Document of
The World Bank

Report No: 58302 - NE

RESTRUCTURING PAPER

ON A

PROPOSED PROJECT RESTRUCTURING

OF THE

MULTI-SECTOR DEMOGRAPHIC PROJECT
(CREDIT NO. H309-NIR)

TO THE

REPUBLIC OF NIGER

April 26, 2011

Human Development
Country Department AFCW3
Africa Region

CURRENCY EQUIVALENTS

(Exchange Rate Effective October 14, 2010)

Currency Unit = FRANC CFA (F CFA)
US$1.0 = 466 F CFA 504

FISCAL YEAR
January 1 - December 31

ABBREVIATIONS AND ACRONYMS

BCC	Behavior Change Communication
DAAF	Department of Administration and Finance (of Ministry of Population)
DALY	Disability-Adjusted Life Year
IEC	Information, Education, and Communication
ISHSSP	Institutional Strengthening and Health Sector Support Project
MOE	Ministry of Education
MOH	Ministry of Health
MOJ	Ministry of Justice
MOP	Ministry of Population, Women's Promotion and Child Protection
MOU	Memorandum Of Understanding
MTR	Mid-Term Review
NGO	Non-Governmental Organization
PDO	Project Development Objective
PPA	Project Preparation Advance
PRODEM	Multi-sector Demographic Project
RVP	Regional Vice President
SDR	Special Drawing Rights
TORs	Terms of Reference
UNFPA	United Nations Fund for Population Activities

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NIGER

MULTI-SECTOR DEMOGRAPHIC PROJECT

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Restructuring	**Status: Draft**
Restructuring Type: Level two	
Last modified on date : 4/26/2011	

1. Basic Information

Project ID & Name	P096198: NE-MS Demographic SIL (FY07)
Country	Niger
Task Team Leader	Djibrilla Karamoko
Sector Manager/Director	Eva Jarawan
Country Director	Mary Kathryn Hollifield
Original Board Approval Date	06/19/2007
Original Closing Date:	03/31/2013
Current Closing Date	03/31/2013
Proposed Closing Date [if applicable]	
EA Category	C-Not Required
Revised EA Category	C-Not Required
EA Completion Date	01/15/2006
Revised EA Completion Date	4/26/2011

2. Revised Financing Plan (US$m)

Source	Original	Revised
BORR	0.00	0.00
IDAT	10.00	10.00
Total	10.00	10.00

3. Borrower

Organization	Department	Location
Republic of Niger		Niger

4. Implementing Agency

Organization	Department	Location
Ministry of Population and Social Reform	Secretary General	Niger

5. Disbursement Estimates (US$m)

Actual amount disbursed as of 04/26/2011 **5.2**

Fiscal Year	Annual	Cumulative
2011	2.50	7.7
2012	1.85	9.55
2013	0.0.45	10.00
	Total	**10.00**

6. Policy Exceptions and Safeguard Policies	
Does the restructured project require any exceptions to Bank policies?	N
Do the restructured projects trigger any new safeguard policies? If yes, please select from the checklist below and update ISDS accordingly before submitting the package.	N

7a. Project Development Objectives/Outcomes

Original/Current Project Development Objectives/Outcomes

The Project Development Objective (PDO) of the Multi-sector Demographic Program (PRODEM) is to strengthen Government's capacity to address its demographic challenges through: (i) enabling the Ministry of Population to design and implement a nationwide multi-sector population program; and (b) increasing general awareness on population and reproductive health issues.

