PERFORMANCE EVALUATION

Senegal National Malaria Control Program Government-To-Government Fixed-Amount Reimbursement Agreement

DECEMBER 2017

Performance Evaluation

Senegal National Malaria Control Program Government-To-Government Fixed-Amount Reimbursement Agreement

Cover Photo: A member of the evaluation team in Lakhrar interviews a community volunteer health worker in her home.

Credit: Aboubakiry Koulibaly, USAID/Senegal Monitoring and Evaluation Project

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ACRONYMS

ACT	Artemisinin-based Combination Therapy
ADS	Automated Directives System
ASC	*Agent de Santé Communautaire*
CDCS	Country Development Cooperation Strategy
COUS	Centre des Opérations d'Urgence Sanitaire
DAGE	Director of General Administration and Equipment
DCFE	Direction of Cooperation and Foreign Financing
DEC	Development Experience Clearinghouse
DHS	Demographic Health Survey
DO	Development Objective
DSDOM	*Dispensateur de soins à domicile*
DRPS	Direction for Planning, Research and Statistics
EQ	Evaluation Question
FARA	Fixed-Amount Reimbursement Agreement
FY	Fiscal Year
GATR	Government Agreement Technical Representative
G2G	Government-to-Government
GOS	Government of Senegal
ICP	*Infirmier Chef de Poste*
IPT	Intermittent Preventive Therapy
IPTp	Intermittent Preventive Therapy for Pregnant Women
IRA	*Infection Respiratoire Aigue* (Acute Respiratory Infection)
IRS	Indoor Residual Spraying
ITN	Insecticide-Treated Mosquito Nets
LLIN	Long-Lasting Insecticide Nets
MC	Malaria Control
MCD	*Médecin – Chef de District* (District Medical Director)
MCR	*Médecin – Chef de Région* (Regional Medical Director)
M&E	Monitoring & Evaluation
MEF	Ministry of Economy and Finance
MOP	Malaria Operational Plan

MPR	Malaria Program Review
MSAS	Ministry of Health and Social Affairs
MSI	Management Systems International
NHP	National Health Plan
NMCP	National Malaria Control Program
NSP	National Malaria Strategic Plan
OCB	*Organisation de communauté de base* (Community-Based Organization)
PAD	Project Appraisal Document
PECADOM	*Prise en Charge à Domicile*
PFM	Public Financial Management
PFMRAF	Public Financial Management Risk Assessment Framework
PMI	President's Malaria Initiative
PTA	*Plan de travail annuel* (Annual Work Plan)
RDT	Rapid Diagnostics Test
SMC	Seasonal Malaria Chemoprevention
SMS	Short Message Service
SOAG	Grant Agreement for Strategic Objectives
SOP	Standard Operating Procedure
SOW	Statement of Work
SPR	Slife Positivity Result
SUFI	Scaling Up for Impact
USAID	U.S. Agency for International Development
VDS	Site Data Verification
WHO	World Health Organization

EXECUTIVE SUMMARY

Evaluation Purpose and Questions

This report presents findings, conclusions and recommendations from a performance evaluation of the United States Agency for International Development in Senegal (USAID/Senegal) Mission's government-to-government (G2G) fixed-amount reimbursement agreements (FARA) to support the Government of Senegal (GOS) National Malaria Control Program (NMCP). USAID/Senegal commissioned the USAID/Senegal Monitoring and Evaluation Project (USAID/Senegal MEP) to design and implement the evaluation.

The purpose of this evaluation is to provide USAID/Senegal with evidence-based data regarding the performance of its investment in the NMCP. The findings from this evaluation will inform the design of future health G2G direct-funded activities (specifically, but not exclusively, using fixed-amount reimbursement agreements) that: 1) seek to improve the health status of the national population, 2) focus on malaria prevention and treatment and aim to increase the availability of health services, 3) improve health-seeking and healthy behaviors and 4) improve performance of the health system.

The G2G NMCP FARA performance evaluation, which covers activities from 2012 to 2016, sought to answer three evaluation questions developed in collaboration with USAID/Senegal's Health Team:

1. What has implementation of the NMCP FARA allowed the NMCP to achieve, in alignment of the national strategic plan for the control of malaria in Senegal and the President's Malaria Initiative (PMI) objectives, as detailed in the annual Malaria Operational Plan?

2. In what ways has USAID's direct assistance to NMCP strengthened government institutions' capacity to deliver effective and efficient services (specifically in areas of planning/management; service delivery; financial management, including the MOF; and M&E, including information systems)?

    a. What evidence is there, if any, that improved performance of public financial management (PFM) systems is contributing to more effective and/or efficient delivery of services?

    b. How does the NMCP collect and analyze service delivery data to track program performance (for instance, key interventions coverage, tracking results against targets, etc.) and use of data for decision-making?

3. How and to what extent has the USAID direct assistance increased NMCP sustainability and local ownership (including at regional and district levels – health systemwide) of priority-setting, implementation processes and mobilizing adequate resources related to malaria control efforts?

In the recommendations section, the evaluation team addresses improvements to the G2G FARA processes within NCMP and USAID/Senegal that would position the NMCP FARA to better meet its intended objectives.

Project Background

Although Senegal has made significant progress in reducing malaria, it is still a major cause of morbidity and mortality and remains a high priority for the GOS. The U.S. Government (USG), particularly USAID/PMI, has provided support totaling more than USD $220 million to the GOS in its efforts to alleviate malaria since Senegal became a PMI focus country in 2007. PMI assistance has focused on

supporting the Senegal NMCP in implementing its national strategic plan to fight malaria, including providing technical assistance through resident advisors who work directly with NMCP staff and funding various implementing partners who work with the NMCP. The G2G FARA mechanism introduced in 2012 enabled the NMCP to receive USG direct funding for its malaria reduction interventions in Senegal. This new funding mechanism also enabled NMCP and USAID to agree on activities that NMCP implements that align with both parties' strategic plans for malaria reduction, thereby meeting the needs of the population while building NMCP management and programmatic capacity.

Evaluation Design, Methods and Limitations

The evaluation team used a mixed methods approach to conduct this performance evaluation, including document review of quantitative data (milestone reports, annual reports) and Demographic Health Survey (DHS) data. The team generated qualitative data from key informant interviews, group interviews and site observations in two regions, selected with input from NMCP and USAID/Senegal Health Office and PMI (Saint-Louis in the north, with low malaria transmission due to its climate, and Tambacounda in the south, with high malaria transmission). The team also selected two districts in each region that allowed them to focus on four NMCP interventions primarily funded through the FARA: malariology courses, seasonal malaria chemoprevention (SMC), sentinel site surveillance, and supportive supervision.

During data analysis, the team analyzed trends on selected key malaria indicators as well as the content of interview transcripts, using MaxQDA software, to establish general crosscutting themes that emerged across all informant types. The team faced several limitations while implementing this evaluation, including the lack of performance measurement indicators and therefore indicator data related to NMCP organizational performance in planning and financial management and data management and use. In addition, the evaluation findings may be subject to, possible respondent recall bias given the four-year reference timespan and limited availability of key informants for in-person interviews. To mitigate the limitations, the evaluation team reviewed secondary data on NMCP financial and data management prior to 2012 and triangulated data collected through interviews with project staff or secondary documents. When key informants were not available for in-person interviews, the team opted organized phone interviews.

Findings, Conclusions and Recommendations

Findings and Conclusions

> Evaluation Question 1: What has implementation of the NMCP Agreement allowed the NMCP to achieve, in alignment of the national strategic plan for the control of malaria in Senegal and the PMI objectives, as detailed in the annual Malaria Operational Plan?

Through document review and interviews, the evaluation team found that PMI's Malaria Operation Plans (MOPs) aligned well with the NMCP national strategic plan (NSP) from 2012 to 2016. The G2G FARA mechanism provided direct G2G funding for jointly negotiated malaria reduction intervention activities that supported the NMCP's national strategic plan, USAID's development objectives and PMI's malaria reduction goals. This annual negotiation of FARA-funded activities and milestones significantly increased NMCP's ownership of the PMI-funded interventions, buttressed by the presence of PMI resident advisors and USAID malaria specialists. These experts spend 50 percent of their time at the NMCP offices to jointly design state-of-the-art technical interventions that are appropriate for the Senegalese context. The G2G FARA also empowered NMCP to lead strategic conversations with its various funding partners and to

engage with health workers at the subnational level on ways to carry out the agreed-upon malaria interventions. This served to build stronger management and leadership capacity among NMCP officials.

The team also found that through the G2G FARA the NMCP increased the technical sophistication and reach of its activities, as evidenced by the maturation of its FARA milestones, from a focus in the early years on basic outputs (e.g., completion of a workplan or a malariology course), to results-based programmatic activities, such as advanced system-wide supportive supervision. The evaluation found that between 2012 and 2016, FARA-funded activities contributed to strong improved performance in terms of key malaria indicators (see Table 1 of this report). The FARA enabled NMCP to increase health care worker capacity at the regional and district levels to address malaria-related issues across all four intervention areas and to recruit and manage additional health care workers. Funding through the FARA also enabled NMCP to carry out additional malaria-specific training and supportive supervision of its health professionals. This growing network of health professionals under NMCP and Ministry of Health and Social Affairs (MSAS) supervision launched a successful SMC intervention with more than 90 percent coverage each year for the four rounds in selected districts, ensuring that children in high-transmission areas remain protected during the peak malaria transmission season. Further, G2G FARA support beginning in 2012 facilitated the piloting of an integrated home-based package (PECADOM), including treatment of diarrhea and pneumonia for children under 5 years of age. NMCP expanded this countrywide to cover all high-prevalence regions. Through its sentinel sites, the NMCP tracks data weekly to support early detection of malaria outbreaks. Health workers at the regional level confirmed that the FARA enabled NMCP to make funds available to ensure the timely provision of medicines and mosquito nets at the regional and district levels. Based on the above evidence, the team concludes that the FARA has enabled the NMCP to make significant progress toward malaria control in Senegal, per the objectives of the NMCP NSP and PMI's MOP.

> Evaluation Question 2: In what ways has USAID's direct assistance to NMCP strengthened government institutions' capacity to deliver effective and efficient services (specifically in areas of planning/management; service delivery; financial management, including the Ministry of Finance [MOF]; and M&E, including information systems)?
>
> a. What evidence is there, if any, that improved performance of public financial management (PFM) systems is contributing to more effective and/or efficient delivery of services?
>
> b. How does the NMCP collect and analyze service delivery data to track program performance (i.e., key intervention coverage, tracking results against targets, etc.) and use of data for decision-making?

The G2G assistance introduced in 2012 built on prior cooperation and funding from the USG to the NMCP. Since its inception in 1995, the NMCP has worked closely with USAID/Senegal and then with PMI starting in 2007 to establish a highly functional, national operation from the central level to the regional and the district levels. The team found evidence of increased capacity to deliver and manage efficient and effective services over the period 2012-2016, including the increase in the number of milestones achieved and the level of funding from PMI to NMCP. Further, interviews with Ministry of Economy and Finance (MEF) and NMCP officials confirm that NMCP has created effective systems to manage results-based direct financing from PMI and is implementing efficiently and effectively the malaria control activities outlined in its national strategic plan and PMI's MOPs. Per the evaluation's qualitative data, the participatory nature of the G2G FARA mechanism strengthened NMCP's capacity to plan, coordinate, and harmonize NMCP's national strategic plans with the MSAS' national health plan and PMI's MOPs. Similarly, through the FARA, the NMCP also coordinates the contribution of other government partners, and with healthcare workers at the regional and district levels to ensure that site visits, provision of medication, and data monitoring and analysis are implemented and well-managed. Although USAID/Senegal Health Office and PMI malaria experts worked directly with NMCP staff even prior to the G2G FARA

mechanism, their continued support strengthened staff capacity further over the period 2012-2016 through mentorship, on-the-job support, and technical assistance on implementing FARA funded activities.

While the G2G FARA implementation letters indicate the agreement is between USAID/Senegal and the MEF, interviews with national-level key informants indicate funds were transferred from USAID to the NMCP directly through a separate account set up to receive USAID/Senegal FARA funds. Respondents indicate that NMCP sets up a different account for each FARA implementation letter signed and have worked with various banks since 2012. Key informants also noted that a separate bank account was set up by NMCP for each donor in order to better manage funds and ensure accountability to donors. However, recent changes with the signing of FARA A6 now require that funds be transferred through the MEF/Direction of Cooperation and Foreign Financing (DCFE), then the MSAS/ Direction of General Administration and Equipment (DAGE) before being deposited into the NMCP account intended to receive USAID funds only.

NMCP's successful completion of milestones were validated through activity reports (or deliverables) which are reviewed by the USAID/PMI Government to Government Agreement Team (GAT) and verification site visits. The FARA mechanism does not require additional external financial controls, oversight, or reporting. USAID/PMI conducted the verification of milestone activities that involved travel to the regions and districts to perform spot checks, which can require hours of work. USAID/Senegal staff have limited time to dedicate to verification of milestones and sufficient NMCP public financial management (PFM) expertise to ensure "due diligence" in clearing milestone payments. With the increasingly expanding outcome-based milestones, this is a management burden on USAID/PMI staff and may be better suited to others who can devote the requisite time for validation. Given that FARA payments are reimbursements, there is a reduced financial risk to USAID as opposed to mechanisms that provide advances or pre-payments. The recent inclusion of both the MEF and the DAGE in the transfer of USAID funds to NMCP increases transparency in public financial management going forward. However, these additional steps could also produce delays in effecting transfers that could negatively affect timely implementation of activities, particularly time-sensitive interventions such as seasonal malaria chemoprevention (SMC). Another funding-related issue is the misalignment in the timing of NMCP's annual work plans (PTAs) and budget. USAID budget planning happens in October while GOS budget planning happens in January.

In terms of service delivery data, NMCP has worked closely with PMI technical staff to develop a performance tracking system that collects data monthly on intervention coverage. NMCP tracks its results against targets on a quarterly basis. Examples of its use of data for decision making include a systematic review of seasonal effects of malaria control interventions, so that health workers are better equipped to address illnesses when they are most prevalent. Decision making at the central level is based on quarterly reports, which include data collected from healthcare workers at the regional and district levels. The G2G FARA also enables NMCP to conduct operational research on malaria control activities and its effects on local communities. This research has served to readjust activity implementation. One example is NMCP-funded research on how and why local community members use mosquito nets. Based on this study, the NMCP mobilized campaigns and provided mosquito nets that met the needs of communities. Additionally, NMCP M&E respondents indicated that quarterly reports produced by NMCP and disseminated to healthcare workers at the regional and district levels help actors at these levels to evaluate their performance against other districts. This process enables the healthcare workers to identify bottlenecks in their operations and develop solutions on the spot.

In response to evidence of pre-2012 results monitoring weaknesses due to the lack of an M&E plan, the evaluation team found that NMCP resolved this issue with PMI support. Specific actions include NMCP development of an M&E standard operating manual and data quality assurance systems to review and validate monitoring data on interventions at the district, regional and national levels. Actors at the regional

and district levels confirmed being knowledgeable about malaria control approaches which helped them make decisions on patient care such as whether a patient's symptoms were serious enough to be sent to the hospital or mild enough to be treated by the local health care worker. Key actors interviewed at all levels of the MSAS malaria control system demonstrated a solid understanding of the logical linkages between activities, expected results and NMCP objectives. In the last year NMCP also developed and offered a malaria-specific M&E training course that interviewees at the regional and district levels credited with increased understanding of NMCP data collection and quality assurance requirements and processes.

Based on the evidence above, the team concluded that MSAS and NMCP practitioners regularly use the NMCP M&E data in decision-making at the national level as well as the day-to-day operations of regional and district level healthcare workers.

> Evaluation Question 3: How and to what extent has the USAID direct assistance increased NMCP sustainability and local ownership (including at regional and district levels – health system wide) of priority-setting, implementation processes and mobilizing adequate resources related to malaria control efforts?

As mentioned earlier, the joint negotiation of annual work plans, targets and milestones has served to build capacity within the NMCP to not only plan strategically with PMI but also with its other donors. Additionally, through participation in FARA funded activities such as the malariology course and supportive supervision, health care workers at the regional and district levels have gained skills that increased their capacities to provide better patient care. Interviews across GOS institutions confirm that there is strong evidence of ownership and sustainability at the central and regional levels. Interviewees point to the strong relationships they have with partners at the central level such as that with the Cheikh Anta Diop University of Dakar (UCAD), other malaria control implementing partners, and donors. However, the team found that although district health workers benefited from the capacity-building activities that NMCP provides, they do not have as much ownership of the program as their counterparts at the regional and national levels. Staff at district and even at regional levels are more focused on implementing activities as opposed to strategic planning and program performance management.

Efforts to ensure the program's sustainability, such as mobilizing additional financial resources, are still lacking. There are few local initiatives in place to mobilize domestic resources. There are few partnerships between public and private entities. Distribution of resources is also limited, particularly as they filter down to the district and community levels. Healthcare workers in Richard Toll district, for example, only have one working vehicle, which makes it difficult for them to travel within the district and perform their professional duties within their communities. Community and village volunteer healthcare workers have a deep sense of engagement to sustain malaria control initiatives at the community level. However, as volunteers or workers who are not well-paid, they often find it difficult to subsist on the little compensation they receive. To have a large portion of rural healthcare workers serve in a volunteer or near-volunteer capacity for a role that is seen as indispensable is not a viable solution for the healthcare worker or the healthcare system.

Based on the evidence above, the team concludes that though NMCP receives funding from donors other than USAID and PMI, NMCP should explore other means of funding, including public-private partnerships. Financial sustainability can contribute to empowering national, regional, district, and community level stakeholders and ensuring retention of community health workers at all levels of the system.

Recommendations

USAID, NMCP and MSAS co-developed the following recommendations (see Recommendations Matrix in French in Annex IV):

ACTIONS FOR NMCP

Question 2: NMCP Institutional Capacity Building

- Develop a malariology course model for regional and districts level
- Identify district needs for re-training and expansion of PECADOM sites; mobilize resources
- Develop a process for choosing new DSDOM sites

Train new DSDOMs and re-train health providers

Question 2a: NMCP Administrative and Financial Management

- Implement the process validated in February 2018 by the NMCP and its partners, to monitor implementation of the organizational audit recommendations, including strengthening of NMCP financial staff in the financial and accounting department
- Establish an annual financial audit plan
- Allocate resources for conducting annual financial audits
- Develop a milestone validation report instead of developing a report by deliverable achieved

Question 2b: NMCP Data Management

- Equip sentinel sites and districts with external hard disks and share protocols for backing up data
- Set up a central archiving, knowledge management and data backup unit
- Recruit an archivist to oversee knowledge management
- Ensure that the NMCP server is functional
- Update PCs

Question 3: NMCP Sustainability

- Continue advocacy with traditional financial partners to fund malaria control activities
- Develop new, innovative financing strategies such as matching grants, public/private partnerships, etc.
- Advocate with ministries (MSAS, MEFP) to help them understand the financial costs involved in pre-elimination and elimination support
- Implement a fundraising plan and regularly monitor progress
- Work more closely with all Centre des Opérations d'Urgence Sanitaire (COUS) to take into account the specific needs for malaria treatment
- Encourage documentation and sharing of effective local fund mobilization strategies

ACTIONS FOR NMCP/USAID

- Inform the medical regions that milestones are part of a process negotiated directly between the donor and the primary recipient (NMCP)
- Inform medical regions about allowable costs and budget lines for FARA funding
- Improve negotiation of realistic targets between USAID and NMCP
- Consider a three-year agreement with annual reviews
- Define financial indicators as part of the FARA milestones

ACTIONS FOR USAID

- Use GOTAP to review documents as part of the milestone validation process
- Revise financial approval deadlines and respect milestones payment deadlines
- Align planning with the MSAS planning cycle to start planning and negotiations between the months of January and March
- Enforce the G2G Direct Financing cash flow process and the provisions of the PNDS Procedural Manual

ACTIONS FOR NMCP/MSAS

- Use the Advanced Coordination Units (UCA) to advocate with donors to fund a logistics line item

ACTIONS FOR NMCP/RM

- Systematically orient new health workers to NMCP guidelines

ACTIONS FOR MSAS/DAGE

- Use the RSS platform to follow up on outstanding recommendations from the organizational audit
- Enforce the 72-hour deadline for processing payments, as outlined in the PNDS Procedures Manual
- Develop an advocacy document that integrates the logistics needs of DSDOMs, districts, and other community health workers
- Strengthen Service Delivery Points and DSDOMs in terms of logistics (motorcycles and bicycles)
- Establish forums for consultation and coordination between the NMCP, DCFE, DAGE and other stakeholders with regularly scheduled meetings
- Appoint a focal point and an alternate signatory at the DAGE responsible for the NMCP FARA

ACTIONS FOR RM/ECD

- Support the ICP for on-site data verification during rainy season
- Develop, implement and monitor plans for supervision

ACTIONS FOR MEFP/DCFE

- Appoint an alternate signatory for the management of the G2G special account within the DCFE

INTRODUCTION

This report presents the findings, conclusions and recommendations from a performance evaluation of the United States Agency for International Development/Senegal (USAID/Senegal) Mission's government-to-government (G2G) fixed-amount reimbursement agreements (FARAs), a direct funding mechanism awarded to the Government of Senegal's (GOS's) National Malaria Control Program (NMCP). USAID/Senegal commissioned the USAID/Senegal Mission-Wide Monitoring and Evaluation Project (MEP) to design and implement the evaluation.

This evaluation report contains four sections. The first provides background about the malaria context in Senegal, the Government of Senegal's approach to malaria control and the G2G FARA funding mechanism awarded to the NMCP. The second section describes the evaluation purpose, questions, methodology and limitations and team. The third section presents the evaluation team's findings and conclusions for the three evaluation questions. The last section presents the evaluation team's recommendations.

PROJECT BACKGROUND

Malaria in Senegal

Situated along the North Atlantic Ocean, Senegal shares borders with The Gambia, Guinea, Guinea-Bissau, Mali and Mauritania. Senegal's climate is tropical: hot and humid with a rainy season (May to November) marked by strong southeast winds and a dry season (December to April) dominated by hot, dry, harmattan wind. Senegal is divided into three ecological zones based on annual rainfall: the northern Sahelian zone, with less than 400 mm of rainfall; the central Sahelian zone, with 400 to 1,000 mm of rainfall; and the southern tropical zone, with 1,000 to 1,250 mm of rainfall. These factors, along with high average temperature, contribute to malaria endemicity in Senegal.

Malaria transmission occurs throughout the year, dividing the country into two malaria epidemiological zones: the tropical zone, where year-round malaria transmission peaks during the rainy season and is lower the rest of the year; and the Sahelian zone, where high transmission occurs toward the end of the rainy season and transmission is very low the rest of the year.

Malaria is still a major cause of morbidity and mortality and a high priority for the Government of Senegal. The goal of the Senegal 2011–2015 National Strategic Plan (NSP) was to reach malaria pre-elimination (annual incidence of fewer than five cases per 1,000 people) by 2015. Senegal has achieved significant reductions in the burden of malaria over the past decade. The key to the country's malaria control success has been an aggressive rollout of an integrated mix of prevention, treatment and mosquito-control proven interventions, with a strong emphasis on strengthening national health systems. Data from the Demographic Health Survey (DHS) and Multiple Indicator Cluster surveys (MICs) between 2010 and 2015 have shown increased key malaria indicators coverage (see Table 1) with reduction in disease burden during the same period.

According to the Senegal DHS, malaria prevalence has decreased from 3 percent in 2010 to 1.2 percent in 2014 in children younger than 5 years. All-cause under-5 child mortality fell from 47 live births per 1,000 to 39 live births per 1,000 between 2010 and 2015; this coincided with dramatic increases in coverage of key malaria control interventions with a 50 percent decrease in malaria parasite prevalence. These results have allowed the country to meet the 2015 Roll Back Malaria (RBM) objectives. Table 1 shows the improving trends for each key malaria control indicator between 2010 and 2015.

TABLE 1: TRENDS IN KEY MALARIA INDICATORS

Indicator	2010	2015
% Households with an insecticide-treated bed net (ITN)	63	77
% General population who slept under an ITN the previous night	29	51
% Children under 5 who slept under an ITN the previous night	35	55
% Pregnant women who slept under an ITN the previous night	36	52
% Households with an ITN or sprayed with mosquito repellent within previous 12 months	66	77.1
% of households in targeted districts that are protected with indoor residual spraying	97	98
% Women who received two or more doses of intermittent preventative therapy for pregnant women (IPTp) during their last pregnancy in the last two years	40	53
% Children under 5 years old with fever in the last two weeks for whom advice or treatment was sought	50	49
% Children under 5 with fever in the last two weeks who received treatment with an artemisinin-based combination therapy (ACT) within 24 hours of onset of fever	1.9	0.3
% of suspected cases, which have received malaria diagnostic test	85.9	96.5
Proportion of confirmed malaria cases that have been treated in public health facilities according to national malaria treatment guidelines:		
% Children aged 6 to 59 months with severe anemia (<8 g/dL)	14	7.4
% Children under 5 with parasitemia (P. falciparum)	3	0.3

Sources: DHS (Demographic and Health Survey) 2010 and 2015 reports.

The recently adopted 2016–2020 NSP maintains the 2011–2015 NSP scope of accelerating efforts with targeted scaling-up-for-impact (SUFI) interventions. These interventions include long-lasting insecticidal nets (LLIN), intermittent preventive therapy in pregnant women (IPTp), and case management with rapid diagnostic tests and artemisinin-based combination therapies (ACTs) aimed toward malaria elimination in Senegal.

As Map 1 shows, the 2016–2020 NSP adapted malaria control strategies along the revised malaria stratification as follows:

- In *areas of low incidence* (fewer than five cases per 1,000), SUFI interventions (e.g., LLINs), IPTp, case management with rapid diagnostic tests and ACTs, as well as surveillance, will be consolidated by incorporating case investigation and focal mass drug administration. Per World Health Organization (WHO) guidelines, the use of primaquine in a single low dose is also envisaged for the treatment of uncomplicated malaria.

- In *areas of moderate incidence* (between five and 15 cases per 1,000), SUFI interventions will be strengthened, especially in hotspots.

- In *areas of high incidence* (1) between 15 and 25 cases per 1,000; and 2) more than 25 cases per 1,000), in addition to SUFI interventions, prevention interventions (LLIN, seasonal malaria chemoprevention [SMC], indoor residual spraying [IRS]) and community case management (called PECADOM Plus) will be consolidated.
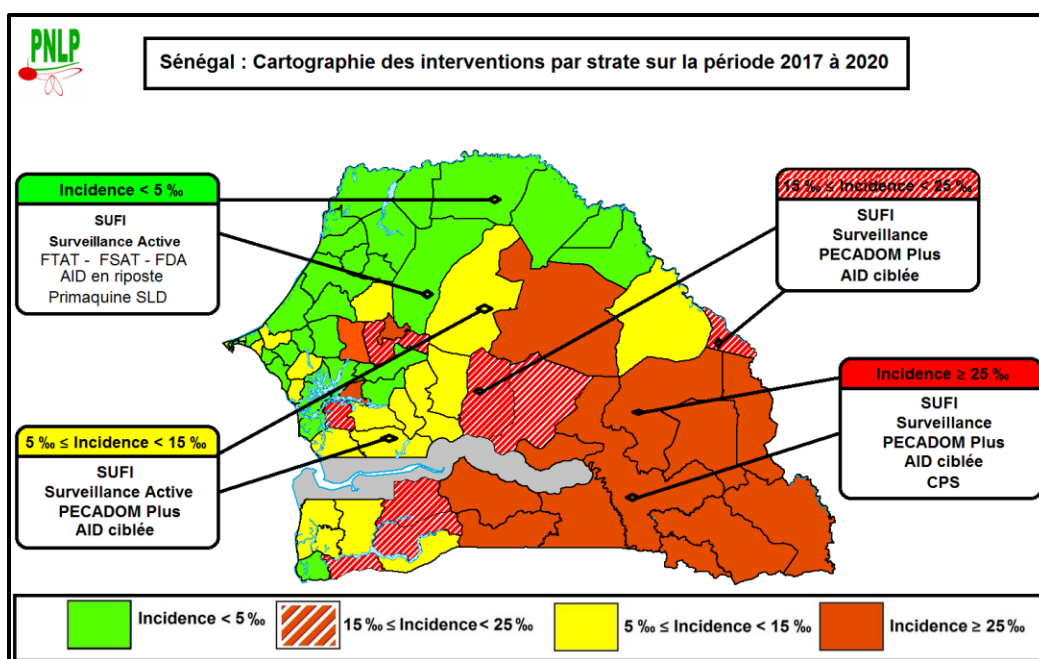
Legend: Clockwise from right (*English Translation*):
• SUFI, Surveillance, HBM Plus, targeted IRD
• SUFI, Surveillance, HBM Plus, targeted IRD, SMC
• SUFI, Active Surveillance, HBM Plus, targeted IRD
• SUFI, Active Surveillance, FTAT-FSAT-FDA, responsive IRD, SLD Primaquine
(Source: National Malaria Control Program)

USAID Support to GOS Health Sector

Within the health sector, including malaria interventions, USAID is the largest bilateral donor in Senegal. USAID's goal is to improve the health status of the Senegalese population, targeting improved outcomes for women, children and vulnerable populations. USAID's health activities fall under Development Objective 2 (DO2) of its 2012–2017 Country Development Cooperation Strategy (CDCS), recently extended through October 2018. USAID/Senegal's health priorities align with the priorities of the GOS 2009–2018 National Health Plan (NHP) to reduce the burden of infant and maternal morbidity. All activities under FARA fall under two of the three intermediate results (IRs) under DO2 (*Improved health status of the Senegalese population)*: IR1: I*ncreased availability of an Integrated Package of Quality Health Services* and IR3: *Improved Performance of the Health System*. These IRs directly align with the key priorities of the GOS NHP to improve the performance of the health sector; strengthen the sustainability of the health system and improve governance of the health sector. All USAID/Senegal implementation support is grounded in the principle of country-led development and strategically aligns with GOS priorities, in keeping with the principles of *USAID Forward*. Table 2 illustrates the alignment of goals of both the GOS and the U.S. Government in the fight against malaria.

TABLE 2: GOS AND USAID/SENEGAL HEALTH AND MALARIA STRATEGIC PLANS

GOS 2009 – 2018 National Health Plan: **Key Priorities**	USAID/Senegal's CDCS **Health Development Objective (DO)**
• Reduce the burden of infant and maternal morbidity and mortality • Improve the performance of the health sector • Strengthen the sustainability of the health system • Improve the governance of the health sector	DO2: *Improve health status of the Senegalese Population* Intermediate Results: IR1: *Increased availability of an integrated package of quality health services* IR3: *Improved performance of the health system*
NMCP National Strategic Plan against Malaria (2016 – 2020): **Objectives**	President's Malaria Initiative (PMI) Strategy 2015-2020: **Objectives**
• Reduce incidences of malaria by at least 75 percent, compared to 2014 • Reduce malaria related mortality by at least 75 percent, compared to 2014 • Stop local transmission in the northern districts	• Reduce malaria mortality by a third from 2015 levels in PMI-supported countries, achieving greater than 80 percent reduction from PMI's original baseline levels. • Reduce malaria morbidity in PMI-supported countries by 40 percent from 2015 levels. • Assist at least five PMI-supported countries to meet the WHO criteria for national or sub-national pre-elimination.
NMCP National Strategic Plan against Malaria (2016 – 2020): **Strategic Direction**	PMI Strategy 2015-2020: **Strategic Focus**
• Target interventions based on epidemiological characteristics • Promote universal access to all interventions • Strengthen communication approach • Improve coordination and management capacities • Strengthen partnerships, particularly with the private sector • Strengthen multisectoral approach • Contribute to strengthening the sustainability of the health system	• Achieve and sustain scale of proven interventions • Adapt to changing epidemiology and incorporate new tools • Improve countries' capacity to collect and use information • Mitigate risk against the current malaria control gains • Build capacity and health systems toward full country ownership

PMI Support to Senegal Malaria Control Program

The U.S. President's Malaria Initiative (PMI) launched in 2005 with the goal of reducing malaria-related mortality by 50 percent across 15 high-burden countries in sub-Saharan Africa. As part of the Global Health Initiative, the goal of the PMI was adjusted to reduce malaria-related mortality by 70 percent in the original 15 countries by the end of 2015. Under the current PMI Strategy for 2015–2020, the U.S. Government's goal is to work with PMI-supported countries and partners to further reduce malaria deaths and substantially decrease malaria morbidity toward the long-term goal of elimination.

In 2007, PMI included Senegal as one of several countries to receive funding. Since then, PMI has provided assistance to the Senegal National Malaria Control Program (NMCP) to implement various elements of its national strategic plan for malaria control aligned with PMI objectives. As Table 2 shows, PMI's objectives and strategic directions align with and build on those of the NMCP to improve and expand malaria-related interventions.

The U.S. Government, including USAID, develops the PMI Malaria Operational Plans (MOPs) in close consultation with the NMCP and participation of nearly all malaria stakeholders working in Senegal. From 2007 to 2015, PMI has provided USD $198.5 million to fund malaria control activities in Senegal. Graph 1 illustrates the amount of PMI funding compared to USAID's support through the G2G FARA mechanism, which began in fiscal year 2011.

PMI Funding in Senegal

A stacked bar chart titled "PMI Funding in Senegal." Y-axis: "USD (in millions)" from 0 to 30. X-axis: "Fiscal Year 2007-2016." Blue bars are "OTHER Malaria activities in Senegal" and red bars are "NMCP activities."

Year	OTHER Malaria activities (blue)	NMCP activities (red)	Total
2007	17		17
2008	16		16
2009	16		16
2010	27		27
2011	24	1	25
2012	23	2	25
2013	22	2	24
2014	22	2	24
2015	20	4	24
2016	17	7	24

■ OTHER Malaria activities in Senegal   ■ NMCP activities
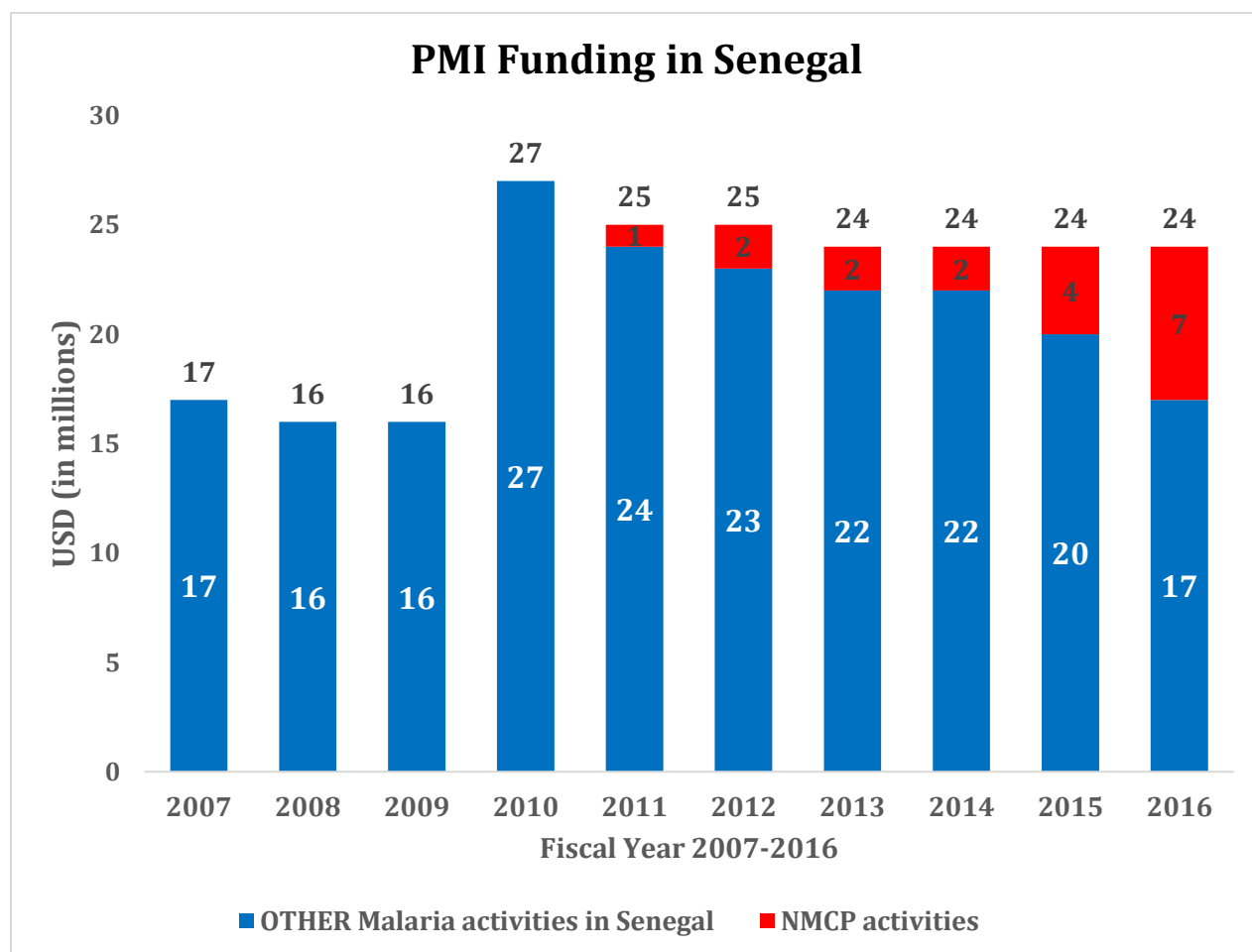
Overview of the NMCP FARA

The model for USAID to provide direct financing to the Senegalese public health sector was introduced in 1994 through implementing partner sub-awards at the regional level. The use of a G2G direct funding mechanism was intended to fully utilize Senegal's health systems and strengthen its capacities to achieve and sustain health results, in alignment with the government's priorities and national plans.

In 2012, USAID developed fixed-amount reimbursement agreements (FARAs) through the G2G funding mechanism with the National Malaria Control Program and the University Cheikh Anta Diop's Entomology Department to implement key malaria control and health system strengthening activities at both the central and regional levels. As Table 3 and Graph 1 show, the budget allocated to the NMCP FARAs has increased steadily from 2012 to 2016.

TABLE 3: USAID/SENEGAL PMI G2G PROGRAMMING, 2012–2016

FARA Implementation Letter (IL)[1] number	FY MOP	# of milestones	Obligated Amount	Implementation Period
FARA 1 IL #685-012-02	2011	5	$410,000	5/11/2012 – 5/31/2014
FARA 2 IL #685-012-05 (A2)	2012	14	$1,531,000	3/12/2013 – 7/31/2014
FARA 3 IL #685-012-05 (A3)	2013	15	$2,252,459	7/24/2014 – 7/31/2015
FARA 4 IL #685-012-05 (A4)	2014	19	$2,175,638	4/24/2015 – 9/30/2016
FARA 5 IL #685-012-05 (A5)	2015	28	$4,369,677	7/9/2015 – 12/31/2016
FARA 6 IL #685-012-12 (A6)[2] Phase 2 Year 1	2016	28	$6,794,950	8/19/2016 – 2/2018
TOTAL			**$17,533,724**	

The number and volume of milestones has increased from five in the first FARA to 28 by the fifth, with budgets increasing by almost 11 times, from approximately USD $410,000 to more than $4 million within the same period. From budget information provided in its annual reports between 2012 and 2015, NMCP has consistently received funding from USAID/PMI totaling more than half of its budget (see Graph 2). By 2015, PMI funding made up 69 percent of NMCP's budget, while funding from all others, including the Global Fund and the GOS, makes up the other 31 percent (see Table 4). In addition, from 2012 to 2016, the formulation of milestones evolved from output indicators (e.g., development of action plans, recruitment of entomologists, update of Roll Back Malaria [RBM] software, training, etc.) to outcome indicators (e.g., the percentage of children benefiting from the seasonal malaria chemoprevention during the three rounds, percentage of fever cases identified by DSDOMs, percentage of positive cases tested with rapid diagnostic tests [RDTs] showing the increased technical capacity of the NMCP to plan and implement more ambitious activities and at a higher volume). For additional findings on capacity building, see the EQ 2 section.

TABLE 4: NMCP FUNDING IN PERCENTAGES[3]

Year	USAID/PMI (FARA)	Global Fund	Other Funders	GOS	Total
2012	56.26%	39.89%	2.80%	1.04%	100.00%
2013	71.75%	25.79%	1.93%	0.53%	100.00%
2014	66.51%	33.04%	0.38%	0.07%	100.00%
2015	68.91%	30.40%	0.32%	0.36%	100.00%

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[1] FARAs consist of numerous implementation letters (ILs) which typically cover a one year period. In this report, the evaluation team uses the term FARA as opposed to ILs.
[2] IL #685-012-12 (A6) is included in this table to illustrate the continued progression of the FARAs and the increased number of milestones and funding. This FARA was signed in August 2016, and its activities are ongoing; it is not within the scope of this evaluation.
[3] Percentages calculated with funds expressed in West African Francs (CFA). NMCP annual reports from 2012 – 2015.

As mentioned, the G2G agreement mechanism utilizes host country systems and capacities to achieve priority health results in alignment with host-country government priorities, policies and plans. The FARA funding arrangement has allowed USAID/PMI to fund specific activities directly after completion of specific milestones, reimbursed at a predetermined rate. This arrangement is intended to improve the Government of Senegal's financial and management capacity and build MOH systems. For each intervention supported through the G2G mechanism, a comprehensive set of time-bound deliverables was developed, and reimbursements were conditional upon successful completion and USAID verification of the deliverables.

A 2016 USAID Health Team internal review of all USAID/Senegal Health G2G mechanisms with the MSAS found consensus between USAID/ Senegal's Health Office and USAID/Senegal Mission staff that providing direct assistance to the NMCP has contributed to malaria control in Senegal. Furthermore, the internal review noted that PMI staff in Senegal believed the G2G approach has strengthened the NMCP's capacity to develop a coherent national program, plan its annual activities, build operational and managerial capacity at the national and sub-national level, coordinate implementation activities and oversee activities carried out by regional health delivery units.

In this context, the USAID/Senegal Health Office commissioned USAID/Senegal's Monitoring and Evaluation Project (MEP) to evaluate the performance of the G2G malaria control program between fiscal years 2011 and 2015. This period includes an estimated budget of USD $10.7 million over the five years PMI has been working directly through the NMCP.

EVALUATION PURPOSE AND QUESTIONS

Evaluation Purpose and Intended Use

The purpose of this performance evaluation is to provide USAID with evidence-based data regarding the performance of its investment in the Senegal NMCP through the G2G FARA mechanism. The evaluation reviewed NMCP G2G FARA-funded activities, assessing the mechanism's sustainability as well as its effectiveness in strengthening and capacity building of the NMCP/GOS's health system for malaria control interventions and scale-up toward the reduction of malaria in Senegal.

The findings from this evaluation will inform the design of future health programs that specifically, but not exclusively, use G2G FARAs as a funding mechanism and that seek to improve the health status of a national population by focusing on malaria prevention and treatment and improve the health system's performance.

Evaluation Audience

The evaluation is aimed at several audiences. First, the findings are expected to be of value to USAID/Senegal's Health and PMI teams as well as Mission-wide from an accountability and learning standpoint. Secondly, findings and lessons learned from this evaluation will be of interest to GOS, specifically the Ministry of Health and the NMCP. Finally, the evaluation will be of interest to implementing partners and scholars more generally by making an important contribution to the evidence base on health G2G program outcomes.

Intended Use

The evaluation deliverables will include a public report presented to USAID/Senegal, PMI and NMCP. The expectation is that USAID/Senegal, PMI and NMCP will utilize the evaluation findings to inform the role

and design of health G2G programming in contributing to the control of malaria in Senegal, as well as other lessons learned for wider G2G programming beyond the health sector.

The following are the intended users of the evaluation:

- **USAID/Senegal Mission**: The primary stakeholders and users of this evaluation are the Mission's health team, the PMI team and the Local Solutions steering committee for purposes of transferring lessons learned to design/implementation of future programs.

- **NMCP, MOH and GOS**: The secondary users of this evaluation are GOS entities who may be interested in leveraging the evaluation's results to improve the coordination and collaboration processes with USAID and GOS entities.

- **USAID wider audiences**: Some units and staff in USAID are G2G observers and want to learn from others' experience to design similar interventions using direct assistance approaches. These audiences may be reached through products to be disseminated through ProgramNet of the USAID Learning Lab. USAID will determine with the MEP team what products will be needed to reach these audiences.

This evaluation may also serve other donors in their interventions with the GOS in the design of G2G approaches to development.

Evaluation Questions

The G2G NMCP FARA performance evaluation was structured to answer three evaluation questions (EQs) that were developed in collaboration with USAID/Senegal's Health Team and Program Office during the evaluation design process. The second question has two sub-questions; for the purpose of this report, the team addressed all five evaluation questions equally. While the NMCP FARA continues, the scope of this evaluation covers only the first five FARAs (FARA 1 – A5), which were implemented during 2012 – 2016. The EQs are:

1. What has implementation of the NMCP agreement allowed the NMCP to achieve, in alignment of the national strategic plan for the control of malaria in Senegal and the PMI objectives, as detailed in the annual Malaria Operational Plan?

2. In what ways has USAID's direct assistance to NMCP strengthened government institutions' capacity to deliver effective and efficient services (specifically in areas of planning/management, service delivery; financial management, including the Ministry of Finance [MEF]; and M&E, including information systems)?
    a. What evidence is there, if any, that improved performance of public financial management (PFM) systems is contributing to more effective and/or efficient delivery of services?
    b. How does the NMCP collect and analyze service delivery data to track program performance (i.e., key intervention coverage, tracking results against targets, etc.) and use of data for decision-making?

3. How and to what extent has the USAID direct assistance increased NMCP sustainability and local ownership (including at regional and district levels – health system wide) of priority-setting, implementation processes and mobilizing adequate resources related to malaria control efforts?

In addition to the above evaluation questions, the recommendations provided in the report in response to each question addressed the following operational question: What improvements in G2G processes, both internally at NMCP and externally with USAID, have positioned the NMCP FARA to better meet its intended objectives? While this question was initially the fourth evaluation question, the evaluation team

and USAID agreed that since this question is asking for recommendations, the team could address this question as part of the recommendations section.

Given the amount of G2G NMCP funding allocated to broad malaria control interventions, the USAID Health Office tasked the evaluation team to focus on four specific malaria control activities: 1) seasonal malaria chemoprevention (SMC); 2) sentinel site surveillance; 3) supportive supervision; and 4) the malariology course.

Findings, conclusions and recommendations were analyzed on the achievement of pre-determined and costed deliverables specific to these interventions and limited to activities implemented from 2012 to 2016.

EVALUATION METHODS AND LIMITATIONS

Evaluation Team

A five-member evaluation team carried out this evaluation between May and August 2017. All five core team members led and participated in all activities implemented under this evaluation from design and implementation to report writing. Other members provided support as deemed necessary and appropriate by the evaluation team lead. The five core members included two international experts and three Senegalese experts. Evaluation team members completed and signed forms disclosing any conflicts of interest, provided in Annex VIII. The team members are as follows:

- Dr. Corine Karema, evaluation team leader and malaria control program management expert, led and oversaw the implementation of the evaluation. With her expertise in malaria control programs, Dr. Karema focused on EQ 1.
- Mr. Drew Lent, organizational development expert, participated in all aspects of the evaluation, including design, implementation and report writing. With his expertise in organizational development, Mr. Lent focused on EQ 2.
- Mr. Aboubakiry Koulibaly, health performance measurement and evaluation specialist, led efforts to answer EQ 3.
- Mr. Moussa Sy, monitoring and evaluation expert, provided support to all aspects of the evaluation and ensured that the team followed clear processes to answer each evaluation question. His expertise was helpful in developing the team's Getting to Answers Matrix (Annex III).
- Ms. Aissatou Mbaye, monitoring and evaluation specialist, provided support for all aspects of the evaluation, including during design and data collection.

Ms. Safyatou Diallo, a MEP monitoring and evaluation specialist, provided additional support to the team during data collection and data analysis. Mr. Yaya Mbodji, MEP data analyst, also provided support to the team during data analysis. Additionally, four enumerators supported the team with interview notes and transcriptions during data collection.

