Enabel

EXECUTIVE SUMMARY

Mid-term Evaluation of the Health System Support Project «PASS Sutura»

Intervention 1 (Pillar 1) of the Niger-Belgium Bilateral Program 2022-2026

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1 Evaluation presentation

The Sutura Health System Support Project (PASS-Sutura) constitutes one of the three (3) pillars of the Bilateral Cooperation Project between Niger and Belgium for the period 2022-2026, entitled “Niger Health Project: Promotion of social security and reduction of social inequalities”. This project is structured around the following three (3) specific objectives (SO):

- OS1: Improve the provision of care so that the targeted health districts become training centers, thus contributing to strengthening the health system on a national scale;
- OS2: Provide the Ministry of Public Health, Population and Social Affairs (MSP/P/AS) with a health insurance model adapted to the rural world and the informal sector, integrated within the National Institute of Medical Assistance (INAM);
- OS3: Strengthen the Ministry's capacity as a learning institution and as a regulator of the health, population and social affairs sector.

These objectives are structured around eight (8) expected results (R) mentioned in appendix 3 of the logical framework of the PASS Sutura intervention.

This bilateral cooperation project, signed on March 14, 2022 for a period of five (5) years, has an overall budget of 50 million euros, including 14.5 million euros dedicated to the health sector. In 2022, the Netherlands joined the initiative by providing co-financing of 3.2 million euros for the health component, covering the period from January 1, 2023 to March 31, 2025. The co-financing from the Netherlands places particular emphasis on reproductive health, digitalization and improving the quality of care in the departments of Dioundiou, Gothèye and Gaya, the health districts targeted by the “PASS Sutura” project.

The main users of the evaluation are the Enabel teams in Niger, Brussels and Europe, the Netherlands and the Ministry of Health of Niger, members of the PASS Sutura committees, beneficiaries, civil society organizations and service providers.

The governance of PASS Sutura is structured in four (4) levels: 1) The Joint Consultation Committee (CMPC) assesses overall progress and guides the strategy; 2) The Steering Committee (CoPil): oversees the strategic objectives, headed by the Secretary General of the MSP/P/AS and Enabel; 3) The Technical Committee (CoTech) monitors operational activities and ensures complementarity with other initiatives; 4) The Management Unit (MU) coordinates daily operations with the support of Enabel and technical experts.

The evaluation covers the **implementation period from March 2022 to November 2024.** Data collection for the mid-term evaluation of PASS Sutura took place from **4 to 22 November 2024** , combining several approaches. An in-depth document review analyzed project reports and national strategies.

Semi-structured interviews with **60 participants** , targeted discussion groups (8 focus groups) and a **collaborative workshop in Niamey** provided a variety of perspectives on the project's impact.

The results were presented at a final workshop. The data were triangulated and analyzed qualitatively and quantitatively to assess the effectiveness and impact of the project strategies on the targeted health districts. The evaluation was conducted in strict compliance with the principle of confidentiality and the protection of the individuals encountered during focus group discussions, individual interviews, and field visits. It should also be noted that the evaluation team did not encounter any methodological limitations that called into question the robustness of the findings.