7b. Revised Project Development Objectives/Outcomes [if applicable]

NIGER

MULTI-SECTOR DEMOGRAPHIC PROJECT - P096198

RESTRUCTURING PAPER

SUMMARY

1. This level-2 Restructuring Paper seeks the approval of the Country Director (CD) to introduce changes in the Niger Multi-Sector Demographic Project (Grant No. H309-NIR), to propose a Reallocation of Proceeds, and to amend the project's financing agreement accordingly. The proposed changes do not affect the Project Development Objectives (PDOs), but are aimed at both strengthening and simplifying the project design. In particular, the restructured project will address more systematically the demand-creation dimension of reproductive health (RH) in addition to strengthening the supply-side dimension of RH services (this is in line with the new WB Reproductive Health Action Plan 2010-2015 and ongoing activities by other development partners in Niger, e,g., UNFPA and UNICEF). The project will also have three components instead of four (the former Component 2 Women's Autonomy and Couples' Empowerment is being discontinued, although some of its activities are kept under the new Component 1 Advocacy, Communication, and Coordination).

2. The proposed changes are driven by three main factors: (i) the slow progress in project implementation so far; (ii) the imbalance in the design between activities to stimulate demand and those to ensure an increased supply of RH services; and (iii) an overly centralized management of the project, which is characterized by the Ministry of Population, Women's Promotion, and Child Protection's (MOP) tendency until recently to implement the advocacy component by itself rather than through NGOs and other ministries.

PROJECT STATUS

3. Niger's population, estimated in 2010 at 15.2 million is growing at least at the rate of 3.3 percent per annum, implying a doubling in less than 21 years. The rapid population growth compounds all development problems. Furthermore, population pressure on a limited agriculture-based economy has contributed to the country's previous and current food crises.

4. A strategic framework (*Déclaration de Politique de Population – DPP*) covering the period 2007 to 2015 was prepared by the Ministry of Population with the support of its development partners. The DPP covered three main areas: (i) Capacity building and program approach implementation in order to strengthen the country capacity to built and implement a multi-sector program for population issues; (ii) Gender and demand creation with focus on women's empowerment and demand-creation mechanisms to change reproductive behavior and increase the uptake of contraceptives; and (iii) Family planning scaling up with focus on supply-side dimensions, including the dissemination of birth spacing and family planning services nationwide.

5. To help implement the strategy, the Multi-sector Demographic Project (PRODEM) was prepared with the objective of strengthening the national capacity to tackle population issues through behavior change and the development of a consensus among stakeholders.

6. The project was approved on June 19, 2007, and became effective on January 8, 2008. The grant amount was SDR 6.7 million (US$10 million equivalent). The closing date of the project is March 31, 2013 and the lead implementation agency is the Ministry of Population, Women's Promotion, and Child Protection.

7. The project's Mid-Term Review (MTR) held in June 2010 concluded that, if the current trend continued, the project was unlikely to reach its development objective. The project implementation has been slow, with 37% of the Grant disbursed as of June 25, 2010. While there have been disbursements for the procurement of equipment, vehicles, project administration, and the preparation of several Action Plans, advocacy activities throughout the regions and districts has remained limited.

8. The project hasn't been performing generally well with ratings fluctuating between MS and MU for both the Project Development Objective (PDO) and the implementation progress (IP). The last implementation support mission (MTR) rated the PDO moderately unsatisfactory and recommended some changes in the project design and its implementation mechanism.

9. Nevertheless the project's strategic relevance remains very high, given the pressure put by a high population growth on the country's resources and government services such as health and education, and the economic difficulties faced by families. During the MTR, the government, through the Prime Minister's Office, reiterated its high commitment to the population issues and the importance of the project for Niger.

10. Recent analyses and data from a 2010 contraceptive prevalence survey show that demand for reproductive health services, including contraceptives, has been increasing in the country. Prevalence of contraceptive use has been growing from 5% in 2006 to 12% and perhaps 14% or even 16% in 2010[1]. However, the results of the 2010 survey are not easily comparable with those of the 2006 Demographic and Health Survey (DHS), because 2010 results may pertain essentially to urban areas. In 2008, unmet needs for contraceptives represented 26.5% of women married or living in union. Both the government and NGOs active in Niger point to the importance of ensuring that the increased demand for family planning services is met by an increased supply of services. Further efforts will be needed in the area of family planning supply in order to consolidate the results obtain so far, and if possible continue to increase the coverage of reproductive health services. These efforts will need to be complemented by demand-creation activities.

