



2010-2020
10 YEARS
of the FRENCH FUND
MUSKOKA OVERVIEW

“

I know that with you, the French Muskoka Fund, our female patients and their newborns will have a better future, and the staff will work in better conditions.

And you, as partners, especially the French Muskoka Fund, you support us by strengthening our capacities and by motivating us, and for that we can only thank you.

”

Pr Mady Nayama,

Chief Medical Officer of the Issaka Gazobi
Maternity Hospital, Niamey, Niger

ACKNOWLEDGMENT

Since 2010, the French Muskoka Fund has helped building and strengthening an effective coordination and support mechanism. This is the result of a fruitful collaboration between multiple partners who have contributed their expertise, commitment and passion to the French Muskoka Fund over the past 10 years. We would like to thank in particular:

- The French government through the Ministry for Europe and Foreign Affairs for its continuous political, technical and financial support throughout the past 10 years, as well as Minister Jean-Yves Le Drian for renewing France's commitment until 2026;
- The governments of the nine countries where the French Muskoka Fund implements its programmes (Benin, Burkina Faso, Tchad, Cote d'Ivoire, Guinea, Mali, Niger, Senegal and Togo);
- The Regional Directors of UN WOMEN, UNFPA, UNICEF and WHO for their leadership;
- The other UN agencies who have participated in some programmes of the French Muskoka Fund over the years (UNESCO and UNAIDS in particular);
- Parliamentarians from all countries for their support ;
- The Danish government for its contributions in 2019 and 2020;
- The members of the Steering Committee (COPIL) for their strategic guidance;
- The members of the Technical Committee (COTECH) for their coordination and follow-up ;
- The members of the Secretariat for their daily work and liaison with all the teams;
- Our interagency country teams for their tireless efforts on the ground and contributions;
- All our implementing partners at country level;
- All the staff on the ground, and more specifically the caregivers, community health workers, traditional leaders and community radio presenters;
- All our partners from the civil society, youth organisations, bloggers, influencers and activists;
- Our media partners;
- Dr Alimou Barry, Dr Gilles Landrivon and Ms. Jade Maron for all their work on data gathering and on putting together this clear and concise report;
- And eventually to all those who have supported and contributed to the efforts of the French Muskoka Fund to help improve the health, well-being and nutrition of women, newborns, children, adolescents and youth in Central and West Africa.



PROLOGUE

The French Muskoka Fund celebrates its 10th anniversary this year. As France's contribution to the commitments for maternal and child health made by the G8 countries in 2010 in Muskoka, Canada (after which it was named), this effective partnership relies on the complementary expertise of four United Nations agencies: UN Women, UNFPA, UNICEF and WHO.

Its rare longevity can be explained by its innovative approach, its ability to adapt to the local context, and above all by the results it has achieved in reproductive, maternal, neonatal, child and adolescent health as well as nutrition – as many issues that are at the center of France's development strategy. This initiative also contributes to the implementation of the "great cause" of France's diplomacy: equality between women and men.

The French Muskoka Fund implements “high-impact interventions” (whose effectiveness has been carefully reviewed and which help leveraging the impact of national policies) in nine countries of Central and West Africa: Benin, Burkina Faso, Chad, Cote d’Ivoire, Guinea, Mali, Niger, Senegal and Togo.

In line with the 2030 Agenda and the Global Strategy for Women’s, Children’s and Youth Health (2016-2030), this partnership aims at achieving sustainable results through a multi-sectoral approach and health systems strengthening (including community health systems).

The French Muskoka Fund supports its beneficiaries in both urban and rural areas throughout their life cycle: from pregnant women and mothers to newborns, children, adolescents and youth. In 10 years, this inclusive approach has allowed the French Muskoka Fund to achieve significant results. As example, more than 70,000 health workers have been trained; infant and child mortality has decreased by more than 30%; the rate of births attended by qualified personnel has increased from 50 to 70% in Côte d’Ivoire; and 1.6 million children have been treated for malaria, diarrhea and respiratory infections in Guinea.

The COVID-19 pandemic has strained the resilience of health systems in West and Central Africa. More than 300,000 cases have been officially diagnosed since March 2020 - affecting many health workers and there are probably many more. There has also been a sharp decline in the use of health care services. As example, children’s consultations for infectious diseases have declined by 25% in Senegal. To limit the impact of the pandemic and help maintain essential services for women, children and adolescents, the French Muskoka Fund is supporting governments with innovative responses, such as in Niger where mobile teams (midwives, nurses and gynecologists) are being deployed to decentralize pre- and post-natal care, or in Chad where community health workers have been helping monitor women victims of gender-based violence. Funding dedicated to health systems strengthening has also been increased and now accounts for a quarter of the Fund’s budget.

France is convinced that this partnership is a relevant response to the challenges of reproductive, maternal, neonatal, child and adolescent health and nutrition in West and Central Africa. This is why the French Muskoka Fund was showcased throughout the Generation Equality Forum organized in Paris in July 2021, and especially under the Action Coalition on sexual and reproductive health and rights. France has also renewed its commitment by extending its 10 million Euro financial contribution for another five years (until 2026). The Fund itself has committed to investing more in the development of edutainment tools to act on social norms and to accompany behavioral changes in a sustainable and equitable manner - capitalizing on the successful initiative «C’est La Vie!/That’s Life” (a TV and radio show that it is produced and broadcast in local languages throughout West and central Africa).

I therefore wish a long life to the French Muskoka Fund, encourage all its actors to continue their efforts, and thank them for contributing to improving the health and wellbeing of the populations in West and Central Africa by providing more equitable life opportunities to all women and their newborns.

Philippe Lacoste

Director of Sustainable Development
Ministry of Europe and Foreign Affairs



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It is obvious that the French Muskoka Fund has contributed significantly to the acceleration of maternal and neonatal mortality indicators.

”

Dr Amadou Doucouré,
Director of Maternal and Child Health,
Ministry of Health and Social Action, Senegal



2011-2020

and **OBJECTIVES
BACKGROUND** **OVERVIEW**

Brief Overview of the French Muskoka Fund

Created at the G8 Summit in Canada in June 2010, the French Muskoka Fund has been improving the health and well-being of women, newborns, children, adolescents and youth: cents and youth for the past ten years in nine countries in West and Central Africa: Benin, Burkina Faso, Chad, Côte d'Ivoire, Guinea, Mali, Niger, Senegal and Togo. This initiative reflects France's commitment to reproductive, maternal, neonatal, child and adolescent health (RMNCH), nutrition and women's empowerment in order to achieve the Millennium Development Goals (MDGs) and then the Sustainable Development Goals (SDGs) on improving maternal health and reducing child mortality.

The French Muskoka Fund leverages the comparative advantages and complementary expertise of four UN agencies: United Nations Population Fund (UNFPA), United Nations Children's Fund (UNICEF), UN Women and World Health Organization (WHO).

These four UN agencies jointly implement high-impact interventions (HII) in the areas of reproductive, maternal, neonatal, child, adolescent health, nutrition and women's empowerment. They also conduct joint advocacy towards government officials and decision makers to galvanize political commitment and action.

Between 2011 and 2020, France has allocated over €144 million to support the implementation of the French Muskoka Fund. Initially created for five years (2011-2016), the Fund proved its relevance and effectiveness and was thus extended a first time for two additional years (2017-2018), and then for five more years (2018-2022). As a further recognition of its value, Denmark agreed to contribute €3 million to the French Muskoka Fund for the period 2019-2020.

A challenging regional context

In the nine countries where the French Muskoka Fund is operating, health indicators – particularly those related to maternal and child health – remain a serious concern. While the maternal mortality rate stands at 211 per 100,000 live births worldwide, it averages 542 per 100,000 in sub-Saharan African countries and even 1,140 per 100,000 in Chad (WHO, 2017), making it the country with the second highest maternal mortality rate in the world after South Sudan.¹ This represents approximately 31,500 maternal deaths in all French Muskoka Fund countries in 2017. Similarly, the under-five mortality rate in the region is 24 times higher than in European countries. The vast majority of these maternal and infant deaths, however, could be prevented if appropriate medical care was provided.

One of the main issues preventing populations from getting access to health is the serious lack of health human resources in sub-Saharan African countries – with 1 nurse/midwife for every 1,000 inhabitants on average² (World Bank, 2018) and strong disparities between urban and rural areas, excluding populations displaced due to conflicts or natural disasters. In Niger for example, there were only 0.433 doctors and 2.695 health providers (nurses and midwives) available per 10,000 population in 2016 (WHO, 2016). This figure is well below the minimum threshold of 4.45 doctors, nurses and midwives per 1,000 recommended by the WHO to cover the basic needs of a population and achieve Universal Health Coverage. Overall, there was already an estimated shortage of 4.2 million health care workers (doctors, nurses and midwives) in African countries in 2013. The demand for care and therefore the needs for health human resource requirements should even further increase due to population growth, the increasing burden of non-communicable diseases and the aging of the population. According to WHO estimates, there will be a global shortage of 18 million health workers by 2030, mainly in low- and middle-income countries.