2 Findings

2.1 According to OECD DAC criteria

Relevance	**A**	**The design of the PASS Sutura,** as is the case for all projects in Niger, is aligned with the **national, regional, and health district priorities** of the areas concerned. The determination of the project's key axes, orientations, and interventions was based on the policy, strategic documents, and other documents deemed relevant by the Ministry of Health and other ministries. This rigorous process ultimately resulted in the **definition of a project** with highly relevant packages of activities and services with a view to providing a response aligned with the needs of the populations in the targeted regions. **The project design and planning process was carried out in a participatory and inclusive manner with the widest possible involvement of all stakeholders.**
Coherence	**A**	Apart from the other components of the Enabel project, few projects funded by other technical and financial partners (TFPs) are implemented in the project areas, due to territorial distribution by donors to avoid duplication. For the few projects implemented in the same districts, there is a lack of collaboration. **There is a perfect synergy between the Enabel team in Niger, the Belgium team, and the Europe team for the success of PASS Sutura. The financial support from the Netherlands within the framework of PASS** is an example of cooperation between donors to strengthen collaboration in the management of interventions and not covered by a specific partner.
Effectiveness	**B**	Since the implementation of the PASS Sutura project in 2022, satisfactory results have been produced, even if they are appreciable differently depending on the specific objectives. Although final targets exist, interim targets (2022, 2023 and 2024) for the mid-term evaluation period have also been identified. The achievement of these targets varies from year to year. For the year 2024, the target achievement rate for the three (3) outcomes of the project is 41% and for the eight (8) outputs, the results fluctuate between 0% and 60%. The various stakeholders generally appreciate the project's interventions and the co-financing with the Netherlands made it possible to finance activities related to SR within the framework of the PASS Sutura. Although many results have been achieved in the project areas, they remain mostly intentional. However, three (3) positive results can be described as unintentional, namely: • Some of AMD's members are outside the Gaya department and others are beyond the border with Benin, a neighboring country; • PASS Sutura's support for lighting has enabled the population to have access to health services 24/7 in health facilities because health personnel are no longer afraid to go out at late hours; • Unrestricted access of populations to health services offered in the project areas. Regarding unintended negative effects, the survey reported some frustrations related to the care of beneficiaries by health workers, sometimes due to a lack of information leading to misunderstandings.
Efficiency	**B**	The implementation of the activities of the PASS Sutura presents a progressive evolution of the rate of physical execution of the Annual Work Plans (PTA) of 64% in 2022, 78% in 2023; 84% in 2024. As for the rate of budget execution, it is 93% in 2022,

		58% in 2023, 92% in 2024. Despite the political events that occurred in the country, **no serious delays were identified** during the implementation of the project. The PASS Sutura project has successfully deployed **adequate human resources** to facilitate the implementation of interventions. Regarding **disbursement procedures**, misunderstandings exist with project partners and **need to be improved** to reduce delays in implementing interventions on the ground. The operational system implemented within the framework of the PASS Sutura not only ensures the relevance of choices in line with the project objectives but also establishes the levels of responsibility to better promote the adequacy between the design and implementation of interventions by the actors on the ground.
Sustainability	**B**	**The PASS Sutura project has undertaken several approaches** to ensure the sustainability of interventions. **At the institutional level**, the anchoring is established at the level of the General Secretariat of the Ministry of Health. **At the operational level** , capacity building sessions are organized for health workers, district management teams, and management committees (COGES). A capitalization plan has been developed. In addition, an agreement has been signed with the Université Libres de Bruxelles to produce **action research documents** . The results are not yet available, but the results have been shared with the Ministry of Health and technical and financial partners. Efforts are being made to avoid the **negative consequences of the security crisis** in certain project areas.
Impact	**B**	Many results have been achieved in the project areas and are mostly intentional. However, three (3) positive results can be described as unintentional, namely: • **Some of AMD's members** are located outside the Gaya department and others beyond the border with neighboring Benin; • **PASS Sutura's support for public lighting** has enabled the population to have access to health services 24/7 in health facilities because health personnel are no longer afraid to go out at late hours; • **Unrestricted access for populations to health services** offered in the project areas. Regarding unintended negative effects, the survey reported some frustrations related to the care of beneficiaries by health workers, sometimes due to a lack of information leading to misunderstandings.

2.2 According to the specific evaluation questions

Q1: To what extent has the intervention progressed towards achieving its objectives and desired changes?

The design of the PASS Sutura was aligned with the project's **national, regional, and health district priorities**. The determination of the project's key axes, orientations, and interventions was based on policy, strategic documents, and other documents deemed relevant by the Ministry of Health and other ministries. The project design process was carried out in a participatory and inclusive manner, with the broadest possible involvement of all stakeholders.