Data Collection Methods

The evaluation team used a mixed-methods approach to conduct this performance evaluation. The team used quantitative data from documents reviewed including milestones technical reports, NMCP annual reports, program evaluations and assessments and DHS survey data. The team collected qualitative data from interviews and site observations. The evaluation team conducted semi-structured individual interviews with national, regional and district health workers and partners, and group interviews with

stakeholders at the district level. In addition to the individual and group interviews, the team conducted informal site observations in both regions they visited. Site observations included visiting several health facilities such as regional health offices, district-level health posts, community health huts and sentinel sites. More detailed information on each data collection method is described below. In compliance with the evaluation statement of work (SOW), the evaluation team developed a detailed work plan, including a Getting to Answers (GTA) matrix, field calendar and tools during the first week of fieldwork. The SOW is in Annex I and the evaluation work plan is in Annex II.

Document Review

Prior to starting fieldwork, the evaluation team conducted a comprehensive review of all G2G NMCP project documents provided by the USAID Health and PMI teams. The evaluation team reviewed background project documents that included NMCP strategic plans, FARA-budgeted work plans, annual and progress reports, data tables and survey reports created within the project and a range of peer-reviewed publications. The team limited the document review to milestones related to the four identified technical areas on which this evaluation focuses. After completion of the document review, the evaluation team developed the Getting to Answers with Secondary Data matrix, which references background information that supports responses to the three evaluation questions and two sub-questions. The document review and Getting to Answers with Secondary Data matrix helped the evaluation team organize and prioritize the time in the field. This was particularly helpful for knowing what data existed that can be validated in the field and identifying information gaps that called for additional data collection to comprehensively answer the evaluation questions. A list of all documents reviewed by the evaluation team is listed in Annex VI.

Key Informant Interviews (KIIs)

The evaluation team conducted key informant interviews with individuals at three levels: 1) national, including the Government of Senegal, the NMCP and international NGO and donor partners, 2) district-level health workers and 3) regional-level health workers. The team developed seven data collection tools for various sets of respondents to ensure that they asked specific questions appropriate to the different types of respondents, but also appropriate to answer the five evaluation questions. They developed interview tools for 1) international non-governmental organization (NGO) and donor partners; 2) MCD/ECD (medical chiefs at the district level; 3) MCR/ECR (medical chiefs at the regional level); 4) PMI Team; 5) USAID/Health; 6) USAID financial specialists; and 7) GOS public financial management (PFM). For specific interview questions, see Annex IV.

Group Interviews

The team conducted group discussions with health committees at the district level. The team did not develop a different set of tools for these group discussions but used the semi-structured key informant interview tool developed for district-level health workers. This allowed the team to have open conversations with the committee members while ensuring that they were asking questions that were pertinent to the evaluation.

Selection of Respondents

In collaboration with USAID/Health and PMI teams, the evaluation team used a purposive sampling method to identify 97 informants. The team selected respondents based on their level of involvement in the four technical areas supported by the G2G mechanism and with regard to gender balance. The evaluation team conducted key informant interviews (KIIs) and group interviews with the various stakeholders and beneficiaries involved in the G2G mechanism and in malaria control in Senegal. As stated, the team

developed semi-structured interview guides for KIIs to ensure that key questions were targeted toward key individuals.

A total of 67 individuals were interviewed. For a full list of respondents, see Annex V. The interviewees included the following:

TABLE 5: INTERVIEWS AND GROUP DISCUSSIONS RESPONDENTS

# of Interviews	Type of Interview	Type of Respondent
11	KII	USAID/Senegal health and PMI teams
10	KII	GOS (includes MSAS, MEF and NMCP staff)
5	KII	International Actors
35	KII	Regional and district level healthcare workers
6	Group discussions	District level health committees

Site Selection for Fieldwork

The evaluation team worked closely with the USAID/Health and PMI teams and NMCP to identify two regions and four districts within those regions for data collection. Through document reviews and input from USAID/Health, PMI and NMCP, the evaluation team selected the Tambacounda and Saint-Louis regions based on several criteria. USAID/Health, PMI and NMCP requested that the team look at areas with malaria control programming in areas of high and low transmission. Tambacounda is categorized as a high malaria transmission region and Saint-Louis is a low transmission region. Additionally, USAID/Health, PMI and NMCP were interested in information relating to four technical areas in which they had major interventions through the G2G mechanism: malariology courses, seasonal malaria chemoprevention (SMC), sentinel site surveillance and supportive supervision. The team selected two districts in the Tambacounda Region (Bakel and Tambacounda) and two districts in the Saint-Louis Region (Richard Toll and Saint-Louis), ensuring that at least three technical areas are being implemented and managed within each district, and that at least one district in each region hosts a malaria sentinel site. Map 2 shows the geographic locations of each region and districts. Table 6 details the regions and districts and their four technical areas.

MAP 2: SITES SELECTED FOR DATA COLLECTION

Les localités concernées par l'évaluation

Légende
- Districts ciblés
- Régions ciblées
- Régions non ciblées
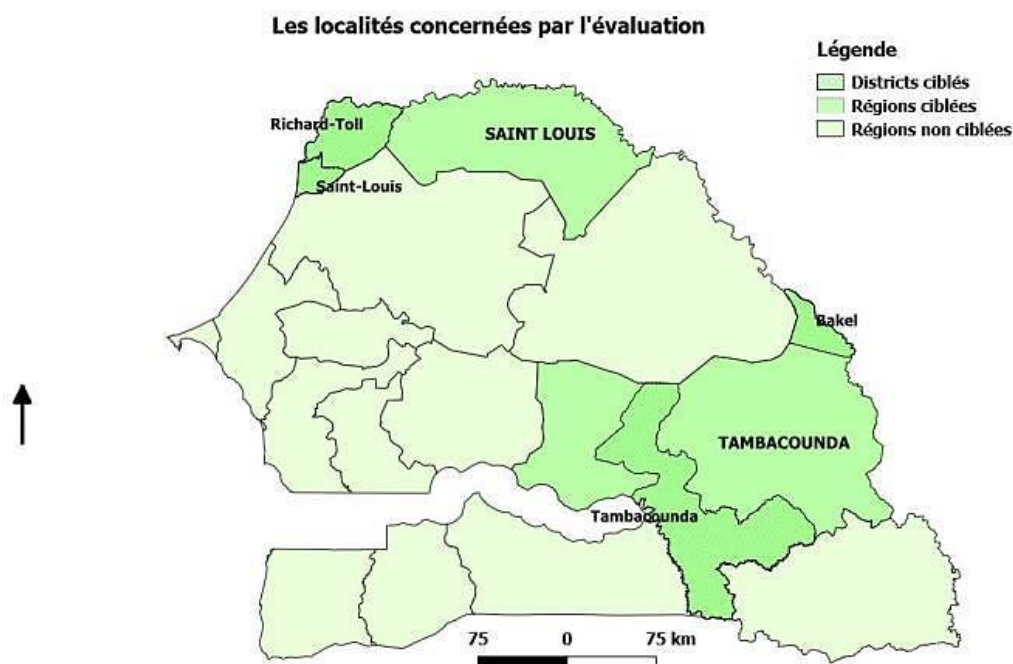
This map depicts the sites selected for data collection. The darker green depicts both regions and districts selected while the lighter green areas depict non-selected areas.

TABLE 6: SITES SELECTED FOR DATA COLLECTION AND TECHNICAL AREAS OF INTERVENTION

Region	Technical Area	District	Technical Area
Saint-Louis	Malariology Courses*	Saint-Louis	Supportive Supervision
		Richard Toll	Supportive Supervision, Sentinel Site
Tambacounda	Malariology Courses*	Bakel	Supportive Supervision, Sentinel Site, SMC
		Tambacounda	Supportive Supervision, SMC

*Malariology courses are offered at the central level with participants selected at the regional level.

Data Analysis Methods

For qualitative data, the team paid attention to the management of the data emerging from the key informant interviews and group discussions. All recorded qualitative data were transcribed and coded using MaxQDA software to explore emerging and relevant themes in relation to the five evaluation questions. With MaxQDA, the evaluation team also conducted content analysis to establish basic information and extract patterns relevant to each evaluation question. The data collected was disaggregated by stakeholder level (national, region and village), as well as by the level of direct work with the NMCP. Additionally, the evaluation team triangulated data collected through the document review with data collected through fieldwork to further inform the evaluation findings and to verify findings from primary data collection. Throughout fieldwork, the team discussed and reviewed interview notes against each evaluation question on a daily basis to record highlights and insights from the collected data.

Limits and Challenges

Challenges to data collection included the following:

- While the evaluation team did have access to voluminous documentation on the design and implementation of pre-2012 NMCP activities, there were no performance measurement indicators and related indicator data on NMCP capacity in terms of planning, financial management and data management and use for the period 2007-2012. To compare pre-FARA management performance to current FARA-supported performance, in response to evaluation questions 2 and 2.a, the team reviewed pre-2012 secondary data (annual MOPs, PMI studies, other evaluations, etc.) and conducted interviews with key informants on pre-FARA performance as proxies for management capacity indicator data.

- **Respondent and recall bias:** Given that respondents were asked to recall historical information from before and during the FARA implementation period (pre-2012 and 2012–2016), key informants may have been susceptible to "selective memory" and recall bias. The evaluation team triangulated data received from the respondents with other data sources found in the field to minimize the recall bias, and respondents were allowed sufficient time for adequate long-term memory recall.

- **Limited time for data collection:** Limitations in completing the evaluation included travel time and the ability to obtain all requested interviews, given the busy schedules of key informants based in Senegal during the data collection period (NMCP, MEF, etc.)

Despite these limitations, the evaluation team believes data collected were both sufficient and robust enough to provide results and recommendations that are representative and relevant for the FARA NCMP performance evaluation findings and recommendations.

FINDINGS AND CONCLUSIONS

Question 1

What has implementation of the NMCP Agreement allowed the NMCP to achieve, in alignment of the national strategic plan for the control of malaria in Senegal and the PMI objectives, as detailed in the annual Malaria Operational Plan?

To address this question, the evaluation team reviewed NMCP's National Strategic Plans and PMI Senegal's Malaria Operational Plans (MOPs), NMCP annual work plans and reports, malaria program review (MPR), NMCP milestone reports and other FARA documents to assess the performance of the FARA-funded activities. The team triangulated secondary data with key informant interviews and group discussions with stakeholders at the national, regional and district levels.

FARA Activities align with NMCP National Strategic Plan (NSP) and PMI Malaria Operational Plans (MOPs)

NMCP planning processes take several forms. As a unit within the *Ministère de Santé et Actions Sociale* (MSAS),[4] NMCP develops a five-year national strategic plan (NSP) that also takes into consideration the GOS national health plan as well as World Health Organization (WHO) guidelines on malaria elimination.[5] NMCP contributes to PMI's annual Malaria Operational Plan development to ensure alignment with its own NSP. NMCP and PMI work closely to negotiate FARA milestones, associated activities and costs on an annual basis. The close collaboration between NMCP and PMI enables inclusion and participation between both partners, as well as other NMCP funders. NMCP's annual work plans include malaria control activities funded by PMI and its other funders, including UNICEF and the Global Fund.

As mentioned, the close collaboration between NMCP and PMI ensures that milestones align with both the NSP and the MOPs. In reviewing these documents, the evaluation team found alignment between the NSP and the MOPs. The team also found alignment between the annual MOPs and FARA-funded activities (e.g., seasonal malaria chemoprevention, PECADOM, support supervision, and malariology courses). An NMCP staff member reflected on the negotiating process with USAID:

> "We set priorities and objectives within our strategic plan. For each focus area, we set goals to be achieved within five years. Therefore, each year, we know the steps we need to take in order to achieve our goals because each milestone has been agreed upon through negotiating with USAID."
>
> — *NMCP staff*

Other health care workers also spoke about the planning process that takes place annually with NMCP as:

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[4] English translation: Ministry of Health
[5] http://www.who.int/malaria/en/. This evaluation report also uses the terms "*international normative guidelines*" to refer to WHO-established guidelines.

> "The biggest issue with the annual work plans is expansion. Most often, we cannot plan to implement a lot of activities that donors and partners would like to do because we do not have the budget. We also prefer to wait for the next year to plan activities because it is dynamic, and we can change and add other activities."
>
> — *ECD group discussion participant, Saint-Louis*
>
> "If it depends on us, we would have implemented certain activities in place of others and within our own timeframe."
>
> — *ECD group discussion participant, Saint-Louis*

MSAS and NMCP ensure participatory engagement of stakeholders at the national level in several ways, including providing details in its organizational procedures. The MSAS ministry-wide procedure manual, NMCP M&E plan and annual reports outline processes for NMCP to interact at the national, regional and district levels, ensuring that all stakeholders are able to participate in planning sessions for the annual work plans (PTAs) which detail malaria control activities that will be implemented. While the team heard positive responses about NMCP's management of its malaria control activities and ensuring that stakeholders at the various levels are aware of the PTA. Respondents at the district level, however, also spoke the need for more inclusion, particularly those at the district level in PTA planning so that the activities they implement are better able to meet the needs of their communities. The MCDs and district health committees in the four districts that the team visited specifically spoke about how the NMCP did not engage them during the PTA planning phase and sent only a pre-filled template for malaria control activities. They acknowledged that these activities aligned with approved areas of interventions per the accepted MOP, but that they reflected decisions at the central level and not necessarily at the regional or district levels. These respondents stated that the suggested areas of interventions did not account for updated detailed program gap analysis or the malaria data that highlighted priorities and needs of their districts.

District plans are flexible and can be adjusted with support of non-FARA funding opportunities to support priorities that are not covered by the FARA mechanism. Districts, however, do not have a comprehensive malaria action plan that includes all of their malaria control activities. Interviews in Tambacounda and Saint-Louis reveal that the division of labor among implementers, even in the same district, was not clear and resulted in duplication of some activities, such as those implemented through the FARA and those of Project NEEMA-Intrahealth and Project PATH. Some duplicated activities include Project NEEMA's community sensitization and mobilization, community health worker training and supervision and Project PATH's pre-elimination activities, such as case investigation. Based on conversations with IntraHealth, however, respondents stated that the types of activities implemented through Project NEEMA are the same (e.g., capacity building, prevention, support). IntraHealth respondents emphasized the partnership role of both NMCP and IntraHealth and noted that IntraHealth is there to support NMCP. They also spoke about the continued collaboration and dialogue between their own organization and NMCP to ensure appropriate contribution to NMCP's work in filling in gaps where needed.

FARA Implementation and Performance Based on NSP and MOP Objectives

The G2G mechanism enabled the NMCP to implement key malaria control activities that feed into key national malaria indicators (Table 1). The desk review of annual activity reports and milestones reports show that the majority of FARA activities have been implemented according to each FARA. NMCP experienced delays in implementing some activities from the first three FARAs due to reasons beyond their control. During the first FARA, for example, not all planned supervision activities were carried out

due to a decentralized health staff strike. These activities were reallocated to the following FARA and implemented by NMCP within the new timeframe.

> "The FARA has enabled strengthening of actors at the operational level, which has equipped them with skills to better manage activities. The trainings have added to the improvement of diagnosis, particularly microscopy. Having access to complete laboratory equipment also enables us to provide medical services that meet international norms."
>
> — *NMCP staff*
>
> "[The FARA] uses a results-based management approach that reinforces accountability and capacity building of NMCP. For me, this is a good mechanism."
>
> — *UNICEF health staff*

TECHNICAL AREAS

The evaluation team performed a detailed review of the four identified FARA funded technical areas; the team's findings follow.

Malaria Courses

With partners Higher Institute for Education and Development (*Institut Superieur D'Éducation et Development,* or ISED), University of Cheikh Anta Diop (UCAD) and PMI, NMCP implemented malaria courses to train health care workers on the latest knowledge and standards for malaria diagnosis, treatment, surveillance and control and how to supervise other health workers in their regions and districts. These courses were offered to district directors and expanded to include regional and district supervisors as well. Between 2012 and 2016, 70 percent (202 of 285) of health workers completed the malariology courses that were offered. Consistently in interviews and group discussions with MCRs, MCDs and district health committees expressed praise and appreciation for the courses which they felt enhanced their knowledge of malaria control and capacity to manage malaria activities. While the evaluation team heard this consistently from respondents, they did not find evidence of district ownership in the initiation of planning and implementing malaria control activities at decentralized levels. Some key interviewees, however, reported that trained district medical directors do not sufficiently use their acquired knowledge to plan and implement malaria control activities relevant to their districts' specific situations. MCDs, on the other hand, explained a need to expand the course to other health care workers, such as chief nurses and malaria focal points, at district and health posts to improve knowledge of malaria control activities for the design and implementation of malaria control interventions based on local epidemiology and to respond to needs at the decentralized level, particularly pre-elimination. Interviews with other funders (e.g., IntraHealth, WHO, UNICEF) and other health workers at the regional and district levels were more positive. Donors suggested they could collaborate to fill in the gaps left by NMCP, while health workers noted they could work together to make sure they address health care needs appropriately.

Supportive Supervision at Point of Care

The NMCP, with support of partners ISED, UCAD, PMI-USAID and WHO, has trained regional and district-level doctors and other senior health managers on malariology. These individuals are key resources for the supervision of malaria control and treatment activities. The evaluation team found that the quarterly supervision calendar was respected with the decentralized supervisions carried out by district directors (MCDs) trained in the malaria course. Interviews with MCDs and chief nurses of health posts (in French, *infirmier chef de poste* or ICPs) in the four districts show that peer supervision provided

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an important opportunity and forum for learning and sharing of best practices. Supervision feedback was made on site, written in a supervision register or through face-to-face feedback. Sentinel site supervision varied between formative supervision visits and integrated/joint quarterly supervisions. The team did not find evidence of on-site data verification during decentralized supervision.

> "[There are] 76 districts. It used to take a long time to supervise every district with 10 people. Today, we have a reserve of 100 malariologists, so supervision that took one month can now be done in 10 days. Today, we can supervise Tambacounda and we can also take other malariologists that are in other regions. We have a team."
>
> — *NMCP staff*

<u>Seasonal Malaria Chemoprevention (SMC)</u>

SMC with sulfadoxine-pyrimethamine plus amodiaquine, given each month during malaria transmission season, is recommended for children living in endemic areas where malaria is highly seasonal. Since 2012, SMC implementation in Senegal has been consistent with respect to the annual calendar, in effect every year from August to October, with three or four rounds of treatment for all children aged 3-120 months in targeted districts, implemented as a household level mass drug campaign. With support of trained community volunteers, community engagement and compliance has contributed to the increase of SMC coverage, reaching to more than 97 percent coverage of targeted children. SMC is implemented in Tambacounda, Kolda, Kedougou and Sedhiou, highest malaria burden regions, but not in Saint-Louis, which is a low prevalence zone. For this evaluation only Tambacounda was visited by the team. While NMCP implemented activities align with international normative guidelines, SMC is given to children up to age 10, as it has been shown to be an effective treatment locally, though WHO guidelines recommend it only to children under 5 years of age. Research institutions have been involved in the evaluation of the SMC and many studies have shown that SMC has substantially reduced the incidence of malaria outpatient cases and of severe malaria in children.[6]

DSDOMs interviewed in Tambacounda informed the team that SMC, an intervention implemented only through the G2G FARA, has helped reduce the number of malaria cases and their severity at the community level during high malaria seasons. The decline of the malaria burden was seen one to two months after SMC intervention, even during high malaria transmission season.

<u>Sentinel Sites</u>

In 2008, the NMCP developed its own malaria epidemic surveillance system using several existing health posts in the river basin as sentinel sites. These sites report the same routine malaria case data as other posts (e.g., number of patients seen for any reason, number of suspected malaria cases, number tested, and number confirmed) to the district, region and NMCP on a weekly basis. Eight health posts were selected in the first phase and this has expanded to 24 sentinel sites spread across the nation for early detection of malaria outbreaks.

> "With the support of PMI, we have been able to expand the number of sites…to provide better surveillance. We had eight sites in Richard Toll, Podor and Matam. Now we have added Bakel and Kédougou. We have data from across various parts of the country and carry out research."
>
> — *NMCP partner*

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[6] NDiaye JL, Cissé B, Ba EH, Gomis JF, Ndour CT, Molez JF, et al. (2016) Safety of Seasonal Malaria Chemoprevention (SMC) with Sulfadoxine-Pyrimethamine plus Amodiaquine when Delivered to Children under 10 Years of Age by District Health Services in Senegal: Results from a Stepped-Wedge Cluster Randomized Trial. PLoS ONE 11(10): e0162563. pmid:27764102

The G2G FARA enabled NMCP to equip its sentinel sites with new electronic forms which improved the collection and transmission of data. Other equipment the NMCP has been able to provide sentinel sites include harmonized management tools and improved data collection tools (e.g., SMS, tablet computers). Tablet computers allowed Saint-Louis health care workers to perform a weekly analysis of malaria data. The team did not, however, found neither clear guidelines nor standard operating procedures (SOPs) on sentinel site weekly data management and its backup at the sentinel site, the district or the NMCP. While the team found that sentinel sites have the capacity to collect, analyze and report data, the two sentinel sites the team visited did not have a preparedness plan or the capacity to quickly address outbreaks. Malaria focal points at these sentinel sites told the team that if they saw any abnormal trends of malaria, they would reach out to the district and region supervisors for guidance on required actions, instead of reacting to address them.

Overall, across all four technical areas, the evaluation team did not find evidence of on-site data verification to confirm completion of milestone implementation, other than activity reports such as documentation from field visit, workshops and trainings which the NMCP submits to USAID/PMI team.

Conclusions

Based on the above evidence, the G2G FARA mechanism has enabled the NMCP to increase staff technical skills and capacity to plan and implement malaria control activities based on the GOS priorities and needs in collaboration with funding partners. USAID/PMI and NMCP have aligned FARA activities with NMCP's NSP and PMI's MOPs, while ensuring their accordance with international normative guidelines.

The evaluation team concludes that malariology courses have increased the capacity of district-level actors to be more involved in the implementation of FARA-funded malaria control activities. The malaria course provided a cost-effective means to improve malaria control and treatment at all levels of the health system. Although the decentralized health care workers' capacities have increased, there is no clear involvement of the district in designing and planning milestones and FARA activities. Activities proposed by the NMCP to the districts are not flexible enough to be adjusted to meet emerging district needs, causing urgent district priorities to go unaddressed if they do not receive support from other implementing organizations such as Path or IntraHealth. G2G flexibility at the central level has led the NMCP to increase its planning and implementation skills to achieve NSPs and MOPs objectives.

The malaria courses were tailored to Senegal's epidemiological situation and local needs, enabling the country to better achieve its malaria control objectives. Although the evidence strongly suggests that the malaria courses are appropriate and highly relevant to local conditions, trained district medical directors are not able to use their acquired knowledge to plan and implement MC activities relevant to needs in their districts due to central level FARA planning.

Trained medical directors provide support supervision as frequently as planned, allowing more decentralization of supervision tasks. Being supervised by peers has optimized health care workers' technical capacity by sharing best practices and practical experiences.

Implementation of seasonal malaria chemoprevention (SMC) enabled NMCP to implement innovative strategies increasing health providers' skills with community engagement and the provision and availability of commodities. The G2G FARA has contributed to achieving high coverage of SMC in the two Tambacounda districts visited during fieldwork. With support of the FARA, the NMCP extended the target age group of SMC recipients to children up to age 10 years, based on the cost-effectiveness of using this strategy with older children.

Within the sentinel site technical area, the team concludes that the G2G mechanism has contributed to NMCP and PMI's strategic goals to strengthen a sustainable health system. Capacity-building activities have

equipped personnel at sentinel sites to collect, report and analyze data for malaria surveillance, as well as early detection of malaria outbreaks or epidemics.

The G2G mechanism has enabled the GOS to contribute to PMI's strategic goal of scaling up proven interventions. The GOS has made significant progress in the fight against malaria, scaling up high-impact malaria control interventions and reducing the malaria burden.

Question 2

In what ways has USAID's direct assistance to NMCP strengthened government institutions' capacity[7] to deliver effective and efficient services?

USAID's direct support to the NMCP through its G2G agreement was intended to enable increased system-wide capacity to implement technical and managerial malaria control (MC). However, as mentioned in the evaluation limitations, no organizational capacity development indicators were identified or tracked between NMCP and USAID to measure improvements since 2012, when the first FARA was signed. NMCP as a unit of MSAS has worked closely with PMI, USAID/Senegal and other donors to establish a highly functional and effective decentralized operation. The NMCP malaria program is vertical and integrated within Senegal's national health delivery system. Though NMCP has no staff based outside Dakar, they work assiduously with MSAS and depend on the ministry's diversified chain of health personnel in Senegal's 14 medical regions and at the 76 health districts. The direct assistance of the G2G FARA shifted important "implementer roles and responsibilities" to USAID without modifying the Agency's staffing pattern. The findings and conclusion that follow highlight capacity building successes and challenges for future malaria reduction and elimination.

To address EQ2 as well as its two sub-questions on NMCP's financial system (2a) and NMCP's monitoring and evaluation system (2b), the evaluation team referred to interviews with relevant personnel as well as project documents. These documents include NMCP's 2011 - 2015 Monitoring and Evaluation Plan, its 2011 – 2015 National Strategic Plan and its current (2016 – 2020) National Strategic Plan, annual work plans and reports, FARAs and associated milestone technical reports, MSAS's procedural manual (which includes a section on financial management of projects), previous studies (including the 2016 internal health G2G review), and the 2015 NMCP organizational audit. See Annex VI for a full list of documents reviewed. Additionally, in regard to the two sub-questions, USAID requested specific information about NMCP's perception of its own capacity to meet the demands of the increasing milestones, both in terms of its financial management capacity and its programmatic management capacity.

Findings for EQ 2

Table 3 in the Project Background section shows the progression of the number of milestones and their associated resources which occurred between 2011 and 2016, the period of performance this evaluation covers. The table shows the number of milestones increasing from five in FARA 1 to 28 by FARA 5, and funding increasing from $410,000 in the first FARA to $4,369,677 by the fifth. Upon review of each FARA, it is clear that the milestones have evolved from output-based results in the first FARA to outcome-based results by the fifth. During this period, 41 of the total 81 milestones directly addressed malaria control (MC) capacity building within the national health system, in part because USAID made the decision to work through "local systems." Both USAID and NMCP spoke favorably about the FARAs, and USAID acknowledged that while it did not increase staff workload on the financial disbursement side, it increased staff workload on the verification side. As part of the G2G approach, USAID did not require additional

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[7] For the purpose of this evaluation, "capacity building" is defined as a combination of learning activities including skills training, formative supervision for skills reinforcement, technical meetings and visits and program monitoring and evaluation.

financial reports from NMCP, even with the increased complexity of the FARAs. The increase in outcome-based milestones also increased USAID staff workload considerably after 2013 because of the verification required for payment of the FARAs. NMCP, on the other hand, recognizes that the increased workload also increased local ownership, technical quality, and organizational management. This is discussed further under EQ 2a on public financial management (PFM).

CAPACITY BUILDING

The evaluation team found, through interviews and document review, that the FARA mechanism builds NMPC management capability and effectiveness in several ways.

- The NMCP participates in program planning processes via participatory meetings with other members of the MSAS, USAID/Senegal, PMI and other partners, to analyze, coordinate and harmonize the annual PMI MOP, the five-year NMCP Strategic Plan and NMCP's annual work plans, including regional and district work plans.

- NMCP collaborates closely with USAID/Senegal and PMI to develop the FARAs, including the milestone activities, deliverables and their associated reimbursement amounts.

- PMI team spends up to 50 percent time to provide mentorship, on-the-job support, and technical assistance on activities under the FARAs.

- NMCP, in collaboration with Cheikh Anta Diop University of Dakar (UCAD), WHO and USAID/Senegal, designed a comprehensive malaria knowledge course and a separate malaria-specific monitoring and evaluation/surveillance course for public and private sector actors in MC activities which were designed for doctors, nurses and other MC health workers. Additionally, NMCP works assiduously with and depends on MSAS's diversified chain of health personnel in the 14 medical regions, medical districts and health posts.

- NMCP also actively coordinates the contributions of other government partners, logistics for site visits and provision of commodities, data monitoring and analysis of malaria epidemiological trends.

- NMCP implements activities as described in the FARA's[8] throughout Senegal in accordance with the epidemiological requirements for each intervention and documents their results.

While no NMCP staff is based outside Dakar, NMCP staff travel regularly to the regions and districts which has contributed to the consistent and effective transfer of skills through technical exchanges between MCRs (*Medecins chef de region*) and MCDs (*Medecins chef de district*). This technical capacity building approach reaches all levels – national, regional, district, and community – and is key to Senegal malaria control gains and the sustainability of the MC program.

The evaluation team observed that district health workers who attended trainings offered by NMCP applied skills they learned into their work. These skills are further reinforced through post-training follow-up and formative supervision. Through the national monitoring and evaluation/surveillance of malaria knowledge course, participants were able to improve diagnosis and treatment protocol. NMCP provides other specialized trainings such as malaria case management, diagnostics and malaria surveillance to district and regional level health workers, which is then reinforced by "formative supervision" – a combination of teaching and mentoring interactions. The health workers whom the evaluation team encountered stated

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[8] A FARA is defined as an implementation letter that documents the agreements and conditions which includes activities to be implemented, expected results, and reimbursement amount. These implementation letters are referred to as fixed-amount reimbursement agreements (FARAs) in this report.

that they rely on this formative technical support in their work, which has raised their technical acumen and commitment to MC.

Most healthcare workers at the district, regional, and central levels spoke about the activities implemented through the FARA with the NMCP in positive terms. For example, one interviewee at the regional level responded to a question about the value of milestones activities saying, "[…] Health technicians, supervisors, and others have contributed a lot to malaria control. […] It is true that the fight against malaria is a national fight, but coming out of a [malariology] training, I have a new vision for malaria control, the stakes that are involved, and the commitment. It is not for nothing that health workers want to fight against malaria."

The quotes below capture sentiments expressed by NMCP and USAID/Senegal staff about the collaborative and participatory nature of the FARAs and the evolving capacity of NMCP staff.

> "If we start from where we were in 2012, to see where we are now in Senegal with the G2G mechanism. We've had access to resources that allowed us to directly support the GOS structures in place. Now we can see what has been achieved through reinforcing of our technical competence. What the G2G activities have enabled on the ground, with the introduction of medicines, laboratory products, etc., and follow-up supervision, monitoring and evaluation – all these activities together have enabled us to reduce the proportional morbidity, mortality and even the prevalence of parasites."
>
> *— NMCP staff*
>
> "I am there to help the NMCP succeed, and nothing else. Implementers may have that purpose too, but they also have the need to advance their organization and interests – programmatic and financial. This relationship established a set of working norms to build the local capacity to troubleshoot, make informed decisions and manage for results. The 50 percent of time that the PMI advisors spend at the NMCP enables technical collaboration and skills that stay in the organization."
>
> *— PMI staff*

Additionally, some interviewees pointed to the fact that in the current set of cost discussions, negotiations were tough at times, which they interpreted as a positive move toward NMCP's improved knowledge of costs and toward treating this financing as a professional exchange, such as would occur between a private business and a commercial bank.

Challenges

The evaluation team also found some areas in which the FARA might make it difficult for USAID/Senegal and NMCP to achieve their objectives. One of these areas is the budget year variance of the calendars on which USAID/Senegal and MSAS operate. USAID/Senegal operates on a U.S. federal government fiscal year period (October 1- September 30th), while MSAS operates on a calendar year (January to December). These planning cycles vary such that the timing of the PTA development and finalization by NMCP does not match with the milestones development period including NMCP, USAID/Senegal and PMI that is planned according to the USG fiscal year.

Another challenge is that donors such as WHO and UNICEF as well as NMCP leadership support an eventual devolution of the FARAs to the regional health administration. Through another G2G FARA, USAID currently provides support to regional medical services in the region of Kaffrine including support to improve the regional hospital. Similarly, NMCP is interested in expanding funding to support regional health facilities to plan and implement MC training courses. Some malaria experts and advocates see

NMCP going regional as an essential next step to increasing the MC program's success in local health facilities. NMCP has already taken some initial steps in this direction. In 2008, for example, NMCP's reach extended to rural villages and enabled hundreds of village-level volunteers (DSDOMs) to be trained to implement the community case management activities. Additionally, while the team did not review FARA (A6) as it is beyond the scope of this evaluation, the team understands from comments made by respondents that this newest FARA includes decentralization of activities in the regions and districts of Senegal.

Conclusions

The G2G FARA mechanism requires close collaboration between NMCP, USAID/Senegal and PMI teams which has led to increased NMCP capacity to implement technical and managerial malaria control interventions to achieve epidemiological results. The G2G FARA mechanism has empowered the NMCP to manage for results and strengthen the capacity of its staff to plan, coordinate, implement action plans, and measure health outcomes. The combination of coordination planning and meetings and tailored skills training organized and followed by supervision visits led to an increase in competence and uniformity in the delivery system. Additionally, the shift to outcome-based results direct financing, through negotiated milestones, has contributed to the increased MC gains that NMCP and its partners[9] have made in transforming the reach, nature and ownership of the program in Senegal. The evaluation did not find evidence of poor or defective provision of services. The program's effectiveness is due to NMCP's commitment and ability to collaboratively plan, manage relations with MSAS and donors and mobilize financial support for an intricate set of effective malaria control interventions.

Question 2a

What evidence is there, if any, that improved performance of PFM systems is contributing to more effective and/or efficient delivery of services?

While there are no indicators jointly agreed by USAID/Senegal and NMCP within the FARA to measure an improved PFM system, the evaluation team looked at overall financial management processes writ large and any changes in procedures or staffing over the evaluation period. To answer this evaluation question the team reviewed documents specific to NMCP financial managements, spoke to individuals at NMCP's financial management team, MEF/DCFE personnel, and personnel at the MSAS/DAGE. The team triangulated this data with those collected through interviews with others working within malaria control activities implemented through the G2G FARA with NMCP as well as others who may have spoken about the GOS's public financial systems.

Findings for EQ2a

FINANCIAL MANAGEMENT

As described in the background section, NMCP and USAID/PMI negotiate on FARA funded activities, reimbursement amounts, and deliverables. A formal implementation letter is signed between the Ministry of Finance and USAID/Senegal outlining the timeline for activities, milestones and reimbursement requirements. Once activities have been implemented, NMCP submits the associated milestone deliverables (e.g. summary report on activities implemented, research report on impact of specific activities such as SMC, etc.) and payment request. The submitted reports are then verified by

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[9] Major Senegal MC partners are USG (through USAID and PMI), Global Fund, World Bank, and the Islamic Development Bank.

USAID/Senegal staff and, when approved, are paid through GOS procedures using an established secure bank account.

Per documents reviewed, FARAs (or Implementation Letters) are signed by representatives from both USAID/Senegal and the MEF/DCFE (formerly *Direction de l'Investissement*). While these agreements are signed by MEF/DCFE, USAID/Senegal transferred funds directly to NMCP's bank account. With each FARA implementation letter signed, the NMCP opened an account that received only funds associated with that particular agreement. After signing of the FARA, NMCP may request an advance of funds if needed for implementing activities and receives the remaining payments as milestones are achieved and validated. Between 2012 and 2016, NMCP has worked with various banks including International Commercial Bank, Banque Atlantique, and Ecobank. Eventually, USAID/Senegal and NMCP settled on Ecobank because USAID/Senegal has a bank account with Ecobank which helps shorten the transfer time when moving funds from one account to another. Funds from USAID/Senegal to NMCP did not go through the MEF, but went directly to NMCP's account, and were managed by NMCP's financial team. When asked about staffing, NMCP respondents indicated that they have not adjusted their staffing since 2012 when the first FARA was signed. The financial team consists of one internal auditor and four accountants, with one accountant specifically dedicated to managing FARA funded activities.

Discussions to have the MEF and MSAS be more involved in these transactions have been underway since 2012. In 2014, USAID/Senegal, the World Bank, LuxDev and other development partners conducted a joint assessment of MSAS's financial management and administrative systems within the Public Financial Management Risk Assessment Framework (PFMRAF). The PFMRAF identified overall strengths and weaknesses within the MSAS public financial management systems and developed a financial risk mitigation plan that USAID/Senegal, World Bank and other donors, as well as the GoS, would jointly fund and execute. Taking into account the overall strengths and risks, the joint assessment determined that MSAS/DAGE has the ability to effectively manage external funds. The initial approach to working with MSAS on G2G activities would be to open a separate bank account to be managed by the MSAS/DAGE, via the MEFP/DCFE. According to the 2015 MSAS Procedural Manual (2015), both the DAGE and the MEF/DCFE should be involved in managing project funds such as those provided by USAID/Senegal. Interviews with MEF, DAGE and NMCP staff emphasized that there is a separate account set up for each NMCP donor in order to better manage each separate fund and ensure accountability to the donors. Interviews with MSAS and MEF officials confirmed that during the period covered for this evaluation, funds were sent directly to NMCP and did not involve the MEF and MSAS/DAGE. The transition to MEF management of funds would not occur until 2016. Based on USAID/Senegal interviews, the introduction of the DAGE in the NMCP financial management process is scheduled to begin in 2018.

By the time of this evaluation, the MEF/DCFE had been engaged in the funding transfers with no reported transfer delays or problems. The addition of the DAGE in the funding stream for future FARAs (A6 and beyond) supporting the NMCP will potentially add transfer timing delays. USAID/Senegal staff familiar with NMCP resources, however, cite that their bank account from A4/A5 milestone payments was more than adequate to prefinance priority A6 activities in the case of funding transfer delays. With the addition of the DAGE in the financial management process, a few respondents expressed a concern that the added involvement level of DAGE will delay transfers of reimbursement payments. Additionally, aside from the concern that additional procedures in the reimbursement process will delay funding, the evaluation team did not hear or observe evidence of the drawbacks or risks in the MEF's procedures. The integration of external donor resource tracking through the DAGE will allow for an additional level of verification in the milestone reimbursement process. Standardization of NMCP's payments within the MSAS financial and administrative management structure is important in case donors are no longer financially engaged and/or MSAS undergoes a restructuring.

EXECUTION AND REPORTING

As a reimbursement model, the execution of NMCP milestones is determined post-facto and through activity reports that are normally produced by the implementer and verification visits to the field. Activity reports are detailed activity documents (or deliverables) include training materials or an evaluation report and are agreed upon by both parties as part of the milestones negotiation process. The G2G FARA mechanism does not require additional external financial controls, oversight or reporting. Therefore, USAID/Senegal gets only reports that the NMCP produces through its normal business processes. The 2015 NMCP organizational audit found that NMCP's document management system was "unorganized" with documents scattered throughout staff computers and not orderly or consolidated in an archival system. Additionally, according to the audit report, NMCP uses two different systems to manage accounting and M&E data, though does not go in to detail about whether these systems are also unorganized or if they add value to the document management system.[10]

In addition to the activity reports submitted to USAID/PMI upon completion of milestone activities, USAID/PMI also conducts verification of activities to ensure milestones were met. As part of this process, the G2G legal advisor is involved in validating milestone completion, which includes document review and may include conducting team spot checks in the field. The team composition typically includes four specialists: the legal advisor, a program staff member assigned to PMI, a financial management expert and an M&E advisor. NMCP is aware of these visits and is welcome to join the team. Recently, the USAID/Senegal legal advisor conducted a spot check in the Bakel district and found that 100 percent of the relevant milestones were completed satisfactorily.

> "This issue of adequate documentation was clear in 2015. Back in 2012, there was a review that recommended that NMCP needed more staff to adequately manage the milestone management and document. Short of that, some people suggested that the GoTAP project[11] could be called on to work with or possibly be embedded in the NMCP to assist in tracking and reporting."
>
> *– PMI staff*

The verification of each milestone often requires hours' worth of reviewing NMCP's available reports and documents. USAID/Senegal staff expressed concerns about the volume, diversity and occasional inadequacy of the documentation that has increased considerably over the years with the increased complexity of milestones[12]. Given the increase in the quantity and complexity of the NMCP FARA milestones, PMI staff and other USAID/Senegal staff tasked with milestone verification and validation confirmed that they are frequently overburdened by this obligation to the expense of other core responsibilities[13]. Further, they confirmed that they frequently do not have adequate time and resources to perform on-site verification of all milestones, and to ensure "due diligence" in validating milestones for payment. Relative to the growing volume of work, some respondents expressed concerns that this program has not been audited in more than six years, the same period during which it has undergone increasing activity and resources. This issue represents a timely and far-reaching concern, as it is evident that future NMCP G2G financing will continue near the current level, and chances of PFM risk will increase.

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[10] *Analyse organisationnelle du PNLP* (English translation: "NMCP Organizational Audit Analysis"), April 2015

[11] GoTAP, or Government Technical Assistance Provider Project, is a USAID/Senegal-funded project as part of the Mission's G2G approach and capacity building for government health systems. Abt Associates manages the program, which began in 2016.

[12] The volume of documentation on file at USAID is huge and in large part dominated by detailed activity reports from workshops, field visits and meetings. The lack of summarized data combined with limited staff and the increased size and complexity of the milestones has made verification an internal management burden.

[13] Verification teams have inadequate staff, time and resources to travel to conduct on-site milestone verification, yet the vast majority of G2G-funded interventions occur far from Dakar.

> "The evolution of the milestones marked an increase in the size and the contribution of the health activities had positive effects in fighting malaria in Senegal. This increase demonstrated the ability of the NMCP to target challenging results and effectively negotiate agreements with the donor. Nevertheless, [the donors] are right to ask [NMCP] to solidify the management quotient, verification and especially the programmatic and financial documentation on results, given the size of the program."
>
> *– PMI staff*

Financial Risk

The inclusion and continued involvement of the MEF/DCFE and MSAS/DAGE in NMCP going forward, however, will have positive implications in risk assessment and eventual mitigation.

While the evaluation team did not review specific financial documents from NMCP nor the Ministry of Finance, the team did speak with a GOS staff responsible for public financial management. This respondent considered the change in transferring funds through the MEF/DCFE and then the MSAS/DAGE to be positive in terms of transparency and sustainability for public financial management in the future, particularly as the DAGE is required to produce financial reports on a quarterly basis which will include accounting for USAID/Senegal payments to the NMCP. The respondent also expressed several concerns about this change, however, including that the flow of resources within the GOS's PFM is complicated, increasing the risk of reimbursement delays. Additionally, financial reporting is an issue, and mainly because the FARA mechanism does not require strict external financial controls, oversight or reporting to the donor. Having proper accounting will also enable easier understanding of where the money is coming from and how it's being used. Currently, as the money does not go through the DAGE, the GOS PFM respondent is not aware of any financial publications about funding to the NMCP.

Additionally, the evaluation team found that the NMCPFARA-funded activities had only had one limited audit in 2011. Interviews with other NMCP and MSAS donors revealed regular and frequent audits of their financing. Specifically, DAGE interviewees told the evaluation team: "We are used to receiving audits because we have partners who have program approaches like the Global Fund and the World Bank that send us auditors who work with teams."

The DAGE's PFM procedures include recurring "legal audits" by the national general inspector and are implemented according to a schedule that ensures audits at least every five years. At present, for USAID/Senegal, there is a total lack of comprehensive NMCP-focused financial reports, so short of mounting a sector-wide evaluation or audit, it would be hard to tell if efforts are duplicated or funding of activities overlaps. The lack of audits raises concerns about future funding accountability and risk.

Programmatic Risk

Potential risk associated with timely funding transfers (reimbursements) could negatively impact time-sensitive malaria interventions such as SMC and PECADOM+. The director of MSAS' Direction for Planning, Research and Statistics (DPRS), with whom the team met, acknowledged this concern. One suggestion was to create "working capital" at the NMCP that could advance funding to critical malarial interventions that are funded via the G2G FARA mechanism. Interviews with staff familiar with GOS budget planning informed the team that in the current national budget, there is a G2G line item to cover advance costs for G2G health activities. There is concern that this amount is not sufficient to cover the advances required for the broad range of G2G health activities, in addition to the NMCP support. NMCP staff also voiced the concern of ensuring that program planning focuses on ensuring timely reimbursement payments needed to fund critical malaria interventions. If the completion of the planning phase does not

allow for implementation during a time when it is appropriate to address an illness, then it would have been a lost opportunity. Through interviews with NMCP, the team also found that the timing of implementation of PTAs hampers accurate financial planning. This is because USAID/Senegal budget planning happens in October while GOS budget planning happens in January. Additionally, interviewees raised concerns about the new format of the NMCP PTA, which is reportedly arranged by donor instead of by MC activities. Interviewees believe that this will make the NMCP's annual priorities difficult to: 1) trace investments by activity; 2) understand and disaggregate the exact levels of financing; and 3) associate the funding accurately by activities and milestones.

<u>Staff Management Burden</u>

In the 2016 USAID/Senegal Health G2G Internal Review, respondents noted that the day-to-day management of the G2G FARAs was preventing the Mission and USAID/Senegal's Health Office from focusing on longer-term and strategic goals. One respondent from that study stated, "Technical people don't want or aren't a good fit to do the administrative work [associated with G2G]." The evaluation team's findings coincide with the first statement that management of the G2G FARAs can be cumbersome and the work may be more suitable for others, enabling the Health and PMI teams to focus more on the technical aspects and strategic programmatic impact of the FARA. USAID/Senegal and NMCP have highly skilled technical staff who would be of great benefit to the NMCP with its future potential, current challenges and incumbent management burden.

> "We need better efficiency to improve morale. … [The] level of effort is crushing the team and demoralizing. The day-to-day is a detriment to pushing better donor coordination, use of the DAGE, MEF engagement, DRM. … [We are] not as cutting-edge as we could be."
>
> — *USAID/Senegal Senegal Health G2G Internal Review (2016)*

<u>G2G FARA Successes</u>

Interviews with key informants primarily at NMCP, USAID/Senegal and PMI team, and other partners indicated that:

- Direct funding has enabled USAID/Senegal to have more direct involvement with NMCP in a more targeted technical assistance approach. This is much different from an implementing partner that is running a project in coordination with the local medical staff with limited interest in innovation because it's not valued by the donor or paid for in the deliverables.

- USAID/Senegal's close management and technical collaboration increased NMCP's ownership and reach of other local partners.

Despite major increases in PMI activities during 2013 and 2014 leading to concerns about having adequate funds on hand to finance large nationwide MC activities, the issue was resolved through a short-term experience with pre-funding or advances to ensure that NMCP would be able to implement activities. This provided NMCP with enough support so that the anticipated results were achieved.

Conclusions

The programmatic risks in the financial reporting and program verification of milestones is an unaddressed issue for USAID/Senegal, and potentially for NMCP, in the long term. There are limitations of a G2G without established benchmarks or indicators to determine increases in efficiencies or accountability in the NMCP PFM systems. The current PMI staff configuration has highly experienced and educated international MC experts spending increasingly large proportions of their time working on financial and

program verification rather than devoting their expertise to advising the NMCP in its lead role to eliminate and prevent malaria. Aside from the risk of not having sufficient data on hand to ensure the PFM of the NMCP's program expenditures, the risk of staff burnout and potential loss of USAID/Senegal's specialized technical expertise is real.

The evaluation team's observation about the financial advantages and risks of this program relate to the basic G2G proposition that direct financing increases local adaptation and innovation, while building local capacity with increased efficiency, cost-effectiveness (USG savings) and sustainable impact because implementation costs do not cover the added expenses (staff benefits, general and administrative, overhead and fees) of external implementers. This evaluation of the NMCP confirms that the first part of the equation – local adaptation, innovation and capacity building – is evident. The second part of the equation – increased efficiency, cost-effectiveness and sustainable impact – depends on the activity's scale.

Scale (size and complexity) of the NMCP G2G program starting in 2014 surpassed the resident capability of USAID/Senegal and NMCP to adequately implement an expanded logistical and financial oversight operation that, if the NMCP had been a typical USAID/Senegal IP, would have been covered by project administration and overhead funding.

As findings suggest, this is the right time for USAID/Senegal and NMCP to engage in conversation with other donors about strategically building opportunities for NMCP to increase its skills to advocate and mobilize local resources toward malaria control activities

Question 2b

How does the NMCP collect and analyze service delivery data to track program performance (i.e., key intervention coverage, tracking results against targets, etc.) and use of data for decision-making?

To answer this evaluation question, the team reviewed documents specific to NMCP's M&E system, interviewed staff knowledgeable about NMCP's M&E system, and triangulated data collected through these approaches with interviews with others working with malaria control activities implemented through the NMCP and others who may have spoken about NMCP's M&E efforts.