1. By comparison, in France the rate is 8 per 100,000 live births

2. Comparatively, this ratio is 14 per 1000 in North America.

Another reason for the lack of progress in health indicators in the region is the recurrence of crises (conflicts, epidemics, natural disasters), chronic poverty, poor access to basic social services (including health and education services), and gender inequities (including gender-based violence).

Gender-based violence (GBV) comes in many shapes and sizes: physical, psychological, economic and sexual (forced marriage, female genital mutilation, early marriage and pregnancy). According to UNICEF, one in five girls is married before the age of 18 in sub-Saharan African countries; this rate is 67% in Chad and 76% in Niger (UNICEF, 2020). With the COVID-19 pandemic and its economic and social impact, nearly 13 million additional early marriages could occur (UNFPA, 2021). Early marriage often leads to early pregnancy and pregnancy-related complications are the leading cause of death for girls aged 15-19 while newborns from early pregnancies are at greater risk of low birth weight, premature birth, and severe neonatal conditions (WHO, 2020). Moreover, early pregnancy exposes adolescent girls to negative economic and social consequences: for many young girls, early pregnancy results in being disfranchised from mainstream schools and therefore less likely to have an income-generating activity that will enable them to be independent. When pregnancy occurs outside of marriage, these girls are further exposed to rejection, stigmatization and violence from their families and communities. Finally, pregnant girls and young mothers are more vulnerable to violence from their partners. Gender inequities and gender-based violence thus represent a real challenge to the health of women, newborns, children and adolescents.

“

In terms of progress, I would say that there is better coordination between the UN system agencies.

The French Muskoka Fund helped build the capacity of field actors, increase understanding of high-impact interventions, and improve the availability of products of vital importance for mothers and children by including some missing products in the list of essential medicines.

”

Dr Geneviève Saki-Nekouressi,
Former WHO Mother and Child
Programme Advisor, Côte d'Ivoire



2010-2020 APPROACH of the FMF OVERVIEW

Innovative coordination and consultation mechanism

The French Muskoka Fund is a coordination mechanism that provides technical support through high impact interventions that brings together four UN agencies: UNFPA, UNICEF, UN Women and WHO. This collaboration helps developing complementary initiatives while avoiding duplication, thus maximizing the use of resources and their impact. Each agency brings its expertise in a field related to its mandate:

- **WHO:** reproductive maternal, newborn and child health norms and standards ;
- **UNICEF:** health, including community health, nutrition and child and adolescent development;
- **UNFPA:** maternal, sexual and reproductive health, including adolescents and youth, family planning and support for quality midwifery care ;
- **UN Women:** gender equality and women's empowerment.

In 2017, the total number of births in the 9 FMF countries was 7.8 million and the number of maternal deaths around 31,500, with an overall maternal mortality ratio (MMR, number of maternal deaths per 100,000 live births) of 402, the highest being in Chad with an MMR of 1140 (it is 10 in France by comparison).

The programs implemented by the FMF are aligned with the countries' national policies on health systems development and investment. They are coordinated at the regional level to ensure synergies with initiatives implemented by other technical and financial partners (TFPs) at all levels. These partners include the French Development Agency (AFD), numerous non-governmental organizations (NGOs) and civil society organizations (CSOs), as well as international institutions such as the Global Fund to Fight HIV/AIDS, Malaria and Tuberculosis, GAVI, the Vaccine Alliance, etc.

The modus operandi of the French Muskoka Fund helps leveraging collaboration with other partners. For example, the UNICEF's French National Committee provides 1.2 million euros per year to country and

regional offices to strengthen the promotion of Essential Family Practices (EFPs) in seven beneficiary countries (Benin, Chad, Côte d'Ivoire, Guinea, Mali, Niger, and Togo).

A joint way of working has been established and is followed in all beneficiary countries:

- Designation of a lead agency to coordinate and manage activities at the national level;
- An inter-agency coordination mechanism that includes national counterparts and meets regularly to closely monitor activities' implementation;
- Regular interactions between the regional and country offices as well as with the headquarters of the different agencies.

The French Muskoka Fund relies on three levels of governance:

- **The Steering Committee (SteerCom)**, provides strategic guidance, adopts and endorses workplans, budgets and reports. It includes the Regional Directors of the four agencies and senior representatives of the French Ministry of Europe and Foreign Affairs (MEFA). It meets once a year.
- **The Technical Committee (TechCom)** which ensures the technical monitoring and implementation of the guidelines adopted by the SteerCom. It includes the agencies' technical experts, MEFA representatives as well as MEFA Global Health Advisors covering the FMF beneficiary countries.
- **The TechCom's technical subgroups**, implementing the workplans and ensuring – as requested by the TechCom - the technical and operational monitoring in the following three areas: i) monitoring-evaluation; ii) external communication/visibility; and iii) operational research. These subgroups include agencies' technical experts and are facilitated by a focal point.
- The overall coordination of these different governance levels is managed by the Secretariat of the TechCom.

Areas of work

1. Geographic areas

The French Muskoka Fund currently covers nine African countries (Benin, Burkina Faso³, Chad, Côte d'Ivoire, Guinea, Mali, Niger, Senegal, and Togo) where the added value of the programmes being implemented is the most significant. It focuses on countries in the Sahel region with demographic challenges as well as high levels of maternal and child mortality. To note that the French Muskoka Fund also used to cover Haiti (2011 to 2014), the Central African Republic (2011-2012 and 2014) and the Democratic Republic of Congo (2011 to 2014) at its beginning.

Among those nine countries, four are given programmatic and financial priority: since year 5: Guinea, Mali, Niger and Chad. In 2020, these four countries received 70% of the total budget allocated to countries: 18.75% for Guinea, 16.5% for Mali, 17.9% for Niger and 16.7% for Chad.

2. Thematic areas

The French Muskoka Fund implements high-impact interventions in four main areas:

- 1) Health system strengthening (HSS): health service delivery, health human resources, health information systems, essential health products, health financing, leadership and governance.
- 2) Adolescent and youth sexual and reproductive health (AYSRH)
- 3) Nutrition
- 4) Maternal, neonatal and child health and family planning (MNCH/PF)

Components 2 and 3 (AYSRH and Nutrition) have seen an increase in their funding in the recent years – increase that is in line with the priority given by France to youth.

3. Burkina Faso was an intervention country from 2011 to 2014 before exiting the mechanism. The country reinstated it in 2020.

“

The French Muskoka Fund have been instrumental in improving accessibility and access to care. Accessibility in relation to the construction and equipment of some facilities. Access to care in relation to the availability of inputs and medicines.

”

Dr Rabi Maitourna,
MP, National Assembly, Niger



2010-2020

FINANCIAL ASPECTS

OVERVIEW

Data used for this report was extracted from the official annual reports of the French Muskoka Fund.

Budget overview

The tables available in annexes provide a breakdown of the budget:

- by year and by agency (Annex 1);
- by year and by country (Annex 2);
- by high impact intervention (Annex 3)

The total amount of funds allocated under the French Muskoka Fund by France (2011-2020) and Denmark (2019-2020) amounts to more than 144 million (see Table 1 in Annex 1). The amounts of funds received by the four UN agencies is decided every year by the Ministry of Europe and Foreign Affairs (and the Danish government regarding its contribution).

Throughout the past ten years, 85% of the funds allocated have been allocated to support high-impact interventions at the country level. The remaining of the funds is used to finance coordination, communication, monitoring and evaluation and management activities.

The overall performance of the French Muskoka Fund is high with an utilization rate of over 96% throughout the past 10 years - in line with France's high ambition (see Table 4 in Annex 4).

Contribution of the French Muskoka Fund to the financing of health services in beneficiary countries

Assessing the French Muskoka Fund's contribution to the financing of reproductive, maternal, neonatal, child, adolescent and nutrition services (RMNCAH-N) in beneficiary countries helps understanding the relevance and value of the programs being implemented.

Since this exercise could only be undertaken in countries where data is available, Niger was selected as an example (based on the National Health Accounts in 2011 and 2017 - see table below).

In Niger, expenditures related to reproductive health (including nutrition) were estimated at 14.59 billion CFA francs in 2011, which is the equivalent of 7.26% of the national health budget. External funding accounted for 63% of this budget. In 2011, the amounts allocated by the French Muskoka Fund accounted for 21% of these external sources.

In 2017 – and thanks to the growing share of household contributions, these expenditures were estimated at 33.4 billion CFA francs or 9.14% of the national health budget. External funding accounted for 23% of this budget and the amounts allocated by the French Muskoka Fund accounted for 21% of these external sources.

Table 1: Estimated contribution of the French Muskoka Fund to the annual budget allocated to reproductive health programmes in Niger in 2011 and 2017.