[1] MOH, National Contraceptive Prevalence Rate Survey, 2010.

PROPOSED CHANGES

11. The proposed restructuring would: (i) adjust the project design to introduce activities that will strengthen the supply of, and demand for, family planning and reproductive health services; (ii) reduce the number of project's components; (iii) modify the institutional arrangements to ensure the contracting out of advocacy activities to NGOs and other ministries, and give an increased role to the Ministry of Health (MOH) for RH supply-side activities, thus better aligning the volume of activities to be implemented by the MOP with its management capacity; (iv) adjust the flow of funds; and (v) modify the project indicators and targets to align them with the changes in project activities.

12. The components of the project detailed in Annex 1 (namely: Advocacy and Communication; Women's Autonomy and Couples' Empowerment; Harmonization and Coordination of Multi-sector Interventions; Capacity Building and Monitoring and Evaluation) have been very difficult to implement by the Ministry of Population itself. Its weak capacity is based on the lack of the strategy and the substantial risk in the use of the funds that will be allocated to income generating activities in the rural areas[2].

13. **Proposed changes of project components.** The changes will affect the project components by reducing the number from 4 to 3. In particular, the former Component 2 of the project on *Women's Autonomy and Couples' Empowerment* will be discontinued, but its key activities will be covered under the new Component 1 on *Advocacy, Communication, and Coordination*. The previous Component 2 had never been implemented in earnest and it is felt that it would not bring rapid and tangible results, as compared to the increase of the supply of, and demand-creation for, family planning and reproductive health services (especially with fostered information, education, and communication efforts).

14. *Component 1 – Advocacy, Communication, and Coordination (US$4.5 million).* This component would remain essentially the same, but would also include the mains themes of former Component 2, as well as harmonization and coordination of multi-sector interventions, formerly under component 3. However, it would be organized differently. Information, Education, and Communication (IEC) as well as Behavior Change Communication (BCC) activities are now clearly separated by implementing agency: (i) those that will be implemented at community level by NGOs contracted by the MOP; (ii) those that should be clearly implemented by the MOP because they are multi-sector and directly in line with its role of advocacy and communication (e.g., advocacy towards other ministries, political parties, mayors, members of the Parliament, regional authorities, national organizations, the media and journalists, preparation of Annual Work Plans, conducting of Annual Reviews, etc.); (iii) the strengthening of women's economic opportunities that would complement advocacy in helping bring fertility decline in Niger by the MOP; (iv) the promotion of girls' schooling by the Ministry of Education; and (v) the preparation by the MOJ of the legal documents for woman

[2] The formal President has implemented with the HIPC funds an unsustainable program in the field which continues to put at the high risk level this kind of activities.

and child protection, who will be contracted by the MOP. This Component will also help align and complete project's activities with those of other IDA-funded projects in Niger.

15. *Component 2 – Strengthening the Supply of Reproductive Health Services. (US$1.8 million).* This new component will help strengthen the capacity of the MOH in areas that are currently experiencing bottlenecks. Training of nurses and midwifes is important because a number of experienced staff in these categories have recently retired, which leaves a gap in the capacity of many regions to provide family planning services. The component would also train community health workers, as they play an important role in complementing services provided by health centers and posts by promoting family planning at the community level, and distributing contraceptive products. Finally, the component would finance contraceptives to satisfy increased needs and smooth out distribution flows at the community level by completing the health project interventions funded by IDA

16. *Component 3 - Capacity Building and Monitoring & Evaluation (US$3.7 million).* This component essentially covers the same activities included in the former component 4: capacity building, maintenance, and data collection, analysis, and dissemination, including US1.2 million to contribute to the financing of a new Demographic and Health Survey (DHS) planned for 2011. To these would be added the training of NGOs in project and financial management, and the supervision of projects implemented by NGOs in the regions and districts. The component will support also the fiduciary management of the projet which remain under the responsibilities of the MOP.