Findings for EQ2b

NMCP's 2011–2015 Monitoring and Evaluation (M&E) Plan noted an assessment of NMCP's previous M&E system in 2010, which showed weaknesses that hampered its proper implementation.[14] These weaknesses included:

- The NMCP strategic plan lacked an M&E plan. This restricted stakeholders from having a clear understanding of logical links between the expected results, indicator definitions, or methods for collection and analysis.
- There was no mid-term evaluation to assess progress toward NMCP objectives.
- There had been inadequate monitoring of M&E activities in the regions and the districts and inadequate dissemination of information throughout the system.

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[14] Programme National De Lutte Contre Le Paludisme. Plan de Suivi Evaluation 2011–2015, page 4.

In 2012, with the implementation of the FARA with NMCP, an M&E plan was developed as part of the NMCP's National Strategic Plan with the goal to improve monitoring and evaluating malaria control interventions system-wide.[15] These improvements included:

- Building staff implementation for M&E and appropriate tools for data collection and monitoring and evaluation of malaria interventions at all levels;
- Upgrade equipment and structures for malaria data management, including at the community level;
- Improve quality of data analysis, dissemination and use of information by staff, partners and decision-makers; and
- An evidence base that included evaluation and monitoring results for malaria program indicators.

In 2013, NMCP implemented a new regimen for health data retention, by which data is updated through the registers at the points of delivery, and formative supervision was provided to the health installations by teams comprising a technician, a specialist in monitoring and evaluation and a specialist in biological diagnosis. The use of staff malariologists to strengthen this supervision made it possible to cover all health facilities. Malaria interventions were prioritized based on the malaria mapping. All key malaria prevention and control interventions aligned with Senegal's malaria eco-epidemiological context.

> "One of the strengths of the program is a monitoring and coordination system with quarterly reviews, which often allows each district, each regional pharmacy to be able to evaluate its performance and to measure itself against the other districts and to identify bottlenecks and to find solutions as soon as possible."
>
> — *MCD*

The NMCP developed an M&E plan and SOPs to monitor key malaria indicators and ensure prompt and complete routine reporting and use of data.

The document review has highlighted how the NMCP has laid a foundation for its work, its 2011–2015 M&E plan and its national strategic plans (2011–2015 and 2016–2020). A 2013 midterm evaluation of NMCP's National strategic Plan made recommendations for NMCP to improve several items within its M&E activities including strengthen its M&E team with qualified personnel, support data analysis and utilization at the operational level, updating its M&E database and software system, and strengthen efforts to share experiences, studies, and research with a wider audience through annual scientific meetings.[16] Interviews with NMCP M&E staff indicate that they are implementing a wider health management information system (DHIS2) in which healthcare workers at the operational level are able to contribute directly with entry of data they have collected. While some health workers are located in rural areas and do not have access to technology, they are able to collect data via paper surveys, send results via SMS to the district or regional office where the information gets entered into the database. NMCP is able to ensure data quality during verification visits to the regions and districts where they go directly to the sources of the data (e.g. registers). Site data verification (VDS) happens at all levels: national, regional, and district. An assessment of data completeness showed: 90.65 percent in 2010 increased to 97.12 percent in 2015, along with a level of 80 percent and more for all regions. During the year 2015, the completeness and promptness in the transmission of the collected data were very satisfactory (100 percent).[17] Similar to PFM, there is no common indicator or objective set in the FARA around the use of data to inform

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[15] Programme National De Lutte Contre Le Paludisme. Plan de Suivi Evaluation 2011–2015, page 9.
[16] Revue a mi parcours des performances du programme. June 2013, page 96.
[17] Programme National De Lutte Contre Le Paludisme. PNLP Rapport d'activités 2015, page 11.

decision making processes at NMCP. While program documents did not provide a narrative on how NMCP has been able to use data to make decisions affecting the malaria control program, NMCP staff indicated decision making at the central level is made based on data reported in quarterly reports. These decisions affect how activities are implemented, how data is collected, and whether there is need for evaluations, etc.

NMCP staff spoke about the risks involved in developing a FARA with its associated activities, expected results, and financing, that becomes a contract between the two parties. Due to the nature of the FARAs, if NMCP is not able to uphold its end in achieving expected results, then no payment would occur. NMCP staff describe the process in which they engage with USAID/Senegal and the larger NMCP team as one that serves to develop realistic milestones and to negotiate the feasibility of achieving the milestones based on the existing strategic plans, staff capacity and past experience.

> "We have three USAID and PMI staff who sit with us at NMCP. They are able to request a technical report for an activity as they like, and we will provide it for them. Each time that they'd like to conduct a site visit to verify implementation activities or execution of a milestone, they can directly address this with the [NMCP] coordinator or ask for certain reports, and we will provide these packets for them."
>
> NMCP staff

Additionally, NMCP staff spoke about how the FARA mechanism has enabled NMCP to conduct operational research which has informed and improved implementation. For example, the FARA mechanism enabled NMCP to conduct research to understand why people do not sleep under mosquito netting. Such research helps the team understand the problem and develop better solutions.

In one interview with NMCP staff, the respondents spoke about how FARA financing occurs based on milestones implemented. The respondents noted that working with USAID/Senegal on the FARA has enabled NMCP to set up an automatic financing system with another donor.

> "A lesson learned from the FARA in terms of strengthening the institutional and operational capacities of the district teams is mainly district capacity building; in the training, we have been allowed to focus on malaria with the support of the program. This has enhanced our understanding of the program, monitoring and evaluation and malaria in a comprehensive manner, and also has the best approaches to case management."
>
> – MCD

Coordination Mechanisms for Monitoring and Evaluation

NMCP's M&E team includes three staff, one of which is responsible for managing data, but everyone supports each other. In addition, a specific M&E office is responsible for coordinating all activities related to this area of intervention. A technical monitoring and evaluation committee that now includes partners' forms to compile, study and make proposals on supervision, data collection and quality control activities. It also formulates proposals for solutions to the questions raised during the reviews and supervision missions. Interviews with NMCP staff indicate that they use two data management systems for M&E purposes, the RBMME M&E data management system and the DHIS2 software.[18] These two data

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[18] District Health Information System, version 2. DHIS2 is a data analytics and management platform that is used for aggregate statistical data collection, validation, analysis, management and prevention. For more, see https://www.dhis2.org/overview.

management systems are accessible by all actors including those at regional and district levels. ***M&E success factors:***

NMCP interviewees identified that the NMCP M&E plan and SOPs for monitoring key malaria indicators are ensuring the timeliness and completeness of reporting and use of M&E data for the 2014–2018 strategic framework. The evaluation team was able to review the milestones and approximately 32 technical reports[19] that were submitted to USAID/Senegal with each milestone payment request. As an example, the evaluation team reviewed FARA A5 milestone 22, which was the implementation of a course on malaria monitoring and evaluation. A 10-page summary of the course including its objectives and goals, the number of participants, the pre-test and post-test scores of the participants, whether they thought the objectives/goals of the courses was achieved, and what recommendations they would give for future courses.

One strength of the NMCP program is a monitoring and coordination system with quarterly reviews, which often allows each district and each regional pharmacy to evaluate their performance and measure themselves against the other districts. In the process, they identify bottlenecks in their operations and develop solutions on the spot.

Respondents did not cite gaps in data entry. A former government agreement technical representative (GATR) with knowledge of several PMI programs observed that the "NMCP data are very good compared to other PMI programs and this contributes to its solid programming." It was obvious to the evaluation team that NMCP managers rely regularly on data from the existing information system to make technical decisions. The choice of MC interventions is guided by the use and analysis of local data and evidence.

The M&E system has been evaluated and performance has been acknowledged for improving the quality of routine data and carrying out representative national surveys. The positive reactions to the NMCP's new Monitoring & Evaluation / Surveillance of Malaria Knowledge training, discussed earlier, can only increase the knowledge and analysis skills of MC health workers just as the malaria course has.

> "For monitoring and evaluation, the assessment for doctors allowed us to better understand planning and especially monitoring and program evaluations … the architecture of the strategic plan and the various strategies for combating malaria implemented at the country level, where each zone has its own particularity and strategy. It also allowed us to develop a malaria control plan that was tailored to our context."
>
> — MCD

M&E Challenges

The capacity and supervision of service providers at all levels is still not as consistent as it could be. The community level is insufficiently monitored as part of the supervision of activity implementation. In particular:

- Quality control of M&E interventions and data management needs to be strengthened at all levels of the health system;

- Capacity building through training and formative supervision for monitoring and evaluation staff has not yet reached a critical mass; and

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[19] While the team received documentation for 32 milestones, only a few pages of documents such as large research papers totaling over several hundred pages were included.

As mentioned under EQ 2a, documentation of project management is weak or non-existent:

- Data and key documents are scattered over the PCs of NMCP members and are not hierarchical, orderly or consolidated in an archival system.
- There are two information systems: accounting software and RBMME software for data collection monitoring.

Conclusions

By all accounts in the team's interviews, the NMCP M&E operation is working well. Specifically:

- Data flows up the chain from the community level to the districts and is compiled at the central level every Monday. Occasionally, village data is slow to arrive, but no informants said data is lacking.
- The health posts use standardized templates for entry and transmission of the data and sentinel sites collect and analyze data for the detection of epidemics.
- Malaria interventions are planned and implemented using the epidemiological stratification of malaria data from the NMCP data. In addition, malaria data are interpreted with visualization techniques that facilitate enable analyses and program decision-making by technical leadership.
- The comprehensive data collection, analysis and use is at the heart of many of the newer interventions such as "*SMS rapide.*"
- The functionality of the system through regular central monitoring and the introduction of quarterly reviews resulted in a high level of completeness and promptness in the routine data collection.

Additionally, NMCP data collection and analysis of data at all levels of the health system allows adequate monitoring of program performance and promotes the choice of interventions to fight malaria guided on the basis of local evidence. And, the involvement, training and support of community actors has led to the improvement of the system for monitoring malaria health data.

> "The data collection carried out at the level of the health districts and the public health establishments took place under normal conditions with a very satisfactory completeness. ... This year (2015) marks this good development with the quarterly reviews, which allowed the validation and the sharing of the collected data through a quarterly bulletin regularly distributed by the NMCP."
>
> — *NMCP staff*

Question 3

How and to what extent has USAID's direct assistance increased NMCP sustainability and local ownership (including at regional and district levels – health system wide) of priority setting, implementation processes and mobilizing adequate resources related to malaria control efforts?

The evaluation team approached this question by dividing the analysis into two parts, and examining ownership and sustainability at the different administrative levels of the health delivery system:

- Ownership and sustainability at the central level which includes NMCP) and
- Ownership and sustainability at the decentralized levels (which includes the regional, district and community levels).

Ownership and Sustainability at the Central Level

For the purposes of this evaluation, the team defines institutional sustainability and ownership as the capacity of existing or newly created institutions to strengthen their institutional capacities to perform duties leading the institution to meet its mission, goals and objectives. Duties can include those related to monitoring and evaluation, financial management, material and human resources management and stakeholder consultation, for example.

The G2G FARA requires that NMCP and PMI negotiate and agree on malaria control activities that meet both parties' strategic plans. NMCP also collaborates closely with its other funders and implementing partners on malaria control activities. As a USAID PMI implementing partner and lead GOS unit on malaria control, NMCP sits at the center of all these discussions, ensuring partners' alignment with NMCP and GOS health plans. The G2G mechanism is intended to work through the NMCP and equip it with sufficient means to fight malaria. These means included expert advisors that provide technical assistance to NMCP staff as well as funding that provide capacity-building opportunities (e.g., malariology courses) to health workers at the regional and district levels so they can provide quality care.

Professors at UCAD partnering with NMCP spoke about the pre-existing partnership between UCAD, university hospitals and NMCP prior to PMI funding. Respondents noted the strengthening of these partnerships with the G2G FARA but felt that the partnership will continue with or without the presence of financial partners. Respondents were confident of this, as university staff were founding members of the NMCP and advocated for its creation to use applied research to fight malaria.

Respondents at the MSAS/DAGE stated that as long as malaria exists in Senegal, the government will continue to fight the illness, including seeking additional funding from donors external to USAID and PMI. The majority of respondents stated that funding alternatives for malaria control interventions include the Government of Senegal or other financial partners. While they did not seem concerned, review of NMCP annual reports noted that the FARA funding made up more than 50 percent of NMCP's funds received from donors, including that of the GOS (see Table 4). Respondents also indicated, however, that the time is right for NMCP to engage in conversation with USAID/Senegal and other donors about building internal skills for advocacy and mobilization of local resources. The team found that NMCP leaders have been thinking about a future less dependent on external funding and already have ideas on the sources and modalities of local funds. This approach potentially could enhance tracking of financial transactions against the activities executed. Respondents cited another G2G health program that targets mother and child health in the region of Kaffrine as an example that currently uses this financial administrative structure.

According to NMCP respondents, the G2G FARA enabled them to build capacities through technical expert advisors and empowered them to by allowing them to determine processes and procedures by which to implement activities, the ability to diversify their implementing partners and rapidly disbursing funds to ensure activities are implemented in a timely and consistent matter. The milestones have greatly reinforced a culture of results-based management that was, along with results-based financing (FBR), launched by MSAS in 2011.[20] Integrating milestones into the NMCP's planning process has enabled it to better work toward and measure outcome and objective achievements. With the G2G FARA, the NMCP has been able to prioritize key activities such as securing malaria control inputs, including case investigation and CPS. Respondents further emphasized the close collaboration between NMCP staff and USAID/PMI experts, which has enabled them to define milestones and monitor activities. Additionally, having USAID/PMI experts readily available to support national staff contributed to building NMCP's capacity as

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[20] "Manuel de Procedures: Financement Basé sur les Résultats (FBR) dans le Secteur de la Santé au Sénégal." 2014. Ministre de la Sante et de L'action Sociale. *English*: *Procedures Manual: Results-Based Finance in Senegal's Health Sector.*

it provided national staff guidance and direct assistance. The evaluation team found that this approach of providing resident technical expertise is a key component to ensuring local ownership and sustainability.

NMCP appointed focal points to monitor activities at the decentralized level and ensure full milestone achievement. The focal points are under pressure to ensure milestones are achieved to avoid the risk of being denied the committed reimbursement of funds. From this point of view, they have an obligation to accompany the activities from the beginning to the realization of the milestones.

Ownership and Sustainability at the Regional and District Levels

During the development of annual work plans, NMCP and health care workers at the regional and district levels agree on the activities to be carried out at the decentralized level based on pre-determined areas of interventions by the NMCP following MOP approval. As part of the partnership with the NMCP, however, the medical regions focus more on operations and are not involved in strategic planning or negotiations with USAID/Senegal including funding levels. Due to lack of inclusion in national level discussions, regional actors do not understand the concept of milestones as well nor do they have understanding of what costs are "allowable" under the NMCP's FARA.

Regional and district respondents in Saint-Louis were knowledgeable about approaches to malaria control interventions such disseminating methods of prevention, investigating malaria cases, treating malaria when possible and sending patients to health facilities when they have determined the illness to be serious. Respondents also expressed strong ownership over activities they implement within their coverage area. They feel they have been equipped with knowledge and appropriate technical skills to address malaria control needs of their communities. Respondents particularly pointed to the malariology courses as professional development opportunities that have enabled them to strengthen their skills in malaria control interventions. Respondents specifically cited the module on entomology as an example of a course where they learned a lot about malaria.

> "Thanks to the malariology course, we have developed our expertise in new areas such as entomology, and ever since we track mosquitos in our offices to identify which one is male, which one is female, which is anopheles, etc. We also have improved the quality of our field supervision by practicing integrated supervision with a team composed with biologist, malariologist, entomologist, medical doctors and M&E specialist to check together all aspects of malaria control and prevention."
>
> — *District Management Team member Richard Toll*

Respondents spoke positively about their growing capacity to meet the needs of their communities from having participated in or being involved with opportunities available to them through the G2G FARA (e.g., malariology courses, support supervision, sentinel sites and SMC). Other areas that have enabled them to perform their duties more easily include the stratification of regions by specific malaria zones, introduction of microscopic diagnosis and computerization of posts and health districts. Having a computerized system (e.g., mobile applications, computers, telephones, DHIS2 software[21]) at sentinel sites enabled health care workers to collect, analyze and transmit data more easily and quickly. Data collected through sentinel sites are transmitted weekly from community health posts to the district health office, and monthly from the district to the regional health office. NMCP noted in its 2015 annual report that "the [support] supervision enabled the verification of sites and improved the quality of monitoring activities. The supervisory teams are composed of a technician who was responsible for the quality of case management,

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[21] District Health Information System, version 2. DHIS2 is a data analytics and management platform that is used for aggregate statistical data collection, validation, analysis, management and prevention. For more, see https://www.dhis2.org/overview.

a monitoring and evaluation specialist for on-site verification of data and control of input management and a specialist in biological diagnosis for the control of the activity of microscopists in sentinel sites."

The courses enabled NMCP to establish a pool of skilled malariologists who can provide support in monitoring implemented activities at health posts and communities, leading to better system-wide management of malaria control activities.

In the Saint-Louis region, health care workers have established a warning-and-response system at different levels to stem the spread of malaria. As Saint-Louis is categorized as a pre-elimination zone and first-time cases have the potential to develop complications if malaria is transmitted, a warning-and-response system is especially significant.

Efforts to ensure the program's sustainability, such as mobilizing additional financial resources, are still lacking. There are few local initiatives in place to mobilize domestic resources. There are few partnerships between public and private entities. In the Richard Toll District of Saint-Louis, for example, the Senegalese Sugar Company (CSS) collaborated with district officials on a campaign focused on malaria control prevention. The campaign targeted CSS's seasonal workers to ensure that they were screened for malaria symptoms and provided with insecticide-treated mosquito nets and ACT. In return, CSS provided logistical support during the rollout of the campaign.

However, resources at the district and community level are limited. Health care workers in the Richard Toll District, for example, have access to only three vehicles; only one is in good condition. This makes it logistically difficult for health workers to perform their professional duties in their communities. Districts health care workers expressed frustration regarding their persistent requests in their work plans to receive motorbikes and cars to facilitate their work. However, per discussions with NMCP staff, logistical costs for vehicles are not allowable for their work. They refer all such requests to MSAS for resolution.

The team also found that volunteering and strong involvement of DSDOMs, health workers at health huts and community-based organizations at the community level demonstrate a deep sense of engagement to sustain malaria control initiatives at the community level. One respondent at Richard toll stated: "For the rest of my life, I chose to devote myself voluntarily to the fight against malaria because I adhere to it and find an enormous pleasure in serving my community." This respondent spoke about how she carried out a nighttime quality control visit to a *daara*[22] and forced the *Serigne daara* to return 20 bednets that were intended for the *daara's* students but were never distributed and were being hidden. This commitment also applies to the DSDOM of the village of Lakhrar in the district of Saint-Louis, which has opted to work voluntarily in the health sector. She left high school before finishing her studies, yet she sees great value in being involved in malaria programs, calling it an opportunity for her to ultimately manage a package of services including treatment of acute respiratory infections (IRA) and diarrhea in addition to malaria treatment. Her main concern remains the stock out of medicines and nets that force her to refer some cases to the health clinic. She explained that referring her patients to the health clinic negatively impacts on her credibility with the patients. This means that the sustainability of DSDOM initiatives should also be supported – not only by capacity building, but also by providing the requisite equipment, sufficient stock of medicines and bednets and encouraging local initiatives in mobilizing local resources to cover volunteers' remuneration. On this last aspect, the team did not find a consistent financial incentive system to motivate community volunteers who increasingly implement a growing package of integrated activities.

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[22] A *daara* is an informal residential school where children come to learn the Koran through the guidance of a teacher, called the *Serigne daara*.

Conclusions

Based on this evidence, the evaluation team concludes that the participatory nature of the G2G FARA enabled NMCP to have ownership and sustainability of activities implemented through the direct funding. Through negotiations of milestones, NMCP is able to work with USAID/Senegal and PMI to ensure that activities are relevant to the Senegal context and align well with existing GOS national health plan and NMCP national strategic plan.

Regional medical officials are an important link in the malaria control chain because of the dual role they play, first and foremost with the NMCP, where they negotiate funds to cover regional and district needs, and then with districts and communities to support the implementation, monitoring and evaluation of activities (data collection and analysis, data transmission from the decentralized level to the central level). Strengthening capacity building and funding has greatly increased their involvement in NMCP program implementation at the regional and districts levels with a great contribution in the appropriation and sustainability of malaria control mechanisms at the decentralized level.

Malaria control strategies such as prevention, treatment, response and surveillance are known to all stakeholders from the district to village levels through the health posts. The introduction of scopes of work, microscopic diagnosis and training a pool of malariologists at the decentralized level have greatly facilitated local ownership and sustainability in terms of planning, prioritization and M&E of malaria control activities. Though NMCP receives funding from donors other than USAID/Senegal and PMI, additional efforts are still needed, such as exploring other ways of getting funding, including public-private partnerships. Financial sustainability can increase the financial empowerment of stakeholders at the national, regional, district and community levels and ensure sustainable retention of community health workers at all levels of the system. To have a large portion of rural health care workers serve as volunteers for a role that is seen as indispensable is not viable for either the health care worker or the health care system.

RECOMMENDATIONS

The following recommendations were developed during a recommendations workshop with the USAID/PMI and the PNLP. Participants identified specific entities for follow-up action. A detailed recommendations action plan (in French) is included in Annex IV.

ACTIONS FOR NMCP

Question 2: NMCP Institutional Capacity Building

- Develop a malariology course model for regional and districts level
- Identify district needs for re-training and expansion of PECADOM sites; mobilize resources
- Develop a process for choosing new DSDOM sites

Train new DSDOMs and re-train health providers

Question 2a: NMCP Administrative and Financial Management

- Implement the process validated in February 2018 by the NMCP and its partners, to monitor implementation of the organizational audit recommendations, including strengthening of NMCP financial staff in the financial and accounting department
- Establish an annual financial audit plan

- Allocate resources for conducting annual financial audits
- Develop a milestone validation report instead of developing a report by deliverable achieved

Question 2b: NMCP Data Management

- Equip sentinel sites and districts with external hard disks and share protocols for backing up data
- Set up a central archiving, knowledge management and data backup unit
- Recruit an archivist to oversee knowledge management
- Ensure that the NMCP server is functional
- Update PCs

Question 3: NMCP Sustainability

- Continue advocacy with traditional financial partners to fund malaria control activities
- Develop new, innovative financing strategies such as matching grants, public/private partnerships, etc.
- Advocate with ministries (MSAS, MEFP) to help them understand the financial costs involved in pre-elimination and elimination support
- Implement a fundraising plan and regularly monitor progress
- Work more closely with all Centre des Opérations d'Urgence Sanitaire (COUS) to take into account the specific needs for malaria treatment
- Encourage documentation and sharing of effective local fund mobilization strategies

ACTIONS FOR NMCP/USAID

- Inform the medical regions that milestones are part of a process negotiated directly between the donor and the primary recipient (NMCP)
- Inform medical regions about allowable costs and budget lines for FARA funding
- Improve negotiation of realistic targets between USAID and NMCP
- Consider a three-year agreement with annual reviews
- Define financial indicators as part of the FARA milestones

ACTIONS FOR USAID

- Use GOTAP to review documents as part of the milestone validation process
- Revise financial approval deadlines and respect milestones payment deadlines
- Align planning with the MSAS planning cycle to start planning and negotiations between the months of January and March
- Enforce the G2G Direct Financing cash flow process and the provisions of the PNDS Procedural Manual

ACTIONS FOR NMCP/MSAS

- Use the Advanced Coordination Units (UCA) to advocate with donors to fund a logistics line item

ACTIONS FOR NMCP/RM

- Systematically orient new health workers to NMCP guidelines

ACTIONS FOR MSAS/DAGE

- Use the RSS platform to follow up on outstanding recommendations from the organizational audit
- Enforce the 72-hour deadline for processing payments, as outlined in the PNDS Procedures Manual
- Develop an advocacy document that integrates the logistics needs of DSDOMs, districts, and other community health workers
- Strengthen Service Delivery Points and DSDOMs in terms of logistics (motorcycles and bicycles)
- Establish forums for consultation and coordination between the NMCP, DCFE, DAGE and other stakeholders with regularly scheduled meetings
- Appoint a focal point and an alternate signatory at the DAGE responsible for the NMCP FARA

ACTIONS FOR RM/ECD

- Support the ICP for on-site data verification during rainy season
- Develop, implement and monitor plans for supervision

ACTIONS FOR MEFP/DCFE

- Appoint an alternate signatory for the management of the G2G special account within the DCFE

NATIONAL MALARIA CONTROL PROGRAM FINAL EVALUATION

STATEMENT OF WORK

NATIONAL MALARIA CONTROL PROGRAM FINAL EVALUATION

STATEMENT OF WORK

Contracted under AID-685-C-15-00003

USAID Senegal Monitoring and Evaluation Project

ACRONYMS

AOR	Agreement Officer's Representative
COR	Contracting Officer's Representative
CV	Curriculum Vitae
FARA	Fixed-Amount Reimbursable Agreement
G2G	Government-to-Government
GOS	Government of Senegal
IL	Implementation Letter
IP	Implementing Partner
IR	Intermediary Result
ITN	Insecticide-Treated Bed Net
LOE	Level of Effort
MEP	Monitoring and Evaluation Project
MSI	Management Systems International
NMCP	National Malaria Control Program
PFM	Public Financial Management
PMI	President's Malaria Initiative
POC	Point of Contact
SOW	Statement of Work
TPM	Team Planning Meeting
USAID	United States Agency for International Development
USG	United States Government
WHO	World Health Organization

STATEMENT OF WORK DETAIL

USAID SOW Manager	Kathy Sturm-Ramirez
Activity GATR	Pascal Zinzindohoue, FARA GATR
MEP SOW Manager	Sadio Coulibaly
Activity Title	G2G Programming to Support PMI in Senegal
Activity Period	2012-2016
Award/Contract #	Multiple
Funding	$6,175,344
Implementing Organization	National Malaria Control Program
Geographic Coverage	National
Task	Final Performance Evaluation of National Malaria Control Program Agreements
Task Start and End Dates	April 17, 2017 – July 21, 2017

ACTIVITY DESCRIPTION

G2G Programming to Support PMI in Senegal

Since 2012, the President's Malaria Initiative's (PMI) resources in Senegal have provided direct assistance to the National Malaria Control Program (NMCP) in order to implement various elements of its national strategic plan for malaria control that are in line with PMI objectives. This includes the implementation of four key proven interventions for the prevention and control of malaria: long-lasting insecticide spraying on the interior walls of homes; promotion and distribution of insecticide-treated bed nets (ITNs); training for medical staff and community health workers to improve diagnosis and effective use of life-saving medicines; and prophylactic drug treatment for pregnant women. Additionally, PMI resources support NMCP implementation of activities in the areas of epidemic surveillance, capacity building, supervision, and other key components of comprehensive malaria control. Of the Senegal PMI budget ($24 million per year in 2016), approximately 30% is allocated to commodities, 20% to indoor residual spraying (field support), 20% to direct assistance to the NMCP, and the remainder is allocated to contributions to integrated health activities. Direct financial support has been provided to the NMCP through a series of government-to-government (G2G) agreements with the Government of Senegal (GOS). G2G agreements utilize host country systems and capacities to achieve priority health results, in alignment with host-country government priorities, policies, and plans. USAID/Senegal signed its first FAR agreement with the NMCP and the GOS in 2012. G2G programming has been used consistently over the last four years to channel resources to the NMCP to implement PMI activities.

During this timeframe, Senegal, under the leadership of the NMCP, has produced strong results and the country plans to meet the WHO criteria for malaria pre-elimination phase (slide or rapid diagnostic test positivity rate (SPR) < 5% among suspected malaria patients) by 2020. For example, over 600,000 children in the regions of Tambacounda, Kédougou, Kolda, and Sédhiou received medicine to prevent malaria during the rainy season in 2015, an initiative Senegal is continuing with PMI's support. The NMCP has produced excellent results in the last five years with this approach. As a result of their contributions, 43% of children under five years of age and 38 % of pregnant women sleep under an ITN and 74% of all Senegalese households report ownership of at least one ITN (DHS 2014).

The general consensus among PMI Senegal and USAID Mission staff is that providing direct assistance to the NMCP has contributed to the achievement of malaria control in Senegal. Further, PMI Senegal believes that the G2G approach may have strengthened the NMCP's capacity to develop a coherent national program, as well as plan its annual activities, build operational and managerial capacity at the national and sub-national level, coordinate implementation, and oversee activities carried out by regional health delivery units. As a result, PMI has increased direct resources to NMCP, as illustrated in Table 1, from less than $500,000 in 2012 to nearly $7 million in 2016. This encompasses implementation of the key proven interventions, as well as health system strengthening and capacity-building activities (including training), case management at the community level, surveillance, monitoring and evaluation, social and behavioral change communication, and operational research. In the process, these resources have strengthened the NMCP's capacity to undertake these activities.

TABLE 1. USAID/SENEGAL PMI G2G PROGRAMMING

IL number	Project number	FY MOP	Planned Obligated Amount	Disbursed to date	Balance	Date signed	Implementation Period
685-012-03	1	2012	$410,000	$359,997	$50,003	May 11, 2012	5/11/2012 – 5/31/2014
685-012-05	2	2013	$1,531,000	$1,454,451	$76,549	March 12, 2013	3/12/2013 – 7/31/2014
685-012-05 (a3)	3	2013	$2,252,459	$2,252,458	$1.00	July 24, 2014	7/24/2014 – 7/31/2015
685-012-05 (a4.1)	4	2013	$2,175,638	$757,515	$1,418,123	April 24, 2015	4/24/2015 – 9/30/2016
685-012-05 (a5)	5	2014	$4,369,677	$1,350,923	$3,018,754	July 9, 2015	7/9/2015 – 12/31/2016
685-012-12 (a6)	Phase 1	2015	$6,794,950	TBD	TBD	August 19, 2016	Signature of IL-18 months from signature of IL
	TOTAL		$17,533,724	$6,175,344	$4,563,430		

This level of direct investment in the NMCP demonstrates the breadth and depth of the commitment by PMI to partner with the NMCP in order to achieve malaria control in Senegal. However, it also presents a significant management burden on USAID/Senegal, as the mission strives to align with both agency and GOS policy, develop and implement increasingly complex agreements, and build the capacity of local partners and systems. Furthermore, as the budget for G2G expands, so do expectations around the need to demonstrate how a significant investment in the direct financing of the NMCP is leading to concrete results that are in alignment with PMI priorities. For these reasons, and to better understand how G2G may be a viable mechanism to support PMI's objectives and wider USAID programming, USAID/Senegal is proposing a final performance evaluation of all G2G agreements signed with the NMCP from 2012 through 2015.

EXISTING PERFORMANCE INFORMATION SOURCES

The Senegal Health G2G agreement will complete its 5th reimbursement with the NMCP on December 31, 2016.

USAID has already provided the evaluation team with the following documents and data related to the NMCP G2G activity:

• Action memorandum from August 2016

- Strategic Objective Grant Agreement- 685-012
- Monitoring and Evaluation Contract Task Request
- Implementation Letter (IL) versions A1-A5
- Senegal Malaria Operational Plan FY 2017
- Senegal Malaria Operational Plans FY 2012 – FY 2016 https://www.pmi.gov/resource-library/mops
- Plan Stratégique National de Lutte Contre le Paludisme au Sénégal, 2016-2020
- Senegal Country Profile
- Evaluation of the Impact of the Scale-up of Malaria Control Interventions on All-Cause Mortality in Children under Five Years of Age in Senegal, 2005–2010, December 2015
- President's Malaria Initiative Strategy 2015-2020
- The evaluation team will collect additional resources and materials prior to and during field work

All additional background documents will be provided to the MEP Team at least three weeks prior to the Evaluation Team arrival in-country. The USAID/Health Team should also provide all progress reports submitted by the NMCP to support the selection of a sample of list of regions, districts, and health point services that benefited from the NMCP activities for the evaluation team to visit during fieldwork.

EVALUATION PURPOSE, AUDIENCE, AND INTENDED USE

Purpose

The purpose of this performance evaluation is to provide USAID with an evidence base regarding the performance of its investment in the Senegal NMCP program and Health G2G programs. The results of this evaluation will be made widely available to encourage replication beyond Senegal as applicable. This evaluation will apply USAID's evaluation policy guidance with respect to using the most rigorous evaluation design and methods possible to demonstrate accountability for achieving results.

Audience

The evaluation is aimed at several audiences. First, the findings are expected to be of value to USAID, both Health Team as well as Mission-wide, from an accountability and learning standpoint. Secondly, findings and lessons learned from this evaluation will be of interest to GOS, specifically the Ministry of Health and the NMCP. Finally, the evaluation will be of interest to implementing partners and scholars more generally by making an important contribution to the evidence base on health G2G program outcomes.

Intended Use

This evaluation will be used to inform the design of future Health G2G activities (using specifically, but not exclusively, Fixed Amount Reimbursement Agreements as funding mechanisms -- FARAs) that aim to improve the health status of a national population via Government-to-Government projects aimed at increasing the availability of health services, improving health seeking and healthy behaviors, and improving performance of the health system.

The evaluation deliverables will include a public report presented to USAID and NMCP. The expectation is that USAID and NMCP will utilize the evaluation findings to inform the role and design of Health G2G programming in contributing to the control of malaria in Senegal. Secondary audiences of the report will include USAID/Senegal, which will use the report findings to reflect on lessons for wider G2G programming in the health sector and beyond, and PMI, which views the G2G program in Senegal as an

innovative approach for partnership with host country governments to achieve a shared goal in malaria control.

The following are the intended users of the evaluation:

- **USAID Senegal Mission**: The primary stakeholder and user of this evaluation is the Mission's health team and the Local Solutions steering committee for purposes of transferring lessons learned to design/implementation of future programs.
- **NMCP, MOH and GOS**: the secondary users of this evaluation are GOS entities who may be interested in leveraging the evaluation's results to improve the coordination and collaboration processes with USAID and GOS entities involved with the.
- **USAID wider audiences**: there are units and staff in USAID who are G2G observers and who want to learn from others' experience to design similar interventions using direct assistance approaches. These audiences may be reached through products to be disseminated through ProgramNet of the USAID Learning Lab. USAID will determine with the MEP team what products will be needed to reach these audiences.
- Lastly, this evaluation may also serve other donors in their interventions with the GOS in the design of G2G approaches to development.

EVALUATION QUESTIONS

The evaluation will address a specific set of evaluation questions that will be developed and finalized in close collaboration between USAID/Senegal, the evaluation team, MEP, and other stakeholders as appropriate. This SOW will be updated following final agreement on the evaluation questions:

1. What has implementation of the NMCP Agreement allowed the NMCP to achieve, in alignment of the national strategic plan for the control of malaria in Senegal and the PMI objectives, as detailed in the annual Malaria Operational Plan?

2. How and to what extent has USAID direct assistance to NMCP strengthened the GOS in its capacity to deliver effective and efficient service (notably in areas of: policy / planning / management /regulations; human resources; service delivery; financial revenue generation and expenditure reporting; financial management-including MOF; supply chain, laboratory performance and drug resistance monitoring systems; and M&E, including information systems)?

   a. What evidence is there, if any, of emergent capacity development or change arising from the use of partner government financial, organizational, and/or technical systems?

   b. What evidence is there, if any, that improved performance of PFM systems is contributing to more effective and/or efficient delivery of services?

3. How and to what extent has direct assistance increased sustainability and local ownership of priorities, implementation processes, and resourcing related to malaria control efforts?

   a. How and to what extent did the Activity have an effect on other actors, rules, resources or relationships within the relevant local system?

4. What improvements in G2G processes, both internally at NMCP and externally with USAID, would position the NMCP FAR agreement to better meet its intended objectives?

GENDER DISAGGREGATION AND GENDER DIFFERENTIAL EFFECTS

In line with USAID's Gender Equality and Female Empowerment Policy and Automated Directives System 203.3.1.5, the evaluation will consider gender-specific and differential effects of the G2G program. The evaluation team will disaggregate access and participation data by gender at multiple points along the Theory of Change diagram to analyze the potential influence these effects have on activities and outcomes. Data collected through surveys conducted under this evaluation will be gender-disaggregated to identify gender differences with respect to benefits and outcomes, as well as lessons learned from female title holders and farmers. The evaluation team will conduct further inquiry on gender themes as they emerge during the data analysis.

EVALUATION METHODS AND APPROACH

Performance Evaluation Design

The Evaluation Team is required to conduct a **Performance Evaluation** of the Activity entitled "Performance Evaluation of National Malaria Control Program Agreements."

The design of this evaluation calls for a mixed design approach. It will use a snapshot approach across various entities and levels of service delivery. In answering Question 1, it will use a normative approach comparing planned activities / results with actual ones. In answering the other Questions, as no specific objectives and/or targets were set at the beginning of the Activity, the evaluation team will apply methods which allow for a description of the current situation. As there was no baseline relating to Questions 2 to 4, it will be difficult to use a "before and after" project approach to evaluation, but the evaluation will attempt to re-create this baseline, where possible, to assess the extent of change over time.

The main source of data for this evaluation will be derived from the main stakeholders in the Activity – focused primarily on staff from NMCP and USAID Health Office. To ensure that the data derived from these sources are triangulated, we will collect data from other sources who are less involved with, and have no stake, in the Activity. To verify reported data on service delivery, the Evaluation Team will conduct a sample of site visits to assess the level of accuracy and effectiveness in service delivery.

This Evaluation Team will develop, and submit for approval, a work plan with a detailed methodology and set of proposed tools within the first seven days of the evaluation Team Planning meeting.

Data Collection Methods

The data collection methodology to be used by the team will consist of two phases:

Phase 1: Document review

The team will review a wide range of documentation including those listed in the SOW, as well as annual and quarterly reports, any M&E plans, national statistics used by the NMCP, and any progress reports submitted to USAID. The completion of the document review will be done prior to the arrival of the international team members in Senegal.

Phase 2: Quantitative and Qualitative field research

The evaluation team will collect information from the stakeholders and beneficiaries involved in the NMCP. The beneficiaries will be identified according to several criteria, following a combination of

purposeful and random sampling strategies. The evaluation Team will work closely with the USAID/Health Team and the NMCP to determinate the criteria. However, it is expected that the team will travel to approximately 6 of 12 regions. Regions will be selected in accordance with USAID and NMPC.

To respond to the evaluation questions, the evaluation team may work using specific methods with the following target groups:

Question	Primary Method	Primary Information Sources
1. What has implementation of the NMCP agreement allowed the NMCP to achieve, in alignment of the national strategic plan for the control of malaria in Senegal and the PMI objectives, as detailed in the annual Malaria Operational Plan?	• Document Review • Key Informant Interviews	• NMCP IP Interviews • NMCP staff • National I Government Officials (GOS) • USAID staff
2. How and to what extent has USAID direct assistance to NMCP strengthened local systems (specifically: areas of policy/planning/management/regulations; human resources; service delivery; financial revenue generation and expenditure reporting; financial management-including MOF; supply chain, lab and drug resistance monitoring; and M&E including various information systems)?	• Document Review • Survey • Key Informant Interviews	• NMCP IP Interviews • NMCP staff • Two regional medical offices (1 in each region) • 4 district medical offices (2 in each region) • USAID staff
2a. What evidence is there, if any, is there evidence of emergent capacity development or change in the NMCP arising from the use of the government financial, organizational, and/or technical systems?	• Document Review • Survey • Key Informant Interviews	• NMCP IP Interviews • NMCP staff • National Government Officials (GOS) • Two regional medical offices (1 in each region) • Four district medical offices (2 in each region) • USAID staff
2b. What evidence is there, if any, that improved performance of PFM systems is contributing to more effective and/or efficient delivery of services?)	• Document Review • Structured observation / site visits • Survey • Key Informant Interviews	• NMCP IP Interviews • NMCP staff • Selected health units and areas of coverage • National GOS Officials • Two regional medical offices (1 in each region) • NMCP implementing partners • Four district medical offices (2 in each region) • USAID staff
3. How and to what extent has direct assistance increased sustainability and local ownership of priorities, implementation processes and resourcing related to malaria control efforts?	• Document Review • Key Informant Interviews • Survey • Focus Group Discussions	• Two regional medical offices • Four district medical offices • Selected informants • Focus Groups of Regional and District Level Health Personnel Trained by NMCP IPs
3a. How and to what extent did the activity have an effect on other actors, rules, resources or relationships within the relevant local system?	• Document Review • Key Informant Interviews • Focus Group Discussions	• Focus Groups of Regional and District Level Health Personnel Trained by NMCP IPs

Question	Primary Method	Primary Information Sources
4. What improvements in G2G processes both internally at NMCP and externally with USAID would position the NMCP FAR agreement to better meet its intended objectives?	• Document Review • Key Informant Interviews	• NMCP IP Interviews • NMCP staff • National GOS Officials • Two regional medical offices • Two district medical offices • USAID staff

This table is presented for indicative purposes. It will be updated for USAID approval once the evaluation team has reviewed the documentation and worked out the logistics of applying the proposed tools to the targeted sources of data.

DATA ANALYSIS

The data issued from the field will be analyzed using statistical software to analyze survey results. Notes from the Key Informant Interviews and Focus Group Interviews will be coded separately using a qualitative data analysis such as MaxQDA or an Excel spreadsheet. Also, gender, geographic location, and role (beneficiary, implementer, service provider) disaggregation must be included in the data analysis where applicable. As part of the detailed evaluation work plan, prior to the start of data collection, the Evaluation Team will include a data analysis plan that details how all data collected, including individual interviews, focus groups, and survey data, will be electronically captured, transcribed, and analyzed. The data analysis plan will show how data will be triangulated to reach findings, and conclusions about the effectiveness of the implemented approach by the Activity.

STRENGTHS AND LIMITATIONS

The strengths and limitations of the National Malaria Control performance evaluation will depend on the final design proposed by the evaluation team in consultation with USAID and MEP. The final design should reflect a rigorous approach to answering the evaluation questions and contribute to the global knowledge on Health G2G programs. Both the detailed work plan developed by the Evaluation Team as well as the evaluation report will outline any methodological strengths and limitations of the evaluation.

DELIVERABLES

The deliverables for this evaluation include:

- Desk review and finalized Getting to Answers matrix: the team will fill and submit the document review matrix three (3) days prior their arrival in the field.

- Work and Analysis Plans and draft tools: Detailed work plan which will indicate methodology, data analysis plan (including coding matrix and an indication of key statistics), detailed calendar, and data collection tools for the elaboration of the evaluation, as well as the sampling plan, and the final Getting to Answers matrix. The work plan should outline any strength or limitation identified. The work plan will be submitted to the MEP COR and Technical POC for approval prior to fieldwork.

- Progress Report: A written report of the data collection progress made in the field covering key scheduled activities, status of completion, and found constrains of the data collection process.

- Initial presentation: A PowerPoint presentation on the initial findings of the evaluation. The presentation should not be more than 15 slides. This presentation will be structured to be just with USAID/Health initially and then a larger USAID Mission-wide audience and the NMCP.

- <u>Submission of Draft Evaluation Report</u>: The team will submit a draft report to the MEP COR and Technical POC who will provide comments for revision and finalization of the report.

- <u>Final Report</u>: A written and electronic document that includes an executive summary, table of contents, methodology, findings, conclusions, lessons learned, and recommendations. The report will be submitted in both French and English. The final report should include a database with all collected information and statistical analyses as an annex.

- <u>Evaluation abstract</u>: The team will develop an evaluation abstract of the evaluation report that summarizes the feedback received during the evaluation. The evaluation abstract will be no longer than 2-3 pages.

TEAM COMPOSITION

The evaluation team will be led by Dr. Corine Karema, an experienced epidemiologist with a background in malaria control programs. Over the course of her career, Dr. Karema has provided technical leadership for the prevention and control of malaria in Rwanda and helped coordinate the development of evidence based policies and implementation systems for malaria case management in the country. The team leader will be supported by a performance measurement specialist working in the Senegalese public health sector with experience working in malaria prevention programs, Mr. Aboubakiry Koulibaly. Mr. Koulibaly is an international health M&E specialist and has assisted on several monitoring and evaluation tasks for health projects and activities in Senegal and sub-Saharan Africa. He also served on the USAID/Senegal Health Internal Assessment completed in June of 2016.

Dr. Karema and Mr. Koulibaly will be supported by MEP's Senior Evaluation Specialist, Mr. Moussa Sy and organizational development (OD) specialist, Mr. Drew Lent. Mr. Lent has over three decades of experience working in OD globally with particular expertise in West Africa and Senegal. He will support the team in answering Question 2 (as well as questions 3 and 4, to a lesser extent) on topics related to OD and capacity building. Mr. Sy will serve as evaluation methodologist and will guide the team through the Getting to Answers matrix, tool development and data analysis plan. He will also ensure the consistent implementation of the data collection tools across the various target communities and the transcription and synthesis of interviews as they are completed. The evaluation Team Leader will be responsible for synthesizing the data analysis and report writing, with assistance from the rest of the team.

The evaluation team will be supported by a MEP M&E Associate to accompany them in the field and four enumerators who will support the facilitation of interviews and notetaking. All interviews, and focus groups will be recorded and transcribed for analysis. Mr. Sy will also serve as the task manager overseeing the overall administration of the evaluation. All team members are required to provide a signed statement attesting that they have no conflict of interest, or describing any existing conflict of interest. MEP Senegal's Technical Director, Jacques Berard will review the findings, conclusions and recommendations matrix as well as the draft and final reports for technical quality.

Tasks/Deliverables and LOE

Dates	Tasks/Deliverables	Team Leader (C. Karema)	Health M&E Specialist (A. Koulibaly)	International OD Specialist (A. Lent)	Enumerators x4
April 17-21	VC with Health team to clarify questions with consultants	2	2	2	
May 2-5	Desk review and completion of "Answering Questions with Secondary Data"	4	4	4	-
May 8-12	Development of detailed work plan including G2A matrix, the sampling plan, data analysis plan, fieldwork schedule and tools	5	5	5	-
May 15	Presentation of detailed work plan and tools to USAID/Health and NMCP team	1	1	1	
May 16-18	Revisions to work plan and tools for finalization	3	3	3	-
May 20	International travel US/Kigali-Dakar	1	-	1	-
May 22	TPM with and initial meeting with USAID Health Team to review work plan	1	1	1	
May 23-26	Meetings with NMCP & Dakar-based stakeholders	4	4	4	-
May 27	Travel to two regions (two teams; 1 to each region)	1	1	1	
May 29-June 2	Fieldwork and data analysis	6	6	6	
June 3	Return from the field	1	1	1	
June 5-7	Development of initial findings, conclusions and recommendations	3	3	2	

Dates	Tasks/Deliverables	Team Leader (C. Karema)	Health M&E Specialist (A. Koulibaly)	International OD Specialist (A. Lent)	Enumerators x4
June 8	Health Team presentation on initial findings, conclusions and recommendations	1	1	1	
June 9	NMCP Team presentation on initial findings, conclusions and recommendations	1	1	1	
June 10	International travel Dakar-Kigali	1	-	1	
June 12-23	Development of draft report (in French)	9	5	7	
June 24	Submission of draft report to MEP	-	-	-	
July 7	Submission of draft report to USAID	-	-	-	
July 21	Consolidated feedback from USAID	-	-	-	
July 24-31	Finalization of the report and abstract development	5	2	2	
July 31	Submission of final report to MEP and evaluation abstract				
August 7	Submission of final revised report and evaluation abstract to USAID	-	-	-	
Total Estimated LOE		**49**	**40**	**43**	

PARTICIPATION OF USAID STAFF AND PARTNERS

It is expected that the USAID/Health Team will work with the NMCP and the evaluation team to establish a common understanding of the SOW and its evaluation questions prior to the Team's arrival in-country. The Health Team will provide an initial in-brief with the evaluation team prior to the Technical Planning Meeting and will participate in the TPM to sign off on the work and analysis plans as well as data collection tools. This will be critical in ensuring that the objective and outcomes of this evaluation are clear to the evaluation team. It is also critical in ensuring that the evaluation team understands the meaning behind each evaluation question and definition of terms. As part of the evaluation, USAID/Health Team and key stakeholders will also be interviewed, including the National Malaria Control Program, the Ministry of Health, the Ministry of Finance, and other partners. At the completion of the fieldwork, it is expected that USAID, implementing partners, and other stakeholders in the health sector will participate in a presentation of the evaluation's initial findings, conclusions and recommendations.