	Annual budget for reproductive health (RH)/nutrition programmes	Share in the national health budget	Estimated FMF contribution to RMNCAH-Nut-budget
2011	14.6 billion CFA: <ul style="list-style-type: none"> • 63% (External funds) • 26% (Public funds) • 11% (household contribution). 	7,26%	1,272,857 euros (or 795,535,625 CFA = 9% of external funds)
2017	33.4 billion CFA: <ul style="list-style-type: none"> • 55% (household contribution) • 23% (External funds) • 22% (Public funds) 	9,14%	2,347,391 euros (or 1,467,119,375 CFA = 21% of external funds)

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Our mission is to guarantee the rights of women in our community.

We should leave no room for gender-based violence. In the case of rape, we should do everything possible to bring the perpetrator to justice.

Through our work, we are witnessing many changes.

Child trafficking has been significantly reduced, as well as early marriage.

”

Salamatou Alidou,
Initiative Fiorson, Wife of the Chief of Vogan, Togo



2010-2020

High-impact interventions by
POPULATION GROUPS

SYNTHESE

High-impact interventions implemented under the French Muskoka Fund are defined and planned in line with countries' national health development plans and adapted to the needs of the population groups to be reached: pregnant women, newborns, children, adolescents and women.



Pregnant women and newborns

EQUITABLE ACCESS TO CARE

In the nine countries covered by the French Muskoka Fund, more than 7.8 million births were registered in 2017 and pregnant women represent 3.6% of the total population – up to 5% in Niger which is the country with the highest fertility rate. In these countries, approximately 31,500 women die each year as a result of pregnancy or delivery complications and 160,000 newborns die in their first 28 days of life. In more concrete terms, this represents 1 in 30 newborns in Mali for example. In addition, approximately 180,000 pregnancies end in stillbirth, 45% of which are related to a lack of adequate care during delivery.

High impact interventions implemented by the French Muskoka Fund to reduce maternal and neonatal mortality are articulated around 6 main areas:

- 1) Development of emergency obstetric and neonatal care (EmONC);
- 2) Establishment of a maternal death surveillance and response system;
- 3) Improvement of access to skilled health workers;
- 4) Improvement of maternal and child nutrition;
- 5) Improvement of access to quality essential health products for maternal and neonatal health; and
- 6) Assessment and improvement of the quality of care.

These high-impact interventions are simple, high-impact interventions based on sound scientific evidence.

1. Developing emergency obstetric and neonatal care (EmONC)

Basic emergency obstetric and neonatal care (BEmONC) refers to the following seven interventional capabilities: i) administration of antibiotics; ii) administration of anticonvulsants; iii) administration of uterotonics; iv) artificial delivery of the placenta; v) assisted vaginal delivery; vi) extraction of residual products; and vii) neonatal resuscitation. Comprehensive emergency obstetric and neonatal care (CEmONC) includes two additional functions compared to BEmONC: C-section and blood transfusion. **This care is critical to reducing maternal and neonatal mortality.**

The French Muskoka Fund's strategy is therefore to set up effective EmONC facilities in the nine beneficiary countries, with the objective to cover as many obstetric and neonatal emergencies as possible. High impact interventions in this area include

- Mapping of EmONC facilities and needs assessment through surveys in each country;
- Monitoring through the development of operational indicators (population coverage, human resource shortages in EmONC maternity units, etc.);
- Capacity building for providers (trainers, doctors, nurses, midwives) in BEmONC CEmONC through training and dissemination of norms and standards of maternal and neonatal care;
- Provision of equipment, materials, inputs and facilities: airway clearance equipment (bag and mask for ventilation), mannequins and accessories for training, etc.

Exemple of Guinea

The number of operational BEmONC facilities increased from 3 in 2013 to 72 in 2015, representing a potential increase in coverage of 41% in three years. In 2020, 520 deaths were reported out of the 11,932 newborns that were being monitored, which is equivalent to , a 4.35% lethality rate

2. Establishing maternal death surveillance and response (MDSR) systems

By quantifying and identifying the causes of maternal deaths and their potential solutions, the response and surveillance of maternal and perinatal death (MDRS) is essential to the implementation of quality EmONC facilities and critical to the improvement of the quality of care . High impact interventions in this area include:

- Advocacy with authorities for the institutionalization of maternal death notification and review;
- Integration of maternal death data into health information systems;
- Use of new technologies – especially cell phones – for reporting maternal and infant deaths;
- Training and supervision in monitoring.

Example of Niger

The first national bulletin on the implementation of MDRS was completed in 2019. During that sole year, 970 maternal deaths were reported (out of 5,138 expected) and 698 were audited – equivalent to a review rate of 71%. The causes of maternal death (hemorrhage, eclampsia, infection, anemia) and/or dysfunctions during this study triggered several interventions: raising community awareness of blood donation, organizing blood collection including purchase of blood bags, and raising awareness of infection prevention among health care providers.

3. Improving access to skilled health workers

For pregnant women and newborns, the midwife is central to the care pathway ; the rate of births attended by skilled personnel (midwives) is an indicator of access to quality care. High impact interventions in this area include

- Support to health personnel training (design, validation and evaluation of curricula): essential care, neonatal resuscitation, mother-kangaroo care;

- Support to training schools;
- Evaluation and revitalization of midwives' professional practices;
- Implementation of accreditation mechanisms for midwifery schools.

Example of Mali

The rate of births attended by skilled health personnel increased from 15.58% in 2016 to 27.54% in 2020 in the districts covered by the French Muskoka Fund (compared to an increase from 17.63% in 2015 to 23.51% in 2020 in other districts). Although still low, the strong growth of this indicator reflects the real added value of the French Muskoka Fund.

4. Improving maternal and child nutrition

Improving pregnant women's and newborns' nutrition is a key to improving maternal and neonatal health. For example, improving breastfeeding can help reduce the number of infant deaths by 10%. High impact interventions in this area include

- Maternal nutrition during pregnancy: including the prevention of anemia among pregnant women;
- Promotion of breastfeeding for infants, including exclusive breastfeeding for up to 6 months

Exemple of Burkina Faso

The rate of exclusive breastfeeding for infants under 6 months increased from 38% in 2012 to 64% in 2020 and chronic malnutrition decreased from 33% in 2012 to 25% in 2020.

5. Improving access to quality essential health products for maternal and neonatal health;

The French Muskoka Fund assists Health Ministries to develop and implement pharmaceutical policies that ensure the provision of and access to quality health products that are essential for maternal, neonatal and child health. The FMF interventions also aim at strengthening legal and regulatory frameworks as well as compliance with norms and standards for the production, distribution and effective use of pharmaceutical products, with a view to enhance pharmaceutical systems.

6).Assessing and improving the quality of care

The aim is to identify weaknesses, gaps and malfunctioning in order to make recommendations and optimize the health care pathway at all levels: care provided, administrative management and management. High impact interventions in this area include:

Dissemination of the norms and standards developed by the WHO relative to maternal, neonatal and infant care;

- Assessment of the quality of care for mothers and newborns: more than fifty maternity units were visited in Benin, Burkina Faso, Côte d'Ivoire, Niger and Chad;
- Training modules (see “Improving access to qualified health workers” on page 12);
- Recommendations regarding diverse dimensions of health care, including human resource allocation quality control of essential health products and monitoring of supply mechanisms, etc.
- Monitoring of the implementation of recommendations.



Children

EQUITABLE ACCESS TO HEALTH CARE

In 2015, under-5 children represented 18% of the total population in the nine French Muskoka Fund beneficiary countries. While infant mortality has declined significantly (from 213 in 1990 to 96 per 1,000 live births in 2015), the rate is still twice the global rate. This represents nearly 1,000 preventable child deaths every day and 500,000 child deaths every year.

In this context, the French Muskoka Fund prioritizes its high impact interventions in the following five areas:

- 1) Improving the quality of health care for children through Integrated Management of Childhood Illness (IMCI);
- 2) Improving access to skilled health workers (CHW/EFP);
- 3) Improving child nutrition;
- 4) Improving access to quality essential health products;

These high-impact interventions are primarily based on an access-to-health-care strategy.

1. Improving the quality of child health care through Integrated Management of Childhood Illness (IMCI)

Integrated Management of Childhood Illness (IMCI) refers to the following activities: i) management of malaria, diarrhea and respiratory infections among children; ii) vitamin supplementation (especially vitamin A); and iii) immunization (pentavalent vaccine and DTP3⁴ vaccine). High impact interventions in this area include:

- Capacity building for IMCI: training, inputs provision and supervision;
- Development of essential family practices (EFP) for child survival
- Implementation of awareness and communication activities;
- Interventions that contribute to improving the nutritional status of children;

4. The pentavalent vaccine protects against the following infections: diphtheria, tetanus, pertussis, hepatitis B and Haemophilus influenzae type b (Hib). The DTP3 vaccine protects against the following infections: diphtheria, tetanus, pertussis.

- Development of preventive health care, including preventive chemoprophylaxis of malaria

Example of Guinea and Mali

In Guinea, nearly 1.6 million children were monitored between 2011 and 2020 for malaria, diarrhea and respiratory infections, which represents about 8% of the country's child population. Vitamin A supplementation coverage increased from 70% in 2012 to 90% in 2020

In Mali, coverage for the DTP3 vaccine has increased from 72% in 2011 to 97% in 2019

2. Improving access to skilled health care workers (CHW/EFP)

Community health workers (CHW) are at the center of children's health care journey: the CHW help bringing health care closer to remote populations, contributes to the promotion of best practices in the communities and offers both preventive and curative health care.