17. **Review of Key Performance Indicators.** The KPIs have been modified in order to reflect activities that are under the scope and control of the project (Annex 2). The Intermediate Outcome Indicators have been simplified as well, along the same criteria. In addition, extra funding has been allocated to the Monitoring and Evaluation (M&E) system with a two-prong approach: (a) strengthening of the M&E within the project; and (b) ensuring the timely collection of key data (e.g., new DHS or EDSN scheduled for 2011 and to be combined with a Multiple Indicator Cluster Survey – MICS – with UNICEF's funding) through outsourcing mechanisms with the National Institute of Statistics. The proposed changes of performance indicators aim to simplify the results framework and also to align the project activities with the results expected at the end of the project.

18. **Institutional arrangements.** As indicated above and described in the table below, a part of Component 1, namely IEC/BCC activities would be implemented directly by the MOP. A second part would be implemented by associations of traditional chiefs and religious organizations, and other ministries (MOE, MOJ), while the last part would be subcontracted to NGOs as consultant selected the procurement selection guidelines. Technical ministries, Traditional chiefs and Religious organizations would carry out subprogram activities which are included in the MOP's Annual work plan (AWP). This AWP will be submitted to IDA for approval and implemented in accordance with the procedures described in the project implementation manual. The Annual Action Plan shall include a budget for its implementation.

19. Component 2 (25% of project cost) would be implemented by the MOH through a sub work program agreed with the MOP. The MOH will support the communities based distribution

campaigns for contraceptives by strengthening the technical capacities of nurses, midwifes, communities health agents, and women leaders at the community level. UNFPA procurement services will be used to purchase contraceptives, training equipments, and kits so as to support the program implementation in the five (5) regions where fertility rate is very high (Zinder, Tahoua, Tillabery, Dosso and Maradi).

20. About one third of Component 3 in terms of cost would be implemented by the MOP, while two thirds would be contracted to the National Institute of Statistics (NIS). The Secretary General of the MOP has the overall responsibility for project management, with the contracted specialists (Financial Management and Procurement Specialists, Communication Specialist, etc.) reporting directly to him. The project would help build the capacity of the MOP and the NGOs through training.

Table 1: Description of Responsibilities

COMPONENTS	FIRST IMPLEMENTATION AGENCIES	SECOND IMPLEMENTATION AGENCIES
Advocacy, Communication and Coordination	Ministry of Population (MOP)	- MOP/Directions - Ministry of Education - Ministry of Justice - NGOs/CSO
Strengthening the supply of Reproductive Health Services	Ministry of Health (MOH)	Child and Maternal health Direction - MOH
Capacity Building and Monitoring & Evaluation	Ministry of Population	- Directions of the MOP - National Institute of Statistics (NIS) - NGOs/CSO

21. **Financing.** Taking into consideration the original allocation of grant proceeds, the changes in project activities, and current amounts disbursed, the restructuring would result in a new programming of the remaining funds and reallocation of Grant proceeds as shown in Annex 3.

22. *Proposed reprogramming of project remaining funds.* As agreed with Government and partners to determine how the remaining funds could best be used to support the government's population policy of "contributing to poverty reduction by developing attitudes and behavior toward reproduction that are likely to boost contraceptive use by the population and reduce early marriage", the funds of the project would be used as follow (Table 2).

