered the expense ineligible. Project administration costs were in line with the original expectations and the total cost was only 1.5 percent of the total project costs, which is considered highly efficient compared to average project administration costs across health operations.

The project's efficiency is rated as substantial due to the 51 percent rate of return on Component 1 and the minimal implementation delay while noting the limitation of no evidence provided on the efficiency of Component 2.

Efficiency Rating

Substantial

a. If available, enter the Economic Rate of Return (ERR) and/or Financial Rate of Return (FRR) at appraisal and the re-estimated value at evaluation:

	Rate Available?	Point value (%)	*Coverage/Scope (%)
Appraisal	✓	18.00	64.00 ☐ Not Applicable
ICR Estimate	✓	51.00	71.00 ☐ Not Applicable

* Refers to percent of total project cost for which ERR/FRR was calculated.

6. Outcome

The relevance of the objectives is rated high as RHN service utilization is foundational for demographic transition and realization of Niger's human capital potential. As a result, the PDO is a Government priority and aligned with World Bank strategy. Overall efficacy is rated as substantial with moderate shortcomings due to unrealistic targets, lower-than-baseline achievement on modern contraceptive use, and inadequate outcome evidence on demand-side activities. The efficiency rating is substantial due to an IRR of 51 percent and minimal implementation delays while no economic analysis was provided of the efficiency of Component 2. The overall outcome is rated moderately satisfactory.

a. Outcome Rating

Moderately Satisfactory

7. Risk to Development Outcome

The risk to development outcomes is high. At the time of ICR preparation, given the country's financial constraints, most previously financed operations were discontinued including the RRI (ICR, para 87). The project's DLIs focus on short-term outcomes instead of sustained progress. Skilled birth attendance was off track throughout the first half of the project. Subsequent efforts were made to provide free delivery in facilities for parturient women. However, immediately after the project was over, the free delivery policy ended due to its substantial financial burden on the MoH. While this policy helped achieve the short-term objectives, it failed to move the system towards long-term coverage of deliveries. The project team later added that the subsequent project, Lafia Iyali (P171767) continued the RRI efforts and is committed to improving the supply and demand for RHN services (ICR Review Preparation interview with Project team, 28 November 2023). Lafia Iyali established an institutional Project Implementation Unit instead of relying on the sector-wide approach. While this allows for greater control, it introduces the risk of reduced integration with the country's system. Lafia Iyali does not use the "common fund", nor does it involve the DLI mechanism, threatening the long-term relevance of the institutional strengthening undertaken by this project.

The lack of qualified administrative personnel in Niger is a further risk to development outcomes and was exacerbated by the decision in 2022 that the "common fund" administer only fungible funds, while specific projects must be administered by separate project implementation units. This decision led to many qualified staff and consultants who worked previously for the "common fund" leaving MoH to work for the World Bank and other partner project implementation units. This departure of some of its workforce could weaken MoH.

The development outcome is further threatened by the country's worsening macro-economic situation post-coup, unpredictable climate, and fragile regional security.

8. Assessment of Bank Performance

a. Quality-at-Entry

The project design was informed by extensive analytical work and aligned with academic literature, the country's development priorities, and institutional momentum. The project supported Niger's institutional capacity to carry out a DLI project and established important milestones to strengthen the MoH. The project supported the World Bank's and the country's ambition to switch from an input-based approach towards an output-based, strategic purchasing approach. The RRI and institutional DLIs were instrumental in the success of this project. The World Bank benefitted from a pre-existing institution, the "common fund," overseen by the General Secretary of the MoH, to manage the DLI funds and facilitate their disbursement for qualifying expenses in a sector-wide approach. The non-DLI component, which focused on behavioral communication change to stimulate demand for health service, relied on evidence-backed effective policies.

The project's results framework was relevant, but some targets such as contraception prevalence, exclusive breastfeeding, and skilled birth attendance were too ambitious (see Efficacy and M&E sections). The project's results framework lacked internal consistency: i) some indicators, such as the PDO indicator on contraception, reported statistics for the whole country, and not the targeted zones, ii) the DLI indicators, which were based on HMIS data, were not initially aligned with the PDO indicators, which were mostly based on survey data. This should have been reconciled. Despite baseline inconsistencies, the rate of expected progress on those indicators should have been consistent, but this was not always the case (ICR, para 81).

Quality-at-Entry Rating

Moderately Satisfactory

b. Quality of supervision

The task team provided regular progress reports and frequent updates in the World Bank system. In some instances, detailed information about implementation challenges was included within the Implementation Status and Results Reports (ISR) and aide memoires. The task team provided strong technical expertise for designing the RRI cycle and related materials.