The French Muskoka Fund implements high-impact interventions targeting CHW capacity building: IMCI and nutrition training, essential neonatal care training, Essential Family Practices training, provision of equipment, etc.

Example of Togo

Since 2020, 79% of children now have access to health care provided by a community health worker in Kara and Savanes (two regions benefiting from the French Muskoka Fund). This represents 1403 CHWs deployed in the 12 health districts of both regions.

3. Improving child nutrition

More than 10% of infant deaths related to diarrhea or acute respiratory infection could be prevented with improved nutrition.

High impact interventions in this area therefore include:

- Promotion of optimal infant and young child feeding practices, including exclusive breastfeeding up to 6 months;
- Vitamin and mineral supplementation for at risk children: vitamin A supplementation for children aged 6-59 months and preventive zinc supplementation for children aged 12-59 months;
- Diagnosis and management of severe acute malnutrition.

Example of Chad:

In 2019, the vitamin A supplementation campaign covered 91% of children aged 6-59 months Prevalence of severe acute malnutrition declined from 19.4% in 2011 to 11.9% in 2016.

4. Improvement of access to quality essential health products

The French Muskoka Fund supports health authorities to develop and implement pharmaceutical policies to ensure the provision of and access to quality essential health products for children (see "Improving access to quality essential health products for maternal and neonatal health" on page 12).



Adolescents and pregnant women

EQUITABLE ACCESS TO FAMILY PLANNING, SEXUAL AND REPRODUCTIVE HEALTH, AND PREVENTION AND MANAGEMENT OF GENDER-BASED VIOLENCE

1. Family planning (FP)

Family planning (FP) is one of the most effective solutions to improve maternal and child health by helping to plan and space births, avoiding unwanted pregnancies, and reducing unsafe abortions.

High impact interventions of the French Muskoka Fund in this area include:

- Developing community-based services: through advocacy on the importance of family planning, integration of family planning data into health information systems, training of community relays in family planning, organization of free family planning and screening campaigns, and development of a curriculum for community actors to expand the use of family planning services.
- Providing a full range of modern contraceptives: through a needs assessment, availability of services and modern contraceptives, logistical support, review of the annual family planning plan.
- Informing on family planning and gender issues: through awareness-raising activities via different channels (radio, TV, community campaigns, social mobilization).

Exemple du Togo

La prévalence de la contraception moderne est passée de 16,3% en 2012 à 23,2% en 2017, especially thanks to programs such as community-based distribution of modern contraceptives (addressing issues of geographic and financial accessibility). As a result of this success, the Ministry of Health of Togo has developed a Strategic Plan for Community-Based Interventions.

The introduction of the postpartum intrauterine device (PPIUD) as part of the care provided by EmONC facilities is another intervention that improved family planning coverage: the proportion of PPIUDs used in the 14 EmONC facilities benefitting from the French Muskoka Fund was 24.7% in 2015.

2. Access to adolescent and youth sexual and reproductive health (AYSRH) services

West and Central African countries have some of the highest rates of early pregnancy in the world: in Chad, for example, the ratio is 179 per 1,000 girls aged 15 to 19. In addition, young girls are at greater risk of HIV/AIDS infection: in 2019, young girls and women accounted for 59% of new infections in sub-Saharan African countries (UNAIDS, 2020). Gender-based violence (GBV) is another major challenge for improving adolescent and youth health.

In this context, two main types of high-impact interventions are being implemented:

- **The implementation of sexual and reproductive health services (including family planning) in school and out-of-school settings and the development of comprehensive sexuality education (CSE):** through the training of health professionals; the development of user-friendly reception areas for AYSRH services; the information and sensitization of adolescents and youth; and the promotion, implementation, monitoring-evaluation and documentation of the development of comprehensive sexuality education (CSE) in school and out-of-school settings.
- **Raising awareness about gender-based violence (GBV) and gender inequalities:** by promoting, implementing, evaluating and documenting initiatives and campaigns (especially digital ones) to fight against early marriage and pregnancy, against GBV and to encourage behavioral change in favor of girls' empowerment, participation and leadership.

Activities related to the promotion of menstrual health and hygiene are also being implemented (especially in 2020, with the digital campaign named #SoyonsRéglos).

In total, the #soyonsreglos campaign reached over 16 million people through more than 420 publications thanks to all the materials developed and disseminated (40 infographics, 5 animations, 10 videos of testimonials and influencers, launch of challenges, a web series of 10 episodes...) and also thanks to media relays: Canal Plus, RFI, Allodocteurs.Africa, TV Sud. All materials developed are available here: www.soyonsreglos.com.

To note that adolescent and youth sexual and reproductive health (AYSRH) has been a priority for France since 2016. In 2020, it was the largest budget item (31%) of the French Muskoka Fund's activities. This programmatic and financial focus has helped adopting and implementing the first regional joint framework to fight early pregnancy in 2017, and producing technical reference materials and documentation of good practices in AYSRH.

Example of Côte d'Ivoire:

The French Muskoka Fund has helped delivering and teaching CSE classes to 71.4% of incoming high school students. The country has also adopted a national guidebook on menstrual health and hygiene that covers the following aspects: (i) puberty for girls and boys; (ii) menstrual management; (iii) taboos, false belief and misinformation.

3. Prevention and management of gender-based violence (GBV)

The French Muskoka Fund's programs to prevent and respond to gender-based violence is multi-faceted:

- **Qualitative studies have been conducted in countries to better understand needs**, including (i) socio-cultural gender norms; (ii) links between violence and maternal health; and (iii) violence in hospitals.
- **How to deal with GBV and its impact on health has been included into the training of health workers** in Côte d'Ivoire, Guinea, Mali and Togo.
- **Advocacy towards political leaders has been carried out to improve the legal environment to fight GBV**: this resulted in the adoption of provisions regarding GBV in the penal code of Chad and Togo.
- **Awareness-raising activities are being conducted with community leaders, religious leaders, peer educators and civil society partners** in Mali, Niger, Senegal, Chad and Togo.
- **Awareness-raising campaigns for the general public are also broadcast through different channels**: radio and social media in particular

Example of Niger

The French Muskoka Fund contributed to broadcasting interactive radio programmes on the connection between GBV and maternal and child health, reaching nearly 1.4 million listeners (men, women, adolescents).



Pregnant women, Newborns, Children and Adolescents

EQUITABLE ACCESS TO SKILLED PROFESSIONALS.

Health human resources are one of the six pillars of health systems; it is with the overall objective of strengthening health systems that the French Muskoka Fund works to improve access to skilled health personnel. The following high impact interventions are implemented to that end:

- 1) **Facilitating access to quality midwifery education:** through needs assessment; strengthening pre-service training programmes and their accreditation; adapting programmes to rural and underserved settings; and reforming the profession (upgrading to university level)
- 2) **Planning and accelerating the recruitment of health workers for RMNCAH services:** as a result of the French Muskoka Fund's advocacy at regional level, a regional health workforce investment action plan was developed and adopted by member states of the West African Economic and Monetary Union (WAEMU) in 2018. Its implementation was entrusted to the West African Health Organization (WAHO).
- 3) **Strengthening the technical skills of health workers in RMNCAH facilities** by disseminating norms, standards and care protocols; assessing and improving the quality of care provided; reviewing initial training programmes; providing in-service training and supplying equipment and inputs.
- 4) Contributing to the work of the **United Nations Commission on Health Employment and Economic Growth:** FMF countries contributed to the recommendations included in the report the Commission published at the end of its mandate⁵.

“

At the youth center, I was taught that I have rights and that at 15 years old, I was too young to get married.

They told me about rights that I did not know I had. What I knew at home was submission.

I will get married at the right time. It will no longer be a forced marriage or an early marriage.

And thanks to the center, we will fight unwanted pregnancies.

”

Roubatou Tchagaou,
student, Tabligbo, Togo

5. WHO/High Level Commission on Health Employment and Economic Growth, *Working for health and growth: investing in the health workforce*, 2016. This report was followed by the development of a 2017-2021 Action Plan.

- 5) **Contributing to the development of national investment plans for health and human resources:** all FMF countries have adopted a national investment plan for health and human resources for the period 2018-2022. More than 40,000 jobs in the health sector (including maternal, child and adolescent health) will be created through these plans.
- 6) **Facilitating a community of practice for better leadership:** created in 2013, the Federation of French-speaking African Midwifery Organisations (FASFAP) represents the voice of French-speaking midwives in Africa in various fora and provides a regional consultation framework (organisations from 15 countries are represented)

The result:

Over the past ten years, the French Muskoka Fund has helped strengthening the capacity of more than 70,000 health workers in the nine FMF countries: including doctors, nurses, midwives, and community health workers (CHWs) thanks to the combined efforts of four UN agencies. This capacity building has included training, financial support, provision of equipment and materials, assessment and improvement of practice, and improvement of working conditions.