Table 2 – Reprogrammed of remaining Funds

Area	Activity	Cost (US$)
1. ADVOCACY, COMMUNICATION, AND COORDINATION		
IEC and BCC at community level (through NGOs)		2,028,292
Multi-sector advocacy and coordination by the Ministry of Population		401,554
Strengthening of women's economic opportunities (MOP)		441,000
Promotion of girls' schooling (through MOE)		80,000
Support to Ministry of Justice (MOJ)		25,463
	Subtotal	**2,976,308**
2. STRENGTHENING THE SUPPLY OF REPRODUCTIVE HEALTH SERVICES		

Development of guidelines and materials	275,195
Training materials and equipment	125,445
Training of nurses and midwives in family planning and reproductive health	120,711
Training of community health agents	690,319
Provision of contraceptives (through community health workers)	420,000
Subtotal	**1,631,670**
3. CAPACITY BUILDING AND MONITORING & EVALUATION	
Contracting of specialists	321,590
Maintenance	40,000
Training of NGOs in project and financial management	90,534
Supervision of regions and districts	50,740
Data collection, analysis, and dissemination	1,200,000
Subtotal	**1,702,864**
Total	**6,310,842**

23. *Proposed Reallocation of the grant.* The proposed reallocation - Annex 3 - does not involve any change to the Project development objective and it is considered to be minor within the meaning of OP/BP 13.05 (Project Supervision). Most of the reallocations originate for committing the "unallocated" category and the remaining funds from the PPF. The reasons for reallocation are follow :

- Category 1: The category has been split in two parts (A et B) in order to specify (i) the amount which will disbursed against the strengthening of the supply of reproductive health services and (ii) the expenses for others activities. The category will be increased for the supply of goods and training for community health worker who operate in the rural level.

- Category 2: The category will be increased because most of the project activities are implemented through the current administration services. The project financing has been used as an additional support with the National Budget, so as to make functional the public services. The operating cost is higher than originally estimated.

24. **Disbursement arrangements**. The Bank would continue to deposit funds for the project's activities in the designated account under the leadership of the MOP, who is the lead implementing agency. The MOH, MOE, and the MOJ will prepare a budget for implementing their activities, which will be integrated in the project Annual work plan. The consolidated Annual action plan and budget will be submitted to IDA for approval and it will support the implementation of the activities by the different entities. Cash will be transferred on a gradual manner, to the technical units of each of the different involved ministries based on the agreed budget. The replenishment will be subordinated to justification of activities performed.

25. **Financial management.** Non particular risk is foreseen in the proposed restructuring activities since the financial management will rely on the existing arrangements. Indeed the Department of Administration and Finance (DAAF) of the MOP would continue to be in charge of financial management. It has adequate administrative capability, internal controls, accounting and auditing procedures to ensure the effective and proper use of the designated accounts.

26. **Procurement.** Procurement activities of the project would be carried out by the MOP through a recruited Procurement Specialist. The only change in procurement arrangements would be the provision that contraceptive products and Reproductive health training materials may be procured from UNFPA. A new procurement plan for the remaining period of the project has been prepared and submitted to IDA for approbation.

27. **Safeguards**: Not applicable for the project. The change will not trigger any new safeguard policy and it does not change the EA category (currently Category C).

28. **Implementation schedule.** A revised implementation schedule was prepared by the government and found satisfactory. Because of the expected increased contracting of activities to NGOs, other ministries, and institutions, the pace of implementation is expected to pick up, and there is no need, at this stage, to extend the closing date of March 31, 2013.

APPRAISAL SUMMARY

29. **Economic and financial analysis.** Rapid population growth creates high social demands, especially in health and education. Financing requirements to address the population increase compete with the demand for facilities, infrastructures, and support to productive sectors.

30. Research has illustrated the relationship between population growth and economic development (Birdsall et al. 2001; Bloom et al. 2003). The empirical evidence comes from: (i) East Asia that experienced substantial economic growth due to the combination of declining fertility and favorable economic policies; (ii) Latin America that also underwent a demographic transition to lower fertility, but did not benefit from appropriate policies and thus did not have strong economic growth; and (iii) Sub-Saharan Africa, where populations in general are still growing rapidly, and where this demographic increase acts as a drag on economic growth and keeps incomes low.

31. Reproductive health problems such as early and unwanted childbearing, sexually transmitted infections, and pregnancy-related illness and death account for a significant part of the burden of disease among adolescents and adults in developing countries. The 1993 World Development Report showed that at least 13% of all DALYs were caused by reproductive health problems.