The timely mid-term review resulted in a needed restructuring. Components 1 and 3 were making progress in building capacity (infrastructure, manuals, and guidelines) and were piloting activities before scaling up, whilst component 2 had made very little progress in part due to institutional weakness of the MoP. The team took the necessary steps to address the issue through the first restructuring. Due to significant overlap and duplication with the SWEDD project, several component 2 demand-side activities were dropped.

Supervision of the project was challenging because of the infrequent monitoring of PDO indicators due to the nature of the indicators requiring expensive statistically representative household surveys. As acknowledged in multiple ISRs, the project team were using indirect measures to monitor progress as three PDO indicators could not be assessed due to cancellation of the planned DHS. Quality of supervision was undermined by the missed opportunity to revise PDO-level indicator targets to be more realistic, further discussed in M&E Section 9. Challenges in recruiting the audit firm also delayed the project team's ability to aggregate the information and assess the project accurately.

COVID-19 related travel restrictions and a constantly changing and mostly deteriorating security situation were challenges to supervision. The World Bank's finance and accounting framework allowed for a flexible arrangement, enabling the ex-post verification of DLIs and the execution of advance eligible expenditures. This flexibility allowed for continuous funding and delivery of basic health care services in the challenging context.

Quality of Supervision Rating
Moderately Satisfactory

Overall Bank Performance Rating
Moderately Satisfactory

9. M&E Design, Implementation, & Utilization

a. M&E Design
M&E was core to this project as the disbursement of most of the project's budget was conditional on achieving the DLIs. The financing amount for each DLI was broken down into sub-allocations, corresponding to each year and sub-target. The MoH produced an annual progress report which had to be verified by an independent evaluator selected according by World Bank procedures. The verification involved comparing centrally provided documentation by the MoH, including the HMIS and DHIS2 data, with random onsite verification conducted for a stratified representative sample of health facilities, where patients were randomly selected. Additionally, visits were made to the Regional Directorate levels to ensure proper aggregation at the central level through DHIS2. For DLI components that were not part of the routine reporting data, the MoH used the Lot Quality Assurance Survey (LQAS) methodology. Evaluations using the LQAS survey method were conducted to assess the performance of intervention districts. These evaluations focused on the knowledge, attitudes, and practices of women and childcare providers regarding RHN and helped to establish DLI baselines and coverage of knowledge, use, and satisfaction with interventions at the level of beneficiary households.

The RRI approach involved constant monitoring of health facilities as the local health authorities aimed to improve specific indicators within a span of 100 days. Therefore, the monitoring of the indicators was a central part of the strategy. Monitoring at the household level enabled community health workers and health staff to focus on households that needed the most support. At the central level, the same entity in the MoH was responsible for both result gathering and directing efforts, leading to increased efficiency and efficacy.

There were flaws in the results framework in the definitions, data sources, and targets for indicators. The second component was to be monitored based on administrative data, progress reports, NGO reports, and school management reports (Ministry of Education). However, these reports were not clearly defined at the onset of the project. The project's original indicators occasionally lacked operational clarity. For example, the contraception rate and contraception headcount lacked a time reference therefore it did not specify how to account for women using contraception part-time. The targets for some indicators may not have been supported by experience within the country or in other settings. As discussed in the Efficacy section, the expectations to increase skilled birth attendance rate by 115%, or to raise contraception and breastfeeding by more than 70%, were unrealistic given prior experience in the country. The project's results framework lacked internal consistency: i) some indicators, such as the PDO indicator on contraception, reported statistics for the whole country, and not the targeted zones, ii) the DLI indicators, which were based on HMIS data, were not initially aligned with the PDO indicators, which were mostly based on survey data. This should have been reconciled. Despite baseline inconsistencies, the rate of expected progress on those indicators should have been consistent, but this was not always the case (ICR, para 81).

b. M&E Implementation

The M&E evolved to mitigate some early imprecision in the definitions of the indicators during implementation. At the mid-term review, a new intermediate results indicator - "Couple-Years Protection" was introduced to remedy the double counting of contraception utilization. However, the opportunity to revise PDO-level indicator targets to be more realistic was missed. The institutional and financial importance of monitoring resulted in the reporting system being upgraded during the lifecycle of the project, and by closure, the DHIS2 covered all the health centers in the target region. An effort was also made to improve the reporting and recording of medical services provided to the population. The M&E relied heavily on the DHS 2017 survey, which was later invalidated, and its data removed from the public domain. The World Bank responded by proposing a new survey, the ENAFEME 2021, and utilized other existing data sources, such as the Smart survey (to track exclusive breastfeeding).