In addition, a point person from each of the key institutions, NMCP and USAID/Health, will serve as facilitators to access information in support of this evaluation. They will provide background documents and contacts for stakeholder meetings, and will be closely involved in the review and approval of the SOW; the detailed work plan, evaluation methodology and evaluation tools; weekly progress reports; draft report, initial presentations, and finalized report and abstract.

SCHEDULING AND LOGISTICS

MEP Senegal will arrange all logistics for fieldwork. MEP Senegal (for the USAID/Senegal Health Team) will request introductory communications for the evaluation team. All appointments, transportation, and hotel arrangements will be made by MEP Senegal staff and team members.

DISSEMINATION PLAN

At the completion of fieldwork, the evaluation team will present initial findings from the field to the USAID/Health team first and then to a larger, USAID Mission-wide audience. Following these presentations, a workshop will be organized with NMCP and ministry staff involved in the G2G mechanism. Other potential briefings to GOS, USG and other donors will be discussed with USAID to maximize the lessons learned and recommendations developed by this evaluation. The evaluation team will produce an evaluation report in both English and French, as well as an evaluation abstract per the new ADS requirement. Both reports and evaluation abstract will be shared within USAID Offices, as well as with NMCP, ministries, other donors, and local solution working group. The report in English and French will also be uploaded onto the DEC.

REPORTING REQUIREMENTS

It is expected that this report will be drafted and finalized in French and then translated into English. The report itself should not be longer than 30 pages total, excluding the Annexes. A draft evaluation report template is attached to this SOW in Annex VI, which is based on the USAID evaluation report template and guidance (http://usaidlearninglab.org/library/evaluation-report-template and How-To Note Preparing Evaluation Reports - http://usaidlearninglab.org/library/how-note- preparing-evaluation-reports). The report includes Appendix 1, which is the Mandatory Reference on Evaluation. The report will be branded with the standard USAID branding requirements and will be formally submitted to the DEC upon approval. Additional copies of the final report in French will be made available to all stakeholders participating in

the initial findings workshop. Copies in English will be shared with relevant USG offices within USAID and any other relevant USG agencies.

ATTACHED REFERENCE DOCUMENTS

Please check all that apply below.

X	Budget
X	Gantt chart
X	CVs
	Conflict of Interest Statements
X	USAID evaluation policy
X	USAID evaluation report structure
	Document review matrix
	Getting to answers matrix
	Findings, conclusions and recommendations matrix

WORK PLAN AND METHODOLOGY FOR THE G2G MALARIA PROGRAM PERFORMANCE EVALUATION

WORK PLAN AND METHODOLOGY FOR THE G2G MALARIA PROGRAM PERFORMANCE EVALUATION

Contracted under AID-685-C-15-00003

USAID Senegal Monitoring and Evaluation Project

DISCLAIMER

The author's views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

INTRODUCTION

Since 2012, the President's Malaria Initiative (PMI) has provided direct assistance to the Senegal National Malaria Control Program (NMCP) in order to implement various elements of its national strategic plan for malaria control that are in line with PMI objectives. This includes the implementation of four key proven interventions for the prevention and control of malaria: long-lasting insecticide spraying on the interior walls of homes; promotion and distribution of insecticide-treated bed nets (ITNs); training for medical staff and community health workers to improve diagnosis and effective use of life-saving medicines; and prophylactic drug treatment for pregnant women. Additionally, PMI has supported NMCP's activity implementation in the areas of epidemic surveillance, capacity building, supervision, and other key components of comprehensive malaria control.

In early 2014, Senegal NMCP developed a new Strategic Framework 2014-2018 (in alignment with the National Health Development Plan) aiming at reaching malaria pre-elimination with interventions tailored to different malaria transmission zones. From 2012 to 2016 PMI supported strategies that fit in well with the National Malaria Control strategy and were built on investments made by PMI and other partners to improve and expand malaria-related services, including the Global Fund to Fight AIDS, Tuberculosis, and Malaria (Global Fund) malaria grants.

Of the Senegal PMI budget ($24 million per year in 2016), approximately 30% was allocated to commodities, 20% to indoor residual spraying (field support), 20% to direct assistance to the NMCP, and the rest is allocated to integrated health activities. Direct financial support has been provided to the NMCP through a series of government-to-government (G2G) agreements with the Government of Senegal (GOS). The G2G agreements mechanism has utilized host country systems and capacities to achieve priority health results, in alignment with host-country government priorities, policies, and plans. In 2012, USAID/Senegal signed its first Fixed Amount Reimbursable Agreement (FARA) with the NMCP and the GOS in order to channel resources for the NMCP to implement PMI supported malaria control activities over four years. PMI has increased direct resources to NMCP, from less than $500,000 in 2012 to nearly $7 million in 2015. This encompasses implementation of the key proven malaria control interventions, as well as health system strengthening activities both at central level and prioritized regions.

The interventions supported through the G2G mechanism include case investigation and reactive case detection in Senegal's pre-elimination, low malaria transmission zones. In the highest transmission control zones, seasonal malaria chemoprevention (SMC) and active home-based management (PECADOM Plus) are key interventions. Currently SMC is implemented in the four high transmission regions of southeastern Senegal—Tambacounda, Kédougou, Kolda, and Sédhiou. In these regions, standard M&E protocols and tools as outlined by the WHO SMC Field Manual are used to monitor SMC indicators. Findings from the "Survey on Impact of SMC 2015" showed an overall full treatment coverage of 74% among children under 10 years old.

Under the G2G mechanism, Senegal is implementing a number of monitoring, evaluation and surveillance activities, including an adaptation of the surveillance approach tailored to malaria stratification, In pre-elimination areas, systematic case investigation has been introduced as well as supportive supervision at all points of care (centre de santé, poste de santé and community level). Starting in 2008, NMCP has a system of epidemic surveillance sites are operational now in 20 sites. G2G funds ten districts across seven focus regions (Saint-Louis, Matam, Louga, Kaolack, Dakar, Tambacounda, Kédougou), each with two sentinel sites reporting morbidity, mortality, and stock information on a weekly basis. Reactive case detection activities have been expanded in the Saint-Louis Region covering four out of five districts in the region. The malarialogy course has been expanded beyond the national level to further build capacity and support implementation of malaria control interventions at decentralized level

During this timeframe, Senegal, under the leadership of the NMCP, has achieved rapid scale up of malaria control interventions with a significant reduction of malaria burden as a result, the country plans to meet the WHO criteria for malaria pre-elimination phase (slide or rapid diagnostic test positivity rate (SPR) < 5% among suspected malaria patients) by 2020. The G2G internal review of the G2G interventions supported by the USAID Health Team found that the consensus among PMI Senegal and USAID/Senegal Mission staff is that providing direct assistance to the NMCP has contributed to the achievement of malaria control in Senegal. Furthermore, PMI staff in Senegal believes that the G2G approach may have strengthened the NMCP's capacity to develop a coherent national program, as well as plan its annual activities, build operational and managerial capacity at the national and sub-national level, coordinate implementation, and oversee activities carried out by regional health delivery units.

EVALUATION PURPOSE AND EVALUATION QUESTIONS

Evaluation Purpose

The purpose of this performance evaluation is to provide USAID with evidence based data regarding the performance of its investment in the Senegal NMCP program. The evaluation will assess the contribution of the G2G mechanism to Senegal malaria control achievements; understand its sustainability as well as its effectiveness for the health system strengthening and capacity building of the NMCP/GOS for malaria control interventions scaling up toward the reduction of malaria in Senegal.

Findings of this evaluation will inform the design of future Health G2G activities (using specifically, but not exclusively, FARAs as funding mechanisms) that aim to improve the health status of a national population via Government-to-Government projects, focused on malaria prevention and treatment aimed at increasing the availability of health services, improving health seeking and healthy behaviors, and improving performance of the health system.

It is expected that this performance evaluation will be of interest not only to the NMCP/GOS but to USAID/Senegal Health Team, Local Solutions working group, USAID/Washington, PMI, and the larger international community including development partners implementing interventions through G2G mechanisms. The results of this evaluation will be made widely available to encourage replication beyond Senegal as applicable.

Evaluation Questions

The evaluation will address the following five evaluation questions (EQs) that have been developed in collaboration with USAID/Senegal's Health Team. They will serve as the main structure for reporting on the evaluation's findings, conclusions and recommendations:

1. What has implementation of the NMCP Agreement allowed the NMCP to achieve, in alignment of the national strategic plan for the control of malaria in Senegal and the PMI objectives, as detailed in the annual Malaria Operational Plan?

2. In what ways has USAID's direct assistance to NMCP strengthened government institutions' capacity to deliver effective and efficient services (specifically in areas of: planning / management; service delivery; financial management, including the MOF; and M&E including information systems)?

    a. What evidence is there, if any, that improved performance of PFM systems is contributing to more effective and/or efficient delivery of services?

b. How does the NMCP collect and analyze service delivery data to track program performance, for instance: key intervention coverage, tracking results against targets, etc.) and use of data for decision-making?

3. How and to what extent has the USAID direct assistance increased NMCP sustainability and local ownership (including at regional and district levels -health system wide) of priority-setting, implementation processes, and mobilizing adequate resources related to malaria control efforts?

This evaluation will focus on 4 technical elements that have been funded since the beginning of the start of the G2G mechanism. These include the following NMCP activities:

● Seasonal malaria chemoprevention SMC

● Sentinel site surveillance

● Supportive supervision

● And the malariology course

Findings, conclusions and recommendations will be analyzed on the achievement of pre-determined and costed deliverables specific to these interventions and limited to activities implemented from 2012 through 2016.

In addition to the above evaluation questions, the recommendations provided in the report in response to each of these three questions will address the following operational question, (which the team and USAID have agreed will not be an evaluation question): What improvements in G2G processes, both internally at NMCP and externally with USAID, would position the NMCP FAR Agreement to better meeting its intended objectives?

This evaluation will apply USAID's Evaluation Policy guidance with respect to using the most rigorous evaluation design and methods possible to demonstrate accountability for achieving results. Conclusions and recommendations derived from the evaluation's findings will be stated clearly and separately, with a special emphasis on the degree to which recommendations are actionable, practical and directed to specific parties.

DATA COLLECTION METHODS AND SOURCES

Evaluation Design

The evaluation process began with a comprehensive review of all project documents provided by the Health Team and resources from the USAID/PMI website. The team reviewed background project documents, NMCP strategic documents, FARA budgeted work plans, annual and progress reports, data tables and survey reports created within the project, and a range of peer-reviewed publications.

For each intervention supported through the G2G mechanism, a comprehensive set of time-bound deliverables was developed, and reimbursements were made conditional upon successful completion and USAID verification of the deliverables. Hence, the review was limited to milestones related to FARA activities of the 4 technical areas under the evaluation (Malariology, SMC, supportive supervision at point of care and sentinel site surveillance)

After preliminary review of background documents, the evaluation team developed the "Getting to Answers" matrix (G2A) to specify for each question: the type of answers, the information sources, the

methods, the sample size, and the data analysis plan. As outlined in the G2A matrix, the team will draw evidence by comparing planned targets and actual achievements through content analysis. The team has identified key informant sources based on stakeholders who are likely able to provide relevant responses that will inform each evaluation question. The evaluation team developed data collection tools including semi-structured interview guides tailored to various categories of key informants and aimed to comprehensively address the evaluation questions. The categories of key informants (USG, NMCP, MSAS, MEF, PE, MCR/MCD/DSDOM, etc.) were developed based on the type of interaction with the G2G NMCP activities limited to the 4 identified technical areas, e.g. individuals at the national or regional level, PMI staff, other implementers, and/or beneficiaries. The evaluation team will conduct interviews with NMCP, USAID, non-governmental organizations (NGOs), other technical partners (UCAD, ISED, etc.), decentralized entities and other implementers involved in malaria control.

The G2A matrix (Annex B) provides detailed information for how the evaluation team will answer each of the five evaluation questions. It provides details on the sources and methods of data collection, sampling, and methods of analyses for each evaluation question, The G2A matrix will guide the evaluation team's approach in assessing how the GOS uses the G2G mechanism and whether it has enabled NMCP to achieve NMCP/PMI program objectives while supporting a sustainable organizational capacity among the GOS institutions committed to Roll Back Malaria in Senegal. The evaluation will assess activity implementation (Question 1) in relation to USAID's strengthening of GOS institutions' service delivery capacity (Question 2) as well as decentralization and sustainability of local systems (Question 3). Question 2 has been extended to include two sub-questions to focus on improvements in public financial management (PFM) and acquired skills in program performance data collection and decision-making, both of which are critical competencies in health system sustainability.

The evaluation approach is mainly qualitative, however, the team will reference and summarize statistical analysis of data identified in the activity background documents, as appropriate.

Data Collection Methods

The main source of data for this Performance Evaluation will be derived from activity stakeholders—mainly NMCP, MOH, USAID-PMI, and decentralized health teams in targeted beneficiary regions of G2G activities. The team developed a set of criteria for selection of the targeted regions for field work. The selected regions were ranked in terms of malaria transmission levels and breadth of the 4 malaria control interventions implemented. The team selected two regions (Table 3) based on background documents and in collaboration with USAID.

The Evaluation Team will measure the activities' outcomes through a review of program documentation, interviews with NMCP, MOH, PMI-USAID, its implementing partners and staff as well as project beneficiaries. All sources of information derives from program data provided by USAID/Senegal's Health Team, NMCP, and PMI's database.

Qualitative information will be generated through individual interviews and group discussions using semi-structured interview guides.

The evaluation team will triangulate data collected from activity reports, interviews, and group discussions to address each of the evaluation questions.

Document Review:

The evaluation team has reviewed a wide range of background documentation including activity agreements, agreement modifications, action plans and annual reports, and G2G milestones reports related to FARA activities which outline the expected and actual performance selected milestones were

related to FARA activities of the 4 technical areas under the evaluation (Malariology, SMC, supportive supervision at point of care and sentinel site surveillance).

The NMCP G2G deliverables contain a mix of process/result indicators and specific activities. Through the combination of direct program monitoring and evaluation and other NMCP reporting, the FARA generates a significant volume of data describing performance of the project as well as progress in malaria control.

The team used the "answering questions with secondary data" tool to understand how each evaluation question can be answered with the data collected through reviewing background documents. The document review identified information gaps which the evaluation team will fill through additional data collection from field work.

Qualitative methods:

In collaboration with USAID/Senegal, the evaluation team identified stakeholders to serve as key informants. The team will conduct semi-structured interviews with stakeholders directly and indirectly involved in G2G supported malaria control interventions (Malariology, SMC, supportive supervision at point of care and sentinel site surveillance). This includes local stakeholders, implementing partners, and USAID representatives.

The team will hold group discussions with stakeholders at central and decentralized levels to assess their perceptions of involvement/capacity building in the implementation of malaria control activities supported by the G2G mechanism. These interviews and discussion groups will allow the team to understand the contribution of the G2G mechanism toward the progress of malaria control in Senegal. The identification of data collection methods and sources appropriate for each Evaluation Question is presented in the Table 1 below. More detailed information on methods and sources for each evaluation question is available in the "Getting to Answers" matrix in Annex B.

TABLE 1: DATA COLLECTION METHODS AND SOURCES

Evaluation Question	Data Collection Method	Data Sources
1. What has implementation of the NMCP Agreement allowed the NMCP to achieve, in alignment of the national strategic plan for the control of malaria in Senegal and the PMI objectives, as detailed in the annual Malaria Operational Plan?	- Secondary Data - Key Informant Interviews	- Activity documentation & reports - NMCP IP Interviews - NMCP staff - National Government Officials (GOS) - USAID staff
2. In what ways has USAID's direct assistance to NMCP strengthened government institutions' capacity to deliver effective and efficient services (specifically in areas of: planning / management; service delivery; financial management, including the MOF; and M&E including information systems)?	- Secondary Data - Key Informant Interviews	- Activity documentation & reports - National Government Officials (GOS) - NMCP IP Interviews - NMCP staff - Two regional medical offices (1 in each region) - 4 district medical offices (2 in each region) - USAID staff
a) What evidence is there, if any, that improved performance of PFM systems is contributing to more effective and/or efficient delivery of services?		- -
b) How does the NMCP collect and analyze service delivery data to track program performance, for instance: key intervention coverage, tracking results against targets, etc.) and use of data for decision-making?		- -
3. How and to what extent has the USAID direct assistance increased NMCP sustainability and local ownership (including at regional and district levels - health system wide). of priority-setting, implementation processes, and mobilizing adequate resources related to malaria control efforts?	- Secondary Data - Key Informant Interviews	- Activity documentation & reports - NMCP IP Interviews - NMCP staff - National GOS Officials - Two regional medical offices - 4 district medical offices - USAID staff

Sampling Methods:

The evaluation team will collect information from the stakeholders and beneficiaries involved in the G2G mechanism and in malaria control in Senegal.

The evaluation team worked closely with the USAID/Health Team and NMCP to determinate these criteria.

The first criterion includes main stakeholders at central level with at least 6-7 years of expertise, experience in malaria control, and works within the health sector in Senegal. At the decentralized level, the stakeholders were identified based on their level of involvement in the 4 technical areas (Malariology, SMC, supportive supervision at community level and sentinel site surveillance) supported by the G2G mechanism and with regard to gender balance.

At the decentralized level, 2 regions out of the 12 supported by G2G mechanism have been identified based on malaria transmission levels and breadth of malaria control interventions implemented in the 4 focus technical areas (Malariology, SMC, supportive supervision at point of care and sentinel site surveillance). Malaria stratification in Senegal is primarily categorized using malaria epidemiology and vector ecology to divide the country in low and high malaria transmission zones. In addition, environmental and epidemiological criteria have been used to stratify the country in 4 different zones. The NMCP Senegal has tailored malaria control interventions based on the level of malaria transmission.

TABLE 2: MALARIA CONTROL INTERVENTIONS BY STRATIFICATION

MALARIA STRATIFICATION	MALARIA CONTROL INTERVENTION PACKAGE
LOW (INCIDENCE ≤ 5‰ HBTS	MSAT, ACTIVE SURVEILLANCE, SUFI, MDA
INCIDENCE 5‰> & ≤15‰ HBTS	FSAT, ACTIVE SURVEILLANCE, SUFI
INCIDENCE 15‰> & ≤25‰ HBTS	SUFI, MILDA, ACT, TDR, IPT, PECADOM
INCIDENCE >25‰ HBTS	SUFI, SMC

Activities implemented by NMCP under the G2G mechanism vary in multiple aspects including type of support and geography. As transmission of malaria is highly stratified in Senegal, interventions are based on needs of local communities and epidemiological patterns that have been observed in different regions.[23] Due to time limitations, the evaluation team will not be able to visit all 12 regions supported with G2G activities. In collaboration with USAID's Health Team, the evaluation team selected two regions categorized in low and high malaria transmission areas which focus on the four technical areas of G2G support.: Malariology, SMC, supportive supervision at point of care, and sentinel site surveillance.

As stated above, the team will travel to two regions which have been selected in collaboration with USAID/Senegal (shown in Table 3). The team selected Saint Louis, located in the north, as it is a pre-elimination zone and has active case detection. Tambacounda, located in the south-east, was selected as it has higher transmission levels and operates several malaria control activities such as SMC and PECADOM Plus and supportive supervision. Both regions benefit from hosting sentinel surveillance sites and health professionals from both regions have benefited from participation in the malariology course.

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[23] Sénégal cadre stratégique de lutte contre le Paludisme 2014-2018, page 32

Both Saint Louis and Tambacounda will enable the evaluation team to observe various interventions as well as the wide breadth of activities implemented under the G2G mechanism.

Selection of Regions based on Malaria transmission level and malaria control intervention package

TABLE 3: IDENTIFICATION DES MEDICAL REGIONS TO VISIT

MALARIA STRATIFICATION	REGION	GEOGRAPHIC LOCATION	MALARIA CONTROL INTERVENTION PACKAGE
LOW MALARIA TRANSMISSION (INCIDENCE ≤ 5‰ HBTS)	ST LOUIS	NORTHERN SENEGAL	SENTINEL SITE SURVEILLANCE SUPPORTIVE SUPERVISION INTEGRATED PECADOM MALARIOLOGY COURSE
HIGH MALARIA TRANSMISSION (INCIDENCE >25‰ HBTS)	TAMBACOUNDA	SOUTHERN SENEGAL	INTEGRATED PECADOM MALARIOLOGY COURSE SEASONAL MALARIA CHEMOTHERAPY SUPPORTIVE SUPERVISION SENTINEL SITE SURVEILLANCE

NB: The Medical Regions of St. Louis and Tambacounda to be visited have been identified based on malaria transmission levels and breadth of malaria control interventions implemented.

Lastly, two districts within each identified region were selected based on the three technical areas implemented and managed at decentralized level, except for the malaria course which is not implemented at the district level. The first criteria was to choose one district with sentinel site surveillance in each region, given that all districts in the selected regions implement supportive supervision at community level, these districts are Bakel in Tambacounda and Richard Toll in St Louis. A second district in Tambacounda region, Dianke Makhan, was chosen based on the availability of SMC implementation while the second district in St Louis, Dagana, was selected based on the implementation of reactive case detection. Directors and key personnel at region and district levels were selected for interviews and group discussions.

TABLE 4: IDENTIFICATION HEALTH DISTRICTS TO VISIT

HEALTH DISTRICTS	REGIONS	FOCUS ACTIVITY
TAMBACOUNDA	TAMBACOUNDA	
KOUMPENTOUM		
GOUDIRY		
KIDIRA		
BAKEL		SENTINEL SITE
MAKA COLIBANTANG		
DIANKE MAKHAN		SMC
DAGANA	SAINT-LOUIS	REACTIVE CASE DETECTION
PODOR		
RICHARD TOLL		SENTINEL SITE
ST LOUIS		
PÉTÉ		

Source: Rapport d'activités PNLP/2015

DATA ANALYSIS

Data analysis will draw on findings organized by evaluation questions. Qualitative data collected via the semi-structured interviews and group discussions will be analyzed using thematic and content analysis with Max QDA software.

- All available documents will be comprehensively reviewed for both qualitative and quantitative data related to the evaluation questions.

- Key informant interviews (KIIs) and group interviews_will be used to collect information from stakeholders. KIIs will be employed in answering all evaluation questions. The evaluation team will use structured or semi-structured interview guides for KIIs to ensure key questions are systematically answered. The evaluation team will design a separate interview guide for each stakeholder group. All interviews will be transcribed and coded using Max QDA software to explore all relevant themes in relation to the evaluation questions.

During fieldwork, the evaluation team will meet in the evenings to summarize the information collected and review where they are in terms of responding to the evaluation questions. Summary points will be developed from these daily meetings to advance the team's deliberations in ongoing reflection and analysis of common themes and outliers. Transcripts will be completed for all interviews and group discussions to facilitate a complete thematic analysis.

FIELD WORK PLAN

Based on document review and collaboration with USAID on the selection of stakeholders to interview and regions to visit, the evaluation team proposes the field work plan in Table 5 below while in country.

Additionally, the GANTT Chart (Annex A) shows the timeline for the evaluation and outlines deliverables agreed with USAID, including submission of the draft report to USAID/Senegal on August 18, 2017 and the final report on September 22, 2017.

TABLE 5. PLANNING DES COLLECTE DES DONNEES

ACTIVITÉS	LIEUX	RESPONSABLES	CIBLES	CALENDRIER
FINALISATION DE LA PRÉPARATION DE LA MISSION : HARMONISATION DES APPROCHES, DES OUTILS DE COLLECTE ET RÉPARTITION DES ÉQUIPES. PLANNING DES RENDEZ-VOUS.	DAKAR/MEP	EQUIPE CONSULTANTS	CONSULTANTS	03 JUILLET
ENTRETIENS AVEC LE MINISTÈRE DE LA SANTÉ ET DE L'ACTION SOCIALE (**MSAS) ET MEF**	DAKAR/MSAS/MEF	EQUIPE CONSULTANTS	DIR GRLE DE LA SANTÉ DIR DE LA PLANIFICATION DE LA RECHERCHE ET DES STATISTIQUES DIR DE LUTTE CONTRE LA MALADIE DAGE DI	03 JUILLET DE 09H À 12H À CONFIRMER PAR L'USAID
ENTRETIENS AVEC PNLP	DAKAR	EQUIPE CONSULTANTS	UNITÉ DE COORDINATION/ PILOTAGE	05 JUILLET : A PARTIR DE 09H
	DAKAR	EQUIPE CONSULTANTS	RESPONSABLE DES SERVICES	
	DAKAR	EQUIPE CONSULTANTS	EQUIPE DE MISE EN ŒUVRE	
ENTRETIENS AVEC USAID	DAKAR	EQUIPE CONSULTANTS	PERSONNES CLÉS DE L'ÉQUIPE SANTÉ IMPLIQUÉES DANS LA MISE EN ŒUVRE DU PROGRAMME À PRÉCISER PAR USAID	O6 JUILLET
			AOR (AGREEMENT OFFICE REPRÉSENTATIVE)	06 JUILLET
			FARA GATR	
			POINT FOCAL PMI À L'USAID	
ENTRETIENS AVEC PMI-CDC	DAKAR	EQUIPE CONSULTANTS	POINT FOCAL PMI À CDC	

ACTIVITÉS	LIEUX	RESPONSABLES	CIBLES	CALENDRIER
RÉUNION D'ENTRETIEN	USAID	EQUIPE CONSULTANTS/ EQUIPE USAID	A PRÉCISER PAR L'USAID LES PERSONNES À RENCONTRER	06 JUILLET
ENTRETIENS AVEC PARTENAIRES D'EXÉCUTION DU PNLP	DAKAR	EQUIPE CONSULTANTS	POINT FOCAL SANTE OU PALUDISME-ABT	07 JUILLET
			POINT FOCAL SANTE OU PALUDISME-UCAD	
			PATH	
			POINT FOCAL SANTE OU PALUDISME-INTRA HEALTH	
			POINT FOCAL MALARIA OU SANTE-UNICEF	
			MALARIA NPO-OMS	
VOYAGE SUR SAINT LOUIS (EQUIPE1) ET TAMBA (EQUIPE2)	SAINT LOUIS. TAMBA	EQUIPE1 ET EQUIPE2 CONSULTANTS	CONSULTANTS	08 JUILLET
ENTRETIENS À ST LOUIS (RÉGION 1)	ST LOUIS	EQUIPE1	LE MÉDECIN CHEF DE RÉGION ET/OU SON STAFF MÉDICAL/ECR	09 JUILLET
	ST LOUIS	EQUIPE1	MCD/ECD	
	ST LOUIS	EQUIPE 1	ICP	
	ST LOUIS	EQUIPE 1	CASE DE SANTE/DSDOMS	
ENTRETIENS À TAMBACOUNDA (RÉGION 2)	TAMBACOUNDA	EQUIPE 2	LE MÉDECIN CHEF DE RÉGION ET/OU SON STAFF MÉDICAL	09 JUILLET
	TAMBACOUNDA	EQUIPE 2	MCR	
	TAMBACOUNDA	EQUIPE 2	ICP	
	TAMBACOUNDA	EQUIPE 2	CASE DE SANTE/DSDOMS	
ENTRETIENS AVEC DISTRICT SANITAIRE 1	DISTRICT SANITAIRE 1	EQUIPE 1	MÉDECIN CHEF DE DISTRICT (MCD)	10-11 ET 12 JUILLET
	DISTRICT SANITAIRE	EQUIPE 1	5 À 10 PERSONNES (ENTRETIEN DE GROUPE)	

ACTIVITÉS	LIEUX	RESPONSABLES	CIBLES	CALENDRIER
	DISTRICT SANITAIRE	EQUIPE 1	COMITÉ DE DISTRICTS	
	DISTRICT SANITAIRE	EQUIPE 1	RELAIS COMMUNAUTAIRES	
	DISTRICT SANITAIRE	EQUIPE1	COMITÉ DE SANTÉ	
	DISTRICT SANITAIRE	EQUIPE 1	ECD	
	DISTRICT SANITAIRE	EQUIPE 1	ECR	
ENTRETIENS AVEC DISTRICT SANITAIRE 2	DISTRICT SANITAIRE 2	EQUIPE 2	MÉDECIN CHEF DE DISTRICT (MCD)	10-11 ET 12 JUILLET
	DISTRICT SANITAIRE 2	EQUIPE 2	5 À 10 PERSONNES (ENTRETIEN DE GROUPE)	
	DISTRICT SANITAIRE 2	EQUIPE 2	COMITÉ DE DISTRICTS	
	DISTRICT SANITAIRE 2	EQUIPE 2	RELAIS COMMUNAUTAIRES	
	DISTRICT SANITAIRE 2	EQUIPE 2	COMITÉ DE SANTÉ	
	DISTRICT SANITAIRE 2	EQUIPE 2	ECD	
	DISTRICT SANITAIRE 2	EQUIPE 2	ECR	
ENTRETIENS AVEC CENTRE DE SANTÉ ET POSTE DE SANTÉ 1	CENTRE DE SANTÉ 1	EQUIPE1	MÉDECIN CHEF DE DISTRICT (MCD)	13-14 ET 15 JUILLET
	CENTRE DE SANTÉ 1	EQUIPE1	5 À 10 PERSONNES (ENTRETIEN DE GROUPE)	
	POSTE DE SANTÉ1	EQUIPE 1	ICP	
	POSTE DE SANTÉ1	EQUIPE1	5 À 10 PERSONNES (ENTRETIEN DE GROUPE)	
ENTRETIENS AVEC CENTRE DE SANTÉ ET POSTE DE SANTÉ 2	CENTRE DE SANTÉ2	EQUIPE2	MÉDECIN CHEF DE DISTRICT (MCD)	13-14 ET 15 JUILLET
	CENTRE DE SANTÉ2	EQUIPE 2	5 À 10 PERSONNES (ENTRETIEN DE GROUPE)	
	POSTE DE SANTÉ2	EQUIPE 2	ICP	
	POSTE DE SANTÉ2	EQUIPE2	5 À 10 PERSONNES (ENTRETIEN DE GROUPE)	
RETOUR SUR DAKAR	CONSULTANTS			16 JUILLET

Annex III: Getting To Answers Matrix

Questions D'Evaluation	Type de réponse/ Evidences nécessaire (Cochez un ou plusieurs, si approprié)		Méthodes pour la Collecte des données, Ex. Enregistrement, Observation Structurée, Entrevues avec des informateurs clés, Mini-enquête[24]		Echantillonnage ou approche de la sélection, (Si nécessaire)	Méthode d'analyse des données. Ex. Méthodes d'analyse des données Fréquence des Distributions, Analyses des tendances, Cross-Tabulations, Analyse des Contenus
			Source(s) de données	Méthode		
1) Qu'est-ce que la mise en œuvre de l'Accord avec le PNLP lui a permis d'atteindre en relation avec son Plan stratégique national de lutte contre le paludisme au Sénégal ainsi que les objectifs de PMI, tels que détaillé dans le Plan opérationnel annuel (MOP) de lutte contre le paludisme ?	Oui/ Non		**Documents du PLNP, de PMI et de l'USAID** - Lettres d'exécution (IL 685-012-05 (a1) ; IL 685-012-05 (a2) ; IL 685-012-05 (A3) ; IL 685-012-05 (A4) ; (LE) No. 685-012-02 ; IL 685-012-05 (a1) ;) - Rapport d'activités annuels du PNLP (de 2011 à 2015) / - Plan de Suivi-Evaluation du PNLP 2011-2015 - Plan Stratégique National de lutte contre le Paludisme 2011-2015/2016-2020) - PMI Strategy (2009-2014/2015-2010) - Malaria Operational Plan (MOP) (Années fiscales de 2011 à 2016)	Revue et analyse documents à l'aide de l'outil « Answering questions with secondary data »	Choix raisonné des principaux documents d'analyse de la mise en œuvre du projet dans EGNYTE : ● Convention de financement et documents stratégiques de projet, ● Plan stratégique **PNLP-PSN**, ● Plan d'action et rapports annuels, ● rapports trimestriels, ● rapports d'évaluation,	● **Analyse descriptive** des performances du PNLP dans le cadre du G2G **(Paludologie, Surveillance des sites sentinelles, supervision au niveau communautaire, SMC)**. les données statistiques feront partie intégrante de cette analyse ● **Analyse des expériences et leçons apprises** sur le G2G focalisées sur les 4 domaines d'íntervention ● **Synthèse des évidences/résultats** mettant en exergue les éléments de conformité entre les réalisations du PNLP et les objectifs de PMI et du PSN
	X	Compa raison				
	X	Explicat ion				
	X	Descrip tion				

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[24] Les données issues des évaluations sont des livrables et les méthodes doivent indiquées comment les données seront collectées, ex., pour les focus groups USAID requiers une transcription.

Questions D'Evaluation	Type de réponse/ Evidences nécessaire (Cochez un ou plusieurs, si approprié)	Méthodes pour la Collecte des données, Ex. Enregistrement, Observation Structurée, Entrevues avec des informateurs clés, Mini-enquête[24]		Echantillonnage ou approche de la sélection, (Si nécessaire)	Méthode d'analyse des données. Ex. Méthodes d'analyse des données Fréquence des Distributions, Analyses des tendances, Cross-Tabulations, Analyse des Contenus
		Source(s) de données	Méthode		
		● Evaluation of the Impact of the Scale-up of Malaria Control ● Descriptif des activites des FARA (Annex Implementation letters) ● MOP ● Grant FM - Interventions on All-Cause Mortality in Children under Five Years of Age in Senegal, 2005–2010 fyi2016 - Health Internal Review (2016) - Revue à mi-parcours des performances du programme (Juin 2013)			
		Acteurs du Niveau Central			
		PNLP	Interview Semi-Structurée (ISS)/	Unité de Coordination/ Pilotage	● **Analyse de contenu (résultats des interviews)** pour : apprécier les performances du programme dans la mise en œuvre des milestones **(Paludologie, Surveillance des sites sentinelles, supervision au niveau communautaire, SMC)** et
			Entretien de groupe	Equipe de mise en œuvre (choix des participants à l'entretien de groupe fondé sur leur ancienneté dans le programme avec un minimum de 6 années	

Questions D'Evaluation	Type de réponse/ Evidences nécessaire (Cochez un ou plusieurs, si approprié)	Méthodes pour la Collecte des données, Ex. Enregistrement, Observation Structurée, Entrevues avec des informateurs clés, Mini-enquête[24]		Echantillonnage ou approche de la sélection, (Si nécessaire)	Méthode d'analyse des données. Ex. Méthodes d'analyse des données Fréquence des Distributions, Analyses des tendances, Cross-Tabulations, Analyse des Contenus
		Source(s) de données	Méthode		
				d'expérience au programme ou dans le secteur de sante)	interventions planifies dans le PNLP-PSN ● **Comparer l**es réalisations du programme avant et pendant le G2G ● **Décrire l**es facteurs ayant contribué ou entravé les performances du programme
		PMI/USAID	Interview Semi-Structurée (ISS)	● Point focal PMI à l'USAID et Malaria Specialist ● Une personne membre " Local Solutions working group" ● Point focal PMI à CDC ● Personnes clés de l'équipe Santé impliquées dans la mise en œuvre du programme ● AOR (Agreement Office Representative) ● Representants du 'Front Office' (USAID leadership)	**Analyse de contenu pour :** ● **Mettre en évidence** leur appréciation des performances du programme (milestones) et interventions planifies dans le PNLP-PSN et MOPs et les leçons apprises du G2G ● **Comparer l**es mécanismes d'appui de l'USAID (FARA, financements via OMS ou autres partenaires –PMI implementing partners) en rapport avec les performances du programme
		MSAS	Interview Semi-Structurée (ISS)	● Direction Générale de la Santé ● Direction de la Planification, de la Recherche et des Statistiques ● Direction de lutte contre la Maladie	**Analyse de contenu pour :** ● **Comparer les** mécanismes d'appui (FARA, financements via OMS autres partenaires –PMI implementing partners, et partenaires appuyant les activités de lutte contre le paludisme) en

Questions D'Evaluation	Type de réponse/ Evidences nécessaire (Cochez un ou plusieurs, si approprié)	Méthodes pour la Collecte des données, Ex. Enregistrement, Observation Structurée, Entrevues avec des informateurs clés, Mini-enquête[24]		Echantillonnage ou approche de la sélection, (Si nécessaire)	Méthode d'analyse des données. Ex. Méthodes d'analyse des données Fréquence des Distributions, Analyses des tendances, Cross-Tabulations, Analyse des Contenus
		Source(s) de données	Méthode		
				● DAGE	rapport avec les performances du programme ● Apprécier les performances du programme dans la mise en œuvre des milestones ● Discuter des questions de l'alignement du mécanisme de financement G2G au plan stratégique national de lutte contre le paludisme.
		Partenaires d'exécution du PNLP	Interview Semi-Structurée (ISS)	● Point focal GFPath/MACEPA ● Intra Health ● UNICEF ● OMS ● Unité de Parasitologie et Entomologie (UCAD) ● *Laboratoire* national de *contrôle* des *médicaments (MSAS)*	**Analyse de contenu pour :** ● mettre en relief leur niveau d'implication dans la mise en œuvre des activités ● décrire la logique des acteurs (maîtres d'ouvrage/maîtres d'œuvre) ● répertorier les leçons apprises du partenariat PNLP/USAID/PE dans la lutte pour l'élimination du paludisme**.**
		Niveau décentralisé/Niveau Régional (Région Médicale)		**St. Louis et Tambacounda. Choix de deux (02) régions suivant les performances enregistrées (premier et dernier rang, à l'exception de Dakar)**	
		Médecins chefs de Région (MCR)	Interview Semi-Structurées (ISS)	Le médecin chef de région et/ou son staff médical (incl MCRA) ECR	● **Analyse de contenu pour :** apprécier les performances du programme en comparaison

Questions D'Evaluation	Type de réponse/ Evidences nécessaire (Cochez un ou plusieurs, si approprié)	Méthodes pour la Collecte des données, Ex. Enregistrement, Observation Structurée, Entrevues avec des informateurs clés, Mini-enquête[24]		Echantillonnage ou approche de la sélection, (Si nécessaire)	Méthode d'analyse des données. Ex. Méthodes d'analyse des données Fréquence des Distributions, Analyses des tendances, Cross-Tabulations, Analyse des Contenus
		Source(s) de données	Méthode		
					à la situation antérieure au G2G ● **Identifier les** leçons apprises en termes de coordination, planification et management (surveillance/suivi) ● Répertorier les leçons apprises dans le cadre de l'engagement du PMI à appuyer le plan stratégique national de lutte contre le paludisme via le mécanisme G2G ● Identifier certains aspects du mécanisme de financement G2G et de gestion des milestones nécessitant des améliorations.
		Autres acteurs sanitaires	Entretien de groupe	● MCA NB : Sélection des répondants sur la base de leur ancienneté dans le programme ou secteur sante (7 ans et +)	● **Analyse de contenu** en rapport avec la qualité des soins, la disponibilité des stocks et le suivi des activités sur le terrain
		Niveau décentralisé/Niveau District (DS)		**St. Louis et Tambacounda.** **Choix de deux (02) districts suivant les performances enregistrées (1er et dernier rang, à l'exception de Dakar)**	

Questions D'Evaluation	Type de réponse/ Evidences nécessaire (Cochez un ou plusieurs, si approprié)	Méthodes pour la Collecte des données, Ex. Enregistrement, Observation Structurée, Entrevues avec des informateurs clés, Mini-enquête[24]		Echantillonnage ou approche de la sélection, (Si nécessaire)	Méthode d'analyse des données. Ex. Méthodes d'analyse des données Fréquence des Distributions, Analyses des tendances, Cross-Tabulations, Analyse des Contenus
		Source(s) de données	Méthode		
		Médecins chefs de District (MCD)	Interview Semi-Structurées (ISS)	Le médecin chef de district et/ou son staff médical ECD	• **Analyse de contenu** pour apprécier les performances du programme en comparaison à la situation antérieure au G2G • **Analyse de contenu** par rapport aux leçons apprises en termes de coordination, planification et mangement (surveillance/suivi)
		Les DSDOMs, assurant la prise en charge des Cas à Domicile (PECADOM)	Entretiens de groupe	5 à 10 personnes par district	• **Analyse de contenu** en rapport avec la qualité des soins, la disponibilité des stocks, l'accès à l'information, la coordination et le suivi des activités sur le terrain • **Analyse de contenu** sur leurs appréciations sur les aspects relatifs au renforcement de leurs capacités
		Autres acteurs sanitaires	Entretiens de groupe	• Comité de districts • Relais communautaires • Comité de santé • ICP • SFE	
2) De quelle manière l'assistance directe de l'USAID au PNLP a renforcé la capacité des institutions gouvernementales à fournir des services efficaces et efficients (en particulier dans les	Oui/ Non	**Documents du PLNP** - Rapport d'activités annuels du PNLP (de 2011 à 2015) - Rapports des formations / - Revue à mi-parcours des performances du	Exploitation des documents à l'aide de l'outil « Answering questions with secondary data		**Analyse de contenu** • **Analyse comparative** de l'efficience et de l'efficacité des institutions gouvernementales suite au renforcement des capacités par le mécanisme G2G (entre 2011 et 2015) • **Analyse descriptive des preuves de l'évolution** des

| Questions D'Evaluation | Type de réponse/ Evidences nécessaire (Cochez un ou plusieurs, si approprié) | | Méthodes pour la Collecte des données, Ex. Enregistrement, Observation Structurée, Entrevues avec des informateurs clés, Mini-enquête[24] | | Echantillonnage ou approche de la sélection, (Si nécessaire) | Méthode d'analyse des données. Ex. Méthodes d'analyse des données Fréquence des Distributions, Analyses des tendances, Cross-Tabulations, Analyse des Contenus |
			Source(s) de données	Méthode		
domaines suivants : planification / gestion, prestation de services, gestion financière, y compris le MEF, le S & E incluant les systèmes d'informations) ?			programme (Juin 2013) - Audit organisationnel du PNLP			capacités des institutions de l'Etat concernées par le G2G dans les domaines requis ● **Identification et analyse** des éléments qui renseignent sur les innovations introduites dans le dispositif de gestion des données (collecte et traitements) et leur effet sur la prise de décision ● **Analyse de la contribution des financements** PMI au renforcement du système de santé ?
	X	Description				
		Comparaison[25]				
	X					
			Acteurs du niveau central			
		Explication[26]	**Unité de coordination/PNLP**	Interview Semi-Structurées (ISS)	● Coordonnateur du programme et/ou ● Adjoint au coordonnateur ● Directeurs ou responsables des services (domaines d'intervention : prévention-lutte anti vectorielle, case	**Analyse de contenu pour :** ● **Décrire l**es preuves de l'évolution des capacités des institutions de l'Etat concernées par le G2G dans les domaines requis ● **Décrire** les leçons apprises et les défis relevés en matière de planification et de gestion.

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[25] Comparison – to baselines, plans/targets, or to other standards or norms
[26] Explanation – for questions that ask "why" or about the attribution of an effect to a specific intervention (causality)

Questions D'Evaluation	Type de réponse/ Evidences nécessaire (Cochez un ou plusieurs, si approprié)	Méthodes pour la Collecte des données, Ex. Enregistrement, Observation Structurée, Entrevues avec des informateurs clés, Mini-enquête[24]		Echantillonnage ou approche de la sélection, (Si nécessaire)	Méthode d'analyse des données. Ex. Méthodes d'analyse des données Fréquence des Distributions, Analyses des tendances, Cross-Tabulations, Analyse des Contenus
		Source(s) de données	Méthode		
				management, surveillance, suivi-évaluation, planification)	
		Service Opération Suivi-Evaluation/ Datamining/Recherche	Interview Semi-Structurées (ISS) ou Entretien de groupe	Responsable et/ou staff	**Analyse de contenu** • **Meilleure compréhension** du dispositif de gestion des données par rapport à leur complétude et à leur promptitude • **Analyse descriptive** des challenges persistants en matière de Suivi-évaluation, notamment les facilités et/ou entraves à la collecte et la remontée des données de routine/de surveillance jusqu'au niveau central. • **Appréciation** des performances, les innovations (en matière de système d'informations), des leçons apprises et des défis adressés en matière de Suivi-évaluation.