32. The project focuses both on stimulating demand for family planning and reproductive health services and ensuring that the supply of services is available. This is justified because unmet needs for contraception are particularly high with 26.5 percent of women in Niger not using family planning services. The World Bank's 1993 *World Development Report* presented a set of services—the "essential health package"—that would make the most efficient use of scarce health resources. It included family planning in the package for low-income and middle-income countries because it is highly cost-effective, with an estimated cost of $20-30 for each Disability-Adjusted Life Year (DALY) saved.

33. **Technical.** The project helps reduce unplanned and poorly timed pregnancies and the health risks associated with them. It includes an array of consumer-oriented family planning information (component 1) and service packages offered by public providers and NGOs (component 2), and extend these services to hard-to-reach groups (youths, poor rural, and urban people) through outreach and social marketing programs. The project also addresses factors beyond health care that affect reproductive health outcomes such as poverty, the status of women, attitudes and behaviors of men, girls schooling, and legislation on the minimum age of marriage.

34. The interventions are technically sound and consistent with a series of Lancet[3] articles which recommended interventions to reduce child and maternal mortality, prioritized on the available evidence.

35. **Risk analysis.** The design of the restructured project allocates responsibilities for project implementation to four institutions, as follows: 33 percent (of project cost) to NGOs, 26 percent to the MOH, and 19 percent to the Institute of National Statistics, leaving 22 percent for direct execution to the MOP. This reduces the burden of project implementation for the MOP and fits better with the Ministry's technical capacities.

36. Nevertheless, given the MOP's track record, possible delays to project implementation remain the main risk.

Risk	Mitigation	Risk rating
Turnover in Procurement Specialist would delay procurement activities.	As this has happened in the past (because of the thin market for procurement specialists), it could happen again. This risk would be mitigated through the contracting of a short-term consultant who would fill the position until a longer-term specialist is contracted.	Substantial
Contracting of NGOs and other institutions could be delayed.	The MOP has already contracted one large NGO and, although this has taken some time, it has allowed the MOP building capacity in this area, which should make contracting of other NGOs more efficient. Furthermore, the contracting of NGOs is now conceived in a single phase where about 10 NGOs will be contracted to cover about 6-8 regions of the country, which will be much faster than a sequential process.	Moderate
Change in government may result in appointment of new	A closing date extension could be considered.	Substantial

[3] The Lancet, founded in 1823, is one of the oldest peer-reviewed medical journals in the world, published weekly in England. The Lancet is considered to be one of the core general medical journals.

Risk	Mitigation	Risk rating
personnel in the MOP and a slowdown in project activities.		
Overall risk rating		Substantial