The audit firms identified discrepancies between their numbers and the MoH's numbers during verification. The differences were investigated and reported to the MoH's evaluation and monitoring department to improve capacities and harmonize measurements (ICR, para 68). Numerous delays in the external verification steps which impacted the timely disbursement of DLIs were noted and were attributable to limited oversight by key procurement personnel, including the unavailability of evaluation committee members, who are civil servants assigned to other competing administrative duties. The independent evaluation validated lower-level units' reporting; however, their methodology focused on detecting false positives (i.e. a person declared to have received a service while s/he did not), while overlooking false negatives (i.e., a person receiving the service and not being reported) (ICR, para 69).

c. M&E Utilization

The significant restructuring at the MTR was informed by the M&E findings. Some DLIs were not meeting the objectives, while others were likely to be easily surpassed. While no DLIs were downsized, one IRI was revised, reducing the number of beneficiary girls of the school stipend program by 300 for budgetary reasons. These changes were warranted; however the results framework restructuring did not go far enough. For example, the PDO indicators were not revised downward, and the results framework was not modified to address consistency issues.

The M&E system flagged the lack of timely progress on specific indicators and identified the need for action to meet the project's objectives. The central objective of increasing the number of skilled birth attendants was found to be off-track through the DLI monitoring. As a result, the MoH implemented a policy of free delivery, and the project was restructured to adopt a new DLI indicator for the timely reimbursement of the free delivery program (DLI9).

M&E Quality Rating

Modest

10. Other Issues

a. Safeguards

The Environmental Assessment (OP) (BP 4.01) and the Overall Safeguards Rating were Moderately Satisfactory (ICR para 76). The project was assessed as Category B under the Operational Safeguards Policies at appraisal and remained unchanged. The Environmental Assessment was triggered due to medical waste generated from the expanded use of clinical facilities. A medical waste management plan was assessed, updated, and disclosed in-country and in the World Bank InfoShop. A grievance mechanism service was established but was not triggered. No social safeguards policies were triggered as no civil works or land acquisition was anticipated.

b. Fiduciary Compliance

Project procurement involved a limited number of procurements. The project procured kits for the teenage beneficiary girls and the agricultural transformation kits. The agricultural transformation kits were delivered later than expected. The Bank verification process found that the World Bank's rules and regulations were respected. The procured items were delivered in the quantity and quality agreed. The ICR did not mention, however, the project team later added that the procurement of vaccines and nutritional inputs towards the end of the project was severely delayed despite direct selection. To avoid ineligible expense the project cancelled the procurements and recommitted the funds to the subsequent project (ICR Review Preparation interview with Project team, 28 November 2023).

The financial management rating was stated as "on average, satisfactory throughout the implementation of the project" in the ICR (para 78) with four out of the five financial management ratings in the operations portal being moderately satisfactory. Interim financial reports and annual audited financial statements were

submitted on time and were of acceptable quality. No payments were made for DLIs that were not ultimately achieved. There were no cases of ineligible expenditure at the project closing date. No irregularities were detected according to the ICR.

c. Unintended impacts (Positive or Negative)

The ICR did not explore any unintended positive or negative impacts of the project.

d. Other

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11. Ratings

Ratings	ICR	IEG	Reason for Disagreements/Comment
Outcome	Moderately Satisfactory	Moderately Satisfactory	
Bank Performance	Moderately Satisfactory	Moderately Satisfactory	
Quality of M&E	Modest	Modest	
Quality of ICR	---	Substantial	

12. Lessons

The following lessons selected are the most relevant presented in the ICR:

- The lack of formal evidence-based feedback from the lower levels of healthcare and financial dependency of the lower levels of healthcare are hindrances to the transfer of performance-based financing beyond central government.
- Underpinning DLIs with a timed and monitored implementation plan, such as the RRI process, helps ensure results. The RRI approach focused on structuring the teams, which are composed of health staff and community members (doctors, midwives, women leaders, religious leaders, etc.). The RRI process created a teamwork dynamic that was missing in most cases before the project.
- The project did not have a PIU but relied on the country's system to manage the operation. Indirect control over budget allocation and processes offered gains in capacity building but made it challenging to implement timely adjustments.
- It is important to involve all actors to ensure their collaboration. The project involved keeping girls in school. However, the teachers, principals, and Ministry of Education were not formally involved. Many of them were not informed about the project and, therefore, did not collaborate in identifying girls and recording their attendance.

13. Assessment Recommended?

No

14. Comments on Quality of ICR

The ICR was generally concise, consistent with guidelines, and results-oriented. The ICR candidly acknowledged the M&E design and implementation challenges, and concerns with Bank quality at entry. The ICR offered a high standard of analysis with triangulation of evidence and data beyond the results framework to help clarify inconsistencies between the PDO indicators and the DLIs. The cost-benefit analysis undertaken was transparent, and conservative. The lessons offered in the ICR were based on the evidence and analysis presented in the report. While the lessons drew from specific experiences of the project, they also provided relevant guidance to the design and implementation of DLI projects.

a. Quality of ICR Rating
Substantial