Questions D'Evaluation	Type de réponse/ Evidences nécessaire (Cochez un ou plusieurs, si approprié)	Méthodes pour la Collecte des données, Ex. Enregistrement, Observation Structurée, Entrevues avec des informateurs clés, Mini-enquête[24]		Echantillonnage ou approche de la sélection, (Si nécessaire)	Méthode d'analyse des données. Ex. Méthodes d'analyse des données Fréquence des Distributions, Analyses des tendances, Cross-Tabulations, Analyse des Contenus
		Source(s) de données	Méthode		
		PMI/ USAID	Interview Semi-Structurées (ISS)	- Point focal PMI à l'USAID - Point focal PMI à CDC - Une personne membre "Local Solutions working group" - Personnes clés de l'équipe Santé impliquée dans la mise en œuvre du programme - AOR (Agreement Office Representative) - FARA GATR	**Analyse de contenu** **Appréciations** sur les preuves de l'évolution des capacités des institutions de l'Etat concernées par le G2G dans les domaines requis (planification, gestion et Suivi-évaluation)
		MSAS	Interview Semi-Structurées (ISS)	- Direction Générale de la Santé - Direction de la Planification, de la Recherche et des Statistiques <u>Direction de l'Administration générale et de l'Equipement</u> - Direction de lutte contre la Maladie - Direction des Ressources Humaines	**Analyse de contenu** sur les facilités et innovations observées dans les prestations de services avec l'avènement de l'Accord G2G. **Analyse comparative** des appréciations faites sur la qualité des prestations de services entre 2005 et 2010 mais également entre 2011 et 2015.
		G2G : Renforcement des capacités du PNLP et des cadres intermédiaires dans	**Choix des acteurs formés au niveau des RM et DS sanitaires sélectionnés (diversification des profils à interviewés)**		

Questions D'Evaluation	Type de réponse/ Evidences nécessaire (Cochez un ou plusieurs, si approprié)	Méthodes pour la Collecte des données, Ex. Enregistrement, Observation Structurée, Entrevues avec des informateurs clés, Mini-enquête[24]		Echantillonnage ou approche de la sélection, (Si nécessaire)	Méthode d'analyse des données. Ex. Méthodes d'analyse des données Fréquence des Distributions, Analyses des tendances, Cross-Tabulations, Analyse des Contenus
		Source(s) de données	Méthode		
		quatre domaines (Paludologie, Surveillance des sites sentinelles Chaine de la supervision aux niveau communautaire)			
		Acteurs bénéficiaires des formations en Paludologie, Surveillance des sites sentinelle, supervision aux niveau communautaire, SMC	Interview Semi-Structurée (ISS) ou Entretien de groupe	• Médecins et superviseurs paludologues	
				• Responsable/ Staff S&E	
				• Acteurs sanitaires (MCA, ICP, SFE, Comité de district)	• **Analyse de contenu** sur les retombées des formations dans la qualité des prestations de services sur le terrain
				• Acteurs OCB (CADL, Relais communautaires	• **Analyse descriptive** de la valeur ajoutée des formations dans les performances des agents de proximité présents au niveau communautaire
				• Institut Santé et Développement (ISED)	
				• Autres agents PNLP formés • DSDOM • BREIPS et EPS • Prestataires des EPS *Toutes ces personnes seront sélectionnées sur la base de l'ancienneté (7 ans et +) dans les activités du programme ainsi pour avoir	

Questions D'Evaluation	Type de réponse/ Evidences nécessaire (Cochez un ou plusieurs, si approprié)		Méthodes pour la Collecte des données, Ex. Enregistrement, Observation Structurée, Entrevues avec des informateurs clés, Mini-enquête[24]		Echantillonnage ou approche de la sélection, (Si nécessaire)	Méthode d'analyse des données. Ex. Méthodes d'analyse des données Fréquence des Distributions, Analyses des tendances, Cross-Tabulations, Analyse des Contenus
			Source(s) de données	Méthode		
					un équilibre sur le genre des personnes	
Q2a. Quelle preuve existe, le cas échéant, que les performances ainsi améliorées des systèmes PFM ont contribué à des prestations de services plus efficaces et efficientes ?			**Unité de coordination/PNLP**			• **Identifier** et apprécier les preuves que l'amélioration des systèmes PFM du G2G a permis de meilleures prestations de services • **Analyse de la contribution des financements** PMI dans la mise en œuvre des activités de lutte contre le paludisme ?
			Service Opération Budgétisation/ Prévision	Entretiens de groupe	Responsables et/ou staff	**Analyse de contenu** • **Identification et analyse** des facilités et entraves notées dans les prestations de services avec l'avènement de l'Accord G2G. • **Analyse d**es leçons apprises en matière de planification et de gestion, notamment celle financière.
			Service Opération Planification des interventions			
			Opération Gestion des Services approvisionnements			

Questions D'Evaluation	Type de réponse/ Evidences nécessaire (Cochez un ou plusieurs, si approprié)	Méthodes pour la Collecte des données, Ex. Enregistrement, Observation Structurée, Entrevues avec des informateurs clés, Mini-enquête[24]		Echantillonnage ou approche de la sélection, (Si nécessaire)	Méthode d'analyse des données. Ex. Méthodes d'analyse des données Fréquence des Distributions, Analyses des tendances, Cross-Tabulations, Analyse des Contenus
		Source(s) de données	Méthode		
		PMI/ USAID	Interview Semi-Structurées (ISS)	• Point focal PMI à l'USAID • Point focal PMI à CDC • Une personne membre du "Local Solutions working group" • Personnes clés de l'équipe Santé impliquée dans la mise en œuvre du programme • AOR (Agreement Office Representative) • FARA GATR • Représentant de FMO	**Analyse de contenu** • **Analyse descriptive** sur les systèmes PFM développés dans le cadre du G2G avec le PNLP en faisant ressortir les défis et les leçons apprises.
		MEF	Interview Semi-Structurées (ISS)	• Point focal de USAID/FARA • Directeur de l'Investissement	**Analyse de contenu** • **Description** des mécanismes de financements adoptés par les systèmes PFM de PMI/USAID, leurs forces et faiblesses ainsi que les défis rencontrés. • **Appréciations** du modèle G2G (FARA, financements via OMS) par rapport aux décaissements, aux avances de paiement, etc. • Discuter des questions de viabilité du mécanisme de financement FARA via le G2G • Identifier certains aspects du mécanisme de financement et de Gestion des fonds qui nécessiteraient quelques améliorations

Questions D'Evaluation	Type de réponse/ Evidences nécessaire (Cochez un ou plusieurs, si approprié)	Méthodes pour la Collecte des données, Ex. Enregistrement, Observation Structurée, Entrevues avec des informateurs clés, Mini-enquête[24]		Echantillonnage ou approche de la sélection, (Si nécessaire)	Méthode d'analyse des données. Ex. Méthodes d'analyse des données Fréquence des Distributions, Analyses des tendances, Cross-Tabulations, Analyse des Contenus
		Source(s) de données	Méthode		
		MSAS	Interview Semi-Structurées (ISS)	• Direction Générale de la Santé • Direction de la Planification, de la Recherche et des Statistiques Direction de l'Administration générale et de l'Equipement • Direction de lutte contre la Maladie • Direction des Ressources Humaines	• **Analyse comparative** des appréciations faites sur la qualité des prestations de services entre 2005 et 2010 mais également entre 2011 et 2015. • **Appréciations** du modèle G2G (FARA, financements via OMS) par rapport aux décaissements, aux avances de paiement, etc.
Q2b. Comment le PNLP collecte et analyse les données de prestations de services pour le suivi des performances du programme, (par exemple : la couverture des interventions clés, suivi des résultats par rapport aux cibles, etc.) et utilise les données pour la prise de décisions ?		**Unité de coordination/PNLP**			• **Analyser les** éléments qui renseignent sur les innovations introduites dans le dispositif de gestion des données (collecte et traitements) ainsi que leur effet sur le suivi des performances et la prise de décision (niveau d'efficacité)
		Service Opération Suivi-Evaluation/Data mining/Recherche	Interview Semi-Structurées (ISS) ou Entretien de groupe	Responsable et/ou staff	<u>Analyse de contenu</u> • **Meilleure compréhension** du dispositif de gestion des données par rapport à leur complétude et à leur promptitude • **Analyse descriptive** des challenges persistants en matière de Suivi-évaluation, notamment les facilités et/ou entraves à la collecte et la remontée des données de routine/de

Questions D'Evaluation	Type de réponse/ Evidences nécessaire (Cochez un ou plusieurs, si approprié)	Méthodes pour la Collecte des données, Ex. Enregistrement, Observation Structurée, Entrevues avec des informateurs clés, Mini-enquête[24]		Echantillonnage ou approche de la sélection, (Si nécessaire)	Méthode d'analyse des données. Ex. Méthodes d'analyse des données Fréquence des Distributions, Analyses des tendances, Cross-Tabulations, Analyse des Contenus
		Source(s) de données	Méthode		
					surveillance jusqu'au niveau central. ● **Appréciation** des innovations (en matière de système d'informations), des leçons apprises et des défis adressés en matière de Suivi-évaluation.
		PMI/ USAID	Interview Semi-Structurées (ISS)	● Point focal PMI à l'USAID ● Point focal PMI à CDC ● Une personne membre "Local Solutions working group" ● Personnes clés de l'équipe Santé impliquée dans la mise en œuvre du programme ● AOR (Agreement Office Representative) ● FARA GATR	**Analyse de contenu** ● **Analyse comparative** des avancées du PNLP en matière de Suivi-évaluation entre la période G2G et celle qui lui est antérieure de même qu'en référence à l'ADS spécifiant les standards MEL en G2G

Questions D'Evaluation	Type de réponse/ Evidences nécessaire (Cochez un ou plusieurs, si approprié)		Méthodes pour la Collecte des données, Ex. Enregistrement, Observation Structurée, Entrevues avec des informateurs clés, Mini-enquête[24]		Echantillonnage ou approche de la sélection, (Si nécessaire)	Méthode d'analyse des données. Ex. Méthodes d'analyse des données Fréquence des Distributions, Analyses des tendances, Cross-Tabulations, Analyse des Contenus
			Source(s) de données	Méthode		
			MSAS	Interview Semi-Structurées (ISS)	• Direction Générale de la Santé • Direction de la Planification, de la Recherche et des Statistiques • Direction de l'Administration générale et de l'Equipement • Direction de lutte contre la Maladie • Direction des Ressources Humaines	• **Appréciation** de l'implication du Ministère de la santé dans la mise en place d'un système de contrôle qualité et de gestion des performances programmatiques du PNLP
3) Comment et dans quelle mesure l'assistance directe de l'USAID a-t-elle augmenté la durabilité du PNLP et l'appropriation locale (y compris au niveau régional et au niveau des Districts - à l'échelle du système de santé) dans l'établissement des priorités, des processus de mise en œuvre et dans la	Oui/No n		**Documents du PNLP** - Revue à mi-parcours des performances du programme (Juin 2013) - Health team internal review of G2G - Plans strategiques PNLP 2011-2015 & 2016-2020 - Analyse organisationnelle du PNLP-2015	Exploitation des documents à l'aide de l'outil « Answering questions with secondary data		• **Analyse descriptive** sur les axes de durabilité et d'appropriation du programme • **Synthèse des évidences** relatives aux stratégies de mobilisation des ressources développées par les EPS (à l'échelle des régions médicales et des districts sanitaires)
	X	Description				
		Comparaison[27]				
	X	Explication[28]				

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[27] Comparison – to baselines, plans/targets, or to other standards or norms
[28] Explanation – for questions that ask "why" or about the attribution of an effect to a specific intervention (causality)

Questions D'Evaluation	Type de réponse/ Evidences nécessaire (Cochez un ou plusieurs, si approprié)	Méthodes pour la Collecte des données, Ex. Enregistrement, Observation Structurée, Entrevues avec des informateurs clés, Mini-enquête[24]		Echantillonnage ou approche de la sélection, (Si nécessaire)	Méthode d'analyse des données. Ex. Méthodes d'analyse des données Fréquence des Distributions, Analyses des tendances, Cross-Tabulations, Analyse des Contenus
		Source(s) de données	Méthode		
mobilisation de ressources adéquates liées aux efforts de lutte contre le paludisme ?					
		Unité de coordination/PNLP	Interview Semi-Structurée (ISS)	Coordonnateur du programme et/ou Adjoint au coordonnateur	**Analyse descriptive sur les axes** de durabilité et d'appropriation du programme. **Synthèse des évidences** relatives aux stratégies de mobilisation des ressources développées par les EPS (à l'échelle des régions médicales et des districts sanitaires) - Discuter **des questions de viabilité** et des mécanismes mis ou à mettre en œuvre pour rendre autonome le PNLP et pérenniser ses stratégies de lutte contre le paludisme
		Médecins chefs de Région (MCR)	Interview Semi-Structurée (ISS)	Le médecin chef de région et/ou son staff médical	**Analyse de contenu** pour identifier et apprécier les initiatives et stratégies constituant des preuves d'appropriation et de durabilité des orientations du PNLP grâce au G2G **Analyse descriptive** des actions concrètes mises en œuvre dans une perspective de mobilisation des ressources grâce au G2G

Questions D'Evaluation	Type de réponse/ Evidences nécessaire (Cochez un ou plusieurs, si approprié)	Méthodes pour la Collecte des données, Ex. Enregistrement, Observation Structurée, Entrevues avec des informateurs clés, Mini-enquête[24]		Echantillonnage ou approche de la sélection, (Si nécessaire)	Méthode d'analyse des données. Ex. Méthodes d'analyse des données Fréquence des Distributions, Analyses des tendances, Cross-Tabulations, Analyse des Contenus
		Source(s) de données	Méthode		
		Médecins chefs de District (MCD)	Interview Semi-Structurée (ISS)	Le médecin chef de district et/ou son staff médical	**Analyse de contenu** pour identifier et apprécier les initiatives et stratégies constituant des preuves d'appropriation et de durabilité des orientations du PNLP grâce au G2G. - Analyse **descriptive des initiatives communautaires de lutte** contre le paludisme (utilisation des MILDA, aspersion intra domicile, lutte anti vectorielle etc.). **Analyse descriptive** des actions concrètes mises en œuvre dans une perspective de mobilisation des ressources grâce au G2G

Annex IV: Evaluation des activités G2G du Programme National de lutte contre le Paludisme (PNLP) – Matrice des Recommandations et actions à mener

Constatations	Recommandations	Commentaires	Responsable de l'action	Responsable suivi	Date limite	Niveau de Priorité		
						1	2	3
GROUPE 1								
Q 1 : Atteintes des objectifs du PSN ? **Q**u'est-ce que la mise en œuvre de l'Accord avec le PNLP lui a permis d'atteindre en relation avec son Plan stratégique national de lutte contre le paludisme au Sénégal et les objectifs de PMI, tels que détaillés dans son Plan opérationnel annuel de lutte contre le paludisme ?								
- les milestones/livrables du FARA sont négociées seulement entre le PNLP, PMI et l'ÚSAID	Informer les régions médicales que la négociation des milestones se fait entre le bailleur et le bénéficiaire principal	− Clarifier les différents rôles et responsabilités des acteurs − Partager les milestones avec les RM	PNLP/USAID	PNLP / bureau suivi évaluation	Juillet 2018		X	
- Non prise en compte de certains besoins en logistique exprimés par les districts dans le PTA du PNLP	Informer les régions sur les lignes budgétaires éligibles dans le financement FARA	- Le PNLP ne dispose pas de ligne budgétaire pouvant prendre en charge l'Achat de motos ou de véhicules par exemple	PNLP/USAID	PNLP / bureau suivi évaluation	Juillet 2018		X	
	Le MSAS/PNLP doit mettre à profit les Unités de Coordination Avancée (UCA) pour plaidoyer auprès du Bailleur le financement d'une ligne logistique		MSAS/PNLP	PNLP	Avril 2018	X		
-Limites dans le renouvellement des acquis et connaissances issus de la formation avec l'absence de systématisation des séances de	Orienter systématiquement les nouveaux agents sur les directives du PNLP		RM (avec appui du PNLP)	PNLP/ Bureau formation	Action continue	X		

Constatations	Recommandations	Commentaires	Responsable de l'action	Responsable suivi	Date limite	Niveau de Priorité		
						1	2	3
mises à niveau sur le terrain (nouveau staff, affectation des prestataires). Absence de plan ou calendrier de recyclage du personnel déjà formé ni de plan de formation en permanence de nouvelles compétences.	Développer un modèle de cours de paludologie pour le niveau opérationnel	Utiliser le modèle de formation des formateurs pour constituer un pool de formateurs	PNLP/Bureau formation	Bureau de formation	Décembre 2018	X		
– Les districts sanitaires abritant les sites sentinelles visités à Tambacounda ne disposent pas d'un plan de réponse aux épidémies ni suffisamment de capacité pour faire face aux flambées de paludisme. En cas de tendances hors normes les districts n'ont de choix que d'informer le niveau régional et central et d'attendre leurs directives.		NON APPLICABLE						
- Il n'y a pas de backup des données ni au niveau des sites sentinelles ni au niveau du PNLP	Mettre en place une unité d'archivage et de sauvegarde des données au niveau central		PNLP/Bureau suivi évaluation	Coordonnateur adjoint	Juillet 2019	X		
	Equiper les sites sentinelles et districts de disques durs externes et de partager les procédures pour le backup des données		PNLP/Bureau suivi évaluation	Coordonnateur adjoint	Juin 2018	X		

Constatations	Recommandations	Commentaires	Responsable de l'action	Responsable suivi	Date limite	Niveau de Priorité		
						1	2	3

Q 2 : Renforcement des capacités institutionnelles ?
De quelle manière l'assistance directe de l'USAID au PNLP a-t-elle renforcé la capacité des institutions gouvernementales à fournir des services efficaces et efficients (en particulier dans les domaines suivants : planification / gestion, prestation de services, gestion financière, y compris le MEF, le S & E incluant les systèmes d'informations) ?

Constatations	Recommandations	Commentaires	Responsable de l'action	Responsable suivi	Date limite	1	2	3
- Le passage des milestones sous forme d'outputs aux milestones sous forme d'outcome a rendu leur gestion plus complexe et plus exigeante	- Renforcer la négociation sur des cibles réalistes entre l'USAID et le PNLP	- Maintien du milestone sous forme outcome (seul moyen pour le PNLP d'atteindre la performance)	Bureau Santé USAID et Coordinateur PNLP	GOTAP	Avant signature de la LE	X		
- La complexité des milestones ainsi que leur croissance annuelle a créé une surcharge de travail pour le personnel de l'USAID qui passe plus de temps sur le traitement des pièces justificatives. La documentation des milestones n'était pas adéquate et cela a été pointé par la revue de 2015 qui avait suggéré des améliorations.	- Mettre à contribution GOTAP pour faciliter la revue de la documentation.	Processus d'implication de GOTAP en cours	Bureau Santé USAID	Chef de Bureau Santé USAID	Début processus	X		
	- Revoir les délais de traitement au niveau de l'USAID		USAID/OFM	Chef de Bureau Santé USAID	Avant signature de la LE	X		
	- Respecter les délais contractuels de paiement des milestones		USAID/OFM	Chef de Bureau Santé USAID	Après soumission des pièces justificatives	X		
- Non harmonisation des calendriers financiers entre GDS et USAID. Il y a un décalage entre les années budgétaires. Pour l'USAID c'est octobre-septembre et pour le MSAS, c'est de janvier à décembre.	- S'aligner avec le cycle de planification du MSAS en démarrant le processus de planification et de négociation entre les mois de janvier et de mars		USAID/Bureau Santé	MSAS/Coordination PNLP	Janvier 2019	X		
	-Mener une réflexion pour avoir un accord sur une période triennale avec une possibilité de révision annuelle		Bureau Santé USAID/ Coordination PNLP	MSAS	Septembre 2018	X		

Constatations	Recommandations	Commentaires	Responsable de l'action	Responsable suivi	Date limite	Niveau de Priorité		
						1	2	3
- Absence d'un dispositif de suivi de l'application des recommandations issues de l'audit organisationnel du PNLP alors que cette analyse organisationnelle de 2015 avait constaté par exemple que l'organigramme du Programme n'était pas à jour et ne reflétait pas les structures internes	- Mettre en œuvre le dispositif validé en février 2018 par le PNLP et ses partenaires pour assurer le suivi de la mise en œuvre des recommandations de l'audit organisationnel du PNLP	La recommandation portant sur l'organigramme du PNLP et l'arrêté régissant le PNLP sont déjà mis en œuvre	Coordination PNLP	Bureau Santé USAID	Juillet 2018	X		
	- Utiliser l'opportunité de la plateforme RSS pour faire le suivi des recommandations restantes		DAGE	Bureau Santé USAID	Septembre 2018		X	

Q 2.a: Gestion financière et comptable ?
Quelle preuve existe, le cas échéant, que les performances ainsi améliorées des systèmes de gestion des finances publiques ont contribué à des prestations de services plus efficaces et efficientes ?

Constatations	Recommandations	Commentaires	Responsable de l'action	Responsable suivi	Date limite			
- Pas d'indicateurs financiers formulés sous forme de milestones pour mesurer les performances financières du Programme	Définir des indicateurs financiers sous forme de milestones	Selon un canevas prédéfini de commun accord entre les différentes parties Milestones à définir en termes de traçabilité des opérations financières basée sur la réalisation effective des activités	PNLP DAGE USAID	USAID/GoTAP	Fin Mars 2018	X		
- Pas d'augmentation du nombre d'agents comptables et financiers au sein du PNLP, corrélativement à	Mettre en œuvre les recommandations issues du diagnostic organisationnel du PNLP	En cours de réalisation : au moins deux (02) agents ;	PNLP	DRH	Déc 2018		X	

Constatations	Recommandations	Commentaires	Responsable de l'action	Responsable suivi	Date limite	Niveau de Priorité		
						1	2	3
l'évolution du flux financier entre 2011 et 2015	relatives aux mesures de renforcement des effectifs du service financier et comptable	Faire une requête pour mise à disposition de personnel comptable (négociation avec PTFs et Etat)						
- Pas d'implication du MEFP et de la DAGE dans la gestion des finances du PNLP pendant la période 2011-2015	Faire respecter le dispositif des flux de fonds du mécanisme de financement direct G2G	Prendre en compte dans les dispositions de la LE du FARA PNLP	USAID	USAID/GoTAP	Fin Mars 2018	X		
- Aucune mission d'audit financier externe depuis le commencement du financement G2G	Mettre en place un plan d'audit annuel	Systématiser des audits financiers externes du FARA du PNLP	PNLP	USAID/GoTAP	Juin 2018	X		
	Prévoir des ressources pour la réalisation des audits financiers annuels	A prévoir par le PNLP dans le FARA en cours de préparation	PNLP	USAID/GoTAP	Fin Mars 2018	X		
- Le PNLP ne suit pas le manuel de procédures du MSAS mais par contre dispose de son propre manuel de procédures	Faire respecter les dispositions du manuel de procédures du PNDS	A prévoir dans la LE du FARA du PNLP en cours de préparation	USAID	DAGE	Fin Mars 2018	X		
- L'implication de la DAGE et du MEFP dans la gestion des finances du PNLP suscite plusieurs interrogations auprès du personnel du PNLP quant aux risques de prolongation des délais de mise à disposition des fonds	Faire respecter les délais de 72 heures consignés dans le manuel de procédures du PNDS		DAGE DCFE USAID	DAGE	Tout au long de la MEO de la LE	X		
	Systématiser des réunions de coordination rapprochée avec les différents acteurs		DAGE	USAID/GoTAP	Trimestrielle	X		
- L'élaboration d'un rapport de validation par livrable atteint peut expliquer le grand volume des	Systématiser un rapport de validation par milestone	Explorer la possibilité d'un rapport de pré validation pour	PNLP	USAID/GoTAP	Tout au long de la MEO de la LE	X		

Constatations	Recommandations	Commentaires	Responsable de l'action	Responsable suivi	Date limite	Niveau de Priorité		
						1	2	3
documents à traiter par le personnel de l'USAID		minimiser les risques de lenteurs dans la validation finale						

Q 2.b: Amélioration du système de Suivi-Evaluation ?
Comment le PNLP collecte et analyse les données de prestations de services pour le suivi des performances du programme, (par exemple : la couverture des interventions clés, suivi des résultats par rapport aux cibles, etc.) et utilise les données pour la prise de décisions ?

Constatations	Recommandations	Commentaires	Responsable de l'action	Responsable suivi	Date limite	1	2	3
C2B.1. - Difficultés des ICP de faire la vérification des données fournies par les DSDOM durant la période de l'hivernage	-Appuyer les ICP pour une vérification des données sur site pendant l'hivernage	VD comprise dans activité globale de suivi du DSDOM Problème de logistique pour assurer la supervision Intégrer les plans de supervision dans les POCL pour recherche moyens additionnelles Inaccessibilité de certaines zones pendant l'hivernage	ECD/RM	PNLP/Bureau SE	Décembre 2018	X		
	- Renforcer les Points de Prestation de Service en moto		DIEM	DAGE	Janvier 2019	X		
	- Appuyer les DSDOM en logistique (vélos)		DAGE	Bureau Prise en charge/PNLP	Janvier 2019		X	
	- Elaborer, mettre en œuvre et assurer le suivi des plans de supervision		ECD	DGS/DLM	Décembre 2018	X		
	Elaborer un document de plaidoyer en direction de la DAGE qui intègre les besoins en logistique des DSDOM, districts, et autres agents de santé communautaire		CSC/DAGE	DAGE	Avril 2018	X		
C2B.2. -Il existe encore des besoins non satisfaits au niveau décentralisé, entre autres le	- Identifier les besoins des districts en recyclage et en extension de sites	Recyclage et extension de nouveaux sites	Bureau Prise en charge/PNLP	DGS/DLM	Décembre 2018	X		

Constatations	Recommandations	Commentaires	Responsable de l'action	Responsable suivi	Date limite	Niveau de Priorité		
						1	2	3
recyclage des personnes formées 4 ans avant et la prise en compte des nouveaux DSDOMs	PECADOM et mobiliser les ressources	DSDOM déjà pris en compte dans les financements Penser dans les zones éligibles à ériger les sites PECADOM en case de santé pour une augmentation de l'offre						
	- Elaborer une fiche pour le choix de nouveaux sites DSDOM		Bureau Prise en charge /PNLP	DGS/DLM	Décembre 2018	X		
	- Recycler les prestataires		Bureau Prise en charge /PNLP	DLM	Tous les ans	X		
	- Former les nouveaux DSDOM		Bureau Prise en charge /PNLP	DLM	Annuelle	X		
C2B.3. -La gestion de la documentation est faible voire inexistante : les données et les documents clés sont dispersés dans les PC des membres du PNLP et ne sont pas archivés, ni hiérarchisés, ni ordonnés et consolidés sur un réseau.	- Mettre en place au niveau du PNLP une unité d'archivage et de gestion documentaire	Existence de réseau mais non fonctionnel Recrutement archiviste prévu dans les financements Equipement en PC et laptop prévu	Bureau Administration et Finance/PNLP	DLM	Décembre 2018	X		
	- Recruter un archiviste/documentaliste gestionnaire de connaissance		Bureau Administration et Finance/PNLP	DLM	Décembre 2018	X		
	- Rendre fonctionnel le serveur du PNLP		Bureau Administration et Finance/PNLP	DLM	Décembre 2018	X		
	- Renouveler les PC		Bureau Administration et Finance/PNLP	DLM	Décembre 2018	X		

Q 3 : Pérennisation et appropriation ?
Comment et dans quelle mesure l'assistance directe de l'USAID a-t-elle augmenté la pérennisation de la mise en œuvre des activités du PNLP et l'appropriation locale (y compris au niveau régional et au niveau des Districts - à l'échelle du système de santé) dans l'établissement des priorités, des processus de mise en œuvre et dans la mobilisation de ressources adéquates liées aux efforts de lutte contre le paludisme ?

Constatations	Recommandations	Commentaires	Responsable de l'action	Responsable suivi	Date limite	Niveau de Priorité		
– Les dépenses liées aux activités de lutte contre le palu en zone de pré élimination sont élevées et nécessitent l'appui des bailleurs de fonds pour leur pérennisation	Continuer le plaidoyer à l'endroit des partenaires traditionnels	Existence d'un plan de plaidoyer à mettre à jour Possibilité de capter des financements au-delà de la	Chef bureau partenariat communication PNLP	Coordonnateur PNLP	Fin Mai			

Constatations	Recommandations	Commentaires	Responsable de l'action	Responsable suivi	Date limite	Niveau de Priorité		
						1	2	3
		subvention déjà allouée (FM, FARA Etat, etc..)						
	Développer de nouvelles stratégies innovantes de financement (RSE, PPP, matching, etc…) Finaliser le plan de Fundraising	Un plan est déjà disponible, il fait le finaliser et réactualiser au besoin	Chef bureau partenariat communication PNLP	Coordonnateur PNLP	Fin Mai			
- Limite de la pérennisation avec l'insuffisance de l'apport de l'Etat du Sénégal dans la prise en charge des aspects liés à l'approvisionnement et à la sécurisation	Faire le plaidoyer auprès des ministères (MSAS, MEF, assemblée) pour qu'ils comprennent les enjeux financiers de la pré élimination et de l'élimination	Meilleure estimation de la contribution de l'état (salaires, FDD, exonération, etc…) Le Bureau partenariat travaillera en étroite collaboration avec le bureau Finances	Chef bureau partenariat communication PNLP	Coordonnateur PNLP	Fin Mai			
- Pas suffisamment d'initiatives de mobilisation de ressources au niveau national (secteur privé, partage des coûts, ligne GàG, CL)	Mettre en œuvre un plan de FundRaising, le suivre et l'évaluer	Plan de communication, guide de mobilisation des ressources du privé, plan de Plaidoyer déjà disponibles, BICIS, WARI, Ecobank, Mécènes (Fondation Quatari) Un plan est déjà disponible, il fait le	Chef bureau partenariat communication PNLP	Coordonnateur PNLP	Fin Mai			

Constatations	Recommandations	Commentaires	Responsable de l'action	Responsable suivi	Date limite	Niveau de Priorité		
						1	2	3
		finaliser et réactualiser au besoin						
- Dépendance aux bailleurs : Plus de 50% des fonds du PNLP viennent de l'USAID	Finaliser, mettre en œuvre, suivre et évaluer le plan de Fund Raising	Un plan est déjà disponible, il fait le finaliser et réactualiser au besoin	Chef bureau partenariat communication PNLP	Coordonnateur PNLP	Fin Mai			
-Non implication de la DAGE et de la DCFE entre 2011 et 2015	Mettre en place des instances de concertations entre PNLP, DCFE et DAGE avec des rencontres périodiques	Pris en compte dans le FARA (flux des fonds, ligne G2G, renforcement DAGE)	DAGE	Coordonnateur PNLP	Fin Mars			
	Nommer un point focal et un suppléant au niveau de la DAGE responsable du FARA PNLP		DAGE	Coordonnateur PNLP	Fin Mars			
	Désigner un suppléant pour la gestion du compte spécial G2G au sein de la DCFE	Il existe un seul point focal responsable de toutes les activités santé	DCFE	Coordonnateur PNLP	Fin Mars			
– Pas de dispositif de riposte aux épidémies dans les districts de Tambacounda (notamment pour les zones couvertes par les sites sentinelles de surveillance). Faibles moyens logistiques pour couvrir le district (3 voitures dont une seule est en très bon état à Richard Toll)	Travailler avec le Centre des Opérations d'Urgence Sanitaire pour prendre en compte les spécificités du paludisme	Existence de comité de veille et d'alerte globale mis en place par COUS	Chef bureau SE PNLP	Coordonnateur PNLP	Fin Juin			

Constatations	Recommandations	Commentaires	Responsable de l'action	Responsable suivi	Date limite	Niveau de Priorité		
						1	2	3
– Manque de motivations financières d'équipements des agents de santé communautaire durant la phase évaluée : DSDOM, matrones, OCB (Gilets, gants, désinfectants, etc.)	Faire le plaidoyer auprès de la CSC pour l'application des orientations du PNSC	Des efforts en cours (cérémonie de reconnaissance des DSDOM, inscription des DSDOM à une mutuelle de santé, perdiems dans le cadre de la PECADOM Plus) Un atelier de partage des bonnes pratiques sera organisé	USAID/PMI	Coordonnateur PNLP	Fin Juin			
	Inciter à la documentation et au partage des bonnes expériences de motivation locales		Chef bureau PEC, recherche, Prévention médicamenteuse du PNLP	Coordonnateur PNLP				
– Absence de stratégies de mobilisation de ressources locales	Mettre en œuvre un plan de Fund Raising, le suivre et l'évaluer		Chef bureau partenariat communication PNLP	Coordonnateur PNLP	Fin Mai			

Annex V: Evaluation du G2G Malaria Table des Constats et Conclusions de l'Evaluation (CC)

CONSTATS	SOURCES	CONCLUSIONS
Evaluation Question 1 : Qu'est-ce que la mise en œuvre de l'Accord avec le PNLP lui a permis d'atteindre en relation avec son Plan stratégique national de lutte contre le paludisme au Sénégal et les objectifs de PMI, tels que détaillés dans son Plan opérationnel annuel de lutte contre le paludisme ? **Atteinte des objectifs du PSN 2011-2015 ?**		
C1.1.　+ Le financement disponible grâce au FARA a permis des réalisations rapides et efficaces d'activités de lutte contre le paludisme contrairement aux autres financements qui passent par des structures intermédiaires	KIIs avec PNLP/Coordonnateur adjoint PNLP/Coordonnateur du programme et Point Focal FARA Les ECR de Tambacounda et Saint-Louis	1.　En mettant l'accent sur la prise en charge, sur la prévention, sur la recherche, sur le S&E et sur la formation avec le cours de paludologie, le FARA a été d'un grand appui au PNLP dans l'atteinte de leurs objectifs liés à la LAV et de réduction des cas de décès tels que déclinés dans le PSN (C1.1 ; C1.2 ; C1.4 .C1.5) 2.　En tant que financement direct, sans ONG intermédiaire, le FARA a permis au PNLP de pouvoir disposer à temps opportun de stocks d'intrants et de pouvoir dérouler les activités sans risques de retard ou de rupture. Cette disponibilité financière a grandement favorisé l'atteinte des objectifs. (C1.1 ; C1.2 ; C1.4 ; C1. 6) 3.　Le FARA a été d'un apport capital pour le PNLP dans sa lutte pour le contrôle du paludisme au Sénégal conformément aux objectifs du plan stratégique national du PNLP du Plan opérationnel Malaria (MOP) du PMI. (C1.9 ; C1.8 ; C1.15) 4.　Le processus participatif des phases de planification, de mise en œuvre, et de supervision des activités ainsi que l'introduction de la notion de milestones, ont impulsé au sein du PNLP une culture de gestion axée sur les résultats qui a largement contribué à l'atteinte des objectifs du PSN de réduction des décès liés au paludisme (C1. 3 ; C1. 5)
C1.2.　+ Flexibilité notée avec le FARA dans la coordination et pour le financement de certaines activités généralement rejetées par les bailleurs parce que non éligibles. « A un certain moment…on avait peur de décaisser tellement il y'avait de procédures. Mais avec le FARA quand même jusqu'à maintenant on pouvait discuter, reprogrammer, repousser donc vraiment c'était quand même flexible… »	KIIs avec PNLP/Coordonnateur adjoint du programme KIIs avec le responsable de la formation au PNLP	
C1.3.　+Les activités retenues pour les milestones sont celles qui proviennent des PTA des districts et qui sont en phase avec le Plan Stratégique National	KIIs avec PNLP/Coordonnateur adjoint	
C1.4.　+Une amélioration des services délivrées à travers les activités du PNLP avec la disponibilité des intrants au moment opportun qui ne sont plus en rupture comparé à la période d'avant FARA	KIIs avec PNLP/Coordonnateur adjoint	
C1.5.　+Une plus grande place accordée aux activités de diagnostic avec le FARA tel que voulu dans le PSN 2011-2015 dans son objectif de Lutte Anti-Vectorielle (LAV)	KIIs avec PNLP/Coordonnateur adjoint, KIIs avec PNLP/Coordonnateur du programme et Point Focal FARA ; KIIs avec PMI/USAID	
C1.6.　+ Le G2G est un mécanisme d'appui à la mise en œuvre du plan stratégique national (PSN) 2011-2015 du Sénégal	Revue des documents (GOS 2009 – 2018 National Health Plan Key Priorities, USAID/Senegal's CDCS 2009-2018 HDOO)	
C1.7.　+ Processus de planification participatif des activités entre l'USAID, le PNLP et les districts. Chaque année un plan FARA avec des objectifs spécifiques et des activités ciblées est développé en collaboration avec le PNLP et USAID sur la base des livrables	KIIs avec PNLP & USAID/PMI Rapports annuels PNLP	

CONSTATS	SOURCES	CONCLUSIONS
C1.8. +Le G2G a contribué à l'augmentation de la couverture des interventions de lutte contre le Paludisme aussi bien sur le plan géographique que sur le plan des interventions (prévention, traitement, diagnostique, investigation, chimio prévention saisonnière, renforcement de capacités, supervision formative etc.)	KIIs avec agents de sante locaux, PNLP, USAID et autres partenaires de lutte contre le Paludisme	Bien que le processus de planification soit participatif à tous les niveaux, il demeure qu'à un certain moment des négociations les décisions finales concernant les milestones sont prises par le PNLP et l'USAID (C1. 7 ; C1. 10 ; C1. 11).
C1.9. + Les FARA ont contribué à l'objectif du PSN de diminuer les cas de décès liés au paludisme (5% en 2010, 7% en 2013, 3,52% en 2015. Une évaluation d'impact a noté une diminution de la prévalence parasitaire chez les enfants de moins de 5 ans de 3 % en 2010 à 1.2 % en 2014, et une mortalité infantile de 121 décès pour 1,000 naissances vivantes en 2005 a 59 décès en 2015	Revue des performances du PNLP 2015, EDS Rpport dévaluation d'ímpact Rapport d'activités PNLP 2013 et 2015	5. Le développement de partenariats conjoints dans la mise en œuvre du programme notamment dans la région de saint Louis entre MACEPA, PATH et PNLP a permis de mutualiser les efforts et les ressources pour améliorer les résultats (C1. 12)
C1.10. +Les activités du MOP sont développées avec la participation et l'implication des partenaires clés dans la lutte contre le Paludisme	Revue des documents KIIs avec PNLP, USAID/PMI & autres partenaires (WHO, PATH)	6. Il existe une incompréhension des districts sur les activités que le PNLP peut financer et ils continuent d'exprimer des besoins que le PNLP ne peut pas satisfaire. Par exemple le PNLP n'a pas de fonds pour les appuis logistiques (C1.13 ; C1.14)
C1.11. - les milestones/livrables du FARA sont négociées seulement entre le PNLP, PMI et l'ÚSAID	Revue des documents KIIs avec PNLP, USAID/PMI & autres partenaires (WHO, PATH)	
C1.12. + Existence d'activités conjointes menées dans la région médicale de Saint-Louis entre le Projet MACEPA/PATH et le PNLP	KIIs avec le P NLP et les Partenaires de mise en oeuvre	
C1.13. - Non prise en compte de certains besoins en logistique exprimés par les districts dans le PTA du PNLP	KIIs avec MCR et ECR, MCD et ECD (Saint-Louis et Tamba)	
C1.14. - Le PNLP ne dispose pas de ligne budgétaire pouvant prendre en charge l'Achat de motos ou de véhicules par exemple	KIIs avec PNLP	
C1.15. +L'accord G2G est perçu par le PNLP comme un accord à triple avantages (renforcement des capacités techniques, financières et opérationnelles de l'institution)	KIIs avec PNLP, ECR et MCD Tambacounda et St Louis	
COURS DE PALUDOLOGIE		
C1.16. +Curriculum du cours de paludologie adapté à la diversité et aux profils des participants. Un contenu pour les médecins et un autre pour les techniciens supérieurs présents dans les équipes cadres notamment avec les superviseurs de soins de santé primaires (SSSP) et les coordinatrices de la Santé de la Reproduction (SR). Le	KIIs avec le responsable de la formation au PNLP, Coordonnateur du programme et Point Focal FARA MCR et ECR, les MCD de Bakel et Richard-Toll ECD de Tambacounda et St Louis	1. Le cours de paludologie a permis aux acteurs du niveau opérationnel d'acquérir une meilleure compréhension de la problématique du paludisme à l'échelle des différentes régions géographiques du pays et d'être en mesure de rehausser la

CONSTATS	SOURCES	CONCLUSIONS
cours de paludologie initialement destiné aux médecins a en effet été ouvert aux cadres intermédiaires et étendu à toutes les régions.	USAID/PMI	qualité des supervisions intégrées et formatives. (C1. 14 ; C1. 16 ; C1. 15 ; C1. 17 ; C1. 19)
C1.17. +Le FARA a favorisé le développement de la partie concernant la recherche scientifique dans les procédés de lutte contre le paludisme « Les protocoles de recherche n'ont jamais eu de financement au niveau du Fonds Mondial, mais grâce au FARA nous avons financé beaucoup de recherche qui nous a permis de faire une grande avancée dans la mise en œuvre de nos activités. » KIIs avec le Coordonnateur adjoint du PNLP	KIIs avec le PNLP Revue des documents du PNLP (Rapport d'activités de 2015)	2. Avec l'absence de mesures d'accompagnement et de renouvellement des connaissances du cours de paludologie, il n'y a pas d'assurance de pérennisation de la formation. La mobilité du personnel médical peut compromettre le maintien des acquis si un plan de recyclage et de formation de nouvelles compétences n'est pas mis en place. (C1. 20)
C1.18. +Le cours de paludologie a renforcé le nombre de personnels capables de mener des missions de supervision formative : 202 paludologues sont formés et mettent en œuvre la supervision rapprochée et formative. Les bénéficiaires du cours au niveau régional et district assurent des supervisions rapprochées et formatives de haute qualité. « Aujourd'hui on a une réserve de plus de 100 paludologues donc la supervision qui prenait peut-être un mois peut se faire en 10 jours…En 01 mois le programme nous a permis de faire la supervision dans tout le pays…Parce que les paludologues formés ont la capacité d'aller superviser »	KIIs avec le responsable de la formation au PNLP ; Coordonnateur du programme et Point Focal FARA USAID/PMI et MCD et leur ECD de Tambacounda et St Louis Revue des documents	3. La formation des acteurs du niveau opérationnel sur le cours de paludologie a été d'un apport remarquable dans le processus de décentralisation des activités de lutte contre le paludisme avec des équipes locales capables d'assurer la prise en charge des cas de palu. (C1. 16 ; C1. 17 ; C1. 18 ; C1. 19)
C1.19. +Présence sur le terrain au niveau opérationnel (districts sanitaires) de médecins formés sur la paludologie capables de mettre en œuvre les activités de prise en charge ou de formation avec le niveau de qualité requis. Les MCRs, MCDs et leurs équipes cadres ont témoigné de la grande contribution du cours de paludologie au renforcement des capacités du personnel médical	KIIs avec PNLP/Coordonnateur du programme et Point Focal FARA ; le responsable de la formation au PNLP MCR et leur ECR, les MCD et leur ECD de Tambacounda et St Louis	4. Le contenu du cours de paludologie est aligné aux stratégies nationales et internationales de lutte contre le paludisme. Son contenu est dynamique et s'adapte aux réalités épidémiologiques. (C1. 22 ; C1. 23)
C1.20. +Avec le cours de paludologie, il a été noté une décentralisation des activités de lutte contre le paludisme, jadis effectuées à partir du niveau central vers le niveau opérationnel qui est désormais comptable dans la gestion de la performance locale	KIIs avec PNLP/Coordonnateur du programme et Point Focal FARA	5. L'introduction de modules sur l'entomologie a permis de renforcer les capacités du personnel médical local sur le suivi des mouvements des moustiques. (C1. 23 ; C1. 22)
C1.21. +Meilleure connaissance et compréhension des enjeux de lutte notamment sur les éléments à utiliser pour	KIIs avec le responsable de la formation au PNLP ; KIIs avec l'ECD de Saint-	

CONSTATS	SOURCES	CONCLUSIONS
analyser les données afin de formuler des requêtes ou suggestions de prise de décisions basés sur les tendances constatées	Louis ; ICP Poste de santé de Gabou (DS Bakel)	
C1.22. -Limites dans le renouvellement des acquis et connaissances issus de la formation avec l'absence de systématisation des séances de mises à niveau sur le terrain (nouveau staff, affectation des prestataires). Absence de plan ou calendrier de recyclage du personnel déjà formé ni de plan de formation en permanence de nouvelles compétences.	KIIs avec le responsable de la formation au PNLP Revue des documents	
C1.23. +Augmentation des capacités de formation du PNLP comparé aux années avant FARA où les formations sur le cours de paludologie se déroulaient à l'étranger (Bénin ou Burkina Faso par exemple) et ne pouvaient toucher que les cadres du niveau central	KIIs avec le responsable de la formation au PNLP	
C1.24. +Le Contenu du cours de paludologie est élaboré entre le PNLP et l'UCAD/ISED. Les modules développés par l'OMS sont maintenant dispensés par les cadres du PNLP et les experts en paludologie	Revue des documents KIIs avec PNLP et l'UCAD/ISED USAID/PMI	
C1.25. + Le Cours est adapté aux stratégies et interventions de lutte contre le paludisme et au faciès épidémiologique du pays. Le contenu du cours a évolué en fonction du changement de l'épidémiologie du pays et des interventions de lutte contre le palu.	KIIs avec MCR et leur ECR, les MCD et leur ECD de Tambacounda et St Louis Revue des documents KIIs avec PNLP et USAID/PMI	
SUPERVISION RAPPROCHEE ET FORMATIVE		
C1.26. + Financement des missions de supervision qui sont devenues « régulières » grâce au FARA. Il y'a une régularité dans la supervision par les pairs qui est organisée tous les semestres à deux reprises avec un échantillon de postes de santé identifié au niveau de chaque région (inter et extra-région). « Chaque semestre il y'a une supervision par les pairs des postes et centres de santé sur la prise en charge du paludisme et aussi la disponibilité des intrants »	KIIs avec PNLP, MCD et ECD Bakel MCD Richard-Toll PNLP, USAID/PMI, ECR et MCD Tambacounda et St Louis	1. Les Nouvelles orientations du PNLP, grâce à l'accord FARA, en matière de supervision formative constituent un élément qualitatif considérable pour la prise en charge des cas de paludisme (C1. 24 ; C1. 28 ; C1. 29) 2. Les revues trimestrielles, avec leur effectivité et régularité, constituent des cadres d'échanges et d'orientations stratégiques quant aux activités de ripostes adaptées à une zone épidémiologique donnée. (C1. 26)
C1.27. +Formulation de feedback au cours des missions de supervision rapprochée et formative menées au niveau opérationnel (MCD/ECD, ICP). La Périodicité des	KIIs avec PNLP, MCD et ECD Bakel KIIs avec MCD Richard-Toll	

CONSTATS	SOURCES	CONCLUSIONS
supervisions est respectée et supervision par les pairs (inter et extra-région). Feedback oral et écrit des ECD et des ICP durant les missions de supervision des DSDOM	USAID/PMI, ECR et MCD Tambacounda et St Louis Revue des registres de consultations	3. Avec les nouvelles capacités et connaissances acquises grâce au cours de paludologie, les missions de supervision rapprochées, intégrées et formatives sont devenues de meilleure qualité car intégrant systématiquement un paludologue, un entomologiste, un informaticien, un microscopiste et un biologiste dans chaque équipe. (C1. 28 ; C1. 24 ; C1. 25 ; C1. 29)
C1.28. +Existence de revues trimestrielles qui permettent une validation collective des données entre pairs et une identification des mesures de ripostes adaptés. Amélioration du système de suivi-évaluation entre le niveau central, la région et les districts avec ces revues trimestrielles.	KIIs avec l'ECD de Saint-Louis ; ICP Gabou/DS de Bakel PNLP, ECR et MCD Tambacounda et St Louis	
C1.29. + La supervision se fait par cascade. Le niveau central supervise tous les niveaux. Le niveau régional supervise le niveau district. Le niveau district supervise le niveau communautaire. Le PNLP est passé du faire au faire-faire en s'appuyant sur les équipes de paludologues formées pour assurer les supervisions formatives.	KIIs avec PNLP, ECR et MCD Tambacounda et St Louis	4. Le FARA a été d'un grand apport dans le financement des activités de supervision pour le PNLP. Il a permis d'améliorer la régularité et la qualité des missions de supervision. (C1. 24 ; C1. 28)
C1.30. + Amélioration de la qualité des supervisions grâce aux acquis du cours de paludologie	KIIs avec PNLP, ECR et MCD Tambacounda et St Louis	
C1.31. +La supervision rapprochée, intégrée et formative des DSDOM et des cases de santé se fait sur programmation concertée et en fonction des urgences.	Group interview ECD et Comité de Santé	
CHIMIO-PREVENTION SAISONNIERE		
C1.32. +Avec le FARA, il a été noté une amélioration et un respect du calendrier de mise en œuvre des actions de prévention du paludisme. « Tous les intrants que nous utilisons sont acquis via l'USAID et on n'a jamais connu de rupture » Entretien avec le coordonnateur adjoint du PNLP. On note également des niveaux de couvertures élevées durant les passages. Chaque année dans la même période d'août à octobre on décompte 3 passages de 3 jours par mois. Les couvertures des interventions de lutte contre le paludisme à haut impact ont connu une augmentation durant la période d'évaluation 2011-2015.	KIIs avec PNLP/Coordonnateur adjoint ; Revue des performances du PNLP 2015, EDS, rapports annuels d'activités, Revue des documents KIIs USAID/PMI, ECR et MCD Tout le staff local de Tambacounda	1. L'expérience avec le financement direct a permis au PNLP de faire de bonnes performances par rapport aux CPS en termes de disponibilité des intrants durant les campagnes et de niveau de couverture jusqu'aux enfants âgés de 10 ans au plus (C1. 31 ; C1. 32 ; C1. 33 ; C1. 35) 2. Le FARA, dans sa démarche de financement, a permis au PNLP de pouvoir éviter les retards qu'il connaissait durant les campagnes qui ont précédé l'accord (avant 2011). (C1. 31 ; C1. 33)
C1.33. +Gratuité (soins et médicaments) et régularité (doses mensuelles) des différents passages de prévention pour les enfants de moins de 5 ans	KIIs avec PNLP/Coordonnateur adjoint	3. Les campagnes de CPS durant les années FARA ont connu une forte adhésion de la part des communautés notamment grâce aux campagnes de sensibilisation. (C1. 34)
C1.34. +Le mécanisme FARA a permis de financer entièrement les activités et d'éviter les ruptures comme ce	KIIs avec PNLP/Coordonnateur adjoint	

CONSTATS	SOURCES	CONCLUSIONS
fut le cas en 2010. Il n'a pas été noté de rupture d'intrants durant les campagnes (entre 2013 et 2015). Bonne disponibilité des intrants à tous les niveaux pour la mise en œuvre de la CPS. « …Vous voyez notre plan stratégique, on a un ensemble d'activités qui nous mène vers l'objectif et c'est grâce au FARA qu'on réussit à atteindre ces objectifs. La CPS est intégralement financée par le FARA… Donc on peut même dire que l'USAID est devenu le premier bailleur du programme… »	DSDOMs, ECD et Comité de santé Tambacounda	
C1.35. +Adhésion/Engagement communautaire pour les CPS de la part des DSDOM et ASC	KIIs Group Interview DSDOMs, ECD et COSA Tambacounda	
C1.36. +Au-delà des directives de l'ÓMS recommandant la CPS chez les enfants de moins de 5 ans, le PNLP a étendu la couverture en incluant les enfants âgés de 10 ans au plus. La couverture cumulée de la cible a atteint 99% en 2015.	KIIs PNLP, USAID/PMI, DSDOMs, ECD et Comité de santé Tambacounda Revue des documents Bulletin épidémiologique 2015, P31	

LES SITES SENTINELLES DE SURVEILLANCE

CONSTATS	SOURCES	CONCLUSIONS
C1.37. +Augmentation du nombre de sites sentinelles de surveillance passant de 08 à 24 en 2015 et leur équipement permettant une meilleure couverture au niveau national et facilitant l'accès à des données pouvant servir à la recherche, à la détection précoce des épidémies et à la prise de décisions.	KIIs avec PNLP/Coordonnateur adjoint	1. C'est grâce au FARA que le PNLP a pu augmenter le nombre de sites sentinelles de surveillance et ainsi pouvoir atteindre un bon maillage du territoire national (C1. 36 ; C1. 39)
C1.38. – Les districts sanitaires abritant les sites sentinelles visités à Tambacounda ne disposent pas d'un plan de réponse aux épidémies ni suffisamment de capacité pour faire face aux flambées de paludisme. En cas de tendances hors normes les districts n'ont de choix que d'informer le niveau régional et central et d'attendre leurs directives.	Revue des documents Site Visits KIIs Sites sentinelles de Tambacounda et St Louis	2. Les sites sentinelles de surveillance ont grandement contribué aux progrès du PNLP en matière de disponibilité de données de qualité pouvant servir à la veille et à une prise de décisions de riposte adaptés et à un temps opportun. (C1. 36 ; C1. 38 ; C1. 41)
C1.39. +Fourniture d'équipements informatiques et formation des infirmiers chefs de poste sur les notifications hebdomadaires	KIIs avec PNLP/Coordonnateur du programme et Point Focal FARA	3. L'absence de dispositif de riposte au niveau des districts sanitaires abritant les sites sentinelles de surveillance constitue un frein majeur à la mise en œuvre efficace et rapide d'activités de lutte contre les épidémies. (C1. 37)
C1.40. +Les sites sentinelles de surveillance sont installés sur la base du contexte épidémiologique de pré élimination du pays (nécessitant donc de massifier le volet surveillance) et	KIIs avec PNLP/Coordonnateur du programme et Point Focal FARA	

CONSTATS	SOURCES	CONCLUSIONS
à partir d'une formation sur le cours de Suivi-Evaluation-Surveillance.		4. L'utilisation d'outils harmonisés et l'informatisation des sites sentinelles pour la capitalisation des données constitue un élément déterminant dans l'amélioration de la qualité des données et dans leur utilisation à des fins de planification pour le niveau central. (C1. 41 ; C1. 38 ; C1.44)
C1.41. +Deux mois seulement après la mise en œuvre des sites sentinelles, les DSDOM ont pu constater la diminution du paludisme dans la région de Tambacounda.	KIIs avec les agents de sante locaux de Tambacounda, PNLP, USAID et autres partenaires de lutte contre le Paludisme	
C1.42. +Harmonisation des outils de gestion par la mise à disposition au niveau des districts, des postes de santé, des sites sentinelles et des communautés de fiches Excel standardisées, des grilles de VDS, des registres et d'une base de données Excel pour la collecte, l'analyse et le traitement des données	KIIs avec le personnel du PNLP, les rapports d'activités du PNLP et l'observation des outils sur site par les consultants	5. L'absence de sauvegarde systématique des données de surveillance au niveau central pourrait fragiliser le système d'informations sanitaires du PNLP. (C1.44)
C1.43. - Il n'y a pas de backup des données ni au niveau des sites sentinelles ni au niveau du PNLP	Constats sur site et KIIs avec PNLP et KIIs Sites sentinelles de Tambacounda et St Louis et partneiares de lutte contre le Paludisme	
C1.44. +Contrôle de qualité effectué de façon rigoureuse et permanente par les missions de supervisions rapprochées et formatives des ECD d'une part et par l'introduction du logiciel de gestion des données avec le DHIS2	KIIs avec le personnel du PNLP, les ECR et ECD, les rapports d'activités du PNLP et l'observation des outils sur site par les consultants	

Evaluation Question 2: De quelle manière l'assistance directe de l'USAID au PNLP a-t-elle renforcé la capacité des institutions gouvernementales à fournir des services efficaces et efficients (en particulier dans les domaines suivants : planification / gestion, prestation de services, gestion financière, y compris le MEF, le S & E incluant les systèmes d'informations) ?
Renforcement des capacités institutionnelles ?