The operational framework developed within the framework of the project promotes a match between, on the one hand, the design and, on the other hand, the implementation of interventions on the ground by the actors, even if delays do indeed remain. There are few projects financed by other TFPs implemented in the PASS Sutura areas due to a territorial distribution by donors to avoid duplication.

Satisfactory results have been produced even at the mid-term of the PASS Sutura project. In 2024, the overall target achievement rate for the three (3) outcomes of the project is 41%. The various stakeholders generally appreciate the project's interventions.

At the project district level, over the period 2022 to 2024, there were generally satisfactory results regarding the indicator on the use of modern methods of contraception in health districts.

Q2: To what extent has the PASS Sutura approach created the conditions for good appropriation by institutional partners?

The project planning was carried out in a participatory and inclusive manner with the widest possible involvement of all stakeholders from the supervisory ministry and sectoral ministries to better consider multisectorality.

All departmental stakeholders, namely local authorities, women's associations, municipal health committees chaired by mayors, and youth associations, were involved in implementing the project with significant support from the Enabel Niger team.

The PASS Sutura is perfectly adapted to the country's context according to the assessment of health professionals and project beneficiaries encountered in the field.

At the operational level, capacity building sessions are organized for health workers, district management teams, COGES, etc. These sessions concern the areas of care (reproductive health, non-communicable diseases), the use of software, health management, etc. With a view to capitalization, a capitalization plan has been developed.

At the institutional level, the anchoring is established at the level of the general secretariat of the Ministry of Health.

Q3: Have the synergies and complementarities between the PASS Sutura and the other components of the bilateral cooperation project, as well as the additional funding to the bilateral project, strengthened the potential achievement of the intervention's effects?

There is collaboration for the implementation of certain activities between PASS Sutura and the other components of the bilateral cooperation project. Also , there is a perfect synergy between the Enabel team in Niger, the Belgium team, and the Europe team for the success of PASS Sutura. The financial support of the Netherlands within the framework of PASS Sutura is an example of cooperation between donors to strengthen collaboration in the management of interventions not covered by a specific partnership.

The complementarity between Belgian cooperation and the Dutch cooperation is a good example of support. The financing agreement with the Netherlands allows for the financing of activities related to reproductive health in particular. The funds provided by the Netherlands are also fungible and can be used to finance other activities deemed relevant in the PASS Sutura intervention areas. This has contributed to the achievement of certain results. The partnership with the other components and the Netherlands has enabled complementarity and the consideration of interventions related to reproductive health not initially covered by the project.

Q4: What are the unintended effects of the project (positive and/or negative) that can be observed ?

Although many results have been achieved in the project areas, they remain mostly intentional. However, it was noted as a positive effect that the members of the Departmental Health Insurance (AMD) are located for some outside the Gaya department and for others beyond the border with Benin. PASS Sutura's support for lighting has allowed the population to have access to health services 24/7 in health facilities because health personnel are no longer afraid to go out at late hours.

As a negative effect, apart from some frustrations related to the care of beneficiaries by health workers, sometimes due to a lack of information leading to misunderstandings, we have not recorded any intentional negative effects.

Q5: To what extent has the project integrated gender issues into the implementation strategy of the PASS Sutura intervention?

Thanks to the funding provided by the cooperation with the Netherlands, gender-related activities were planned and implemented with the support of health professionals and beneficiaries to strengthen the effectiveness of interventions. The **activities implemented in the field allowed the following elements: organizing** training on reproductive health, particularly on Comprehensive Emergency Obstetric and Neonatal Care (CEONC), contraceptive technology, taking stock of the perception of Gender-Based Violence (GBV) in the region, setting up a committee to fight against GBV, training young people on GBV, raising awareness on early marriage, fighting drugs, setting up school clubs, building a youth-friendly center to discuss issues on gender-related themes and many others. **Great satisfaction was recorded** from the majority of health professionals and beneficiaries surveyed.