IMPROVING ACCESS TO QUALITY ESSENTIAL HEALTH PRODUCTS

Quality essential health products (including modern contraceptives) are one of the six pillars of health systems ; their quality, availability and accessibility are key to improving maternal, newborn, child, and adolescent health. The ultimate goal is to contribute to strengthening national pharmaceutical systems. To achieve this, the French Muskoka Fund has structured its work around five areas - both at national and regional levels:

- 1) Selection of essential health products;
- 2) Enhancing products' availability;
- 3) Improving the quality, efficacy and safety of health products,
- 4) Improving product price control;
- 5) Their rational use.

Through these high-impact interventions, two complementary approaches were implemented: while UNICEF and UNFPA have focused their efforts on strengthening the supply chain, WHO has been strengthening countries' overall pharmaceutical systems to ensure their sustainability and resilience. This work is also complementary to initiatives of other technical and financial partners (TFPs) such as:

- The Renewed Partnership, which brings together the European Union, WHO and 15 member countries of the African, Caribbean and Pacific Group of States;
- The SIAPS (Systems for Improved Access to Pharmaceuticals and Services) programme funded by the USAID development agency; or
- The Reproductive, Maternal, Newborn and Child Health (RMNCH) Trust Fund, a WHO and UNFPA joint initiative that raises funding for reproductive, maternal, newborn and child health from Norway and the United Kingdom in particular.

1. Selecting essential health products

With technical support from the French Muskoka Fund and WHO in particular, FMF participating countries have revised their National Essential Medicines List based on the Model List developed by WHO, in order to rationalize and prioritize medicines and ensure better availability at supply structures and service delivery points.

A catalytic effect:

In 2017, a regional workshop on access to medical devices was organized, co-funded by the Government of the Netherlands and as a continuation of the RMNCH Trust Fund activities. The workshop, which brought together seven beneficiary countries of the French Muskoka Fund, five other French-speaking African countries, and WAHO, led to the adoption of a roadmap targeting priority actions for the participating countries.

2. Enhancing products' availability

The French Muskoka Fund has contributed to improving the cooperation between WHO and the Association of Central Medical Stores for Essential Drugs (ACAME), which has notably led to the recognition of ACAME as a direct partner of WHO since 2018. In collaboration with WHO, ACAME has developed its 2017-2021 Strategic Plan that includes a performance framework aimed at improving the quality of management at the level of central purchasing offices.

The French Muskoka Fund also contributes to the monitoring of product availability in beneficiary countries.

3. Improving the quality, efficacy and safety of products

The circulation of substandard and falsified health products is a growing public health issue worldwide, particularly affecting low- and middle-income countries (especially African countries) that lack the technical, financial, and legal capacity to control the quality of medical products entering their territory. These products jeopardize the health and lives of patients and contribute to the development of treatment resistance. All product categories are affected: vaccines, malaria and tuberculosis treatments, antibiotics,

cancer treatments, etc. In addition, these products place a strain on the limited budgetary resources of families and health systems, and undermine patient trust in health professionals and health systems.

In this context, the French Muskoka Fund's work to improve the quality, safety and efficacy of medicines for maternal, newborn and child health is structured around four main areas:

Strengthening pharmaceutical regulatory authorities;

- WHO prequalification of pediatric and reproductive health medicines;
- Verification of the quality of maternal and child health products, as part of the WHO pre-qualification programme;
- Preparation for WHO pre-qualification of national medicines quality control laboratories

Support of the French Muskoka Fund to the WHO pre-qualification programme

The WHO pre-qualification programme has two aspects:

- (i) monitoring the quality, safety, and efficacy of health products; and (ii) strengthening the capacity of countries to monitor and produce quality health products entering their territory. The French Muskoka Fund has supported the WHO pre-qualification of national control laboratories in Côte d'Ivoire and Senegal in particular.

4. Improving product price control

The cost of medicine is a major challenge to product accessibility, particularly in low- and middle-income countries where health systems are underfunded and do not subsidize products that are prescribed to patients.

The French Muskoka Fund has contributed to the revision of existing regulations aiming at controlling the price of medicines prescribed in the public sector in four beneficiary countries: Benin, Burkina Faso, Guinea and Senegal.

5. Rational use of medicines

Proper use of medicines is a major public health issue – both in terms of ensuring their effectiveness at individual level and in terms of preventing the development of resistance (particularly in the case of antibiotics) at the global level.

With support from the French Muskoka Fund, four countries (Côte d'Ivoire, Guinea, Niger, and Togo) have reviewed their national treatment protocols to ensure proper prescription of medicines. These revisions were accompanied by a review of training tools for healthcare workers.

The French Muskoka Fund also supports the E-med Community of Practice on Essential Medicines, which works to develop sustainable and resilient national pharmaceutical systems and improve access to quality medicines..

“

With the tablets and their training modules, we were able to get trained – especially me and the matrons – on how to perform newborn resuscitation and reduce their mortality rates.

”

Diominè Bouaré,
Matron, M’Pessoba Health Center, Mali



2010-2020

THE FMF *in* CRISIS SITUATIONS

OVERVIEW

In crisis situations – whether they are health, environmental or political crises – pregnant women, newborns, children, adolescents and women in general are the most vulnerable populations and the most exposed to the lack of access to health care, loss of autonomy, gender-based violence (GBV) or the deterioration of pre-existing medical conditions. The French Muskoka Fund pays particular attention to the needs of these vulnerable populations in emergency situations.

1. Response to the Ebola outbreak

L'épidémie d'Ébola qui a frappé plusieurs pays d'Afrique de l'Ouest en 2014, notamment la Guinée, a eu un impact sur la mise en œuvre de certaines activités planifiées au niveau régional et dans les pays du fait The Ebola outbreak that affected West African countries in 2014 (in particular Guinea) impacted the implementation of some planned activities at regional and country levels, due to the redeployment of human resources and budgets.

In addition to the work of other technical and financial partners (including WHO and UNICEF), the French Muskoka Fund has provided support to fight the epidemic and more specifically to strengthen infection prevention and control (IPC) in maternity units in six French-speaking African countries:

- **Funding for products and inputs** to enable 68 midwives to participate in the Mano River Union's initiative (which includes Côte d'Ivoire, Guinea, Liberia and Sierra Leone) to strengthen health services in border areas affected by the epidemic.
- **Allocation of additional funding (100,000 euros)** to Guinea to take care of children at community level: this funding made it possible to ensure the safety of community health workers (CHWs) by disseminating good practices, training CHWs in "no-contact" care of children and the provision of inputs (essential medicines such as antibiotics, oral rehydration salts, zinc, preventive anti-malarial drugs).

- **Organization of a training workshop on infection prevention and control (IPC) in Lomé:** this workshop was attended by health personnel from six French-speaking African countries.

2. Response to the Covid-19 pandemic

L'impact de la pandémie de COVID-19 a été similaire dans l'ensemble The impact of the COVID-19 pandemic was similar in all FMF participating countries: reduced supply and demand for care (including RMNCAH services), overcrowding of health facilities with severe cases of COVID-19, and disruption and disorganization of essential care.

While the pandemic continues, preliminary assessments of its impact are already alarming: increase in the number of home deliveries without skilled personnel, increase in the number of maternal and neonatal deaths, decrease in the contraceptive prevalence rate, increase in unwanted pregnancies and abortions, increase in the number of new HIV/AIDS and other STD infections, decrease in immunization coverage for under-5 children, increase in self-medication, increase in the incidence of GBV, and increase in the number of mental health disorders.

In line with the recommendations of the 2020 SteerCom, the French Muskoka Fund supported the response to the COVID-19 pandemic in several ways:

- **By reallocating funding to country health systems strengthening (HSS) efforts:**
 - HSS: 25% (vs. 20% in 2019).
 - Nutrition: 25% (vs. 18% in 2019).
 - RMNCAH and family planning: 25% (vs. 28% in 2019).
 - AYSRH: 25% (vs. 28% in 2019)
- **by systematically prioritizing interventions to ensure access to essential health services for la RMNCAH.**

In concrete terms, this strategic adaptation has been translated into several ways

- Update of RMNCAH-Nut service continuity guide and support to the development and/or update of contingency plans in beneficiary countries;
- Mobilizing additional resources to support RMNCAH continuity of care in health emergency settings;
- Strengthening the safety of health care providers and users through the implementation of infection prevention and control (IPC): triage, screening, personal protective equipment (gowns, gloves, glasses, etc.);
- Information and awareness campaigns on COVID-19: promotion of preventive measures, fight against misinformation and advocacy to maintain visits to health centers.
- Organization of webinars with inter-agency country teams to identify best practices for health care continuity in the context of the COVID-19 epidemic

The French Muskoka Fund is also supporting the implementation of the COVID-19 vaccination campaign.

3. Response to humanitarian crises Mali, Niger, Chad

1. Mali

Due to the destruction and/or looting of health care facilities and the subsequent disruption of services in the context of the ongoing conflict, the Malian population has been suffering from very limited access to health care.