Annex 1

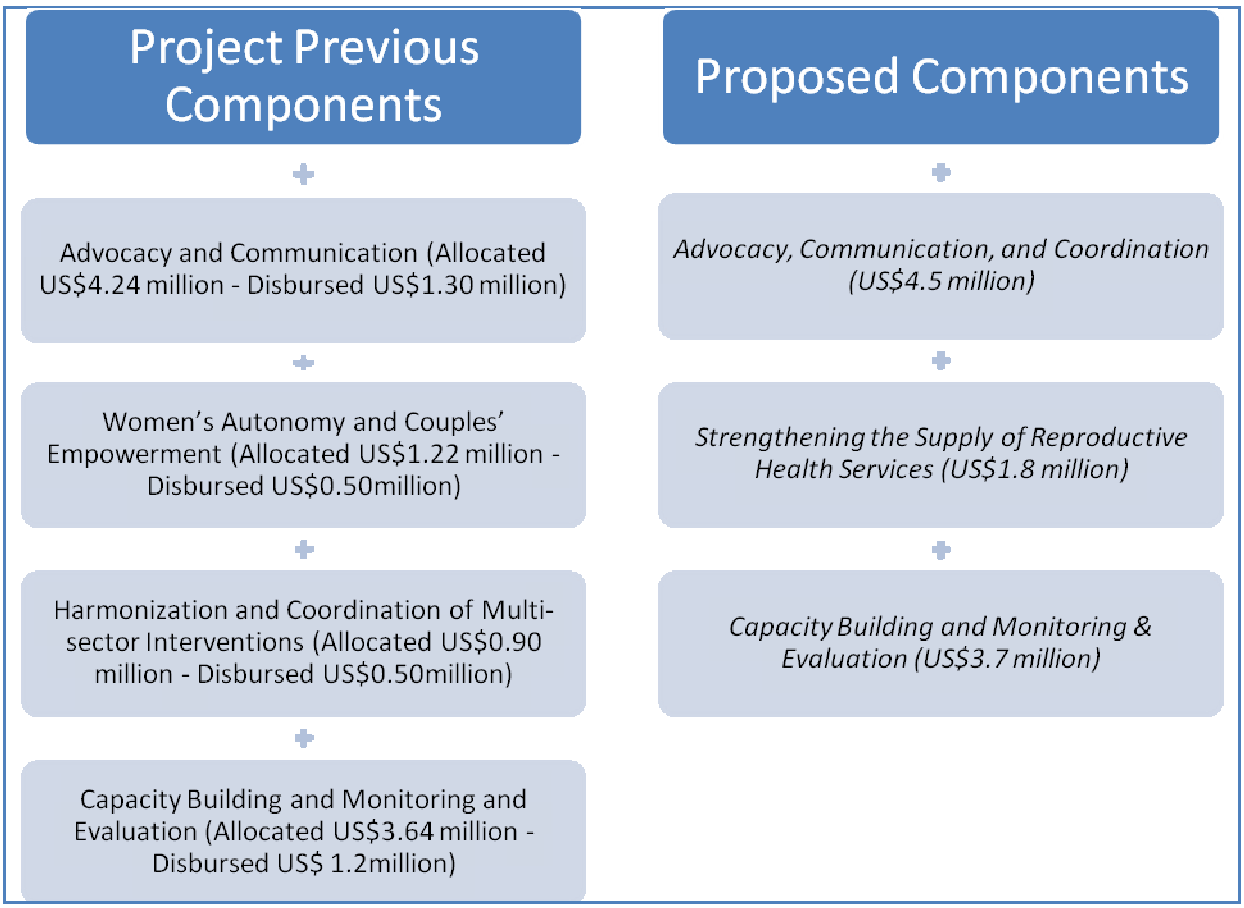
PROJECT'S COMPONENTS

1. *Previous Component 1: Advocacy and Communication (US$ 4,24m).* Supporting nationwide and culturally sensitive advocacy, information, education and communication (IEC) and behavior change communication (BCC), on population and development and reproductive health, family planning and breastfeeding issues, through broad mass media campaigns and other means of communication.

2. *Previous Component 2: Women*'s *Autonomy and Couples*' *Empowerment (US $1.22m).* Strengthening women's social status and autonomy both at central and regional levels, through support to: (i) reinforce efforts to improve female school enrollment and performance; (ii) strengthen women's economic opportunities; and (iii) trigger legal reforms, including measures aimed at raising the minimum age at marriage.

3. *Previous Component 3: Harmonization and Coordination of Multi-sector Interventions (US $0.90m).* Supporting the organization of a national program approach to population and reproductive health issues, through: (i) the implementation of the Declaration on Population Policy (DPP); (ii) the preparation of Annual Work Plans; and (iii) the launching of a population program approach.