C2.1. +Au cours des cinq dernières années, beaucoup de « milestones » réalisés ont concerné directement les capacités du PNLP notamment le renforcement de ses capacités en techniques de planification/gestion, priorisation et suivi et évaluation des activités de lutte contre le paludisme.	Revue des documents (MOP Progression, Plans d'activités PNLP, Lettres d'exécution)	1. La mise en place de milestones de performances à partir de 2013/2014 en lieu et place de milestones de processus (initialement créés en 2011) a amélioré les compétences du PNLP en matière de gestion et de suivi des performances du programme pour l'atteinte des objectifs de lutte contre le paludisme tels que déclinés dans le PSN. (C2. 1 ; C2. 2 ; C2. 3)
C2.2. + De 2010 à 2015 il y'a eu une augmentation de la masse budgétaire concomitamment à l'accroissement des milestones. Le budget est passé de 8 918 171 633 F CFA en 2010 à 21 526 006 264 F CFA en 2014 tandis que les milestones sont passés de 5 à 28 pendant la même période.	Revue des documents (MOP Progression, Plans d'activités PNLP, Lettres d'exécution) KIIs avec PNLP & USAID (PMI/Health Team)	2. L'augmentation et la complexité des milestones ont entraîné une surcharge de

CONSTATS	SOURCES	CONCLUSIONS
C2.3. +Le financement direct au PNLP lui a permis d'accélérer la mise en œuvre de ses activités et de respecter au mieux les deadlines	Revue des documents (MOP Progression, Plans d'activités PNLP, Lettres d'exécution) KIIs avec PNLP & USAID et EC de régions	travail pour le personnel de l'USAID qui passe plus de temps que d'habitude dans le traitement des dossiers de validation desdits milestones. (C2. 4 ; C2. 6)
C2.4. - Le passage des milestones sous forme d'outputs aux milestones sous forme d'outcome a rendu leur gestion plus complexe et plus exigeante	Revue des documents (MOP Progression, Plans d'activités PNLP, Lettres d'exécution) KIIs avec PNLP & USAID	3. Le FARA a favorisé l'émergence d'une nouvelle logique de management opérationnel basée sur les performances et la recherche de résultats (prédominance des milestones de performances par rapport aux milestones de processus). Il y'a eu un renforcement des capacités managériales et opérationnelles du PNLP comme requis dans le PSN 2011-2015. (C2. 5 ; C2. 7)
C2.5. +Il y a eu une émergence d'une nouvelle logique de management opérationnel basée sur les performances et la recherche de résultats (prédominance des milestones de performances par rapport aux milestones de processus)	KIIs avec PNLP/Coordonnateur du programme et Point Focal FARA	
C2.6. - La complexité des milestones ainsi que leur croissance annuelle a créé une surcharge de travail pour le personnel de l'USAID qui passe plus de temps sur le traitement des pièces justificatives. La documentation des milestones n'était pas adéquate et cela a été pointé par la revue de 2015 qui avait suggéré des améliorations.	Revue des documents (MOP Progression, Plans d'activités PNLP, Lettres d'exécution) KIIs avec PMI/USAID	4. Avec les supervisions formatives et les nouvelles dispositions prises par le PNLP à travers les revues trimestrielles, il y'a eu une nette amélioration des capacités des acteurs du niveau opérationnel. (C2. 9 ; C2. 15 ; C2. 8)
C2.7. + USAID/Sénégal et PMI ont mis à la disposition du PNLP un staff à temps partiel pour une assistance technique. La culture des milestones et l'accompagnement technique des experts de l'USAID au PNLP ont participé au renforcement au renforcement des capacités opérationnelles du PNLP. L'approche G2G a pu renforcer les capacités du personnel du PNLP en matière de planification participative et de gestion des performances programmatiques.	KIIs avec PNLP & PMI/USAID	5. Le FARA, à travers la réalisation d'un audit organisationnel, a permis au PNLP de disposer d'orientations stratégiques pouvant lui permettre de réajuster son organigramme et d'améliorer ses capacités internes de gestion mais sans préciser un plan de suivi de l'application des recommandations de cet audit. (C2. 12 ; C2. 13)
C2.8. + Visites régulières du PNLP au niveau décentralisé ponctuées par un transfert de connaissances à travers les échanges techniques	Revue des documents (MOP Progression, Plans d'activités PNLP, Lettres d'exécution) KIIs avec PNLP & EC des régions et districts	6. Avec les supervisions formatives et les nouvelles dispositions prises par le PNLP à travers les revues trimestrielles, il y'a une nette amélioration des capacités des acteurs du niveau opérationnel (C2. 10 ; C2. 15)
C2.9. + Application des connaissances acquises durant les formations par les ECD	KIIs avec PNLP & EC des régions et districts	7. Le décalage calendaire entre les années budgétaires du Gouvernement du Sénégal
C2.10. + Renforcement des capacités du PNLP en matière de supervisions formatives	KIIs avec PNLP & EC des régions et districts	

CONSTATS	SOURCES	CONCLUSIONS
C2.11. - Non harmonisation des calendriers financiers entre GDS et USAID. Il y a un décalage entre les années budgétaires. Pour l'USAID c'est d'octobre à septembre et pour le MSAS, c'est de janvier à décembre.	KIIs avec PNLP & EC des régions et districts Revue des documents (MOP Progression, Plans d'activités PNLP, Lettres d'exécution)	et l'USAID peut être un facteur de risque pour le bon déroulement des interventions de lutte contre le palu sur le terrain (saisonnalité des activités). (C2. 11)
C2.12. - Absence d'un dispositif de suivi de l'application des recommandations issues de l'audit organisationnel du PNLP alors que cette analyse organisationnelle de 2015 avait constaté par exemple que l'organigramme du Programme n'était pas à jour et ne reflétait pas les structures internes	KIIs avec PMI/USAID	
C2.13. +Le PNLP a bénéficié d'un audit organisationnel dans une perspective de renforcement de ses aptitudes managériales	KIIs avec PNLP/Coordonnateur du programme et Point Focal FARA	
C2.14. +Meilleure place accordée à la recherche avec le FARA alors que les protocoles de recherche n'ont jamais bénéficié de financement avec les autres partenaires du PNLP	KIIs avec PNLP/Coordonnateur adjoint PNLP/Coordonnateur du programme et Point Focal FARA	
C2.15. +Progrès notoires au niveau opérationnel en termes de management des activités, de veille, d'analyse des tendances (données de surveillance) et de reporting notamment à travers les supervisions formatives et les sessions de revues trimestrielles	KIIs avec PNLP/Coordonnateur du programme et Point Focal FARA KIIs avec PNLP/Coordonnateur adjoint ICP Gabou/DS de Bakel	
Evaluation Question : 2A) Quelle preuve existe, le cas échéant, que les performances ainsi améliorées des systèmes PFM ont contribué à des prestations de services plus efficaces et efficientes? **Gestion financière et comptable ?**		
C2A.1. +Amélioration des capacités d'absorption de fonds du PNLP grâce à l'expérience de financement direct du FARA basé sur des milestones de performance	KIIs avec PNLP/Coordonnateur adjoint Coordonnateur du programme et Point Focal FARA	1. L'expérience du PNLP avec le financement direct, avec le système des milestones, a permis au staff d'acquérir de nouvelles compétences financières et comptables. Cependant, ce staff n'a pas évolué parallèlement à l'augmentation des milestones et du budget (C2A. 1 ; C2A. 2 ; C2A. 3 ; C2A. 4 ; C2A. 7)
C2A.2. +Avec le système des milestones de performances et la disponibilité des fonds il a été noté un bon approvisionnement en intrants	KIIs avec PNLP/Coordonnateur adjoint Coordonnateur du programme et Point Focal FARA MCR/ECR et MCD/ECD Tambacounda et Saint-Louis	
C2A.3. + Existence au sein du PNLP d'une équipe de 7 personnes dont 4 comptables, 1 auditeur interne, 1	KIIs avec PNLP Coordonnateur du programme et Point Focal FARA ; Coordonnateur adjoint	2. Même si l'USAID ne requiert pas d'audit financier pour les fonds reçus par le PNLP dans le cadre du FARA, le programme a

CONSTATS	SOURCES	CONCLUSIONS
responsable administratif et financier, 1 chargé des marchés		eu à faire des audits internes de ses finances. Ce qui peut témoigner à priori d'un bon dispositif de gestion financière et comptable. (C2A. 5 ; C2A. 9)
C2A.4. + Existence d'un comptable dédié aux financements de l'USAID	KIIs avec PNLP et USAID	
C2A.5. +Existence de rapports d'Audits internes des fonds globaux du PNLP élaborés par l'auditeur interne	KIIs avec PNLP	3. L'absence d'un système fonctionnel et automatique de vérification externe des finances du PNLP ne permet pas de garantir la fiabilité de l'information financière et comptable. (C2A. 9 ; C2A. 6 ; C2A. 8)
C2A.6. - Pas d'indicateurs financiers formulés sous forme de milestones pour mesurer les performances financières du Programme	KIIs avec PNLP et USAID et revue des documents	
C2A.7. - Pas d'augmentation du nombre d'agents comptables et financiers au sein du PNLP, corrélativement à l'évolution du flux financier entre 2011 et 2015	KIIs avec PNLP et USAID et revue des documents	4. L'existence de deux manuels (pour le PNLP et pour le MSAS) peut porter à confusion dans l'interprétation des textes réglementaires. (C2A. 10)
C2A.8. - Pas d'implication du MEFP et de la DAGE dans la gestion des finances du PNLP pendant la période 2011-2015	KIIs avec PNLP, USAID, DAGE, DCFE et revue des documents	5. L'implication du MEFP et de La DAGE pourrait améliorer l'appropriation et la pérennisation mais à condition que des mesures d'accompagnement et mécanismes souples visant à accélérer la mise à disposition des fonds soient mis en place pour rassurer le personnel du PNLP soucieux des délais dans les décaissements. (C2A. 11)
C2A.9. - Aucune mission d'audit financier externe depuis le commencement du financement G2G	KIIs avec le PNLP, autres partenaires et revue des documents	
C2A.10. - Le PNLP ne suit pas le manuel de procédures du MSAS mais par contre dispose de son propre manuel de procédures	KIIs avec le PNLP, USAID, autres partenaires et revue des documents	
C2A.11. - L'implication de la DAGE et du MEFP dans la gestion des finances du PNLP suscite plusieurs interrogations auprès du personnel du PNLP quant aux risques de prolongation des délais de mise à disposition des fonds	KIIs avec le PNLP, autres partenaires et revue des documents	
C2A.12. - L'élaboration d'un rapport de validation par livrable atteint peut expliquer le grand volume des documents à traiter par le personnel de l'USAID	KIIs avec le PNLP,l' USAID, autres partenaires et revue des documents	
Evaluation Question 2B) Comment le PNLP collecte et analyse les données de prestations de services pour le suivi des performances du programme, (par exemple : la couverture des interventions clés, suivi des résultats par rapport aux cibles, etc.) et utilise les données pour la prise de décisions ? **Amélioration du système de S&E ?**		
C2B.4. +Existence d'un plan de suivi et évaluation développé depuis 2012 ainsi qu'un dispositif d'assurance qualité et de conformité des données avec les missions de Vérification des données sur Site (VDS) qui est une forme de vérification/comparaison entre les données transmises au district et les données retrouvées dans les registres.	KIIs avec le PNLP, avec les MCR/ECR, MCD/ECD MCD de BAKEL, Tambacounda et Richard-Toll Saint-Louis Revue des documents (Plan de Suivi-Evaluation du PNLP)	1. La mise à disposition de matériels informatiques, du logiciel DHIS2, d'outils standardisés de suivi a permis d'améliorer le système de collecte, d'analyse, de traitement des données et de diffusion des

CONSTATS	SOURCES	CONCLUSIONS
Existence d'un système de contrôle de la qualité des données de la base au sommet (VDS, maquette Excel, DHIS2, supervision rapprochée et intégrée, revues trimestrielles, etc.)		informations. (C2B. 1. ; C2B. 7. ; C2B. 9. ; C2B. 8. ; C2B. 16. ; C2B. 17.) 2. Le FARA a permis une bonne avancée du PNLP en matière de Suivi-Evaluation. Au-delà de la mise en place d'un Plan de S&E global en 2012, le PNLP a pu instaurer un dispositif de centralisation et d'assurance qualité des données en provenance du niveau opérationnel. (C2B. 7. ; C2B. 4. ; C2B. 6. ; C2B. 9.)
C2B.5. +Création et diversification des types de supervisions ainsi que la mise en place d'instances de partages (revues trimestrielles des données, les réunions de coordination autour des DS et des PS)	KIIs avec le PNLP, avec le MCD de Richard-Toll	
C2B.6. +L'organisation effective de revues trimestrielles au niveau national, notamment, avec les sites sentinelles de surveillance permet de créer un cadre de partage des bonnes pratiques et des expériences	KIIs avec le PNLP, avec le MCD de Richard-Toll	3. Le FARA a permis de financer 02 sessions de formation en S&E qui ont contribué au renforcement des capacités du staff du PNLP. Ces aptitudes ont pu être renforcé dans leur application avec l'appui technique de PMI/USAID (C2B. 5. ; C2B. 6. ; C2B. 12.)
C2B.7. +Existence d'un système de reporting avec les rapports de progrès trimestriels provenant du niveau opérationnel qui permet d'assurer le suivi du niveau d'exécution des milestones sur le terrain, auprès des bénéficiaires	KIIs avec PNLP/Coordonnateur du programme et Point Focal FARA	
C2B.8. +Tenue de deux sessions de formation dans le domaine du Suivi-évaluation avec le financement du FARA	KIIs avec PNLP/Coordonnateur du programme et Point Focal FARA	4. Avec les innovations en matière de suivi, le PNLP est arrivé à assurer la disponibilité de données de manière prompte et complète (données de routine). De plus, le programme dispose désormais de données de veille pouvant servir d'alerte et d'anticipations (données de veille). (C2B. 11. ; C2B. 14. ; C2B. 16.)
C2B.9. +Existence d'un système/dispositif dynamique et interactif d'appui technique pour le suivi de l'évolution de la mise en œuvre des activités assuré par 03 membres du staff de PMI/USAID	KIIs avec PNLP/Coordonnateur du programme et Point Focal FARA Equipe PMI/USAID	
C2B.10. + Existence d'un Système de centralisation et d'analyse des données qui informe la prise de décisions à plusieurs niveaux	KIIs avec le PNLP, MCR/ECR, MCD/ECD et revue des documents	5. Les complications liées à l'enclavement et à l'inaccessibilité de certaines localités retardent le processus de suivi et d'assurance qualité des données sur sites pendant l'hivernage. Ceci est surtout le cas pour les missions concernant les ICP et les DSDOM. (C2B. 10)
C2B.11. + Diffusion d'un bulletin trimestriel de surveillance sentinelle (500 destinataires + site internet du PNLP)	KIIs avec le PNLP et revue des documents	
C2B.12. + ¨Collecte de données auprès de 24 sites sentinelles de surveillance dédiée au Palu (2015) officiant sous forme de système de veille et d'alerte		
C2B.13. - Difficultés des ICP de faire la vérification des données fournies par les DSDOM durant la période de l'hivernage	KIIs avec le PNLP, revue des documents et observation des évaluateurs	6. L'inexistence d'un plan de recyclage et de mise à niveau des personnes formées en S&E peut, dans le long terme, négativement impacter le système de suivi mis en place. (C2B. 13.)
C2B.14. +Promptitude et complétude des données : « Durant l'année 2015, la complétude et la promptitude dans la transmission des données collectées ont été très	Revue des documents (Rapport d'activités du PNLP de 2015)	

CONSTATS	SOURCES	CONCLUSIONS
satisfaisantes (100%). » … En se référant à 2014, une comparaison tirée du Bulletin épidémiologique annuel 2015 du paludisme au Sénégal fait état d'une variation de 3,31%: 94,01% (2014) et 97,12% (2015).	KIIs avec le PNLP, MCR/MCD et ECR/ECD	7. L'absence d'un bon système d'archivage des documents du programme peut affecter la mémoire du programme et plomber certaines utilisations futures (recherche, évaluations, assessments). (C2B. 15)
C2B.15. +Le PNLP a organisé deux séminaires de formation en Suivi et Evaluation (2015 et 2016) dont l'importance et la valeur ajoutée à la mise en œuvre des activités ont été bien appréciées par les participants	Revue des documents (Rapport d'activités de 2015) KIIs avec PNLP, MCRs, MCDs (participants au cours de S&E)	
C2B.16. -Il existe encore des besoins non satisfaits au niveau décentralisé, entre autres le recyclage des personnes formées 4 ans avant et la prise en compte des nouveaux DSDOMs	KIIs avec ECD/MCD Saint-Louis	
C2B.17. +Les postes de santé utilisent une maquette harmonisée pour la transmission des données et les données du paludisme sont visualisées par des graphiques pour faciliter leur interprétation	Revue des documents (Rapports d'activités de 2014 et 2015) KIIs avec PNLP ECD et ICP	
C2B.18. -La gestion de la documentation est faible voire inexistante : les données et les documents clés sont dispersés dans les PC des membres du PNLP et ne sont pas archivés, ni hiérarchisés, ni ordonnés et consolidés sur un réseau.	KIIs avec le PNLP et revue des documents	
C2B.19. +L'ensemble du personnel du PNLP a participé à la mise en œuvre des activités de S/E. Un bureau est chargé de coordonner toutes les activités en rapport avec ce domaine d'intervention.	KIIs avec le PNLP et revue des documents	
C2B.20. +Une commission technique suivi/évaluation incluant les partenaires est mise en place pour compiler, étudier et faire des propositions sur les activités de supervision, de collecte et de contrôle de qualité des données. Elle formule aussi des propositions de solutions par rapport aux questions soulevées lors des revues et des missions de supervision.	KIIs avec le PNLP et revue des documents	
C2B.21. +Existence de la base de données M&E, des tablettes, des ordinateurs pour faciliter l'analyse et le traitement des données durant les supervisions formatives aux niveaux des sites sentinelles	Revue des documents Site Visits KIIs avec PNLP, PMI/USAID, partenaires de lutte contre le paludisme	

CONSTATS	SOURCES	CONCLUSIONS
	Sites sentinelles de Tambacounda et St Louis	
Evaluation Question 3) Comment et dans quelle mesure l'assistance directe de l'USAID a-t-elle augmenté la durabilité du PNLP et l'appropriation locale (y compris au niveau régional et au niveau des Districts - à l'échelle du système de santé) dans l'établissement des priorités, des processus de mise en œuvre et dans la mobilisation de ressources adéquates liées aux efforts de lutte contre le paludisme ? Pérennisation et appropriation ?		
Au niveau central C3.1. – Les dépenses liées aux activités de lutte contre le palu en zone de pré élimination sont élevées et nécessitent l'appui des bailleurs de fonds pour leur pérennisation	KIIs avec le responsable de la formation au PNLP	1. Le PNLP dispose de partenariats stratégiques et antérieurs au G2G qui pourraient jouer un rôle déterminant dans la durabilité des activités de lutte actuellement déroulées avec le financement FARA. (C3. 3. ; C3. 6)
C3.2. -Limite de la pérennisation avec l'insuffisance de l'apport de l'Etat du Sénégal dans la prise en charge des aspects liés à l'approvisionnement et à la sécurisation	KIIs avec le MCD de Richard-Toll	2. D'une certaine manière, le PNLP a fait preuve d'une grande appropriation des activités du G2G FARA en affectant un personnel dédié au suivi de l'exécution budgétaire des fonds alloués au programme (un point focal pour le portefeuille FARA). (C3. 5.)
C3.3. + Existence de partenariats entre PNLP et UCAD antérieur au G2G	KIIs avec le PNLP, l'UCAD, l'ISED, Labo FANN, revue des documents	
C3.4. + Forte appropriation du mécanisme G2G/FARA au niveau central	KIIs avec le PNLP, USAID, partenaires, DCFE, DAGE	
C3.5. +Nomination de points focaux au niveau du PNLP pour suivre exclusivement les activités du niveau décentralisé et veiller à la réalisation complète des milestones	KIIs avec le PNLP et revue des documents	3. L'exigence de ressources consistantes (financières, humaines, matérielles) pour la lutte contre le paludisme, surtout en zone d'élimination est un facteur limitant pour la pérennisation des activités. (C3. 1 ; C3. 2. ; C3. 8.)
C3.6. +Diversification des partenaires du PNLP (PMI, BID, Fonds Mondial etc.)	KIIs avec le PNLP, USAID, partenaires, DCFE, DAGE	
C3.7. - Pas suffisamment d'initiatives de mobilisation de ressources au niveau national (secteur privé, partage des coûts, ligne GàG, CL)	KIIs avec PNLP, MCR/ECR, MCD/ECD, revue des documents	4. La dépendance à un seul bailleur ne garantit pas la pérennisation du programme. (C3. 8.)
C3.8. - Dépendance aux bailleurs : Plus de 50% des fonds du PNLP viennent de l'USAID	KIIs avec PNLP, Partenaires, USAID, revue des documents	5. La non implication de la DAGE et de la DCEF sont des facteurs limitant la pérennisation et l'appropriation du programme. (C3. 2. ; C3. 9.)
C3.9. -Non implication de la DAGE et de la DCFE entre 2011 et 2015	KIIs avec PNLP, DAGE, DCFE, revue des documents	6. Le manque d'initiatives dans la diversification des formes de partenariats par le PNLP ne contribue pas à la pérennisation des activités de lutte. (C3. 7)

CONSTATS	SOURCES	CONCLUSIONS
Au niveau régional et districts C3.10. +Appropriation du programme avec la décentralisation vers les niveaux districts et régions médicales d'activités auparavant effectué par le niveau central.	KIIs avec PNLP/Coordonnateur du programme et Point Focal FARA	1. La décentralisation des activités au niveau opérationnel et les sessions de formation en paludologie comme en suivi-évaluation ont concouru à favoriser l'appropriation du programme par les districts sanitaires (C3. 10. ; C3. 11. ; C3. 13.)
C3.11. +Sentiment de valorisation chez les acteurs sanitaires présents au niveau opérationnel à travers les enrôlements pour des sessions de formation (cours de paludologie et formations en S&E) facilitant l'ancrage de l'appropriation	KIIs avec PNLP/Coordonnateur du programme et Point Focal FARA ; KIIs avec PNLP/Coordonnateur adjoint MCR/ECR, MCD, ECD des districts de Bakel et Saint-Louis	2. Les supervisions formatives non seulement améliorent les aptitudes des DSDOM mais aussi leurs donnent plus de crédibilité aux yeux de la communauté. Ces deux éléments renforcent leur niveau d'appropriation des activités de lutte contre le paludisme. (C3. 14. ; C3. 15. ; C3. 16.)
C3.12. +Contribution directe des districts à travers l'appui des comités de santé	KIIs avec PNLP/Coordonnateur adjoint	3. L'engagement communautaire avec le volontarisme de ses membres (notamment les DSDOM et comités de santé) constitue un élément remarquable d'appropriation qui, à termes, pourrait contribuer à une pérennisation des activités de lutte contre le paludisme. (C3. 12. ; C3. 17.)
C3.13. +Appropriation des interventions de lutte contre le paludisme provenant du PNLP au niveau des districts (MCD et ICP) qui proposent des stratégies locales ou qui suggèrent de changer une approche de lutte	KIIs avec le responsable de la formation au PNLP	
C3.14. +Prises d'initiatives au niveau local par des médecins	KIIs avec le responsable de la formation au PNLP	
C3.15. +Enrôlement et séries de supervisions formatives à l'endroit des DSDOM qui favorisent un ancrage des activités de lutte contre le paludisme au niveau des communautés	KIIs avec l'ECD de Saint-Louis	
C3.16. + Transfert de connaissances et de compétences des ECD aux DSDOM/ASC	KIIs avec MCD/ECD, ICP, DSDOM, revue des documents et observations	4. Lles limites liées à l'absence d'équipements et de motivations financières peuvent dans le long terme compromettre la durabilité des activités de lutte contre le paludisme au niveau communautaire. (C3. 22)
C3.17. + Volontariat et fort engagement communautaire noté avec la participation des DSDOM	KIIs avec MCD/ECD, ICP, DSDOM, revue des documents et observations	
C3.18. + Dispositif de riposte palu (diagnostic, traitement, investigation, notification) notamment dans la région médicale de Saint-Louis	KIIs avec MCD/ECD, ICP, DSDOM, revue des documents et observations	5. Les compétences acquises à travers les sessions de formation, le système de transfert des connaissances, les supervisions par les pairs et les supervisions semestrielles ont largement facilité l'appropriation des mécanismes de
C3.19. +Renforcement des capacités du personnel des districts dans l'acquisition des moyens, des connaissances, compétences et aptitudes de lutte contre le paludisme.	KIIs avec PNLP, MCR/ECR, MCD/ECD, revue des documents	
C3.20. +Disponibilité d'une expertise au niveau décentralisé (MCR/ECR et MCD/ECD) capable d'opérationnaliser les stratégies de lutte contre le paludisme	KIIs avec MCR/ECR, MCD/ECD, revue des documents	

CONSTATS	SOURCES	CONCLUSIONS
C3.21. – Pas de dispositif de riposte aux épidémies dans les districts de Tambacounda (notamment pour les zones couvertes par les sites sentinelles de surveillance). Faibles moyens logistiques pour couvrir le district (3 voitures dont une seule est en très bon état à Richard Toll)	KIIs avec MCR/ECR, MCD/ECD, revue des documents (Rapports d'activités de 2014 et 2015) KIIs avec MCR/ECR, MCD/ECD, observations du terrain	lutte contre le paludisme par le niveau décentralisé. (C3. 13. ; C3. 15. ; C3. 20) 6. L'absence de moyens de riposte au niveau des districts peut concourir à décourager les acteurs chargés de mettre en œuvre les activités du PNLP. (C3. 21.)
C3.22. – Manque de motivations financières d'équipements des agents de santé communautaire durant la phase évaluée : DSDOM, matrones, OCB (Gilets, gants, désinfectants, etc.)	KIIs avec EC des régions et districts, avec les DSDOMs, agents de santé communautaire	7. Le manque d'initiatives dans la diversification des formes de partenariats au niveau décentralisé ne contribue pas à la pérennisation des activités de lutte. (C3. 23)
C3.23. – Absence de stratégies de mobilisation de ressources locales	KIIs avec PNLP, MCR/ECR, MCD/ECD	

Annex VI: Data Collection Instruments

1. GUIDE D'ÍNTERVIEW PARTENAIRES D'EXECUTION
OMS, UNICEF, INTRA HEALTH, PATH, ISED, UCAD, PNA

Enquêteur(s)		Date de l'entretien		
Lieu de l'entretien (RM/DS//Village)		Type d'entretien (individuel, groupe)		
Nom du répondant/des répondants		Structure/Fonction		
Heure du début de l'entretien		Heure de la fin de l'entretien		
Analyse initiale : thèmes émergeants, points centraux, items à considérer pour le prochain entretien. (A compléter après l'entretien)				

Connaissances, appréciations et valeur ajoutées du mécanisme FARA

1. Quelles sont les principales activités de votre structure en matière de lutte contre le paludisme au Sénégal ?

2. Pouvez-vous nous décrire brièvement vos rapports de collaboration/partenariat avec le PNLP ?

3. Quelles sont les activités du PNLP pour lesquelles votre institution est intervenue dans la période 2011-2015 ?

4. Que savez-vous du mécanisme FARA que le PNLP entretient avec PMI/USAID et quel rôle votre institution a joué dans ce partenariat entre 2011 et 2015 ? Qu'avez-vous particulièrement retenu de ce FARA durant cette période en termes :

   o D'opportunités pour l'Etat du Sénégal (MSAS, PNLP, MEF/DI)

   o D'innovations en matière de lutte contre le paludisme

   o De limites/contraintes en termes de partenariats/collaboration

5. Quelles appréciations faites-vous du FARA en tant que mécanisme de financement dans l'appui apporté au MSAS, particulièrement au PNLP (en termes de flexibilité ou de rigidité dans ses principes de base et modes opératoires d'exécution) ?

6. Comment comparez-vous l'efficacité du système de financement G2G avec les modalités des autres PTFs (avantages et inconvénients) ?

7. Quel est votre appréciation sur les progrès du PNLP enregistrées pendant la phase FARA 2011-2015, en termes de renforcement des capacités des acteurs (niveau central comme niveau opérationnel) ? Quelle est votre appréciation spécifiquement pour les activités suivantes :

- o Le cours national de Paludologie
- o Les CPS/Campagnes de chimio prévention du Paludisme Saisonnier
- o Les sites sentinelles de surveillance (gestion, coordination, suivi, collecte et transmission des données)
- o La supervision rapprochée du PECADOM (l'amélioration de la qualité de la prise en charge du Paludisme) ?

8. Quelle appréciation faites-vous de la coordination entre les acteurs du niveau central et du niveau opérationnel (MSAS et PNLP ensuite PNLP et Régions médicales/Districts sanitaires) ?

9. Quelles sont les leçons apprises sur la coordination entre les acteurs du niveau central et du niveau opérationnel (MSAS et PNLP ensuite PNLP et Régions médicales/Districts sanitaires) ? Quelles sont les recommandations que vous formulez pour renforcer la coordination entre ces acteurs ?

Points de vue sur la capacité générale des institutions gouvernementales à fournir des services efficaces, efficients et de bonne qualité

1. Parmi les changements positifs constatés, avez-vous noté des innovations dans les prestations des services de santé avec l'avènement de l'Accord G2G ? veuillez expliquer comment-elles ont été réalisées grâce à l'Accord G2G ?

Points de vue sur la formation en Paludologie (Cours National de Paludologie) /UCAD

1. Selon vous, quelles sont les valeurs-ajoutées des formations (surtout le Cours National de Paludologie) dans les performances des agents formés (cadres supérieurs et cadres intermédiaires) ?

2. De votre expérience, quelle comparaison faites-vous sur les performances de ces cadres formés avant et après ce Cours National de Paludologie financé par le FARA/PMI-USAID ?

3. Quels ont été les défis liés au déroulement de ce Cours ? Comment les avez-vous relevés ?

4. Existe t-il eu un dispositif de suivi de l'application des acquis du Cours ? Quelle lecture faites-vous à ce jour de la mise en pratique des apprentissages par les agents formés ?

5. Quelles sont globalement les principales leçons apprises de ce Cours ?

Challenges persistants en matière de S&E, notamment les facilités et/ou entraves à la collecte et la remontée des données de routine/de surveillance jusqu'au niveau central

1. Avez-vous remarqué des avancées significatives du PNLP en matière de Suivi-évaluation entre la période G2G (2011-2015) et celle qui lui est antérieure (2005-2010) ?

2. D'après votre expérience, quels sont les défis persistants en matière de Suivi-évaluation, notamment les facilités et/ou entraves à la collecte et à la remontée des données de routine/de surveillance jusqu'au niveau central ?

Appropriation/Pérennisation

1. Pensez-vous que les différentes parties prenantes du plan stratégique national de lutte contre le paludisme sont prêtes et capables de poursuivre seules les activités du programme sans l'appui de l'USAID ? si oui, quelles sont les pratiques ou les évidences qui vous le font dire ?

2. Quelle appréciation avez-vous de la pérennisation des activités mises en œuvre par le PNLP avec l'appui du G2G ?

2. GUIDE D'ÍNTERVIEW MCD/ECD

Enquêteur(s)		Date de l'entretien	
Lieu de l'entretien (RM/DS//Village)		Type d'entretien (isolé/individuel, groupe)	
Nom du répondant		Structure/Poste	
Heure de début de l'entretien		Heure de la fin de l'entretien	
<u>Analyse initiale :</u> thèmes émergeants, points centraux, items à considérer pour le prochain entretien. (A compléter après l'entretien)			

A. Connaissances, appréciations des performances du PNLP (2011-2015) et valeur ajoutée du mécanisme FARA

1. Pouvez-vous nous parler de vous et du rôle que vous jouez au sein de votre district sanitaire ?

2. En tant que MCD/ECD, en quoi consiste vos activités et responsabilités dans le cadre des interventions de lutte contre le palu actuellement ou dans le passé dans votre district ?

3. Pouvez-vous citer les différents partenaires qui interviennent dans la mise en œuvre des activités FARA dans votre district ? Donnez pour chacun leur domaine d'intervention ?

4. Depuis quand occupez-vous ces fonctions dans ce district ? Quels sont les changements observés pendant les 5 dernières années dans le cadre de la lutte contre le palu ?

5. Que savez-vous du FARA ?

6. Qu'avez-vous particulièrement retenu de cet Accord FARA en termes de :

   o D'opportunités pour l'Etat du Sénégal (MSAS, PNLP ainsi que les autres acteurs du secteur)

   o D'innovations en matière de lutte contre le paludisme

   o Ou de limites/contraintes en termes de partenariats

7. Quelles sont vos appréciations sur l'évolution du PNLP pendant la phase FARA 2011-2015, en termes de renforcement des capacités des acteurs (niveau central comme niveau opérationnel) ?

8. Qu'en est-il spécifiquement des activités qui ont porté sur :

   o Le cours national de Paludologie

   o Les Campagnes de chimio prévention du Paludisme Saisonnier (CPS)

   o Les sites sentinelles de surveillance (gestion, coordination, suivi, collecte et transmission des données)

   o Les supervisions rapprochées (supervision formative, encadrement) ?

9. Quels sont les changements majeurs que vous avez relevé dans la mise en œuvre des interventions du PNLP sur le terrain dans le déroulement du FARA ?

10. Quels sont selon vous, en termes de planification et mise en œuvre des actions par le PNLP, les avantages ou les inconvénients du FARA ?

11. Quel est le processus de planification dans votre district et comment les activités de lutte contre le palu sont identifiées ? Qui est-ce qui se charge de la priorisation des activités dans le PTA (c'est la région, le district ou le PNLP) ?

12. Quelles sont les leçons apprises du FARA en termes de renforcement des capacités institutionnelles et opérationnelles des équipes du district et des sites que vous couvrez ?

B. Points de vue sur les 4 domaines d'intervention

1. Pouvez-vous nous expliquer le nombre de fois que vous avez reçu des visites de supervision dans le domaine du palu entre 2011 et 2015 (nature de la supervision, profil du superviseur, périodicité des supervisions par trimestre ou par an)

2. Pouvez-vous nous expliquer le nombre de fois que vous avez effectué des supervisions dans le domaine du Palu entre 2011 et 2015 (nature de la supervision, profil du superviseur, périodicité des supervisions par trimestre ou par an) ?

3. Vous est-il arrivé de partager vos feed-back avec les personnes que vous supervisez, si oui quelle appréciation en faites-vous ?

4. Pouvez-vous décrire la CPS ? Quelle est votre rôle dans l'implémentation de cette intervention ? Pouvez-vous nous dire l'impact de cette intervention ? Comment cette activité est-elle supervisée ? **CPS**

5. Pouvez-vous décrire la PECADOM ? Quel est votre rôle dans l'implémentation de cette intervention ? Comment cette activité est-elle supervisée ? **PECADOM PLUS**

6. Quelles sont les interactions entre votre médicale et les districts que vous couvrez dans le cadre de la lutte contre le Palu ? **G2G PNLP**

7. Quelles sont les réunions auxquelles vous participez dans le cadre de la lutte contre le palu ?

8. Quelles sont les difficultés auxquelles vous êtes confrontées en tant que district médicale dans le cadre de la lutte contre le palu ? Que faudrait-il pour les contourner ?

C. Cours de paludologie

1. Selon vous, quelles ont été les valeurs-ajoutées du Cours National de Paludologie fourni aux cadres supérieurs et intermédiaires dans la lutte contre le paludisme au Sénégal ?

2. De votre expérience, quelle comparaison faites-vous de la qualité de ces cadres formés avant et après ce Cours National de Paludologie financé par le mécanisme FARA ?

3. Quelle lecture faites-vous à ce jour de la mise en pratique des apprentissages par les agents formés ?

4. Y'a-t-il eu un dispositif de suivi de l'application des acquis du cours sur le terrain ?

5. Quels ont été, selon vous, les défis liés au déroulement de ce cours ? Comment ont-ils été relevés d'après vous ?

6. Quelles recommandations pourriez-vous faire par rapport au cours de paludologie ?

D. G2G, S&E et compétences institutionnelles/opérationnelles du PNLP

1. Quelle appréciation faites-vous de la coordination entre les acteurs du niveau central et du niveau opérationnel (MSAS et PNLP ensuite PNLP et Régions médicales/Districts sanitaires) ?

2. De quelle manière pensez-vous que le FARA a pu accroître les capacités de votre district en matière de suivi-évaluation ?

3. Comment compilez-vous les données des activités que le district met en œuvre (rapportage, fréquence, outils, périodicité) ?

4. Pouvez-vous décrire le système de surveillance (trimestriel, mensuel et hebdomadaire) pour la collecte des données du palu ? Quels sont les types de données collectées ? Comment vous utilisez ces données ? Y a-t-il des décisions que vous prenez après avoir vu ces données ? Comment assurez-vous la qualité de ces données ? SITES SENTINELLES

5. Quels sont les nouvelles dispositions ou innovations de suivi introduites grâce au FARA dans la gestion des données (collecte et traitements) ainsi que leurs effets sur la prise de décisions (niveau d'efficacité) ?

6. Quel sont les défis persistants en matière de S&E, notamment dans la collecte et la remontée des données de routine/de surveillance jusqu'au niveau régional (complétude et à leur promptitude).

E. FARA et Appropriation/Pérennisation des activités du PNLP

Appropriation des activités FARA

1. De quoi êtes-vous le plus responsable entre les activités et les résultats relevant du FARA ?

2. Disposez-vous de moyens financiers, techniques et matériels pour décider et/ou agir en termes de lutte contre le palu dans votre district ?

3. Avez-vous la latitude de changer le déroulement des activités telles que décrites par le PNLP ?

4. Quelles appréciations faites-vous du niveau d'adéquation entre les activités du FARA et les besoins / priorités de la lutte contre le palu dans votre district ?

5. De quelle manière le FARA vous a-t-il permis de vous approprier des activités de lutte contre le Palu dans votre district ?

Pérennisation

1. Quelles sont vos constats en matière de pérennisation des activités du PNLP sur le terrain dans votre district ?

2. Pensez-vous que les différentes parties prenantes de la lutte contre le paludisme dans le district ? si oui, quelles sont les pratiques ou les évidences qui vous le font dire ?

3. Quelles sont, les initiatives ou stratégies de pérennisation que le district a mis place par rapport à :
    o L'établissement des priorités
    o Les processus de mise en œuvre des activités
    o La mobilisation des ressources physiques, financières, matérielles et humaines

4. Qu'est-ce que vous pourriez faire davantage dans ce sens ?

F. Principales leçons apprises et recommandations

1. Pouvez-vous nous faire part des grandes leçons apprises de l'expérience FARA dans votre district ?

2. Quelles sont les principales recommandations que vous avez à l'endroit de l'USAID et du PNLP pour améliorer l'impact du mécanisme FARA dans votre district ?

3. Avez-vous d'autres recommandations spécifiques ou générales pour une meilleure mise en œuvre des activités FARA dans votre district ?

4. Avez-vous des questions pour nous ?

3. GUIDE D'ÍNTERVIEW MCR/ECR

Enquêteur(s)		**Date de l'entretien**	
Lieu de l'entretien (RM/DS//Village)		**Type d'entretien (isolé/individuel, groupe)**	
Nom du répondant		**Structure/Poste**	
Heure de début de l'entretien		**Heure de la fin de l'entretien**	
Analyse initiale : thèmes émergeants, points centraux, items à considérer pour le prochain entretien. **(A compléter après l'entretien)**			

A. Connaissances, appréciations des performances du PNLP (2011-2015) et valeur ajoutée du mécanisme FARA

1. Pouvez-vous nous parler de vous et du rôle que vous jouez au sein de la Région médicale ?

2. En tant que MCR/ECR, en quoi consiste vos activités et responsabilités dans le cadre des interventions de lutte contre le palu actuellement ou dans le passé dans votre région ?

3. Depuis quand occupez-vous ces fonctions dans cette région ? Quels sont les changements observés pendant les 5 dernières années dans le cadre de la lutte contre le palu ?

4. Que savez-vous du FARA ?

5. Qu'avez-vous particulièrement retenu de cet Accord FARA en termes de :

   ● D'opportunités pour l'Etat du Sénégal (MSAS, PNLP ainsi que les autres acteurs du secteur)

   ● D'innovations en matière de lutte contre le paludisme

   ● Ou de limites/contraintes en termes de partenariats

6. Quelles sont vos appréciations sur l'évolution du PNLP pendant la phase FARA 2011-2015, en termes de renforcement des capacités des acteurs (niveau central comme niveau opérationnel) ?

7. Qu'en est-il spécifiquement des activités qui ont porté sur :

   ● Le cours national de Paludologie

   ● Les Campagnes de chimio prévention du Paludisme Saisonnier (CPS)

   ● Les sites sentinelles de surveillance (gestion, coordination, suivi, collecte et transmission des données)

   ● Les supervisions rapprochées (supervision formative, encadrement) ?

8. Quels sont les changements majeurs que vous avez relevé dans la mise en œuvre des interventions du PNLP sur le terrain dans le déroulement du FARA ?

9. Quels sont selon vous, en termes de planification et mise en œuvre des actions par le PNLP, les avantages ou les inconvénients du FARA ?

10. Quel est le processus de planification dans votre région et comment les activités de lutte contre le palu sont identifiées ? Qui est-ce qui se charge de la priorisation des activités dans le PTA (c'est la région, le district ou le PNLP) ?

11. Quelles sont les leçons apprises du FARA en termes de renforcement des capacités institutionnelles et opérationnelles des équipes de la région et des districts que vous couvrez ?

B. Points de vue sur les 4 domaines d'intervention

1. Pouvez-vous nous expliquer le nombre de fois que vous avez reçu des visites de supervision dans le domaine du palu entre 2011 et 2015 (nature de la supervision, profil du superviseur, périodicité des supervisions par trimestre ou par an)

2. Pouvez-vous nous expliquer le nombre de fois que vous avez effectué des supervisions dans le domaine du Palu entre 2011 et 2015 (nature de la supervision, profil du superviseur, périodicité des supervisions par trimestre ou par an) ?

3. Vous est-il arrivé de partager vos feed-back avec les personnes que vous supervisez, si oui quelle appréciation en faites-vous ?

4. Pouvez-vous décrire la CPS ? Quelle est votre rôle dans l'implémentation de cette intervention ? Pouvez-vous nous dire l'impact de cette intervention ? Comment cette activité est-elle supervisée ? **CPS**

5. Pouvez-vous décrire la PECADOM ? Quel est votre rôle dans l'implémentation de cette intervention ? Comment cette activité est-elle supervisée ? **PECADOM PLUS**

6. Quelles sont les interactions entre votre région médicale et les districts que vous couvrez dans le cadre de la lutte contre le Palu ? **G2G PNLP**

7. Quelles sont les réunions auxquelles vous participez dans le cadre de la lutte contre le palu ?

8. Quelles sont les difficultés auxquelles vous êtes confrontées en tant que région médicale dans le cadre de la lutte contre le palu ? Que faudrait-il pour les contourner ?

C. Cours de paludologie

1. Selon vous, quelles ont été les valeurs-ajoutées du Cours National de Paludologie fourni aux cadres supérieurs et intermédiaires dans la lutte contre le paludisme au Sénégal ?

2. De votre expérience, quelle comparaison faites-vous de la qualité de ces cadres formés avant et après ce Cours National de Paludologie financé par le mécanisme FARA ?

3. Quelle lecture faites-vous à ce jour de la mise en pratique des apprentissages par les agents formés ?

4. Y'a-t-il eu un dispositif de suivi de l'application des acquis du cours sur le terrain ?

5. Quels ont été, selon vous, les défis liés au déroulement de ce cours ? Comment ont-ils été relevés d'après vous ?

6. Quelles recommandations pourriez-vous faire par rapport au cours de paludologie ?

D. G2G, S&E et compétences institutionnelles/opérationnelles du PNLP

1. Quelle appréciation faites-vous de la coordination entre les acteurs du niveau central et du niveau opérationnel (MSAS et PNLP ensuite PNLP et Régions médicales/Districts sanitaires) ?

2. De quelle manière pensez-vous que le FARA a pu accroître les capacités de la région en matière de suivi-évaluation ?

3. Comment compilez-vous les données des activités que le district met en œuvre (rapportage, fréquence, outils, périodicité) ?

4. Pouvez-vous décrire le système de surveillance (trimestriel, mensuel et hebdomadaire) pour la collecte des données du palu ? Quels sont les types de données collectées ? Comment vous utilisez ces données ? Y a-t-il des décisions que vous prenez après avoir vu ces données ? Comment assurez-vous la qualité de ces données ? **SITES SENTINELLES**

5. Quels sont les nouvelles dispositions ou innovations de suivi introduites grâce au FARA dans la gestion des données (collecte et traitements) ainsi que leurs effets sur la prise de décisions (niveau d'efficacité) ?