The French Muskoka Fund supported the continuity of health care in facilities in the regions of Gao, Timbuktu, Kidal, Mopti, and Segou through the deployment of multidisciplinary RMNCAH teams in conflict zones: midwives and nurses, physicians, including obstetricians and gynecologists, and WHO Expanded Programme on Immunization (EPI) workers. A total of 8 missions took place between 2012 and 2013:

- Provision of emergency kits for medical and non-medical products.
- 956 surgical procedures, including 314 C-sections.

- 2,732 prenatal consultations performed and 878 deliveries.
- 58,196 children aged 0 to 11 months vaccinated as part of the EPI

2. Niger

In addition to the COVID-19 pandemic, security crises (attacks by armed groups, particularly in the border area with Mali and Nigeria) and environmental crises (floods) have led to significant population displacements: more than 221,000 refugees and 196,000 internally displaced persons as of April 2019, according to the United Nations High Commissioner for Refugees.

3. Chad

Health indicators have declined in the Lake Chad region, which has been torn apart by armed conflicts and in particular by the violence of the armed group Boko Haram for many years.

As part of the #All4LakeChad campaign led with other technical and financial partners (TFPs), the French Muskoka Fund has supported programs providing health care for refugees and internally displaced persons

- Deployment of 160 midwives and 3 gynecologists in the region's facilities.
- Provision of equipment, inputs, including contraceptives, consumables and management tools to facilities.
- Awareness campaigns towards traditional and religious leaders to ensure continued visits to health services.
- Mobile services to reach populations in hard-to-reach areas.
- Facilitation of monitoring and data collection on a monthly basis

Thanks to this campaign, more than 3800 antenatal consultations were provided, 940 deliveries assisted and 31 caesarean sections performed.

“

We are very pleased to say that the project funded by the French Muskoka Fund is in complete alignment with the government's priorities.

”

Pr. Moustafa Mijiyawa,
Minister of Health, Public Hygiene and Universal
Access to Health Care, Togo



2010-2020

and COMMUNITY OF PRACTICE OPERATIONAL RESEARCH

OVERVIEW

Communities of Practice

In support of the work of the Harmonization for Health in Africa (HHA) initiative⁶, the French Muskoka Fund helps facilitating and coordinating various communities of practice (CoPs). These CoPs aim at promoting experience sharing between health practitioners and strengthening health systems (HSS) in countries by disseminating knowledge (bibliographic resources, journals, etc.) and organizing conferences, webinars and meetings on topics related to their profession.

There are many different types of health systems planning and budgeting, financial access for health services, pharmaceutical systems (E-med), human resources in RMNCAH, quality of care in referral hospitals in Africa (QUAHOR), provision of care in a district approach (HSD), etc.

Communities of practice play a major role in operational research by: i) identifying operational research topics; ii) disseminating the results of operational research projects and providing feedback; and iii) implementing these research projects.

Operational research

The French Muskoka Fund supports operational research projects developed by communities of practice on various health systems strengthening issues through:

- A methodological framework: the TechCom has developed a result framework for high impact interventions, making it possible to monitor their impact over several years and to identify good practices; and
- The provision of information and evidence to policy makers.

The following operational research projects were conducted (for more information, see Table 5 in Annex 5):

- Universal coverage in French-speaking Africa - how to articulate the different modes of financing? (UHC)
- Strategies for retaining RMNCH staff in rural areas (FideliSante)
- Regional observatory of maternal mortality in West Africa (Infodos)
- Children, Health Care, and Pediatrics in West Africa (ENSPEDIA)
- The interface role of health committees in West and Central Africa (CoSa-I)

6. Harmonization for Health in Africa (HHA) is an initiative created by the African Development Bank and bringing together 14 partners such as the World Bank, WHO, UNICEF, UNFPA and UNAIDS, as well as bilateral partners and initiatives such as the Global Fund to Fight AIDS, Tuberculosis and Malaria. Its objective is to support health system strengthening in African countries.

“

The French Muskoka Fund has empowered girls to not only speak for themselves but also engage with our community.

Today, thanks to these activities, we participate in decision-making bodies.

”

Awa Diassy,
President of the Club of young girls of Kolda,
Senegal



2010-2020

COMMUNICATION *and* VISIBILITY

OVERVIEW

The visibility of France's commitment and the results achieved by the French Muskoka Fund is key in the context of advocacy for reproductive, maternal, newborn, child and adolescent health in West and Central Africa. This is why the four agencies agree every year on a joint communication strategy as well as a communication plan integrating a set of tools to achieve specific objectives.

Strategy and actions for the period 2014-2019

The French Muskoka Fund's communication strategy for the 2014-2019 period was built around four main areas:

- 1) Position the French Muskoka Fund as a major French contribution to maternal, newborn, child and adolescent reproductive health
- 2) Encourage policymakers and health officials in France and in beneficiary countries to take action
- 3) Generate commitment and mobilisation for maternal, newborn, child, adolescent and youth reproductive health
- 4) Showcase the production of the TV show "C'est la Vie!"

1. Position the French Muskoka Fund as a major French contribution to maternal, newborn, child, adolescent and youth reproductive health:

The objective is to strengthen the visibility of France's commitment in France, in the beneficiary countries and on the global stage, as well as to highlight RMNCAH in a very challenging context.

To this end, the French Muskoka Fund has developed a visual identity (graphic charter, logo, slogan) and is constantly working to ensure its visibility in the media (featured articles and broadcasts in major French and international media such as Le Monde Afrique, RFI, TV5 Monde Afrique) and during international conferences in which it participates (ICASA, side-events during major events, etc.)

2. Encourage policymakers and health officials in France and in beneficiary countries to take action:

The objective is to advocate for reproductive, maternal, newborn, child, adolescent and youth health to achieve the Sustainable Development Goals in France and in beneficiary countries.

To this end, the French Muskoka Fund highlights its programmes and the results they've achieved through official field visits (Benin, Mali, Senegal, Chad, Togo and Niger), the publication of annual reports, and the dissemination of communication tools (kakemonos, posters, stickers, etc).

3. Generate commitment and mobilization for maternal, newborn, child, adolescent and youth reproductive health:

The objective is two-fold: i) to put a face on the populations benefitting from the French Muskoka Fund; and ii) to be present on social media to stimulate youth engagement.

For that purpose, the French Muskoka Fund has produced short video clips that give voice to beneficiaries, health workers, partners and political leaders. Photo reports are also produced regularly in all participating countries. In 2015, a website and Twitter account were also created to allow the four UN agencies to jointly communicate with a single voice and through a common channel. A LinkedIn account was launched in 2020.

4. Showcase the production of the TV show C'est la Vie!

Produced by the pan-African NGO RAES and supported by the French Muskoka Fund, the TV show "C'est la Vie!" is an initiative that aims at promoting health in an alternative way. **Based on edutainment content adapted to all broadcasting media and disseminated throughout the continent (dual TV and radio shows in 5 vernacular languages, innovative educational kit for community leaders, digital content**

etc.), it raises awareness among the audience (especially adolescents and young people) about sexual and reproductive health, gender-based violence (GBV), health rights, good practices, etc.

After providing financial and technical support for the production of the TV show, the French Muskoka Fund is focusing on capitalizing on the edutainment tools already developed (notably through the digitization of the thematic toolkits, the dubbing of video excerpts from the educational kit, broadcasting campaigns on community radio stations, and the production of a series of podcasts)

Organization/participation in national, regional and global events

In 2019 alone, the French Muskoka Fund participated in and sometimes also contributed to the organization of several high-level events such as

- High-Level Regional Meeting in Cotonou (May 2019);
- Side event on the fight against child marriage on the sidelines of the African Union Summit in Niamey (July 2019);
- Side-event on “National and Regional Coordination for the RMNCAH: an approach to scale up implementation of Global Fund grants in West and Central Africa” on the sidelines of the 6th Replenishment Conference of the Global Fund to Fight AIDS, Tuberculosis and Malaria in Lyon (October 2019);
- Regional consultation on unmet needs for family planning and the demographic dividend in West and Central Africa in Dakar (October 2019);
- First Africa Regional Forum on Experience of Care for women, newborns, children and their families in Sub-Saharan Africa (Dakar, October 2019)
- First Regional Forum on Strengthening Community Health Systems in Cotonou (November 2019);
- High-level events on breastfeeding (regional parliamentary dialogue,

regional technical workshop on breastfeeding, launch of the regional campaign “Stronger with Breastmilk Only») in Abidjan (November 2019);

- ECOWAS Nutrition Forum in Monrovia (November 2019);
- Sub-regional forum of Central African parliamentarians on food and nutrition security (Nov 2019, Brazzaville)
- The support mission to Chad for the Maternal and Perinatal Death Surveillance and Response in N’Djamena

In 2020-21, the French Muskoka Fund had a strong presence during the Generation Equality Forum.

The Generation Equality Forum (GEF) was a global gathering for gender equality organized by UN Women in partnership with youth and civil society and co-hosted by the governments of France and Mexico in 2021.