Q6: To what extent have the digitalization initiatives implemented within the framework of the PASS Sutura project contributed to improving effectiveness and efficiency in the health sector?

Digitalization is a key element of the PASS Sutura. **The implementation of a digitalization system** at the level of health districts (integrated health center), in district hospitals, AMD contribute to promoting **ownership and sustainability** of the intervention even at the end of the project. Indeed, with the capacity building of the actors using these tools (Tompro, OpenIMIS, etc.), the involvement of the digital health department and other central departments, health districts, **elements of sustainability** are being put in place. This sustainability will be consolidated with the strengthening of the relationship between the recruited consulting firms and the central departments during the digitalization-related missions.

According to the decentralized stakeholders interviewed, the digitalization of Integrated Health Centers (IHCs) is considered excellent for document backup and work speed. This digitalization facilitates communication between IHCs and the District Hospital. It also contributes to the development of health insurance implementation.

3 Conclusions

C1. The design and planning of PASS Sutura was fully aligned with national policy guidelines, sectoral strategies, and key documents from target areas to better meet the needs of district populations. This process was largely participatory and inclusive, taking into account the concerns of all stakeholders involved in the development of this project.

C2. There is adequacy in the implementation of interventions as planned by the project. This is explained by the rigorous definition of the interventions to be implemented as well as the development of appropriate and operational tools facilitating implementation on the ground.

C3. With the exception of the existence of complementarities between the PASS Sutura and projects funded by the bilateral cooperation project for the implementation of certain activities, there is no synergy of action with projects funded by other donors. There was also a lack of a formal framework for cooperation with projects funded by other donors in the regions/districts concerned.

C4. The partnership between the Netherlands and Enabel for the co-financing and coverage of reproductive health interventions has made it possible to address needs not covered by the project and which contribute to strengthening the empowerment of women in the areas concerned.

C5. The Departmental Health Insurance model is currently being developed and the Results-based financing (RBF) strategy constitutes and strengthens the quality of care offered and better support for populations and deserves the consideration of necessary measures for its sustainability beyond the project.

C6. The PASS Sutura project, through its interventions, contributes to strengthening progress in terms of access to quality health care and services and strengthening the provision in the districts.

C7. Social health protection with an insurance model which constitutes an important axis of the PASS Sutura project in Niger.

C8. The analysis of the resources expected and mobilized by PASS Sutura over the period 2022-2024 is very satisfactory, with 100% resource mobilization. The project was able to effectively manage the resources made available to it over the period despite the institutional change.

C.9. The digitalization initiatives initiated by the PASS Sutura project have been very useful. The digitalization of job descriptions, computerized medical records, invoicing, registration, and monitoring of insured persons have enabled document backup and faster work, and improved communication between district structures in terms of healthcare provision and the development of health insurance implementation. The digitalization process is therefore promising, based on real ownership and commitment from the Ministry of Health through the Digital Health Directorate. However, there are challenges related to infrastructure, ongoing capacity building, and externalities related to digitalization.

C.10. Understanding the PASS Sutura disbursement procedures was difficult for the project partners (Ministry of Health, Departmental Health Insurance Union - UAMD). These misunderstandings caused delays in management and implementation of activities. These procedures also created an overload of work for the project's Admin-Fin team. Explanatory sessions with the Ministry were conducted through workshops. However, this deserves to be pursued on an ongoing basis. From an overall perspective, PASS Sutura provided suitable human resources (Sexual and Reproductive Health-SRH specialist, social protection/health economist, district expert). Despite the *turnover* at the project management level, Enabel's responsiveness in recruiting ensured continuity in the implementation of the intervention.

C.11. To ensure the sustainability of PASS Sutura interventions, various approaches have been implemented. These include institutional anchoring at the level of the General Secretariat of the Ministry of Health, capacity building for healthcare providers, capacity building for stakeholders, and the capitalization process. However, the capacity building mechanism initiated must be continued and adapted to the mobility of healthcare providers. As for the capitalization process, following the collaboration agreement with the Université Libre de Bruxelles (ULB) for scientific support, the next steps must be the production and dissemination of results for true appropriation.