6. Quel sont les défis persistants en matière de S&E, notamment dans la collecte et la remontée des données de routine/de surveillance jusqu'au niveau régional (complétude et à leur promptitude).

E. FARA et Appropriation/Pérennisation des activités du PNLP

Appropriation des activités FARA

1. De quoi êtes-vous le plus responsable entre les activités et les résultats relevant du FARA ?

2. Disposez-vous de moyens financiers, techniques et matériels pour décider et/ou agir en termes de lutte contre le palu dans votre région ?

3. Avez-vous la latitude de changer le déroulement des activités telles que décrites par le PNLP ?

4. Quelles appréciations faites-vous du niveau d'adéquation entre les activités du FARA et les besoins / priorités de la lutte contre le palu dans votre région ?

5. De quelle manière le FARA vous a-t-il permis de vous approprier des activités de lutte contre le Palu dans votre région ?

Pérennisation

1. Quelles sont vos constats en matière de pérennisation des activités du PNLP sur le terrain dans votre région ?

2. Pensez-vous que les différentes parties prenantes de la lutte contre le paludisme dans la région ? si oui, quelles sont les pratiques ou les évidences qui vous le font dire ?

3. Quelles sont, les initiatives ou stratégies de pérennisation que la région a mis place par rapport à :

   o L'établissement des priorités

   o Les processus de mise en œuvre des activités

   o La mobilisation des ressources physiques, financières, matérielles et humaines

4. Qu'est-ce que vous pourriez faire davantage dans ce sens ?

F. Principales leçons apprises et recommandations

1. Pouvez-vous nous faire part des grandes leçons apprises de l'expérience FARA dans votre région ?

2. Quelles sont les principales recommandations que vous avez à l'endroit de l'USAID et du PNLP pour améliorer l'impact du mécanisme FARA dans votre région ?

3. Avez-vous d'autres recommandations spécifiques ou générales pour une meilleure mise en œuvre des activités FARA dans votre région ?

4. Avez-vous des questions pour nous ?

4. GUIDE D'ÍNTERVIEW DE L'USAID/PMI

Connaissances, appréciations des performances du PNLP et valeur ajoutée du mécanisme FARA

1. Pouvez-vous nous décrire brièvement votre rôle au sein de l'USAID en tant que représentant de PMI et plus précisément dans le G2G avec le PNLP (période 2011-2015) ?

2. Qu'avez-vous particulièrement retenu de l'Accord FARA entre 2011 et 2015 en termes :

    o D'opportunités pour l'Etat du Sénégal (MSAS, PNLP, MEF/DI)

    o D'innovations en matière de lutte contre le paludisme

    o Ou de limites/contraintes en termes de partenariats

3. Quelles appréciations faites-vous du FARA en tant que mécanisme de financement dans l'appui apporté au MSAS, particulièrement au PNLP (en termes de flexibilité ou de rigidité dans ses principes de base et modes opératoires d'exécution) ?

4. Quelles appréciations pouvez-vous faire aujourd'hui du niveau d'implémentation des activités du PNLP avant le FARA (période 2005-2010) ? Pensez-vous qu'il y'a eu un meilleur cadre opérationnel pour le PNLP grâce au G2G ?

5. Quel est votre appréciation sur les progrès que le PNLP a enregistré pendant la phase FARA 2011-2015, en termes de renforcement des capacités des acteurs (niveau central comme niveau opérationnel) ?

6. Qu'en est-il spécifiquement des activités suivantes :

    o Le cours national de Paludologie

    o Les CPS/Campagnes de chimio prévention du Paludisme Saisonnier

    o Les sites sentinelles de surveillance (gestion, coordination, suivi, collecte et transmission des données)

    o La supervision rapprochée du PECADOM (l'amélioration de la qualité de la prise en charge du Paludisme) ?

7. Quelle appréciation faites-vous de cette valeur ajoutée permise par le G2G :

    o Par rapport à l'atteinte des objectifs stratégiques du PNLP identifiés dans son PSN de 2011-2015 ?

    o Et par rapport aux orientations stratégiques de PMI (MOP)?

    o Selon vous, comment le FARA y a contribué et quels en sont les facteurs clés ?

8. Comment appréciez-vous l'audit organisationnel effectué par l'USAID pour le PNLP et quelle fut, selon vous sa valeur ajoutée ?

9. Quelle appréciation faites-vous de la coordination entre les acteurs du niveau central et ceux du niveau opérationnel (MSAS et PNLP ensuite PNLP et Régions médicales/Districts sanitaires) ?

10. Pouvez-vous décrire le processus d'identification et de priorisation des milestones du FARA ?

11. Pouvez-vous décrire quels sont les raisons qui ont justifiés la modification des milestones dans le passé ? (Flexibilité de mécanisme)

12. Quels sont les mécanismes de suivi et vérification de l'accomplissement des milestones ?

Points de vue sur la capacité générale des institutions gouvernementales à fournir des services efficaces, efficients et de bonne qualité

1. Parmi les changements positifs constatés, avez-vous noté des innovations dans les prestations de services avec l'avènement de l'Accord G2G ? veuillez expliquer comment-elles ont été réalisées grâce à l'Accord G2G ?

2. Quels sont les défis persistants en rapport avec le développement des capacités générales des institutions en relation avec les modalités de soutien (financement et assistance techniques) ?

3. Parlant spécifiquement de planification et de gestion des actions PNLP vis-à-vis du G2G, quels sont les avantages ou les inconvénients de cette approche ?

4. Pouvez-vous citer des exemples de changements apportés dans la mise en œuvre de l'approche G2G pour optimiser le développement des capacités de l'Etat en matière de lutte contre le paludisme ? Qu'est-ce qui a globalement motivé ces changements ?

Points de vue sur la formation en Paludologie

1. Selon vos observations sur le terrain, quelles sont les valeurs-ajoutées des formations dans les performances des agents de proximité présents au niveau communautaire ?

2. Selon votre expérience, quelle comparaison faites-vous avec les périodes avant et pendant le FARA ?

3. Quels ont été les défis liés aux formations et à la mise en pratique des apprentissages ? Comment les avez-vous relevés ?

4. Quelles sont les principales leçons apprises des formations ?

Pérennisation

1. Quelles sont les évidences constatées de pérennisation sur le terrain, notamment chez les acteurs du niveau central comme ceux du niveau opérationnel ?

2. Pensez-vous que les différentes parties prenantes du plan stratégique national de lutte contre le paludisme sont prêtes et capables de poursuivre seules les activités du programme sans l'appui de l'USAID ? si oui, quelles sont les pratiques ou les évidences qui vous le font dire ?

3. Quelles sont, selon vous, les initiatives ou stratégies de pérennisation prises par le PNLP sous l'influence du mécanisme G2G dans :

   o le domaine de l'établissement des priorités

   o le domaine des processus de mise en œuvre des activités

   o le domaine de la mobilisation des ressources physiques, financières, matérielles et humaines

Questions sur les Principales leçons apprises et recommandations

1. Pouvez-vous nous faire part des grandes leçons apprises de l'expérience FARA ?

2. Quelles sont les principales recommandations que vous avez à l'endroit de l'équipe santé de l'USAID, du PMI et du PNLP pour améliorer l'impact du mécanisme G2G?

3. Avez-vous d'autres recommandations ?

5. GUIDE D'ÍNTERVIEW DE L'USAID/HEALTH TEAM

Connaissances, appréciations des performances du PNLP et valeur ajoutée du mécanisme FARA

1. Pouvez-vous nous décrire brièvement votre rôle au sein de l'USAID en tant que représentant de PMI et plus précisément dans le G2G avec le PNLP (période 2011-2015) ?

2. Qu'avez-vous particulièrement retenu de l'Accord FARA entre 2011 et 2015 en termes :

    o D'opportunités pour l'Etat du Sénégal (MSAS, PNLP, MEF/DI)

    o D'innovations en matière de lutte contre le paludisme

    o Ou de limites/contraintes en termes de partenariats

3. Quelles appréciations faites-vous du FARA en tant que mécanisme de financement dans l'appui apporté au MSAS, particulièrement au PNLP (en termes de flexibilité ou de rigidité dans ses principes de base et modes opératoires d'exécution) ?

4. Quelles appréciations pouvez-vous faire aujourd'hui du niveau d'implémentation des activités du PNLP avant le FARA (période 2005-2010) ? Pensez-vous qu'il y'a eu un meilleur cadre opérationnel pour le PNLP grâce au G2G ?

5. Quel est votre appréciation sur les progrès que le PNLP a enregistré pendant la phase FARA 2011-2015, en termes de renforcement des capacités des acteurs (niveau central comme niveau opérationnel) ?

6. Qu'en est-il spécifiquement des activités suivantes :

    o Le cours national de Paludologie

    o Les CPS/Campagnes de chimio prévention du Paludisme Saisonnier

    o Les sites sentinelles de surveillance (gestion, coordination, suivi, collecte et transmission des données)

    o La supervision rapprochée du PECADOM (l'amélioration de la qualité de la prise en charge du Paludisme) ?

7. Quelle appréciation faites-vous de cette valeur ajoutée permise par le G2G :

    o Par rapport à l'atteinte des objectifs stratégiques du PNLP identifiés dans son PSN de 2011-2015 ?

    o Et par rapport aux orientations stratégiques de PMI (MOP)?

    o Selon vous, comment le FARA y a contribué et quels en sont les facteurs clés ?

8. Comment appréciez-vous l'audit organisationnel effectué par l'USAID pour le PNLP et quelle fut, selon vous sa valeur ajoutée ?

9. Quelle appréciation faites-vous de la coordination entre les acteurs du niveau central et ceux du niveau opérationnel (MSAS et PNLP ensuite PNLP et Régions médicales/Districts sanitaires) ?

10. Pouvez-vous décrire le processus d'identification et de priorisation des milestones du FARA ?

11. Pouvez-vous décrire quels sont les raisons qui ont justifiés la modification des milestones dans le passé ? (Flexibilité de mécanisme)

12. Quels sont les mécanismes de suivi et vérification de l'accomplissement des milestones ?

Points de vue sur la capacité générale des institutions gouvernementales à fournir des services efficaces, efficients et de bonne qualité

1. Parmi les changements positifs constatés, avez-vous noté des innovations dans les prestations de services avec l'avènement de l'Accord G2G ? veuillez expliquer comment-elles ont été réalisées grâce à l'Accord G2G ?

2. Quels sont les défis persistants en rapport avec le développement des capacités générales des institutions en relation avec les modalités de soutien (financement et assistance techniques) ?

3. Parlant spécifiquement de planification et de gestion des actions PNLP vis-à-vis du G2G, quels sont les avantages ou les inconvénients de cette approche ?

4. Pouvez-vous citer des exemples de changements apportés dans la mise en œuvre de l'approche G2G pour optimiser le développement des capacités de l'Etat en matière de lutte contre le paludisme ? Qu'est-ce qui a globalement motivé ces changements ?

Challenges persistants en matière de suivi-évaluation, notamment les facilités et/ou limites à la collecte et à la remontée des données de routine/de surveillance jusqu'au niveau central.

1. Y-a-t-il des défis persistants en matière de suivi-évaluation, notamment les facilités et/ou entraves à la collecte et la remontée des données de routine/de surveillance jusqu'au niveau central. Si oui, pouvez-vous préciser les lacunes qu'il faut redresser ?

2. Sur la base de vos observations, quel est le niveau de qualité de la gestion des données par rapport à leur complétude et à leur promptitude ?

3. Avez-vous remarqué des avancées significatives du PNLP en matière de Suivi-évaluation entre la période G2G (2011-2015) et celle qui lui est antérieure (2005-2010) ?

4. Quels sont les nouvelles dispositions ou innovations de suivi des performances introduites grâce au FARA dans la gestion des données (collecte et traitements) ainsi que leurs effets sur la prise de décisions (niveau d'efficacité) ?

5. Comment-allez-vous témoigner de l'implication du Ministère de la santé dans la mise en place d'un système de contrôle qualité et de gestion des performances programmatiques du PNLP ?

6. Quels sont les éléments de succès et les défis relatifs au rôle joué par le MSAS dans le cadre du FARA ?

FARA et Appropriation/Pérennisation des activités du PNLP

APPROPRIATION DU MECANISME DIRECT D'ASSISTANCE

1. De quelle manière l'assistance directe de l'USAID au PNLP à travers le mécanisme G2G, tel qu'exécuté, a-t-elle permis l'appropriation nationale dans les domaines respectifs suivants :

    a. Le domaine de la priorisation des activités et des besoins

    b. Le domaine des processus de mise en œuvre des activités

    c. Le domaine de la mobilisation des ressources physiques, financières, matérielles et humaines.

2. Quelle appréciation faites-vous de la contribution de l'accord G2G, tel que conçu et exécuté, au renforcement des compétences nationales dans la mobilisation des ressources adéquates pour le contrôle du paludisme

3. Quelle appréciation faites-vous du niveau d'adéquation entre le mécanisme G2G et les besoins / priorités du PNLP ?

4. Quelles sont les stratégies qui selon vous peuvent améliorer l'assistance directe G2G afin d'atteindre des meilleures performances du PNLP dans la lutte contre le paludisme au Sénégal ?

Auriez-vous des recommandations particulières pour améliorer l'impact du mécanisme G2G ? Expliquez.

5. Quelles sont les évidences en termes d'appropriation nationale qu'on peut observer sur le terrain, notamment chez les acteurs du niveau central comme ceux du niveau opérationnel ?

Pérennisation

1. Quelles sont les évidences constatées de pérennisation sur le terrain, notamment chez les acteurs du niveau central comme ceux du niveau opérationnel ?

2. Pensez-vous que les différentes parties prenantes du plan stratégique national de lutte contre le paludisme sont prêtes et capables de poursuivre seules les activités du programme sans l'appui de l'USAID ? si oui, quelles sont les pratiques ou les évidences qui vous le font dire ?

3. Quelles sont, selon vous, les initiatives ou stratégies de pérennisation prises par le PNLP sous l'influence du mécanisme G2G dans :

   o Le domaine de l'établissement des priorités

   o Le domaine des processus de mise en œuvre des activités

   o Le domaine de la mobilisation des ressources physiques, financières, matérielles et humaines

Questions sur les Principales leçons apprises et recommandations

1. Pouvez-vous nous faire part des grandes leçons apprises de l'expérience FARA ?

2. Quelles sont les principales recommandations que vous avez à l'endroit de l'équipe santé de l'USAID, du PMI et du PNLP pour améliorer l'impact du mécanisme G2G?

3. Avez-vous d'autres recommandations ?

6. GUIDE D'ÍNTERVIEW DE L'USAID/FINANCIAL SPECIALIST

Connaissances, appréciations des performances du PNLP et valeur ajoutée du mécanisme FARA

1. Pouvez-vous nous décrire brièvement votre rôle au sein de l'USAID en tant que représentant de PMI et plus précisément dans le G2G avec le PNLP (période 2011-2015) ?

2. Qu'avez-vous particulièrement retenu de l'Accord FARA entre 2011 et 2015 en termes :
   - D'opportunités pour l'Etat du Sénégal (MSAS, PNLP, MEF/DI)
   - D'innovations en matière de lutte contre le paludisme
   - Ou de limites/contraintes en termes de partenariats

3. Quelles appréciations faites-vous du FARA en tant que mécanisme de financement dans l'appui apporté au MSAS, particulièrement au PNLP (en termes de flexibilité ou de rigidité dans ses principes de base et modes opératoires d'exécution) ?

4. Quelles appréciations pouvez-vous faire aujourd'hui du niveau d'implémentation des activités du PNLP avant le FARA (période 2005-2010) ? Pensez-vous qu'il y'a eu un meilleur cadre opérationnel pour le PNLP grâce au G2G ?

5. Quel est votre appréciation sur les progrès que le PNLP a enregistré pendant la phase FARA 2011-2015, en termes de renforcement des capacités des acteurs (niveau central comme niveau opérationnel) ?

6. Qu'en est-il spécifiquement des activités suivantes :
   - Le cours national de Paludologie
   - Les CPS/Campagnes de chimio prévention du Paludisme Saisonnier
   - Les sites sentinelles de surveillance (gestion, coordination, suivi, collecte et transmission des données)
   - La supervision rapprochée du PECADOM (l'amélioration de la qualité de la prise en charge du Paludisme) ?

7. Quelle appréciation faites-vous de cette valeur ajoutée permise par le G2G :
   - Par rapport à l'atteinte des objectifs stratégiques du PNLP identifiés dans son PSN de 2011-2015 ?
   - Et par rapport aux orientations stratégiques de PMI (MOP)?
   - Selon vous, comment le FARA y a contribué et quels en sont les facteurs clés ?

8. Comment appréciez-vous l'audit organisationnel effectué par l'USAID pour le PNLP et quelle fut, selon vous sa valeur ajoutée ?

9. Quelle appréciation faites-vous de la coordination entre les acteurs du niveau central et ceux du niveau opérationnel (MSAS et PNLP ensuite PNLP et Régions médicales/Districts sanitaires) ?

10. Pouvez-vous décrire le processus d'identification et de priorisation des milestones du FARA ?

11. Pouvez-vous décrire quels sont les raisons qui ont justifiés la modification des milestones dans le passé ? (Flexibilité de mécanisme)

12. Quels sont les mécanismes de suivi et vérification de l'accomplissement des milestones pour enclencher les processus de paiement ?

Gestion budgétaire et capacités institutionnelles

1. Comment le FARA a pu, selon vous, influer la planification budgétaire des activités du PNLP et la disponibilité des fonds en matière de lutte contre le paludisme au Sénégal ?

2. Quelles sont les grandes performances que vous avez observées sur la gestion et l'exécution du budget mis en place par le mécanisme ?

3. Quelles appréciations faites-vous de l'évolution des capacités institutionnelles du PNLP dans la planification, la mobilisation des fonds et la priorisation des activités de lutte contre le paludisme ?

4. Quelles recommandations pouvez-vous formuler à l'endroit du PNLP pour une amélioration de la gestion et de l'exécution du budget mis en place par le mécanisme ?

5. Comment les fonds sont gérés entre le PNLP, le MEF et le Ministère de la santé ? Pouvez-vous nous décrire la répartition des tâches ?

Lien entre amélioration des performances des systèmes PFM et efficacité des services de santé

1. Pouvez-vous nous expliquer le fonctionnement du système PFM de PMI/USAID ?

2. Quelles appréciations faites-vous de leurs mécanismes de financements (forces et faiblesses) ?

3. Pouvez-vous nous expliquer en citant des exemple le lien s'il y'en a entre l'amélioration des performances des systèmes PFM et l'amélioration de la qualité de l'offre de services du PNLP ?

4. Dans le long terme, comment appréciez-vous la viabilité du mécanisme de financement FARA ? Qu'est-ce qu'il faut préconiser pour rendre ce mécanisme stable et contribuant aux buts du PNLP ?

5. Comment-allez-vous comparer l'efficacité le système de financement G2G avec les modalités de vos autres PTFs ?

6. Pouvez-vous citer des aspects à améliorer dans le mécanisme de financement G2G pour une meilleure performance du PNLP ?

7. Dans le cadre du G2G, quelles sont les leçons apprises ou les défis relevés en matière de planification et de gestion, (notamment celle financière) au niveau du PNLP ?

Questions sur les Principales leçons apprises et recommandations

1. Pouvez-vous nous faire part des grandes leçons apprises de l'expérience FARA ?

2. Quelles sont les principales recommandations que vous avez à l'endroit de l'équipe santé de l'USAID, du PMI et du PNLP pour améliorer l'impact du mécanisme G2G?

3. Avez-vous d'autres recommandations ?

7. GUIDE D'ÍNTERVIEW AU PFM:

Questions liées au PFM pour l'ex Direction de l'Investissement, actuelle Direction de la Coopération économique et financière :

Examinez les questions d'atténuation des risques aux pages 2-5 avant l'interview - il n'y a que 2 risques élevés

1. Pouvez-vous nous parler de vous et de votre rôle au sein de la Direction de l'investissement (DI), actuellement Direction de la Coopération économique et financière.

2. Pouvez-vous nous parler de la mission de la DI et des ressources dont la Direction dispose pour assumer cette mission

3. Pouvez-vous nous parler de votre expérience et de celle de la DI dans la gestion des financements publics

4. Pouvez-vous nous parler des capacités techniques de la DI dans la gestion et supervision du financement direct ?

5. Pouvez-vous partager avec nous votre expérience de l'accord G2G-FARA entre l'USAID et le PNLP et quelle appréciation en faites-vous

6. Quels sont les autres types de financements directs externes (non GOS) qui passent régulièrement sous la tutelle de la DI vers le PNLP ou d'autres entités du MSAS?

7. Quel est le rôle que la DI joue actuellement dans la gestion des fonds du PNLP et Quel rôle devrait –elle jouer pour améliorer l'efficacité et l'efficience du programme national de lutte contre le palu?

8. Comment se font les transactions de débit / sortie financières au sein de la DI ? Quel type de contrôle disposez-vous ? (Exemples : saisie des données financières du PNLP dans les systèmes du GOS, rapidité des transactions, contrôle de la qualité, gestion des risques ? audits financier et comptables, l'évaluation des résultats et le suivi des recommandations)

9. Pouvez-vous nous décrire le système mis en place par la DI pour assurer le suivi financier des mécanismes de financement direct ? Pour le cas du PNLP comment se font le budget et le suivi financier ?

10. Que pouvez-vous nous dire sur les pratiques de gestion financière du PNLP en matière de :

    a. Budgétisation - comment sont-ils préparés et validés ?

    b. Décaissements - la rapidité et l'exactitude

    c. Exécution, et

    d. Rapports - fréquence. Format et distribution ?

11. En comparant l'expérience USAID et le PNLP où les fonds sont directement gérés par l'institution PNLP et l'expérience de Kaffrine où la DAGE est impliquée dans la gestion des fonds quelles leçons en tirer vous de part et d'autres ? en d'autres termes quels en sont les avantages comparatifs ?

12. Quels sont les avantages et les limites du financement direct ?

13. Pouvez-vous nous décrire s'il en existe les audits commandités par la DI pour le contrôle financier et comptable des fonds FARAs alloués au PNLP ?

14. Est-ce que la DI comprend / approuve le processus de vérification des livrables du PNLP - quels contrôles supplémentaires devraient / pourraient être requis ?

15. Auriez-vous des suggestions à l'endroit du GOS et de l'USAID pour améliorer la comptabilité et la gestion de la prochaine génération de FARA ?

Est-ce que la DI a un point de vue ou un plan spécifique sur la façon dont le gouvernement sénégalais pourrait garantir à long terme la durabilité financière du PNLP ?

Annex VII: List of Key Informant Interview and Group Interview Participants

N°	Prénom Nom	Poste	Structure	E-mails	Type d'entretien	Lieu/Région/ District	Date	N°E
01	Dr Moustapha Cissé	Coordinateur adjoint	NMCP (or PNLP)	drcisse@gmail.com	Individuel	PNLP	05/07/2017	1
02	Mme Fatou Bâ	Chef Bureau LAV		fall1fatou@yahoo.fr	Groupe	PNLP	05/07/2017	2
03	Dr Abdourahmane Diallo	Responsible for supply chain management and biological diagnostics		haril76@yahoo.fr		PNLP	05/07/2017	
04	Dr Oumar Sarr	Coordonateur		oumsarr@gmail.com	Groupe	PNLP	05/07/2017	3
05	Médoune Diop	lead for M&E and focal point for FARA		mnzop5@gmail.com				
06	Mme Ramatoulaye Dioume	Deputy Director, Health; RMNCH team lead	USAID/Health Office	rdioume@usaid.gov	Individuel	USAID	05/07/2017	4
07	Babacar Lô	Health System Strengthening Specialist	USAID	blo@usaid.gov	Individuel	USAID	06/07/2017	5
08	Ibrahima Top	Health Office M&E Specialist		itop@usaid.gov	Individuel	USAID	06/07/2017	6
09	Oumar Sagna	Direct Financing Advisor		osagna@usaid.gov	Individuel	USAID	06/07/2017	7
10	Oumou Dia	Resident Legal Advisor		odia@usaid.gov	Individuel	USAID	06/07/2017	8
11	Dr. Katherine Sturm-Ramirez	PMI/CDC Resident Advisor		ksturm@usaid.gov	Groupe	PMI/USAID	06/07/2017	9
12	Dr Mame Birame Diouf	Malaria Specialist		mbdiouf@usaid.gov			06/07/2017	
13	Pascal Zinzindohoue						06/07/2017	
14	Sharon Carter	Deputy Mission Director		scarter@usaid.gov	Individuel	USAID	07/07/2017	10
15	Laura Campbell	G2G team Lead		lcampbell@usaid.gov	Individuel	USAID	07/07/2017	11
16	Alioune Badara Guèye	responsible for Case Management, prevention, training and research	PNLP	badou_gueye@hotmail.com	Individuel	PNLP	07/07/2017	12
17	George Fom Ameh	Responsable développement et survie de l'enfant	NICEF	gfameh@unicef.org	Individuel	UNICEF	07/07/2017	13
18	Pr Daouda Ndiaye		UCAD	dndiaye@hsph.harvard.edud ndiaye23@gmail.com daouda.ndiaye@ucad.edu.sn	Groupe	UCAD/ Service de Parasitologie (FMPS)	07/07/2017	14
19	Pr Babacar Faye			bfaye67@yahoo.fr				

N°	Prénom Nom	Poste	Structure	E-mails	Type d'entretien	Lieu/Région/ District	Date	N°E
20	Pr Oumar Gaye			oumar.gaye@ucad.edu.sn				
21	Dr Yakou Dièye	Conseiller technique MACEPA/PATH	PATH	ydieye@path.org	Individuel	PATH	07/07/2017	15
22	Dr Ndella Diakhaté	Point focal Paludisme	OMS	diakhaten@who.int	Individuel	OMS	07/07/2017	16
23	Mayacine Diongue	Maître Assistant/Point Focal ISED en matière de lutte contre le Paludisme	ISED	rama.diakhate@ised.sn	Individuel	ISED	07/07/2017	17
24	Mme Hawa Talla	DCOP Programme Neema	IntraHealth	bgueye@intrahealth.org	Groupe	Intra Health	07/07/2017	18
25	Abdou Guèye	Chef Equipe S&E, R et A Programme Neema		bgueye@intrahealth.org				
26	Dr Abib Ndiaye	Médecin chef de région Tambacounda	Hôpital régional	ndiaye_abib@yahoo.fr	Groupe	Région Médicale Tambacounda	10/07/2017	19
27	Mme Coly	Responsable Bureau régional du volet Informations et communication	Hôpital régional					20
28	Dr Babacar GUÈYE	Spécialiste en Santé Publique Médecin-chef District Sanitaire de Tambacounda	District Sanitaire de Tambacounda	bbcar137@gmail.com	Individuel	District Sanitaire de Tambacounda	10/07/2017	21
29	Amadou Diallo	ICP	Poste de santé Quartier Pont	----------	Individuel	Quartier Pont	10/07/2017	22
30	Samba Thioub	SSP/ECD/DS Tambacounda	Equipe Cadre District Sanitaire de Tambacounda		Groupe	District Sanitaire de Tambacounda	10/07/2017	23
31	Papa Sabaya Mbaye							
32	Mariama Diamé	Gestionnaire						
33	Boubacar Diallo	Point Focal PECADOM						
34	Dr Doudou DIALLO	Médecin-Chef District Sanitaire de Bakel	District Sanitaire de Bakel	dialdoudou1@yahoo.fr	Individuel	District Sanitaire de Bakel	10/07/2017	24
35	Abdoulaye Alfred Mango	SSP et Point focal palu	Equipe Cadre District Sanitaire de Bakel	77 643 33 08	Groupe	District Sanitaire de Bakel	10/07/2017	25

N°	Prénom Nom	Poste	Structure	E-mails	Type d'entretien	Lieu/Région/ District	Date	N°E
36	Soukeyna Niang	Coordinatrice Santé de la reproduction	Equipe Cadre District Sanitaire de Bakel	77 537 55 88				
37	Abdoul Aziz Diallo	ICP	Poste de santé de Samba Yidé	77 237 90 87	Individuel	Samba Yidé/Bakel	10/07/2017	26
38	Tapa SY	DSDOM	--------	77 511 11 43	Individuel	Gounia/Bakel	10/07/2017	27
39	Bouba Diallo	DSDOM	--------	770184500	Individuel	Bordé/Bakel	10/07/2017	28
40	Ibrahima Guèye	ASC	Case de Santé de Marsa	---------	Individuel	Marsa/Bakel	11/07/2017	29
41	Souleymane Guindo	OCB	Koussanar	772085723	Groupe	Koussanar	12/07/2017	30
42	Samba Yattara			773613045		Koussanar/Tamba		
43	Ahmadou Sy	OCB	Gabou				11/07/2017	31
44	Sountou Takourou	DSDOM	Gamom	----------	Individuel	Gamom/Tamba	11/07/2017	32
45	Mamadou Ba	ASC	Case de santé Medina Fouga	----------	Groupe	Medina Fouga	11/07/2017	33
46	Maimouna Diallo	Matrone		----------				
47	Hamed Diallo	Chef de village		----------				
48	Samba Diallo	Président comité de Santé		----------				
49	Ansoumana Sanokho	ASC	Case de santé Dar Salam/ Dialocoto	----------	Individuel	Dar Salam/ Dialocoto	11/07/2017	34
50	Mme Yacine Cisse	ASC	Case de santé	----------	Individuel	Gourele Mandjou	11/07/2017	35
51	Amadou Diouf	ICP	Poste de santé/ Site sentinelle		Individuel	Gabou	11/07/17	36
52	Ibrahima Diarra	DSDOM	----------	----------	Individuel	Moribigou	10/07/2017	37
53	Ousseynou Diao	DSDOM	----------	----------	Individuel	Sare Sambourou	12/07/2017	38
54	Sadio Aliou	DSDOM	----------	-----------	Individuel	Sinthiou	12/07/2017	39
55	Abdourahmane Diallo	Program Office USAID			Individuel	Dakar	17/07/2017	40
56	Haby Coumba Sarr	Chef Division Planification, Recherche et Statisques	Ministère de la santé et de l'action sociale	coumbahaby.sarr@sante.gouv.sn	Individuel	Dakar	17/07/2017	41
57	Mady Bâ	---------	OMS	----------	Individuel	Dakar	17/07/2017	42

N°	Prénom Nom	Poste	Structure	E-mails	Type d'entretien	Lieu/Région/ District	Date	N°E
		Ancien coordonateur PNLP						
58	Julie Thwing	GATR	USAID		Individuel	Dakar		43
59	Pascal Zinzindohoue							44
60	Viviane Hughes-Lanier	Gestionnaire de Portefeuille	Global Fund		Individuel			45
61	Thiendella Badou	DAGE	MSAS					46
62	Cheikh Thiam	Ancien Directeur Financier	PNLP		Individuel		28/07/2017	47
63	Seynabou Ndiaye	MCR	Région Médicale	77 545 80 88 / zeynab43@yahoo.fr		Saint Louis	10/07/17	48
64	Amadou Tidiane Thiam		Région Médicale	Tidjiani220@hotmail.com			10/07/17	49
65	Oumoul Khairy Niang			Oumoulkhairy06@yahoo.fr				
66	Khady Camara			dycamara@hotmail.fr				
67	Khady Diouly	ECR		didishakur@yahoo.fr		Saint Louis		
68	Seynabou Niang Fall			Fallniang2017@gmail.com				
69	Sidy Seck			seckfass@gmail.com				
70	Abdourahmane Traoré			trapodor@gmail.com				
71	Issa Ba			issabapodore@gmail.com			10/07/17	50
72	Serigne Thiam	MCD	District de santé	77 557 92 69			10/07/17	51
73	Gamou Mbodj		District de santé	77 556 70 99 / gamoualfa@yahoo.fr				
74	Coumba Gamadji Ba	ECD		coumbagamadjiba@yahoo.fr		Saint Louis		
75	Khamsa Diop			khamsadiop@yahoo.com				
76	Mamadou Ndiaye			drmbolle@gmail.com				
77	Abdel Aziz Ba			abdelba@gmail.com				
78	Mamadou Ndiaye	ICP	Poste de santé de Fass Ngom	77 513 98 41		Saint Louis / Village de Fass	11/07/17	52
79	Fatou Ndiaye	DSDOM		77 137 21 11		Saint Louis / Village de Thiring	11/07/17	53
80	Aida Tall	DSDOM		77 084 60 65		Saint Louis/ Village de Mbabou	11/07/17	54

N°	Prénom Nom	Poste	Structure	E-mails	Type d'entretien	Lieu/Région/District	Date	N°E
81	Khaya Aidara	DSDOM		70 553 32 10 77 933 69 79		Saint Louis/ Village de Lakhlar Gadga	11/07/17	55
82	Anna Ndiaye	OCB	Poste de santé de Fass Ngom			Saint Louis / Fass Ngom	11/07/17	56
83	Yacine Diop					Saint Louis/ Fass Ngom	11/07/17	
84	Cheikh Tidiane Dia	ASC	Case de Santé	77 526 45 04		Saint Louis/ Village de Minguegne	11-07-17	57
85	Fatou Sow	ASC	Case de Santé	77 992 99 93		Saint Louis/ Village de Ndabé Sow	11/07/17	58
86	Coumba Ndoffène Diouf	MCD	District de santé	77 650 62 99 / 76 47 78 57		Richard Tool	12/07/17	59
87	Moustapha Ndiaye	ECD	District de santé	77 551 60 07		Richard Toll	13/07/17	60
88	Oumar Fall			77 657 22 40				
89	Yacine Diop			77 651 11 32				
90	Ndèye Niang Fall			77 535 75 47				
91	Khady Ba	OCB/ RASEF	Poste de Santé de Taway	77 572 23 07		Richard Toll/ Taway	13/07/17	61
92	Birane Mbodj	DSDOM	Poste de santé de Diawar	78 358 27 53		Richard Toll/ Village de Wassoul	13/07/17	62
93	Ndiaga Wade	DSDOM	Poste de santé de Niassène	77 872 60 19		Richard Toll/ Village de Yalata	13/07/17	63
94	Antoine Ndecky	ICP	Poste de santé de Ross Béthio	77 647 11 69		Richard Toll	14/07/17	64
95	Yacine Sow	ASC	Case de santé de Moubène	77 276 91 94		Richard Toll/ Village de Mboubène	14/07/17	65
96	Pathé Mbaye	DSDOM	Poste de santé de Ndiattène	77 903 83 53		Richard Toll/ Village de Colonat	14/07/17	66

N°	Prénom Nom	Poste	Structure	E-mails	Type d'entretien	Lieu/Région/District	Date	N°E
97	Fambèye Sène	ASC	Case de santé de Ndiagambal	77 804 26 07		Richard Toll/ Village de Ndiagambal	14/07/17	67

Annex VIII: Sources of Information

Documents Reviewed

# of Documents	Type of Document
16	FARA Implementation Letters (including action memos, update emails)
5	Milestone documents (includes trackers,
8	PMI documents (including Malaria Operation Plans)
3	USAID/Senegal Health documents (non-PMI)
4	NMCP annual workplans
55	Milestone technical reports (deliverables)
12	Other NMCP documents (includes national strategic plans, M&E plan, etc.)

1. FARA Milestone Follow Up Tool

2. FARA Milestone Follow Up Tool

3. A5 FARA Milestone Progress Tracker

4. PNLP FARA A5 Report

5. Action Memorandum

6. Assistance Agreement (AAG) N° 685-012 « Improved Health Status of Families"

7. Strategic Objective Grant Agreement (SOAG) N° 685-012-09

8. Assistance Agreement (AAG) N° 685-012-05 « Improved Health Status of Families"

9. Assistance Agreement (AAG) N° 685-012 « Improved Health Status of Families"

10. Assistance Agreement (AAG) N° 685-012 « Improved Health Status of Families"

11. Assistance Agreement (AAG) N° 685-012 « Improved Health Status of Families"

12. Assistance Agreement (AAG) N° 685-012 « Improved Health Status of Families" dated September 27 2010, as amended on September

13. Assistance Agreement (AAG) N° 685-012 « Improved Health Status of Families"

14. Assistance Agreement (AAG) N° 685-012 « Improved Health Status of Families"

15. Assistance Agreement (AAG) N° 685-012 « Improved Health Status of Families"

16. Assistance Agreement (AAG) N° 685-012 « Improved Health Status of Families"

17. Assistance Agreement (AAG) N° 685-012 « Improved Health Status of Families"

18. Assistance Agreement (AAG) N° 685-012 « Improved Health Status of Families"

19. FARA 1 Modification !!!

20. Description des axes d'intervention et Activités

21. Annual Workplan 2012

22. Description des activités

23. PTA – PMI 2012/2013

24. Activités et description

25. Achats matériel informatique 4 Sites sentinelles

26. Dossier Sélection GARMI fourniture Microscopes

27. Rapport mission plaidoyer

28. Cours national de paludologie : Evaluation de la formation

29. Cours national de paludologie : rapport technique - 3e session des cadres intermédiaires

30. Cours national de paludologie : rapport technique - 2e session des cadres intermédiaires

31. Rapport final FARA I

32. Rapport de mise en œuvre FARA I

33. Rapport de Mise en œuvre / Demande de décaissement Sur Plan Fara 1 : instructions to NMCP for milestone report

34. Visa / certification de l'évaluation de la capacité de l'UCAD

35. Cadre de performance mise en œuvre Plan fara 2

36. Cadre de performance mise en œuvre Plan fara 2

37. Rapports de supervision

38. Grilles de supervision

39. Liste des Sites sentinelles

40. Chimio prévention du paludisme Saisonnier au Sénégal : campagne de distribution de médicaments dans les régions de Tambacounda, Kédougou, Sédhiou et Kolda

41. Atelier d'élaboration des outils pour la mise en œuvre de la Chimio prévention du paludisme saisonnier

42. Description du processus de sélection des ordinateurs « tablette » avec logiciel et anti-virus appropriés.

43. Description du processus de sélection du cabinet/consultant pour la mise à jour de la base de données RBMME

44. Aide-Mémoire à l'utilisation du Logiciel RBMME/PNLP

45. Rapport De Synthèse et Documentations : Tablette supervision / Révision Base RBMME

46. Participants Formation Microscopie

47. Synthèse supervision des techniciens de laboratoire des districts et hôpitaux

48. Synthèse supervision des techniciens de laboratoire des districts et hôpitaux : Annexe

49. Mission de Supervision des activités de lutte contre le paludisme au niveau des Postes de santé de la région médicale de Kolda.

50. Mission de Supervision des activités de lutte contre le paludisme au niveau des Postes de santé de la région médicale de Sédhiou.

51. Résultats Supervision PNLP SEDHIOU Juillet 2013

52. Résultats Supervision PS Région Kolda 29 JUIN 2013

53. Rapport final FARA 2

54. Plan d'actions PMI/USAID

55. Financement direct Année 2013

56. Evaluation globale : Cours national de paludologie - Formation des cadres intermédiaires de la Santé à l'ISED/Mbour

57. Cours national de paludologie : 9e session des cadres intermédiaires, Juillet 2016

58. Cours national de paludologie : 8e session des cadres intermédiaires, Mars 2016

59. Rapport synthèse cours national de paludologie des cadres intermédiaires sessions 8 et 9

60. Rapport du suivi mise en œuvre de la PECADOM intégrée dans les régions de Dakar, Tambacounda, Thiès, Kaolack, Kaffrine, Fatick, Diourbel

61. Rapport des ateliers de formation au diagnostic microscopique du paludisme des techniciens de laboratoire des centres médicaux de garnisons militaires (CMG)

62. Synthèse supervision des techniciens de laboratoire des centres médicaux de garnisons militaires 2016

63. Synthèse globale de la Supervision de la Qualité de la prise en charge du paludisme – Kédougou 2016

64. Tableau des scores enregistrés par les Centres de Santé de la Région de Kédougou

65. Résultats - Synthèse globale Supervision de la Qualité de la prise en charge du paludisme – Kédougou 2015

66. Tableau des scores enregistrés par les Centres de Santé de la Région de Kédougou

67. Annex 4: Milestone Table and payment levels

68. Annex: 2 FARA A5 description of activities and relationship to past projects

69. Indicateurs Livrables FARA 5

70. Reprogramming FY2012 (In June 2014)

71. Bulletin Epidémiologique Annuel du Paludisme au Sénégal 2014

72. Bulletin Epidémiologique Annuel du Paludisme au Sénégal 2015

73. Bulletin Epidémiologique Annuel du Paludisme au Sénégal 2016

74. Rapport d'activités 2012

75. Rapport d'activités 2013

76. Rapport d'activités 2014

77. Rapport d'activités 2015

78. Annual Workplan 2012

79. Annual Workplan 2013

80. Annual Workplan 2014

81. Annual Workplan 2015

82. Plan Stratégique National de Lutte contre le Paludisme au Sénégal 2016-2020

83. Plan Stratégique National de Lutte contre le Paludisme au Sénégal 2011-2015

84. Rapport d'activités 2012

85. Revue à Mi-Parcours Des Performances du Programme Juin 2013

86. Aide - mémoire de la Revue du Programme Paludisme / 2015

87. Guidelines for Assessing the Management and Organizational Capacity of National Malaria Control Programs

88. Analyse organisationnelle du PNLP Narratif -version du 15 avril 2015

89. Plan de Suivi Evaluation du PNLP 2011- 2015

90. PMI Senegal Country Profile

91. Evaluation of the Impact of the Scale-up of Malaria Control Interventions on All-Cause Mortality in Children under Five Years of Age in Senegal, 2005–2010 Senegal Malaria Impact Evaluation Group December 2015(

92. Government to Government Health Team Internal Review/ Final Report

93. President's Malaria Initiative Strategy 2015–2020

94. Lantos-Hyde United States Government Malaria Strategy 2009–2014

95. Monitoring, Evaluation, and Learning for Government to Government (G2G) in Projects and Activities

96. Evaluation Learning from Experience/ USAID Evaluation Policy

97. Fara 3 (a5) Description des Activités axes d'intervention

98. Proposed Performance Evaluation of Health NMCP G2G Fixed Amount Reimbursement Agreements

99. Projet d'évaluation de la performance des accords intergouvernementaux de remboursement forfaitaire du Programme national de lutte contre le paludisme

100. President's Malaria Initiative Senegal

101. Malaria Operational Plan FY 2017, Final fiscal year 2017

102. PNLP Performance Evaluation Stakeholders Contact List

103. Updated USAID G2G Programming

Annex IX: Evaluation Team CVs

Corine Karema – Team Leader

Summary

Dr. Karema has over 15 years of experience in epidemiology, malaria and other parasitic diseases. Mrs. Karema worked as a Medical officer in Pediatrics at the KIGALI University Hospital Center. Between 2001-2001, Dr Karema coordinate the antimalarial drug efficacy studies in the National Malaria Control Program at the Ministry of Health of Rwanda. She was also in charge of Epidemiological Surveillance and Operational Research in the National Malaria Control Program at the Ministry of Health of Rwanda in 2002. In addition to her in-depth experience in malaria, Dr Karema has lead the Malatia Unit of the National Malaria Control Program in Rwanda between 2006 and 2011 and the Malaria and Other Parasitic Diseases Division between 2011 to 2016.

Dr. Karema received her Post-Graduate Diploma in Malariology from the Faculty of Medicine of the University of Aix-Marseilles II, her Master's degree in Sciences, Epidemiology from the National University of Rwanda, and a dual Bachelor's in General Medicine and Biomedical Sciences from the National University of Rwanda. She is currently doing a Ph.D. in Epidemiology at the University of Basel in Switzerland. She is fluent in English and French.

Education

Ph.D., Epidemiology, University of Basel, Switzerland, *present*

Master in Sciences, Epidemiology, National University of Rwanda, Rwanda, 2012

Post-graduate Diploma, Malariology, Faculty of Medicine- University of Aix-Marseilles II, France, 2004

Bachelor of Science, General Medicine, Surgery and Maternal Delivery, National University of Rwanda, Rwanda, 2001

Bachelor of Science, Biomedical Sciences, National University of Rwanda, Rwanda, 1996

Experience

Senior Technical Advisor in Infectious Diseases Prevention and Control at Quality and Equity Healthcare, Rwanda, June 2016 – *present*

- Lead advisor of infectious diseases prevention and control
- Responsible for development of policies and strategy for diseases prevention and control
- Resources Mobilization through development of funding grant and proposal for consultancy work related to infectious diseases prevention and control for infectious diseases prevention and control
- Development of strategies for human resource and health System strengthening
- Monitoring, Surveillance and Evaluation of Malaria, HIV and TB Project implementation.

Lecturer, Faculty of Global Health Delivery, University of Global Health Equity (UGHE), Rwanda, 2015 – *present*

- Development of malaria case study-tutorials and practical
- Teaching in global health delivery courses
- Mentorship of Masters student in global health delivery

Head of Malaria and other parasitic diseases Division (level of Director General), 2011 – May 2016

- In charge of coordination of development of policies and strategies and implementation of all malaria and NTDs control interventions in Rwanda.
- Coordination of development of evidence based policies and strategies and implementation of all malaria and NTDs case management, prevention and control interventions in Rwanda.
- Technical leadership for the prevention and control of Malaria & NTDs, through: independent applied research, multi-stakeholder participation, improved quality of services and strengthened health systems, including Malaria community case management.
- Effective Coordination of Partners and stakeholders involved and implementing interventions for prevention and control of Malaria and NTDs at national level in order to harmonize interventions and efficient use of resources
- Mobilization of adequate sustainable Resources for prevention and control of Malaria and NTDs at national Level
- Technical lead in development of GF proposal, PMI Country operational plan, funding grants and coordination of all implementing agencies.
- M&E of malaria/impact evaluation of malaria and NTDs control interventions
- Coordinate Epidemiological surveillance and effective response of Malaria and NTDs diseases
- Lead impact evaluation of key interventions for Malaria & NTDs prevention and control
- Lead planning, technical supervision, mentoring, M&E in the implementation of Malaria & other parasitic diseases prevention and Control interventions at district

Director of the National Malaria Control Program – Malaria Unit, TRACPLUS/Ministry of Health, 2006 – 2011

- Coordination of development of evidence based policies and strategies and implementation of all malaria case management, prevention and control interventions in Rwanda.
- Technical leadership for the prevention and control of Malaria, through: independent applied research, multi-stakeholder participation, improved quality of services and strengthened health systems
- Effective coordination of Partners and stakeholders involved and implementing interventions for the control of Malaria at national level in order to harmonize interventions and efficient use of resources
- Mobilization of adequate sustainable Resources for prevention and control of Malaria at national Level and technical lead in development of GF proposal, PMI Country operational plan, funding grants and coordination of all implementing agencies
- M&E of malaria/impact evaluation of malaria control interventions
- Coordinate Epidemiological surveillance and effective response of Malaria
- Lead impact evaluation of key interventions for Malaria prevention and control
- Lead planning, technical supervision, mentoring, M&E in the implementation of Malaria prevention and Control interventions at district

In charge of Epidemiological Surveillance and Operational Research in the National Malaria Control Program at the Ministry of Health, 2002

- Clinical monitor of antimalarial drug's efficacy studies in East Africa sentinel sites

- Develop, update and disseminate national policies, norms and guidelines for case management, surveillance and research of Malaria
- Coordination of development of evidence based policies and strategies and implementation of all malaria case Management, surveillance interventions in Rwanda.
- Technical leadership for the surveillance and research of Malaria
- Mobilization of adequate sustainable Resources for surveillance and research of Malaria at national Level
- Coordination of research, policy /Guidelines development and capacity building/mentoring of district level
- Monitoring and evaluation of malaria/impact evaluation of malaria control interventions including Malaria case Management, prevention and epidemiology
- Epidemiological surveillance and effective response of Malaria - ensure impact evaluation of key interventions and respond to critical research questions for Malaria case management, prevention and control
- Ensure technical supervision, mentoring, monitoring and evaluation in the implementation of Malaria prevention and Control interventions at district level
- Implementation of Malaria Research and publications

Study Coordinator and Medical Doctor for Antimalarial Drug Efficacy Studies in the National Malaria Control Program at the Ministry of Health, 2001 – 2002

- In charge of planning, implementation and monitoring and evaluation of malaria drug resistance testing
- Coordinate drug resistance testing activities
- Establish functioning national drug resistance surveillance system for the prevention and management of malaria drug resistance
- Lead malaria drug resistance monitoring through implementation of malaria drug efficacies test in Rwanda
- collaborate with regional countries and institutions through membership of the EANMAT as Rwanda focal point
- Coordinate and Monitor drug efficacy site studies
- Lead investigator of malaria research studies
- Coordination of research, establishment and strengthening sentinel sites and laboratory capacity for drug and insecticide resistance

Medical Officer in Pediatrics at the KIGALI University Hospital Center, November 2000- 2001

- General practitioner in pediatrics ward
- Consultations of outpatients
- Clinical follow-up of admitted patient in pediatrics hospitalization wards
- Clinical mentorship pf medical students and nurses in pediatrics

Languages

French, English, Kinyarwanda, Kiswahili, and Lingala

Aboubakiry Koulibaly – Health M&E Specialist

Summary

Mr. Aboubakiry Koulibaly is an accomplished, monitoring and evaluation specialist for health projects and activities in Senegal and sub-Saharan Africa. His primary area of focus is on program planning and M&E systems to improve women's and children's health and access to health services. Mr Koulibaly has served as an international staff member in various missions such as Medecin Sans Frontière mission in Malawi, Réseau Citoyens - Citizens Network (RCN) mission in Burundi, UNDP mission in Congo DRC. He also served as a team member of for a number of international health evaluations including in Mali ("Improving the health of underprivileged population by encouraging public policies inclusion capacities and promoting community participation"), in Gabon (maternal, new born and child health services), in Guinea (*Programme d'Appui au cycle électoral* (PACE)). Mr. Koulibaly is currently a program M&E Specialist with the African Medical and Research Foundation's (AMREF) West Africa Regional Office in Dakar, where he oversees a portfolio of health-promotion activities. Mr. Koulibaly is knowledgeable of health systems strengthening approaches and is a certified Trainer of Trainers (TOT) in Governance, Leadership and Management for Health System Strengthening in Africa (African Center for High Studies in Management and the African Medical and Research Foundation). In addition, he served as the national evaluator on the USAID Senegal G2G Health Internal Review recently conducted in June, 2016. Mr. Koulibaly received his Global Executive MBA in Leadership and Management from United States International University in Nairobi, Kenya. He speaks fluent French and English.