As an emblematic commitment of France’s diplomacy to improve the health and well-being of women and children and support their rights in West and Central Africa, the French Muskoka Fund was represented at the GEF on different occasions

- Within the framework of the SRHR action coalition: sharing its expertise on communication for social and behavior change.
- During an event entirely dedicated to the work of the French Muskoka fund in the region entitled “Muskoka: 10 years of action for the health of women and children”.

Results in terms of visibility and communication

Media coverage and the many national and international events in which the French Muskoka Fund participated in clearly positioned this initiative in the development assistance landscape of its beneficiary countries.

In addition to the events previously mentioned, the French Muskoka Fund was also showcased during the following events: the visits by French parliamentarians to Niger (November 2019) and Togo (January 2021) and the restitution of these missions to the French parliament (May 2021); the national forum sponsored by the President of the Republic on commitment to the fight against preventable maternal, newborn, child, and adolescent deaths in Senegal; the French Ambassador's luncheon in Chad with the Minister of Public Health and representatives of the French Muskoka Fund and AFD agencies (January 2019); RFI reports on French Muskoka Fund interventions in Togo (October 2019); etc.

Coordination, follow-up, documentation of interventions

The UNICEF West and Central Africa Regional Office hosts the secretariat of the French Muskoka Fund, including its inter-agency coordination, outreach and communication components. The monitoring and evaluation component of the Secretariat is hosted by WHO.

With respect to coordination, the main activities are the organisation, preparation, and follow-up of TechCom; support to the organisation of events to which the French Muskoka Fund contributes and participates (see above); and coordination of the evaluation of the governance mechanism and programmatic tools of the French Muskoka Fund

In terms of monitoring and evaluation, the main work is monitoring and reporting (technical and financial); documenting and sharing good practices; and contributing to the final evaluation of the French Muskoka Fund. WHO is in charge of the monitoring and evaluation component since 2019.

Regarding communication and visibility, the main activities are the production of institutional communication materials (institutional brochure, institutional film, reports); development of partnerships with local, national and international media (articles, broadcasts, digital packaging, etc.); support to events; and digital presence.

The visibility of the French Muskoka Fund in few key figures:

- 4 pages in **Le Monde** - 2.3 million readers per day - 10 million visits on Le Monde Afrique web pages (March 2020)
- 20 articles in **Le Monde Afrique** - 20,6 million internet users per month (app. + site) - 865,000 subscribers on Youtube - 1.3 million on Snapchat Discover
- **RFI** - 40.5 million listeners per day
- 18 broadcasts on **Ouest TV** (12 in French, 4 in English and 2 in Portuguese)
- 2 collaborations with **TV5** for the shows “Bonne Santé” and “Les maternelles” - 50.9 million weekly viewers
- More than 10,000 subscribers on **Twitter**: journalists, ambassadors, French and African political figures, UN agents, bloggers, influencers.
- Digital campaign **#soyonsreglos** on menstrual health and hygiene: over 16 million people reached over 7 months
- **C'est la vie!** - More than 400K subscribers on Facebook - 3 seasons, 92 episodes - Broadcast on TV5 Monde, Canal+ Afrique, RFI, national channels and community radios and followed by several tens of millions of people across the continent (TNS-SOFRES, 2016)

“

*Thanks to the French Muskoka Fund,
we managed to equip two training
centers for students, Anono and
Blockhaus.*

*We have mentored midwives so that
they speak the same language as the
tutors of the NGO Sauvons 2 Vies.*

”

Kadidia Sow,
President of the NGO Sauvons 2 vies,
Abidjan, Côte d'Ivoire



2010-2020

ADDED VALUE, LESSONS LEARNED, OPPORTUNITIES, CONSTRAINTS *and* CHALLENGES

OVERVIEW

Added value

The French Muskoka Fund has real added value in all aspects of its work::

- **in terms of methodology:** the French Muskoka Fund is an innovative coordination mechanism in complete alignment with the reform of the UN development system launched by the UN Secretary-General in 2018, which aims at improving collaboration between the different UN agencies in order to enhance the consistency, effectiveness and impact of the programmes implemented.

The French Muskoka Fund:

- implements high-impact interventions based on the complementarity and technical expertise of each of the four UN agencies involved;
 - relies on a joint monitoring and reporting of activities, results and financial execution;
 - catalyses the mobilisation of other technical and financial partners;
 - supports the documentation of best practices
- **in terms of programming:**
 - The French Muskoka Fund designs programs adapted to the needs of each key population groups and based on the determinants of maternal and infant mortality and morbidity.
 - These programmes are also in line with the national plans of beneficiary countries, with UN global strategies (such as the 2016-2030 Global Strategy for Women's, Children's and Adolescents' Health and the 2030 Agenda for Sustainable Development) and with key regional strategies (such as the 2063 Agenda).
 - **in terms of management:** the French Muskoka Fund has a secure multi-year budget allocation for its programmes which allows for ambitious programming to achieve sustainable results. The Fund's rapid disbursement, monitoring and close reporting mechanisms strengthen this financial stability. In addition, having a Muskoka team sharing the same tools and the same objectives for over ten years now has proved to be a real asset – especially in view of the frequent turnover in beneficiary countries (due to the electoral calendar, institutional and political instability, etc.).

Lessons learned and opportunities

Over the years, the French Muskoka Fund learned valuable lessons and opportunities through the implementation of its programmes:

- **The personal involvement** of each agency's country representative is essential for the strategic support and visibility in beneficiary countries. This involvement increased over time, allowing French Muskoka Fund to become a key catalyst of influence and action.
- At country level, **the lead agency** plays a crucial role in the smooth functioning of the system as the main contact for the government, the focal point for all incoming and outgoing communications with the regional level, and a coordinator of meetings with the other agencies involved.
- **The joint annual technical and financial report** (common to the four UN agencies) is a very important tool in terms of accountability, visibility and advocacy. It is also a tool for evaluating and improving practices for country teams.
- In order to maximise the results and the impact of the programmes, it is important to **develop and maintain a multi-year vision** and to operate within a stable strategic framework and with clear guidance from the SteerCom and TechCom.
- **The involvement of regional global health advisors** in the Muskoka mechanism has proven to be a good practice allowing for more fluidity in the exchanges between country teams and the Embassies, an additional communication channel with the agencies and the French Ministry of Europe and Foreign Affairs, and to organize high-level events with the support of the Embassies

Constraints

Constraints faced by the French Muskoka Fund are multidimensional:

- **Planning:** annual programming creates a very dense period (from November to February) involving programme closure, reporting, programming for the following year, budget allocation and the start of new activities. Up until recently, timely disbursement of funds was also challenged by a short implementation period (March/April to December) – challenge that has now been resolved through the adoption a 12-month implementation period. Finally – and depending on their own cycles, national partners in beneficiary countries are not always available at key stages of the French Muskoka Fund planning cycle
- **External environment:** the political (elections) and security (risk of terrorism) situation, change of seasons (rainy season), climate-related risks or health disasters (such as Ebola or COVID-19) are as many obstacles to the programme implementation.
- **Coordination:** The beneficiary countries often need to strengthen their internal coordination mechanism (especially inter-ministerial coordination).
- **Administration:** there can be some bottlenecks in the administrative procedures for the disbursement of funds and the implementation of activities.
- **Information:** In most beneficiary countries, health information systems are underdeveloped, slowing down reporting on many indicators.
- **Human resources:** In most beneficiary countries, programme implementation is hampered by a lack of quality health human resources. This is why training, geographic distribution and motivation of health workers is a major focus of the French Muskoka Fund.
- **Logistics:** The continued provision of quality health products for maternal and child health remains a major challenge in beneficiary countries due to weak planning processes, supply and distribution chains.

Challenges

Beyond organizational constraints, the French Muskoka Fund must find ways to address three main challenges:

- 1) The changing demographic and socio-anthropological context:** in addition to the political, security, economic, social and climate-related instability of the environment in which it operates, the French Muskoka Fund must deal with socio-cultural determinants, strong population growth, and low national budgets often allocated to health by the governments of beneficiary countries.
- 2) The increasing number of partners:** the growing number of technical and financial partners (TFPs) involved in maternal, newborn and child health in beneficiary countries poses the challenge of coordination in order to avoid fragmentation of interventions and suboptimal results. In this respect, coordination with the AFD in particular needs to be strengthened.
- 3) Financial perspectives:** As the French Muskoka Fund evolves and grows, it should explore other funding opportunities.

“

Our mission is to guarantee the rights of women in our community.

We should leave no room for gender-based violence. In the case of rape, we should do everything possible to bring the perpetrator to justice.

Through our work, we are witnessing many changes.

Child trafficking has been significantly reduced, as well as early marriage.

”

Salamatou Alidou,
Initiative Fiorson, Wife of the Chief of Vogan, Togo



2010-2020 CONCLUSION

OVERVIEW

This year, the French Muskoka Fund celebrates ten years of operation. Its teams can be proud of the rare longevity of such an initiative that brings together so many partners and operates in a difficult context, marked by chronic political, security, institutional, economic, social and environmental instability.