C12. The PASS Sutura project, halfway through its implementation, identified unintended effects noted by stakeholders. Most of the unintended effects identified are positive and strengthen the performance of the PASS Sutura project.

4 Recommendations

N°	Recommendations	Conclusions	Actors/targets	Level[1]	Priority	Type
1.	Promote to the Technical and Financial Partners of Niger, the experience of PASS Sutura linked to the **design and planning of development projects** allowing to better capture the needs of the populations of the project areas	C1, C2	Enabel; Ministry of Public Health, Population and Social Affairs	1 & 3	Medium term	Operational
2.	Strengthen **partnerships with national stakeholders at central and regional levels** by creating a permanent meeting framework for greater synergy and efficiency of the projects implemented	C3	Ministry of Public Health, Population and Social Affairs, District Management Team (DMT)	2	Short term	Operational
3.	Promote the **current model of collaboration developed between the Netherlands and Enabel** for the co-financing of the PASS Sutura project to cover areas and interventions not considered for greater impacts	C4	Enabel, The Netherlands	2	Long term	Strategic
4.	**Strengthen the implementation of Departmental Health Insurance (AMD) and Results-based financing (RBF)** to improve the performance of health facilities and better care for vulnerable populations in the project's target areas	C5	Enabel, Ministry of Public Health, Population and Social Affairs	1 & 3	Medium term	Strategic
5.	**Strengthen healthcare provision strategies for**	C6	Enabel,	1	Short term	Operational

[1] Level 1 - Project/Programme; Level 2 - Representation/Country; Level 3 - Organisational Enabel; Level 4 - Overall cooperation framework (DGD/Cabinet)

N °	Recommendations	Conclusions	Actors/targets	Level[1]	Priority	Type
	populations on the move in the Gothèye district by improving the availability of medicines for better care of beneficiaries.		District of Gothèye			
6.	**Strengthen awareness-raising actions for all stakeholders in the health system** (healthcare providers, beneficiaries) on Health Insurance	C7	Enabel, Health districts	1	Medium term	Operational
7.	**Strengthening the management capacities of health insurance stakeholders**	C7	Enabel, Departmental Health Insurance Union (UAMD)	1	Medium term	Operational
8.	**Implement a digitalized continuing education approach** for new district health facility staff due to the mobility of health personnel	C9	Enabel	1	Medium term	Operational
9.	**Upgrading of infrastructure** in the health districts and to sustain the achievements of interventions relating to reproductive health	C4; C6	Enabel	1	Medium term	Strategic
10.	**Identify mechanisms to continue support for technical departments** at the central level and strengthen supervision at the regional level, especially for activities with continuity at the peripheral level	C6; C7	Enabel, Ministry of Public Health, Population and Social Affairs	1	Medium term	Strategic

5 Lessons learned

1. The establishment of a framework for consultation between health personnel and the community through the COGES strengthens collaboration and community participation;
2. Training COGES on their role and responsibilities allows for better functioning of Integrated Health Centres;
3. The organizational system of the insurance model implemented in the department facilitates the care of beneficiaries;
4. Results-Based Financing strategy implemented facilitates the success of AMD and the effective support of beneficiaries;
5. Strengthening interventions in favor of reproductive health, particularly in favor of Gender-Based Violence, contributes to **awareness and better commitment of the population against harmful practices for the benefit of women** ;
6. The digitalization of health facilities strengthens transparency in revenue management and the promptness, completeness and accuracy of health data;
7. The organization of workshops and meetings of the PASS Sutura project with partners (Ministry of Health) on a better understanding of financial procedures improves the quality of the partnership relationship;
8. Training provided by PASS Sutura to experts from the education component of Belgian cooperation on the revitalization of health clubs strengthens synergies.