Evaluation Summary

Common Health Fund (FCS) to support implementation of the Health Development Plan (HDP)

Country: **Niger** | Sector: **Health**

Evaluator: **Espélia – Gret- Genre et Ville. Team coordinated by Mathieu Noirhomme**

Date of the evaluation: **October 2019 to February 2020**

Key data on AFD's support

Projet numbers: CNE 1164

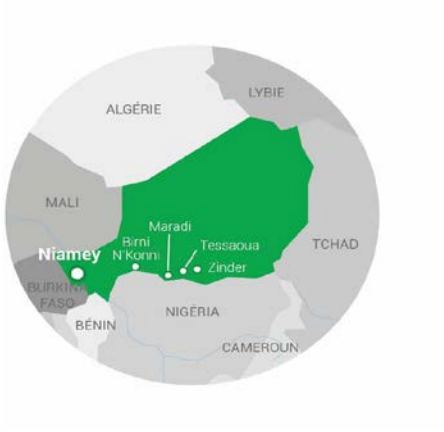
Amount: €13 million

Disbursement rate: 100%

Signature of financing agreement : 28 april 2015

Completion date: 31 December 2019

Total duration: 5 years



Context

Niger is one of the planet's poorest countries and facing major health and demographic challenges. The health system is insufficiently adapted to respond to the needs. Security problems have reduced the accessibility and availability of basic social services in many areas. Despite the unquestionable progress achieved, the health indicators remain worrying, with a maternal mortality rate stagnating at a high level (520/100,000 – ENISED 2015) and one in three children suffers from chronic malnutrition.

To increase aid effectiveness and support from the technical and financial partners (TFPs), a multi-donor fund, the Common Health Fund (FCS), was created at the initiative of AFD and the World Bank in 2006. At the end of 2019, AFD completed its third contribution (CNE 1164), which is the subject of the present evaluation.

Actors and operating method

The Ministry of Public Health (MPH) is the contracting authority for the FCS, with strategic coordination being ensured by the Secretary General (SG) and with support from the FCS Secretariat.

The partners supporting the FCS are represented by a focal point in the FCS Secretariat. At the end of 2019, the partners included: AFD, World Bank (2005-2012 and again in 2017), AECID (2011), Gavi Alliance and UNICEF (2011), and FNUAP (2014). The amounts mobilised totalled € 91.3 million from January 2015 to June 2019.

Objectives

The overarching goal of the FCS it to contribute to improving the health status of the population, particularly women and children, by channelling the TFPs towards the priorities, policies and procedures of the Ministry of Public Health defined in its Health Development Plans (HDPs).

Expected Outputs

The objectives and expected outputs are in line with those enacted in the two HDPs concerned by the evaluation period (2011-2015 HDP and 2017-2021 HDP).

AFD's agreement, CNE 1164, defines the specific objectives of its support to the FCS as follows:
"contribute to implementing the Health Development Plan within the framework of the sectoral approach by promoting the alignment of actions with the national priorities, the harmonisation of partners' interventions, and the predictability and stability of international aid."
"contribute to improving the health indicators: decrease in infant and child mortality, reduction of the malnutrition rate, better use of services and an increase in reproductive health indicators, particularly via the prevalence of contraception."

Performance assessment

Relevance

Very satisfactory (A). The FCS is by nature aligned on the priorities of the HDP, as it was designed to support its implementation. New partners and financing were integrated. The period was characterised by greater targeting of some strategic priorities set out in the HDP, both for earmarked funds (Gavi, World Bank, AFD) and for "fungible" resources. The negotiations were complicated but resulted in arrangements conducive to attracting new partners.

Internal and external coherence

Satisfactory (B). The FCS is naturally accountable to the MPH as it falls under the direct coordination of the SG. The coordination of the TFPs within the Fund, although not problematic, needs to be formalised. The strategic positioning of the FCS became clearer over the period (guidance notes, grid with more detailed budget breakdown) and positively influences the programming in dialogue with the MPH (priority given to operational levels, high-impact interventions). The influence of the FTPs, however, remains limited.

Effectiveness

Fairly satisfactory (C). The action of FCS focused above all on fiduciary management, and less on the programming and monitoring aspects of the HDP. Yet, the effectiveness of the FCS is closely tied to the results of the HDP. On this point, deficiencies are repeatedly observed: shortcomings in the qualitative analysis of data, planning processes not reflecting real needs, limitations due to the bottom-up character of annual programming, and inadequate resources for high-quality supervision at operational levels. Moreover, no external evaluation of the results of the 2015-2019 HDP was available at the end of 2019. This calls for a strengthening of the FCS's mandate for health governance.

Efficiency

Fairly satisfactory (C). Senior MPH officials are very satisfied with the financial management of the FCS, at both the central and decentralised levels. New measures now reinforce priority-setting and efficiency (guidance notes, results-based payment) and management costs remain very low. The FCS offers the regions secure and predictable financing, which enables them to have management independence, with sound procedures that are appropriated by the actors. This stabilising effect is important in a context of insecurity. On the other hand, MPH and FCS data are not cross-referenced,, and the FCS produces no qualitative analyses, which makes it difficult to determine whether the upstream allocation priorities have produced the expected results downstream.

Sustainability

Fairly satisfactory (C). The MPH departments in charge of financial management and procurement benefitted from key reinforcements previously identified and heightened by more complex management methods. On the other hand, the programming and monitoring capacities, less central to FCS actions, remain insufficient. Moreover, the FCS does not invest enough in analysis, capitalisation and communication – all of which are shortcomings that were highlighted by previous evaluations.

Added value of AFD's contribution

Satisfactory (B). AFD provides regular and longstanding support to the FCS and has been one of the biggest funders in volume since 2006. The GPDN financing has strengthened the reflection on targeting within the FCS and launched the first inter-sectoral approaches with other ministries.

Conclusions and lessons learnt

Overall, the FCS achieved the objectives that it had set itself in matters of fiduciary and financial management. This provides an essential foundation. Yet, by focusing mainly on management, the FCS has neglected questions of accountability and communicating results which are inherent to the Paris Declaration. These are the areas that must now be developed in parallel if the Fund is to attract new and the MPH's leadership is to be strengthened. Three key recommendations emerged from the evaluation:

1.Clearly define the scope of the FCS by (1) integrating support functions into the programming and monitoring, in addition to management; and (2) by clarifying the "red lines" with respect to the margins for flexibility in the operating arrangements and the terms for admission into the FCS.

2.Strengthen the monitoring and accountability mechanisms, and develop a communication strategy to enhance the attractiveness of the FCS and its influence outside the country (results analyses, concept notes, articles, conferences, Web pages).

3.Structure the health governance support to the MPH by (1) strengthening capacities in programming, monitoring and coordination; (2) balancing decision-making between the central and decentralised levels; and (3) develop management practices in connection with Public Finance Reform.