Fully in line with countries' national development plans on one hand and in alignment with the various UN strategic frameworks on the other, **the French Muskoka Fund has established an innovative coordination mechanism for joint programming by UN agencies.** This unique partnership, which maximizes the efficiency of the resources provided, has risen to the challenge of a successful collaboration focused on results and impact.

Through its stable, multi-year funding, its methodologically rigorous, high-impact interventions, its catalytic effect and its resilience throughout crises, the French Muskoka Fund contributed to a **17% reduction in maternal mortality rates in beneficiary countries between 2010 and 2017. Similarly, neonatal mortality declined by 22% between 2011 and 2018. Thanks to the French Muskoka Fund, more than 70,000 health workers (doctors, nurses, midwives and community health workers) were also trained over the past ten years in Benin, Burkina Faso, Chad, Côte d'Ivoire, Guinea, Mali, Niger, Senegal and Togo.**

As 2021 marks the beginning of the last decade for achieving the 2030 Sustainable Development Goals and in response to the many crises that are currently capturing the attention of the international community (beginning with the COVID-19 pandemic), **the French Muskoka Fund brings hope by keeping maternal and child health at the front of the health development agenda of its beneficiary countries and partners.** It still needs to increase its efforts in terms of visibility in order to encourage mobilisation at the highest level and thus implement the commitments of France.

It is with this in mind that the French Muskoka Fund was well represented at the Generation Equality Forum from 30 June to 2 July 2021 - a high-level event co-hosted by France and Mexico to celebrate the anniversary of the Beijing Declaration and Platform for Action on gender equality. **During this Forum, the French Muskoka Fund celebrated ten years of action and results and was mentioned to as a model of concrete and ambitious initiatives for women's, maternal, newborn, child and adolescent health** - one of the key factors contributing to gender equality and the fulfillment of human rights.



ANNEXES

Annex 1

Table 1: Distribution of the French Muskoka Fund budget by year and agency (in euros)

Years	UNICEF	UNFPA	WHO	UN-Women	Total allocated
Year 1 (2011 - 2012)	8'500'000	4'875'320	4'500'000	1'000'000	18'875'320
Year 2 (2012 - 2013)	8'500'000	6'192'635	4'500'000	1'000'000	20'192'635
Year 3 (2013 - 2014)	8'765'000	4'700'000	4'620'000	915'000	19'000'000
Year 4 (2014 - 2015)	8'500'000	4'700'000	4'850'000	950'000	19'000'000
Year 5 (2015 - 2016)	6'250'000	3'600'000	3'700'000	700'000	14'250'000
Year 6 (2016 - 2017)	3'500'000	3'000'000	3'000'000	500'000	10'000'000
Year 7 (2017 - 2018)	3'500'000	3'000'000	3'000'000	500'000	10'000'000
Year 8 (2018 - 2019)	3'500'000	3'000'000	3'000'000	500'000	10'000'000
Year 9 (2019 - 2020)	3'901'669	3'890'494	3'241'002	901'670	11'934'835
Year 10 (2020 - 2021)	3'808'465	3'455'851	3'401'079	807'500	11'472'895
Grand Total (2011 - 2020)	58'725'134	40'414'300	37'812'081	7'774'170	144'725'685

Annex 2Table 2: Distribution of the French Muskoka Fund budget by year and country (in euros)

Countries	2011 and 2012	2013	2014	2015	2016	2017	2018	2019	Total
Benin	1'165'000	2'130'173	1'932'131	1'848'732	1'229'704	418'892	627'640	746'179	10'565'173
Burkina Faso	299'280	254'760	211'015	0	0	173'474	115'920	0	1'054'449
Côte d'Ivoire	357'400	1'101'922	902'584	807'937	662'596	386'687	906'291	756'958	6'332'867
Guinea	2'451'244	2'050'595	2'314'120	2'261'713	1'662'481	1'603'894	963'560	1'545'897	15'829'104
Haïti	170'957	134'152	176'195	0	0	0	0	0	481'304
Mali	2'056'650	1'833'688	1'520'241	1'391'374	1'487'013	1'595'729	659'707	1'284'899	12'254'000
Niger	1'272'857	1'469'638	1'693'091	1'710'491	1'413'933	1'424'198	923'193	1'363'444	11'708'867
Senegal	365'500	494'598	427'212	703'266	507'938	318'268	687'131	579'880	4'717'460
Chad	2'096'757	1'803'030	1'854'979	1'861'515	1'548'499	1'344'421	787'320	1'218'110	13'355'226
Togo	2'220'457	1'918'523	1'998'633	1'955'464	1'410'650	474'399	711'400	641'129	11'556'845
CAR	97'857	0	147'728	0	0	0	0	0	245'585
DRC	347'960	324'240	176'822	0	0	0	0	0	849'022
Other countries Mauritania, Niger and Senegal (UNFPA)	277'014	36'739	0	745'232	29'071	0	0	0	1'088'056
Expenditures for activities at regional/ headquarters level (WHO)	1'143'723	0	0	0	0	0	0	0	1'143'723
Total Component 1 (Strengthening health systems in beneficiary countries)	14'322'656	13'552'058	13'354'751	13'285'724	9'951'885	7'739'962	6'382'160	8'136'496	91'181'682

Annex 3

Table 3: Budget breakdown by High Impact Intervention (HII) areas

IHI	2011-2013	2014	2015	2016	2017-2018	2019	2020*
HII 1 RMNCAH- Nut Maternal, newborn and child health, FP	-	35%	38%	35%	30%	28%	26%
HII 2 AYSRH Adolescent and youth sexual and reproductive health	-	10%	5%	16%	29%	28%	31%
HII 3 HSS Health Systems Strengthening, Human Resources and Medicines	-	7%	6%	31%	21%	26%	23%
HII 4 NUT Nutrition	-	48%	51%	17%	20%	18%	20%

Annex 4

Table 4: Performance of MUSKOKA funds utilization by agency for the period 2011 -2020 (in euros))

Years	UNICEF		UNFPA		OMSWHO		UN Women		Total		
	Allocated	Used	Allocated	Used	Allocated	Used	Allocated	Used	Allocated	Used	Ratio
Years 1 - 6 (2011 - 2016)	46'681'296	45'897'050	29'821'271	29'493'326	25'235'447	24'556'357	6'188'690	6'003'029	107'926'704	105'949'763	98.2%
Years 7 & 8 (2017 - 2019)	7'000'000	6'444'380	6'800'603	6'342'520	6'000'000	5'650'318	1'154'512	1'097'543	20'955'115	19'534'761	93.2%
Year 9 (2019 - 2020)	3'901'669	3'877'394	3'890'494	3'621'021	3'241'002	2'503'045	901'670	482'711	11'934'835	10'484'171	87.8%
Grand Total (2011 - 2020)	57'582'965	56'218'824	40'512'368	39'456'867	34'476'449	32'709'720	8'244'872	7'583'283	140'816'654	135'968'694	96.6%

Annex 5

Table 5: Summary of operational research projects supported by the French Muskoka Fund))

Title of the operational research	Research Institutions - Southern Institution - Community of Practice	Countries	Duration
Universal coverage in French-speaking Africa - how to articulate the different modes of financing? (UHC)	Institute of Tropical Medicine of Antwerp Community of Practice Financial Access to Health Services (FAHS)	12 (Benin, Burkina Faso, Côte d'Ivoire, Mali, Niger, RCA, RDC, Senegal, Chad, Togo + Cameroon, Burundi)	2013-2016
Strategies for retaining RMNCH staff in rural areas (FideliSante)	University of Montreal, HR CP in RMNCH, UMI 3189 Senegal - University of Aix France, CNRS Community of Practice Human Resources in Maternal, Newborn and Child Health (HR/RMNCH-Nut)	3 (Benin: Laboratory for the Analysis of Social Dynamics and Development Studies, Burkina Faso: SF Association, and Senegal: ENDSS)	2013-2016
Regional observatory of maternal mortality in West Africa (Infodos)	D UMR216 France, 7 African institutions: Mali, Burkina, Senegal (3), Benin (2) Community of Practice Quality of care in reference hospitals in Africa (QUAHOR)	3 (Benin: Mother and Child Hospital of the Lagoon of Cotonou, Burkina Faso IRSS, Mali: URFOSAME)	2013-2016
Children, Health Care, and Pediatrics in West Africa (ENSPEDIA)	S et U. Dakar – Network UMI3189: 9 Institutions: Senegal (3), Mali (2), Guinea, Burkina, Niger, Benin + U. Lausanne Community of Practice Quality of care in reference hospitals in Africa (QUAHOR)	7 (Benin, Burkina Faso, Guinea Mali, Mauritania, Niger, Senegal)	2013-2015/16
The interface role of health committees in West and Central Africa (CoSa-I)	KIT Amsterdam, CdP Provision of care/district Community of Practice Health care supply, district approach (HSD)	3 (Benin: OSP, Guinea: U Sonfonia, RDC: ESP)	2013-2016