4. *Previous Component 4: Capacity Building and Monitoring and Evaluation (US $3.64m).* Support to: (i) improving data collection, analysis, dissemination, and utilization; and (ii) capacity building, including institutional strengthening, at the Ministry of Population and Social Reform *(MP/RS).*



Annex 2

PROJECT PERFORMANCE INDICATORS

ORIGINAL INDICATORS	PROPOSED CHANGES	COMMENTS
PDO indicator(s)		
Annual Work Plans (AWPs) are designed (including M&E indicators) and are adopted through consultations with donors (annual reviews) and implemented under monthly supervision of the MP/RS.	**Replaced by** : Number of Annual Work Plans prepared, including the indicators, adopted and implemented each year	
85% of the population over age 15 has been sensitized on population and reproductive health issues.	**Replaced by** : Proportion of women aged form 15 to 49 who know at least one contraceptive prevalence method	This indicator will better capture the efforts made by the project in the sensitization of the population.
Median age at marriage among 25-49 has increased from 15.5 years to 16.5 years.	**Move to intermediate Results**	
Percentage of children 0-5 months exclusively breastfed has increased from 13.5% to 20%	**Dropped**	To simplify the results framework.
Percentage of modern contraceptive use among women in union aged 20-24 has	**Clarified to** : Contraceptive prevalence rate	

increased from 4.4% to 7%.	(moderns methods for women aged 15 to 49)	
Intermediate outcome indicator(s)		
At the mid-term review of the project, 50% of the population over age 15 has been sensitized on population and reproductive health issues.	Dropped	To simplify the results framework.
At the end of 2012, 85% of the members of religious associations at central, regional and community level are sensitized on population and RH issues.	**Replaced by** : At the end of the project 300 sermons have been completed on "Parenté responsable" by preaching religious leaders in 6 regions	The identified regions have a high fertility rate (Maradi, Zinder, Tahoua, Niamey, Dosso and Tillabery).
At the end of 2012, 100% of the members of networks (journalists, government, researchers and youth) are sensitized on population and RH issues.	**Replaced by** : At the end of the project, 100 journalists have been trained on population and reproductive health issues	
Measures to increase the legal age at marriage are taken by Project Year 4 (2012)	**Clarified by** Government has prepared the legal text and measures to increase the minimum age of marriage	
Gross enrolment for girls increases from 11% in 2004/5 to 18% in 2011/12	**Dropped**	To simplify the results framework.
Annual Work Plans and the M&E guide, including Performance Indicators are in place by the end of 2008	**Change by two indicators :** At the end of the project, the M&E system is in place and the demographic data had been collected and are available for all sub-sectors and regions The M&E report has been prepared and distributed for all stakeholders and implementers	
At the end of 2008, 8 regional coordination units for population and RH issues are established and operational.	**Dropped**	Completed.
At the end of 2008, 36 departmental coordination cells for population and RH issues are established and operational.	**Dropped**	Completed
At the end of 2008, a national multi-sectoral M&E system is operational with a population database centralizing M&E data, and spatial data from all sectors and regions.	**Dropped**	Under construction and will be completed soon
At the end of 2008, a study about migration has been carried out, and the migration balance estimated.	**Dropped**	The survey is ongoing

	At the end of the project, all members of Parliament have been trained on population and reproductive health issues	New indicator
	At the end of the project, three main political Parties have been trained on population and reproductive health issues	New indicator
	Health personnel receiving training on Family planning and Reproductive health issues	New indicator
	“Femmes-Relais” receiving training on Family Planning and reproductive health issues	New indicator

Annex 3

ALLOCATION OF GRANT PROCEEDS

	Category Description	Allocated XDR (A)	Difference (+/-) (B)	New Allocated C = (A+B)	% Financing (B/Total)
1a	Goods & Consultant services including audit and training (Parts A and C)	4,700,000.00	-400,000.00	4,300,000.00	-6%
1b	Goods & Consultant services including audit and training (Part B)		1,400,000.00	1,400,000.00	21%
2	Operating Costs	650,000.00	70,000.00	720,000.00	1%
3	PPF Refund	660,000.00	-380,000.00	280,000.00	-6%
4	Unallocated	690,000.00	-690,000.00	0.00	-10%
	Total	**6,700,000.00**	**0.00**	**6,700,000.00**	**10%**

Cleared with and cc :

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