



<b>1. Project Data :</b>
<b>OEDID:</b> C2360
<b>Project ID:</b> P001976
<b>Project Name:</b> Population Project
<b>Country:</b> Niger
<b>Sector:</b> Basic Health
<b>L/C Number:</b> C2360
<b>Partners involved :</b> UNICEF, Government of Belgium
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**2. Project Objectives, Financing, Costs and Components :**

The project was designed to assist the GON in implementing an effective national population program, whose primary objective was to accelerate the onset of fertility decline by increasing contraceptive prevalence, reducing maternal mortality, promoting reduction in family size norms, and enhancing opportunities for women . The project consisted of three components : 1) strengthening maternal health and family planning services through the construction and provision of equipment for selected first -referral facilities and primary level facilities; 2) promotion of family welfare and women's status through the development of a nationwide information, education and communication (IEC) campaign, the establishment of women's groups and income generating activities to promote the status of women, and 3) strengthening population policy analysis, research and coordination through improvements in Government capacity for data collection, coordination of population activities, and the establishment of a Population Fund to encourage private sector and NGO population and family planning activities . At appraisal, total project cost was estimated at US\$ 24.1 million; actual total project cost was US\$ 12.6 million, in part due to the 1994 devaluation and the transfer of incomplete investments in civil works and equipment to a subsequent health project designed to consolidate sectoral investments .

**3. Achievement of Relevant Objectives :**

The lack of region-specific baseline data in the 9 arrondissements covered by the project and of an adequate monitoring system make it difficult to document project achievements . The ICR provides a detailed breakdown of planned and actual 'inputs', from which it is clear that most of the planned vehicles (cars, bicycles, trucks mopeds) were provided, housing for providers at health centers were constructed, but equipment for first referral centers and the rehabilitation of rural dispensaries were not completed . About half of planned IEC activities were carried out, as were about half of the technical assistance and training activities envisioned under the project . 53 women's groups were formed, but at very high cost . No measures of impact are available for any of these activities . Technical assistance was provided to the National Commission on Population (CONAPO), but beyond short term training activities, the CONAPO did not develop sufficient capacity to coordinate population activities across the five ministries which were included in the project design . No progress on the establishment of a vital registration or other data collection capacity is reported .

**4. Significant Achievements :**

The project inputs upgraded equipment and provided vehicles to selected district (9) and primary level facilities, a range of short term training courses for health administrators and a limited number of rural workers were completed, audiovisual equipment and training was provided to the Ministry of Public Health, listening clubs at the village level were provided radios and cassettes and 53 women's groups benefited from literacy training and income generation activities. Several studies were completed through the support of CONAPO, but remain underutilized . The Population Fund was established, but was closed at the Midterm Review due to poor financial management .

**5. Significant Shortcomings :**

Project design was excessively ambitious and complex, involving a number of major objectives and activities in at least five departments/ministries. Implementation of the managerial improvements envisioned in the project design were dependent on progress, not forthcoming, on the decentralization of budgetary and fiscal authority across the

government. Project leadership was assigned to the Ministry of Social Development, Population, Women's Development and Child Protection which was itself new, sparsely staffed and had a vaguely defined mission . Health components were to be implemented by a separate Ministry of Public Health which also faced capacity constraints . A poorly thought out contractual arrangement with an NGO (NIGETIP) for the management of civil works resulted in significant delays and poor quality for the civil works that were completed . A project coordination unit (CCPP) assumed a primary role in project implementation thus undercutting efforts to build capacity in participating line agencies. The design failed to identify responsibility for the collection of monitoring or evaluation data, and the few performance indicators specified at appraisal lacked sufficient clarity to guide implementation or draw attention to sectoral trends. Macroeconomic and political instability and rapid turnover in ministerial leadership and technical staff exacerbated these problems . The quality of Bank supervision suffered from frequent turnover of task teams (4 different task managers in 5 years of implementation), inadequate/late follow-up on implementation problems identified during supervision missions and failure to employ the annual planning and evaluation process to identify and take corrective actions .

6. Ratings :	ICR	OED Review	Reason for Disagreement /Comments
<b>Outcome :</b>	Unsatisfactory	Unsatisfactory	
<b>Institutional Dev .:</b>	Negligible	Negligible	
<b>Sustainability :</b>	Unlikely	Unlikely	
<b>Bank Performance :</b>	Deficient	Unsatisfactory	
<b>Borrower Perf .:</b>	Deficient	Unsatisfactory	
<b>Quality of ICR :</b>		Satisfactory	

**7. Lessons of Broad Applicability :**

Despite the strong rationale for and innovative effort to address Niger's significant population problems, this project attests to the risks of attempting to do too much in a country with weak institutional capacity . Moreover, by attempting to address multiple dimensions of the population problem within a single, stand -alone effort, the project design entailed major problems of multi-agency coordination among agencies working within highly different task environments and with varying degrees of recognition of their responsibility /capacity to assist with resolution of population policy challenges . Project objectives were defined at too high a level of aggregation to meaningfully guide implementation and were not achievable during the life of the project . The absence of a technically sound and administratively feasible monitoring and evaluation plan, or of efforts by supervision teams to clearly identify symptoms of either failure or success led to excessive delay on the part of both Bank and Borrower in recognizing that the project was essentially nonviable .

**8. Audit Recommended?**  Yes  No

**9. Comments on Quality of ICR :**

The report builds on a laudable effort to involve the borrower in a review of the project's lessons . It presents a frank and thoughtful account of project experience, including an encouraging summary of steps that the Bank and the Borrower are taking to take account of these lessons in ongoing and future health sector investments . The report would have been strengthened with a presentation on the demographic and health context in which this well-intentioned but poorly designed and implemented effort was undertaken .