Education

Global Executive MBA, Leadership and Management; United States International University, Nairobi, Kenya; 2015

Master, Humanitarian Assistance, Development and NGO Management; Paris XII-VAL-MARNE University, France; 2000

Bachelor, Science; University Cheikh Anta Diop de Dakar, Senegal; 1989

High School Diploma; Lycée Charles de Gaulle, Saint Louis, Senegal; 1984

Experience

National Expert, Senegal Monitoring and Evaluation Project, Dakar, Senegal, April to June 2016

- Internal review of USAID G2G Health Programming (Government to Government Programming)
- Reviewed strategic documents and the G2G program for a good familiarity with the G2G Project Sheets and USAID Guidelines
- Contributed to the development of the methodology and maintenance guide and conductingindividual interviews and focus groups.
- Collected data and reporting findings through a SWOT analysis
- Participated in the drafting of the evaluation report in collaboration with the international consultant
- Supported the translation into French of the evaluation report initially in English and the presentation in PowerPoint of the results of the evaluation at the occasion of the retirement of the USAID office in Terubi Hotel in Dakar.

Human Resources Manager (HRM) and Monitoring and Evaluation Oversight, Amref Health Africa West Africa office, Senegal, November 2015 to the present

- Manage HR with specific tasks such as: talents management, recruitment, contracting, training, induction and coaching.
- Ensure the quality control of the monitoring and evaluation activities: TORs for the recruitment of consultants, reception and analysis of the evaluation reports, follow-up of the collection of information and updating of the database, monitoring missions and Supervisions.

Programme Monitoring & Evaluation & Research Specialist, African Medical and Research Foundation, Senegal, November 2011 – October 2015

- African international NGO supporting public health in Africa. Support programme planning, implementation, monitoring & evaluation and resources mobilization for women and children health promotion (free access to obstetrical fistula and cataract surgical interventions); public health institutions in hard-access areas (knowledge, equipment and medicine); pupils' health (access to water and sanitation infrastructures, and progressively introducing a water and sanitation module).

International Evaluation Consultant, African Medical and Research Foundation, Gabon, Feb 20 – March 20, 2014

- Member of the AMREF evaluation team on maternal, new born and child health services in Gabon, sponsored by the Foundation of Sylvia Bongo Ondimba (First Lady of Gabon). Diagnosed maternity services in terms of infrastructure, budget, equipment and human resources; mapped maternal health services and evaluated obstetric services; evaluated career development and midwife distribution; assessed the monitoring and evaluation of services in providing a medium-term action plan; assessed the role of regulatory bodies in improving maternal, newborn and child health. Developed data collection tools according to WHO standards and the Ministry of Health maternal, newborn and child health guidelines.

International Expert Consultant, Spanish Agency for International Cooperation in Development, Mali, Sept 30 – October 12, 2012

- Member of Alas4 consultancy team to lead Medicos del Mundo mid-term evaluation in the south of Mali, specifically Bafoulabe and Kenieba districts. Together with an international consultant from Niger, ensured evaluation conducted through participatory approach, analysed indicators of performance and effects, analyse program strengths, weaknesses, opportunities and risks, systematized lessons learned and provided a results-based report with key recommendations.

National Expert Consultant, United Nations Democracy Fund, Senegal, April 22-28, 2012

- Member of TRANSTEC consulting final évaluation of « Campagne de la démocratie et des droits de l'hômme, » implemented by ARED/Afrique. Together with an international expert in Germany, conducted relevance, efficiency and impact assessment of the programme.

International Consultant, UNDP Guinée-Bissau, Guinée-Bissau, Dec 6-31, 2010

- Led UNDP Guinea-Bissau final evaluation of « Electoral Process Support Project » through a results-based approach. Ensured participatory approach, analysis of performance and effect indicators, and project SWOT. Provided recommendations for future electoral cycle best practices in final evaluation report.

International M&E Specialist, UNDP DRC, DRC, Dec 2006 – Oct 2009

- Under supervision of the UNDP/MRR project CTP, ensured close follow-up of projects funded by MRR and coordinated with implementing partners to conduct activities based on Programming for Results Management. As a Chief of the M&E Unit, supported and trained MRR monitoring and evaluation staff. Led field missions and elaborated MRR strategies.

Doctors without Borders, Malawi, May 2003 / Mar 2004

- Administrative and financial Responsible, for administration and logistics supervision in Malawi. Training, budgeting, accounting, financial reporting, proposals.

Project Manager, Oxfam, Senegal, 1993 – 2002

- Supported the Federation of Lao (33 villages, 12000 members). to set in place a strong and flexible institutional organogram, ensure good relationship between the federation and administrative authorities in the department of Podor, ensure the implication of local traditional authorities to the decision-making process and consider gender aspect in order to encourage women and young people involvement in terms of decision making, responsibility and governance.

Countries of Work Experience

Senegal, Gabon, Mali, Guinea-Bissau, Malawi

Languages

French (fluent); English (fluent); Wolof, Pulaar (native); Arabic (basic); Russian (basic)

Drew Lent – OD Specialist

Summary

Drew Lent is MSI's practice area lead for Leadership and Organizational Development. He brings over 30 years of development programming, training, and organizational development experience in diverse sectors spanning health, democracy and governance, environment and economic development in Africa, Asia, and Eastern Europe. Mr. Lent has conducted work for the United States Agency for International Development (USAID), the World Bank, the United Nations, the International Labour Office, the US Peace Corps, the US Department of Labor, the Centers for Disease Control and Prevention (CDC) and indigenous associations and institutions in Africa.

From 2006 through 2012, Mr. Lent led the professional and organizational development activities of the Public Health Institute's Global Health Fellows Program (GHFP). These services included career development, management training, and organizational development (OD) activities for USAID global health personnel worldwide. Highlights of his accomplishments at GHFP include leading an extensive organizational and workforce analysis for the USAID's Bureau of Global Health (GH) and serving as an OD consultant for the divisions and teams in the Offices of HIV/AIDS and Population and Reproductive Health, the President's Malaria Initiative (PMI) team, and more than a dozen USAID health field offices. He was the lead designer and facilitator of a dozen skill-building courses on cross-agency collaboration for US government personnel working on the President's Emergency Program for AIDS Relief (PEPFAR) and GHI. He has led this training for CDC personnel and PEPFAR teams in Africa.

Mr. Lent is an accomplished process consultant with expertise in strategic planning and results-based management, conference design, and group facilitation. He has designed and facilitated retreats, teambuilding, and management training for USAID offices in Afghanistan, Egypt, Kenya, Malawi, Mali, Rwanda, South Africa, and Vietnam. His work in the US includes conducting retreats and organizational development activities at CDC and USAID headquarters for units working in the Global Health and the Agency's Policy, Planning and Learning Bureau.

As a management trainer, he has designed and delivered courses in French and English in strategic planning, management, project design, and evaluation, performance measurement, training of trainers (TOT) and facilitation skills, team building, emotional intelligence, gender analysis, entrepreneurship development, and community development. He is one of MSI's lead trainers for USAID's Project Design and Management course and has been involved in the course curriculum and design. Mr. Lent has trained trainers in institutional and sustainability assessments at local NGO organizations in Georgia, Guyana, Lebanon, Malawi, Niger, and South Africa. He has delivered programs in 28 African countries in Africa as well as 15 other countries in the Middle East, Eastern Europe, Central America, and the South Pacific.

Education

B.A. Philosophy, Drew University, Madison, New Jersey, 1977

Teaching Certification in Elementary Education and Early Childhood, College of Saint Elizabeth's, Convent Station, New Jersey, 1978

Certified administrator of the Myers-Briggs Type Indicator (MBTI) tool, 1997

Certified trainer in Situational Leadership II, Ken Blanchard Companies, 2009

Certified trainer in the Enneagram Personality System in the narrative tradition, Enneagram Worldwide, 2010

Experience

Leadership and Organizational Development Practice Area co-lead, Management Systems International, Arlington, Virginia, May 2013—Present

- Technical Director and Lead Facilitator for an 18 month-long mission Strengthening project for USAID/Egypt. Designed and facilitated 16 management and team building retreats for each of USAID's technical and support offices, the FSN committee and the senior mission management. Activities included a mission-wide retreat of 180 people and the provision of executive coaching for 24 senior managers and local technical staff. (2015-2017)

- Training Specialist for USAID's Policy, Planning and Learning (PPL) Bureau. Provides part-time ongoing technical assistance to the Strategy team in PPL's Office of Strategic Program Planning and the Capacity Building team. Assistance focused on the design of a suite of new strategy development courses for USAID staff. (2016)

- Project Design Facilitator for the Monitoring and Evaluation Division in the Office of Child Labor, Forced Labor, and Human Trafficking, International Labor Affairs Bureau in the US Department of Labor. Provided facilitation of two workshops in Côte d'Ivoire and ongoing technical assistance to US DOL's grantee - the International Cocoa Initiative (ICI) - to prepare final project documents for their four year Eliminating Child Labor in Cocoa (ECLIC) project. (2016)

- Senior Facilitator for the Africa Lead II project in Senegal. Co-designed and facilitated in French a three-day interactive work session for over forty senior ministerial managers and Senegalese technical experts directing sixteen of the 27 major national development projects and reforms included in the "Plan Sénégal Emergent" (2015)

- Technical Director for the Democracy, Human Rights and Governance (DRG) Center's Outreach and Training project in USAID's Bureau for Democracy, Conflict, and Humanitarian Assistance. Technical oversight and senior management of project staff curriculum development, training of trainers, e-learning course creation and logistics management for DRG-led courses and conferences worldwide. Led a team of four full-time staff. (2013 to 2016)

- Co-facilitator for USAID/Mali's Health Office. Interviewed staff, designed and led a three days of technical meetings in Bamako, Mali to prepare staff for planning and implementation of a significantly expanded global health strategy with new leadership. (2015)

- Organizational Development Consultant for the Malaria Division of the Office of Health Infectious Disease and Nutrition (HIDN/PMI) in USAID Bureau for Global Health. Conducted focus groups and workshops to scope out and support placement of deputy division chief and senior-level management advisory group. (2014 to 2015)

- Technical Director, MSI for USAID/Haiti KONEKTE project. Technical assistance and oversight for workforce development and institutional capacity building activities focused on the Haitian government ministries, the ability of the Office of Management and Human Resources to enact public sector reform. Led a significant redesign to expand role of local human resource firms to build HR functions in Haitian ministries. (2014 - 2015)

- Facilitator of teambuilding and planning retreats for the Governance and Rule of Law, the Cross Sectoral Programs and the Learning Teams in DRG. (2014)

- Co-facilitator for USAID/Jordan's mid-point country strategy, implementation and management review in response to the rapidly evolving development environment in the region. Planned and facilitated a three-day off-site retreat for over 110 staff. (2014)

- Lead Facilitator for USAID/Malawi's Health, Population and Nutrition Office. Designed and led a two-day management improvement retreat in Lilongwe, Malawi to prepare the office for implementation of a significantly expanded global health strategy. (2014)

- Workshop Designer and Facilitator for USAID's Land Tenure and Property Rights (LTPR) Division's Short Course on Property Rights and Resource Governance Issues and Best Practices, Design included a learning evaluation protocols based on the Kirkpatrick training evaluation model. (2014)
- Facilitator for USAID/Côte d'Ivoire's Health Office teambuilding retreat in French. Interviewed staff, administered the Myers-Briggs Type Indicator (MBTI) , designed and led a two-day teambuilding retreat in Abidjan focusing on the Office organizational mission, mandate culture and change management. (2013)
- Capacity Assessment Trainer of Facilitators for USAID/Lebanon. Designed and facilitated a three-day TOT in French to adapt materials and prepare local facilitator to implement municipal assessments in Arabic. (2013)
- Lead Trainer for USAID's Project Design and Management (PDM) courses in Ghana, Bangkok (Regional Development Mission for Asia), Haiti, and USAID's Washington Learning Center in Arlington, VA. (2013 & 2014)
- Management Trainer for Public Health Institute's (PHI) Africa-based GHFP Fellows in Program and Project Management for Health Officers in Addis Ababa and Dubai. (2013 & 2014)
- Facilitator of planning retreats the Governance and Rule of Law and Strategic Planning teams in DRG. (2013)
- Facilitation and training design assistance to the DRG Cross-Sectoral Integration course with Global Health (2013)
- Organizational Development Training for MSI's BALADI Plus technical staff in Lebanon on the adaption of MSI's Institutional Development Framework (IDF) to use in assessing capacity development needs of local municipalities. (2013)

Organizational Development Expert, Public Health Institute, September 2012 – April 2013

- Technical Director for PHI's subcontract with DevTech Systems, Inc. for the Program Cycle Service Center project of USAID's Bureau for Policy, Planning and Learning.
- Designed and conducted MBTI workshops for National and California Leadership Academies for Public Health at PHI in California and at CDC in Atlanta.
- Designed and led leadership retreats for the CDC's Center for Global Health, Epidemiology and Strategic Information Branch.
- Developed and presented global health orientation for Merck Corporation's Richard T. Clark Fellows going to work with NGOs in India and Bangladesh.

Project Director, Global Health Fellows Program I (GHFP I), Public Health Institute, September 2011- September 2012

The professional and organizational development (POD) mandate of GHFP-I in its sixth year was to continue support for performance of USAID health personnel worldwide. GHFP-I operated in close collaboration with USAID's Bureau for Global Health, Office of Professional Development and Management Support Office (USAID/GH/PDMS) with approximately $3.5 million of funding from units in Washington and field missions.

- Directed GHFP-I operations including supervision of four staff, sub-contractor Management Systems International and a cadre of independent POD consultants. Designed and led GHFP trainings and OD exercises for USAID health offices worldwide.

Specific technical leadership responsibilities included:

- Oversight of GHFP-I POD activities, results reporting, contracting and financial management, including the development of improved financial tracking systems.
- Conceptualized and provided oversight of management training for USAID/GH staff focusing on leadership, management and skills for "working in the USAID context."
- Provided technical expertise and learning content to address professional development needs of USAID GH staff using a blended learning approach of training events and coaching.
- Technical and management oversight of 16 overseas training or OD interventions in USAID missions including Azerbaijan, Cambodia, Dominican Republic, Ethiopia, Ghana, Indonesia, Kenya, Russia, Rwanda, South Africa, Tajikistan, Tanzania, Thailand, Uganda, and Ukraine. Led training and OD teams in the Dominican Republic, Rwanda, and Thailand.
- Technical and management oversight for 20 OD activities for GH technical offices in Washington DC (HIV/AIDS), Population and Reproductive Health, Nutrition, Pandemic Response, Tuberculosis, and the President's Malaria Initiative (PMI)). Led the implementation of OD efforts with the PMI team, the Office of HIV/AIDS, and the Research, Technology and Utilization Division of the Office of Population and Reproductive Health.
- Organized and managed the official close-out of the GHFP-I project in close collaboration with GHFP-II staff and PHI headquarters in Oakland, CA.

Deputy Director, Professional and Organizational Development, Global Health Fellows Program, October 2006- August 2011

Led the Professional and Organizational Development (POD) division for GHFP 1. POD implemented professional development for over 120 fellows annually and performance management activities training and organizational development services for USAID health sector personnel worldwide. GHFP-I's annual operating budget averaged $25 million. Oversaw all GHFP POD operations, seven staff, and the technical contributions of University Faculty Advisors and Performance and Career Development Advisors (from Harvard and Tulane Schools of Public Health), Management Systems International, three complementary organizations (American Management Association, Center for Creative Leadership, and National Training Laboratories), and independent consultants.

Specific technical leadership responsibilities included:

- In collaboration with USAID/GH/PDMS, developed and implemented vision, strategic direction, goals and objectives for POD programs for fellows, on-site managers and USAID health sector staff.
- Conceptualized and provided oversight of training of fellows and other GH staff to develop individual Annual Workplan and Individual Professional Development plans.
- Conceived and conducted a series of multiparty collaboration, leadership, and negotiation techniques training workshops for US government global health audiences from CDC, DOD, Peace Corps, and USAID implementing PEPFAR and GHI programs in Washington, Atlanta and the field (Kenya, Uganda, South Africa).
- Contributed technical expertise for GH-wide professional development to address the needs of US and Mission-based fellows, interns, and USAID staff. This system used a blended learning approach including training events, coaching and mentoring.
- Led development of partner and consultants' scopes of work, budgets, contract negotiations and performance monitoring.
- Developed and led OD interventions including unit needs assessments and evaluations. Conducted division and health office retreats in the GH Office of HIV/AIDS, the USAID Mission in East Timor, and mission health offices in Afghanistan, Madagascar, Mali, Malawi, and South Africa.

- Designed and facilitated international conferences in Africa for USAID/GH including the Africa State of the Art Health Managers conference in 2008, the Africa Health Managers Workshop in 2009, and a regional PEPFAR strategic information conference in 2008.

Technical Director, Management Systems International, 1990 - 2006

- Technical Director and Lead Trainer, MSI in partnership with International Resources Group for USAID's Management Bureau, Human Resources Division, Office of Training and Education. Led MSI's team to provide technical training expertise for the Agency's global Program and Project Management (PPM) Training. Coordinated and assisted in PPM training design and leads training delivery teams. Provided technical oversight for over twenty USAID PPM training courses annually in Washington and overseas. Led courses improvement and redesign efforts. Led six PPM courses in Washington, DC; Abuja, Nigeria; Budapest, Hungary; and Pretoria, South Africa. Co-trained for the PPM prerequisite Planning, Learning and Achieving (PAL) course. (2005 to 2006)

- Institutional Development Facilitator and Trainer, MSI, for the USAID/DCHA/PVC-ASHA Capable Partners Program (CAP) support to the West Africa Peacebuilding Network (WANEP) in Côte d'Ivoire, Nigeria, Senegal and Togo. The intervention, with funding from the USAID West Africa Regional Program was dedicated to improving the organizational capacity and sustainability of WANEP. Designed and facilitated week-long participatory organizational assessments for country network executives using MSI's Institutional Development Framework (IDF). (2006)

- Strategic Planning Facilitator, MSI, for the USAID/DCHA/PVC-ASHA Capable Partners Program (CAP). Provided technical assistance, training and facilitation support to the René Moawad Foundation in Lebanon. The ten-day consultation included facilitating an organization retreat, using MSI's Institutional Development Framework, during which the full staff assessed the Foundation capacity and needs. The outcome was a concrete plan of institutional development actions to be undertaken in the next year. (2005)

- Conference Facilitator, MSI, for the Reproductive Health Services Coalition (RHSC) semi-annual international meeting in Seattle, Washington. Under contract with PATH, helped design a two-day meeting to review current trends in health services logistics and develop strategic action plans. Designed breakout sessions and facilitated all proceedings. The Coalition membership includes the World Bank, the Bill and Melinda Gates Foundation, DFID, UNDP, the UN Foundation, USAID, WHO and key implementers in global reproductive health supplies. (2005)

- Strategic Planning Facilitator, MSI, for USAID/Serbia and Montenegro. Designed and facilitated Mission-wide retreat of seventy technical staff to clarify the Mission goal and strategic objectives to formulate Strategy Statements for each republic. Designed and conducted a follow-on retreat two month later to develop program results frameworks and performance indicators. (2005).

- Project Start-Up and Team-Building Facilitator, MSI, the Academy for Educational Development's new Behavior Change Communications (BCC) and Social Marketing project team in Ghana. Designed and facilitated a three-day retreat for twenty-five staff members that defined a vision for the Project, its organizational work culture and management processes. Sessions the included the Myers Briggs Type Indicator, workplace communication and team building exercises. (2005)

- Project Design Trainer/Facilitator, MSI, for the US Department of Labor, International Child Labor Program, Education Initiative (USDOL/ICLP/EI). Designed, prepared and conducted three week-long project design courses for USDOL/ICLP/EI grantee NGOs in Niger, South Africa and Uganda. Outcome of the workshops include project staff training on the Logical Framework (Logframe) planning tool and refined project logframe and performance monitoring plans of EI projects in Botswana, Ethiopia, Lesotho, Namibia, Niger, Kenya, Rwanda, Uganda, South Africa and Swaziland. (2004 and 2005)

- Lead Program Retreat Facilitator, MSI, for USAID/Ethiopia. Designed and co-facilitated a three-day Mission wide team-building and management improvement retreat for over fifty members of the program staff. Retreat focused on understanding teams and teamwork, the implications of cross-cultural and personal style preferences in the workplace and the development of specific recommendations for improving the structures and functioning of the Mission in implementing its new Integrated Strategic Plan. (2004)

- Institutional Development Facilitator and Trainer, MSI, for the USAID/DCHA/PVC-ASHA Capable Partners Program (CAP) in Georgia, Guyana, Lebanon, and Zambia. CAP is dedicated to improving the organizational capacity and sustainability of local NGOs and networks around the world. Designed and facilitated participatory organizational assessments and training of facilitators for local NGOs using MSI's Institutional Development Framework (IDF). (2004)

- Strategic Planning Facilitator, MSI, for the Corporation for National Community Service (CNCS). Assisted the Budget Office of CNCS in the development of a results-based budget system. Facilitated technical and support office team in developing logic models and performance indicators for major CNCS programs (AmeriCorps, Vista, and Senior Corps). Consulted with Budget Office team to clarify the terms and parameters of the performance based budget. (2004)

- Evaluation Specialist and Conference Facilitator, MSI, for Bearing Point, Inc. and USAID/Bosnia and Herzegovina (BiH). Designed, prepared and facilitated a two-day Roundtable Conference for 120 key donors and technical experts working in small and medium enterprise (SME) development in BiH, entitled "SME Development Gap Analysis". Guided the SME Gap Analysis team of four technical experts in producing pre-conference briefing documents and presentations of major findings. The conference identified areas of future USAID/BiH investments in SME development. (2004)

- Lead Program Retreat Facilitator, MSI, for USAID/Tanzania Environment and Natural Resources Program Strategic Objective #2. Designed and co-facilitated a weeklong annual program retreat for over fifty members of the program partner organizations. Retreat focused on program accomplishments and gathering input on the next program strategy including results statements, performance indicators and targets. (2004)

- Strategic Planning Trainer, MSI, for the Cooperative Housing Foundation (CHF). Designed, prepared and conducted a two-day skills training on the Logical Framework (Logframe) planning tool for twenty project managers and technical staff at CHF. (2004)

- Program Trainer and Conference Facilitator, MSI, for USAID/Global Bureau/Economic Growth Agriculture and Trade Office (EGAT). Served as member of the Management Committee and organizational consultant for the FRAME activity. FRAME is a large Internet-based network of environmental professionals focusing on environmental and natural resources programming in sub-Saharan Africa. The Web site includes an exhaustive database of environmental data and information as well as platform for interactive discussion groups and information sharing. Assisted in the evolution of the site toward increased user interactivity. Conducted Web connectivity and network development analysis sessions with members in Botswana, Burkina Faso, Uganda, and Zimbabwe. Designed, organized and facilitated interactive training workshops in Tanzania, Kenya, Burkina Faso. Uganda and Washington, DC. Designed and facilitated two large bi-lingual (French/English) regional conferences of the FRAME Contact Group (a technical reference body of more than fifty African environmental experts) in Senegal and South Africa. Designed and facilitated week-long technical analysis workshop in French on environment trends in the Sahel in collaboration with the Comité permanent Inter Etats de Lutte Contre la Sécheresse dans le Sahel (CILSS). (2000 to 2004)

- Lead Facilitator, MSI, for a USAID Regional Economic Development Support Office (REDSO) regional conference on "Cross-Border and Region-Wide Sources of Conflict in the Great Lakes Region" in Dar es Salaam Tanzania. Facilitated regional conference of technical experts and US

government personnel (Embassy and USAID) in conducting a regional conflict assessment that identified coordinated actions to address cross-border and region-wide forces contributing to increasing instability and conflict Burundi, the Democratic Republic of Congo, Rwanda, Tanzania and Uganda. (2003)

- Technical Director and Organizational Development Facilitator, MSI, for the Democracy Networks activity funded by the Education for Democracy and Development Initiative (EDDI). EDDI was an interagency effort among the Department of State (including the former U.S. Information Agency), U. S. Agency for International Development, and the Peace Corps. Development of two independent African-led networks: one, ExecNet, for members of African government Executive Offices that focuses on policy coordination and implementation issues; and the other, the African Judicial Network (AJN), for members of African judiciaries. Designed network development strategies. Oversees development on network web sites. Organized and facilitated planning meetings and four international conferences on the African continent. Design and facilitation of national AJN chapter conferences in Benin (May 2003), Uganda (May 2003) and Malawi (August 2003). (2001 to 2003)

- Lead Trainer, MSI, Entrepreneurship Development Program (EDP) training for the Association Sénégalaise pour l'Appui à la Création d'Activités Socio-Economiques (ASACASE). Program responsibilities included project installation design, participant selection, and training of host country trainers. Course develops private enterprises by focusing on and improving specific entrepreneurial behavior, business and financial management, and marketing. (2003)

- Strategic Planning Facilitator, MSI, for USAID/Ukraine. Designed and facilitated Mission-wide retreat of seventy technical staff to clarify the Mission goal and strategic objectives. Facilitated a series of strategic planning work groups to draft Results Framework and performance indicators. (2001)

- Program Performance Measurement Trainer, MSI, for the International Labour Office (ILO), Geneva, Switzerland. Designed and facilitated a two-day program performance measurement a pilot course that ILO's Program Office is now using to train all senior technical and division heads. Consulted with Program Office staff in the design of performance monitoring and reporting systems. Developed core materials and detailed training guides. (2001)

- Lead Facilitator in Performance Monitoring, MSI, for USAID/Kenya. Led a team to refine and finalize the Mission's environment and natural resources program's Performance Monitoring Plan. Designed and facilitated a workshop for thirty partners to establish agreements on performance indicators, targets, data collection and reporting. (2001)

- Course Designer and Lead Management Trainer, MSI, for USAID/Morocco. Designed, developed, and led the pilot training of a three-part series of management training courses for Provincial Strategic Teams associated with the Morocco Education for Girls (MEG) Project. Courses cover skills in performance measurement and evaluation, strategy development, and team management. Each course is integrated with learning supportive computer applications. (2000 and 2001)

- Strategic Planning Facilitator, MSI, for the environment and natural resources component of USAID/Zambia's rural incomes enterprise strategic objective. Assisted Mission staff in implementing a partner assessment of future priorities and needs. Facilitated a series of planning sessions to determine the next phase of USAID investments and activities and assisted in drafting a detailed program description for the next phase of assistance. (2000)

- Training Content Developer and Editor, MSI, for USAID/Policy and Program Coordination Bureau. Served as a subject matter specialist and writer/editor alongside USAID agency staff to develop training content materials on USAID programming operations. These materials serve as the fundamental content of the next generation of USAID training. They also stand as reference to newly revised agency guidance on operations. Reviewed and edited newly agency guidance

(Automated Directive Systems - ADS) and assisted internal working groups in underlying policy development and review. (1999 and 2000)

- Lead Re-Engineering Trainer, MSI, for USAID/Africa Bureau/Office of Sustainable Development. As part of the RESON (Results Oriented Natural Resources Management Project), developed, organized and facilitated seventeen two-day workshops and seven half-day executive sessions for USAID staff and partner groups engaged in the environment as well as other technical sectors. Cumulatively trained over 300 participants in the US and Africa. Participating organizations included: African Wildlife Foundation, InterAction, ACVFA, Chemonics, International Resources Group, Winrock International, University of Oregon, Washington State University and others. Workshops included USAID staff and executive briefings for senior Agency management. (1997 to 2000)

- Strategic Planning Trainer and Facilitator, MSI, for USAID/Kenya's environment and natural resources program. Assisted Mission staff in designing a planning process, which led to a new and enlarged program. Facilitated a series of stakeholder workshops to identify a new strategic objective, development hypothesis, Results Framework and performance indicators. Lead efforts in completing the Strategic Plan documentation. (1999)

- Strategic Planning Trainer, MSI, for the USAID/Management Bureau. Conducted orientation sessions and prepared training materials to support the development of a strategic plan for Bureau. (1998 and 1999)

- Training Assessment and Web Page Development, MSI, for the West African Enterprise Network (WAEN). Working with the Executive Committee of the WAEN, conceptualized the design of an inventory of private enterprise training courses available in North America, Europe and Africa. Organized the design, managed data collectors, constructed web site and trained a WAEN staff member responsible for maintaining the system. (1998, 1999 and 2000)

- Lead Trainer in Performance Measurement Techniques, MSI, for African Wildlife Foundation in Nairobi, Kenya. As part of the RESON (Results Oriented Natural Resources Management Project) funded by the USAID/Africa Bureau/Office of Sustainable Development, developed, organized and facilitated a three-day workshop for AWF program staff and their key collaborators. Workshop resulted in the performance indicators for the Foundation strategic framework for organizational development. (1998)

- Web Page Developer, MSI, for USAID/Africa Bureau/Office of Sustainable Development. As part of the RESON (Results Oriented Natural Resources Management Project), developed and maintains the project web page, featuring updated training materials and documentation on USAID's reengineering, program planning and team development. (Since 1998)

- Lead Trainer for MSI's Entrepreneurship Development Program (EDP) training for U.S. Agency for International Development in Guinea. Installation of the capacity to conduct four Follow-On EDP course modules within the training staff of the successful PRIDE Project (rural entrepreneurship development). Conducted training in French including modules on: customer service, project planning, preparing bids and proposals, and strategic management. Responsibilities included materials development and training of host country trainers. (1998)

- Computer Presentation Graphics Trainer, MSI, for project staff of USAID/CDIE (Center for Development Information and Education). Designed and implemented two interactive courses on the use of PowerPoint presentation graphics. (1998)

- Lead Program Retreat Facilitator, MSI, for USAID/Tanzania Environment and Natural Resources Program. Designed and facilitated two three-day semi-annual program retreats for over forty members of the key program partner organizations. Retreats focused on program results, coordination, and crosscutting issues involving participation from national, regional and international stakeholders. (1998)

- Organizational Development Facilitator, MSI, for USAID/Tanzania. Working through the EPIQ Project (Environment Policy and Implementation) designed and facilitated a two-step process, which served to determine the composition of USAID/Tanzania's environment Strategic Objective team and sub-teams and to develop a Team Charter governing their functions. During two consultations, worked with fourteen partner organizations, including government, PVOs and NGO groups, and conducted of training-of-trainers courses for the resident EPIQ facilitator staff. (1998)
- Team-Building Facilitator, MSI, for USAID/Global Bureau's Girl's and Women's Education Project in Guinea. Designed and conducted team teaming for the National Girl's Education Steering Committee in French. Consultation included administration of the Myers-Briggs Type Indicator in French and study of leadership skills. (1998)
- Evaluator, MSI, for the World Bank Mission to Benin. During two consultations, assisted in the design and implementation of a feasibility study for the establishment of a private sector support fund. Interviewed local consulting companies and facilitated a stakeholder workshop to review findings and makes recommendations. (1998)
- Lead Trainer, MSI, for USAID/Global Bureau's Girl's and Women's Education Project in Guinea. Designed and conducted training in French for thirty-five local data collectors in focus group technique. Consultation included the development of data collection tools and planning for implementation of a national-level rapid rural assessment of community attitudes on girls' education. (1998)
- Lead Facilitator, MSI, for USAID/Tanzania as part of their long-term buy-in to EPIQ (Environmental Policy and Institutional Strengthened IQC). Designed and conducted a three-day "USAID/Tanzania Program Integration Retreat" that included participation of thirty partner representatives from fourteen organizations responsible for implementing the USAID ENRM program. The results of the retreat were: initiation of the partner process for the next two years; identification of partner-led intermediate results; determination of program-level performance indicators and a preliminary policy reform agenda; and clarification of the Strategic Objective Team (SOT) organizational structure. (1997)
- Organizational Development Facilitator, MSI, for USAID/Namibia as part of the RESON (Results-Oriented Natural Resources Management) Project. Designed and conducted an intervention to move the Mission to closure on their organizational structure. Included conducting preliminary meetings with all staff offices followed by facilitating an off-site retreat during which Strategic Objective Teams and functional office determined their structure and responsibilities. Facilitated post-retreat briefings for Mission partners. (1997)
- Regional Conference Facilitator, MSI, for the USAID Latin America and Caribbean (LAC) Bureau as part of the RESON (Results-Oriented Natural Resources Management) Project. Assisted senior management of the LAC Bureau in designing and facilitating a regional conference of Program Officers and Project Development Officers in Guatemala City. Attendees included representatives from fourteen LAC Missions and Washington. Included the conduct of sessions on managing for results and team development. (1977).
- Re-Engineering Master Trainer, MSI, for USAID/Tanzania. Designed three-day workshop on USAID strategic management tools and led team that conducted training for forty activity managers representing eleven development partner organizations in USAID's Environment and Natural Resource Management program. The course focused on new strategic planning and managing for results technologies, stakeholder analysis, development of Customer Service Plans, team building and new USAID organizational structures. (1997)
- Regional Planning Facilitator, MSI, for the Implementing Policy Change Project (IPC II). Designed and conducted a week-long regional planning workshop in French for the Livestock Network of

the Comité Internationale de Lutte Contre la Sècheresse au Sahel (a group of the Club de Sahel) in Lomé, Togo. Results of the workshop were detailed activity plans in six sectoral areas. (1997)

- Lead Re-Engineering Trainer and Strategic Planning Facilitator, MSI, for the Regional Center for Southern Africa (RCSA) in Gaborone Botswana as part of the RESON (Results-Oriented Natural Resources Management) Project. This involved two consultations during which training was provided to RCSA staff in USAID's strategic planning and managing for results technologies followed the facilitation of strategic planning sessions for four Strategic Objective working groups. Included the facilitation of sessions with external partners. The result of the consultations was draft statements of development hypotheses and results frameworks for each group and the articulation of the rationale for the regional program. (1997)

- Re-Engineering Master Trainer, MSI, for the Implementing Policy Change Project (IPC II) under the Environment and Natural Resources Management buy-in from the Office of Sustainable Development, Productive Sector Growth and Environment Unit of the USAID Africa Bureau. Conducted a series of nine executive training seminars, in Washington, DC and the greater northeastern US, on USAID reengineering concepts, current practices, and planning tools for a total of over 250 contractors, grantees and project management personnel. These courses focused on new strategic planning and managing for results technologies, development of Customer Service Plans, team-building and new USAID organizational structures. These consultations included the design and revision of significantly new reengineering training materials based on extensive field experiences which included current developments in environment and natural resources management programs in Africa. (1996 and 1997)

- Lead Re-Engineering Trainer and Strategic Planning Facilitator, MSI, for USAID/Zimbabwe and the Implementing Policy Change Project (IPC II) under the Environment and Natural Resources Management buy-in from the Office of Sustainable Development, Productive Sector Growth and Environment Unit of the USAID Africa Bureau. Conducted extensive stakeholder interviews and preparatory strategic planning exercises with USAID staff for Strategic Objective #1 (Environment and Natural Resources Management). During a second consultation, designed and facilitated a strategic planning retreat for the mission's Environment and Natural Resources Management (E/NRM) strategic objective team, agents, and stakeholders. The result of the retreat was development of a draft strategic plan including discussion of the team's development hypothesis, a results framework and program performance indicators. (1996 and 1997)

- Lead Reengineering Trainer, MSI, for the RESON (Results-Oriented Natural Resources Management) Project. Conducted two half-day executive training seminars in Washington, D.C. for World Learning, Inc. and the members of the Environmental Policy Consultative Group on USAID reengineering concepts, current practices, and tools. The course focused on technologies for managing for results, development of Customer Service Plans and organizational structures supporting these new processes. (1996 and 1997)

- Re-Engineering and Team Development Trainer, MSI, for USAID/India. Conducted training and consultation in reengineering, strategic planning and team development for four Strategic Objective Teams and Senior Management of USAID/India. Conducted organizational analysis and organizational development consulting for top management and designed and conducted four SO team off-site retreats. Outcomes of the activity were the development significantly-revised Results Frameworks in the Environment, Women's Initiative and Economic Growth sectors, new team organizational structures (including Results Packages) and draft Team Charters. (1996)

- Lead Reengineering Trainer and Strategic Planning Facilitator, MSI, for USAID/Uganda with the RESON (Results-Oriented Natural Resources Management) Project. Designed and facilitated a week-long internal prioritization and strategic planning retreat for the mission's Environment and Natural Resources (E/NRM) strategic objective team. The result of the retreat was development of a draft results framework that included preliminary indicators and an outline of the team's

development hypothesis. Designed and facilitated a second workshop for key E/NRM stakeholders during which participants worked with and refined the results framework logic. Consultation also included conducting a seminar on difficulties in developing results frameworks for leaders from four other Mission strategic objective teams. Subsequent to the seminar, provided technical assistance to each team on results framework development. (1996)

● Lead Reengineering Trainer and Strategic Planning Facilitator, MSI, for USAID/Guinea Bissau with the PRISM Project (Program Performance Information for Strategic Measurement - a project of USAID's Center for Development Information and Evaluation). Led a three-person team to design and conduct a two-week consultation for USAID/Bissau to initiate its organizational reengineering and program planning culminating in a Mission Results Framework and Results Packages. Consultation included conducting a week-long off-site retreat for twenty-four participants representing USAID, Africare and key personnel from the Trade and Investment Promotion Support (TIPS) Project. Products included a draft Results Framework for the USAID program and a new organizational structure orienting both the program and TIPS project components toward managing for results, increased technical integration and improved team work. (1996)

● Re-Engineering Facilitator, MSI, for the Implementing Policy Change Project (IPC). Assisted two Strategic Objective Teams at USAID/South Africa in the development of Results Frameworks for the next eight years of development programming. Working extensively with the team responsible for the major component of the Mission's program, Democracy and Governance. Conducted a functional analysis of their office structure and facilitated a retreat focusing on the formation and staffing of Results Package teams. Led preliminary meetings which each newly-formed Results Package team to determine team leadership and membership functions. (1996)

● Lead Facilitator, MSI, Implementing Policy Change Project (IPC). Conducted conference design and facilitation for the Regional Center for Southern Africa in Gaborone Botswana for start-up meetings of the Southern Africa Regional Democracy Fund (SARDF), a regional grants program covering eleven countries in southern Africa. Working with a co-facilitator from the sub-region and two SARDF project staff, developed participatory session designs for two target groups: the SARDF Post Coordinators, and the Project Committee Members. The latter group of twenty-two comprised of African democracy and governance experts from the eleven focus countries were to play a fundamental role in SARDF's functioning; the definition of this role was a major outcome of the meetings. In addition to role definition and team building, this series of project start-up meetings clarified project priorities, operating principles and procedures for grant proposal review, award and monitoring. (1996)

● Lead Trainer, MSI, Implementing Policy Change Project (IPC). Conducted training and consultation in strategic planning and management in South Africa with funding by the USAID Africa Bureau and the Center for Democracy and Governance. Served as project manager for this IPC activity. Conducted organizational analysis, training, and organizational development consulting for top management and senior-level decision-makers in the administration of the North West Province of the new South Africa. Outcomes of the activity were the development of a local facilitator team and the adaptation and implementation of a decentralized strategic management process for the province. Served as team leader for the series of seminars and consultations over a three-month period. This innovative IPC activity supported staff development, policy analysis, and strategic planning initiatives supported by USAID/South Africa within provincial administrations. (1995)

● Retreat Facilitator, MSI, for USAID/Jordan. Designed and conducted full office retreat sessions for the USAID Mission to develop skills and strategies for improved office communications, conflict management, delegation, and team-building. The three days of sessions included focus on personality type preferences in the workplace, organizational re-engineering initiatives, and employee empowerment. (1995)

- Trainer, MSI. Designed and conducted Project Design Tools training for project development staff of Agricultural Cooperative Development International (ACDI) including project needs assessment, problem analysis, the logical framework, and proposal preparation. (1995)

- Retreat Facilitator, MSI, for USAID/Poland. Designed and conducted two full office retreats and a series of office-specific training sessions for the full Mission to develop skills and strategies for improved office communications, conflict management, delegation, time management, and team-building. Sessions included focus on organizational re-engineering efforts and employee empowerment. (1994 and 1995)

- Re-Engineering Retreat Facilitator, MSI, for USAID/Mali. Designed and led a multi-disciplinary team of facilitators and resource persons in conducting a re-engineering "kick-off" retreat for seventy-five staff of USAID/Mali. Sessions included re-engineering applications, communication skills, strategic planning methodologies, customer focus, and organizational vision, values, and structure. (1994)

- Lead Trainer, MSI, Implementing Policy Change Project (IPC). Conducted training and consultation in strategic planning and management in Madagascar with funding by the USAID Africa Bureau and the Center for Democracy and Governance. Served as project manager for this Implementing Policy Change Project (IPC) activity. Developed course materials and conducted training for senior-level decision-makers (in French) in Madagascar on the strategic management process. The seminar supported policy analysis and reform activities being carried by the IPC project within government ministries. (1994)

- Team Planning Meeting Facilitator, MSI, for Internews. Designed and facilitated a "project start-up" team planning meeting for a team of four contractors preparing to implement a U.S.-Russia Media Partnership Grants Program. (1994)

- Retreat Facilitator, MSI, for the Office of Program Planning and Evaluation of the Bureau for Humanitarian Response (USAID/BHR/PPE). Designed and conducted an office retreat for USAID/BHR/PPE to examine organizational and functional issues preliminary to a Bureau-wide strategic planning exercise being conducted by the PRISM project. (1994)

- Lead Trainer, MSI, for the Economic Development Institute (EDI) of the World Bank. Designed and conducted (in French) Training of Trainers as part of staff development for the network of West Africa trainers involved in EDI's grassroots management program. Delivered training to 15 trainers from four West African countries at EDI in Washington, D.C., in state-of-the-art techniques of analyzing and integrating social and gender considerations into the development process. (1994)

- Lead Trainer, MSI, for USAID/Niger. Designed and conducted Training of Trainers for 20 Nigerien personnel from the National Administration School, the Interior Ministry, the Finance Ministry, and the Ministry of Regional Administration and Decentralization, in French, as part of democratization and municipal development activities of the West African Municipal Development Project of the USAID Regional Housing Development Office. Curriculum included curriculum development, adult learning techniques, training impact evaluation and the facilitation of the institutional change process. MSI subcontract to Research Triangle Institute. (1994)

- Training Materials Developer and Curriculum Designer, MSI, for USAID/CDIE. Assisted the training staff of the PRISM Project (Program Performance Information for Strategic Measurement - a project of USAID's Center for Development Information and Evaluation) to develop materials and modules for a comprehensive workshop on "Managing for Results". This pilot workshop established a core curriculum to assist USAID missions in institutionalizing skills in data collection, analysis, and strategic management in conjunction with program performance measurement systems. (1994)

- Training Evaluator, MSI, for African-American Institute (AAI), AFGRAD III Project Final Evaluation. As part of MSI's subcontract to the AAI, conducted focus group interviews and personal interviews of AFGRAD alumni and supervisors in Mali and Madagascar. Assisted in the data analysis and preparation of preliminary conclusions on this comprehensive evaluation of AFGRAD, a long-term graduate level participant training program that has provided U.S. university study to over 2,000 African professionals since its inception in 1973. (1993)

- Private Sector Conference Organizer and Facilitator, MSI, for the Office of the A.I.D. Representative, U.S. Agency for International Development, in Ouagadougou, Burkina Faso. Interviewed key senior decision-makers in the Government of Burkina Faso and in the industrial and commercial sectors of the private sector to design, plan and implement a week-long conference entitled "How to Remove the Obstacles to Private Sector Development in Burkina Faso". Conference examined crucial issues in Burkina's program of privatization and economic liberalization as well as constraints to business financing. Initiated a follow-up committee to enact measures to improve the economic environment for private business. (1993)

- Trainer of Trainers, MSI, for USAID's Office of Women in Development. Designed and conducted two Facilitation and Training Design Workshops for technical experts sponsored by the GENESYS Project to develop project training and facilitation capability. Curriculum included: experiential training methodologies, the Myers-Briggs Type Indicator, session design and evaluation, and the use of gender analysis / development planning tools. (1992 and 1993)

- Trainer of Trainers, MSI, for the Office of the A.I.D. Representative in Burkina Faso. Designed and conducted advanced level Training of Trainers (in French) for 30 Burkinabe personnel from the National Institutes of Public Administration and Economics and Finance as part of institutional development activities of the Africa Municipal Development Project of the USAID Regional Housing Development Office. Curriculum included curriculum development and evaluation of training impact. MSI subcontract to Research Triangle Institute. (1992)

- Co-Trainer, MSI, for USAID, Bureau for Private Enterprise, Office of Small, Micro and Informal Enterprise. Designed and conducted regional training in Swaziland in the Micro-enterprise Monitoring System for USAID staff from the Southern Africa. (1992)

- Social Soundness Analyst, MSI for USAID's Office of Women in Development GENESYS Project for USAID/Rwanda. Prepared social soundness analysis of a project paper for creation of analysis and monitoring unit for structural adjustment and the provision of private sector development services via subgrants to private voluntary organizations. (1992)

- Rapid Appraisal Surveyor, MSI, for USAID's Office of Women in Development GENESYS Project for USAID/Rwanda. Conducted rapid appraisal of women-owned and operated small and micro-enterprises in rural Rwanda to establish baseline data as part of an impact monitoring system for economic structural reform and USAID-sponsored private enterprise development program. (1991)

- Team Planning Meeting Facilitator, MSI for Atlantic Resources Corporation. Designed and facilitated 3 days of planning meetings for a team preparing to evaluate the African Child Survival Initiative - Combating Childhood Communicable Diseases project in Guinea. (1991)

- Lead Trainer, MSI, for the Africa Municipal Development Project of the USAID Regional Housing Development Office. (MSI subcontract to Research Triangle Institute). Designed and conducted (in French) Training of Trainers for 22 Ivorian and 4 Burkinabe government officials as part of institutional development activities of the Africa Municipal Development Project. (1991)

- Lead Trainer, MSI, for USAID's Office of Women in Development. Developed, designed, and conducted training for the GENESYS (Gender in Economic and Social Systems) Project. Delivered training to American and host country staff from USAID Missions and their collaborating contractors and agencies in techniques of analyzing and integrating gender considerations into the

development process. Programmatic focus on project design and implementation tools, evaluation and monitoring, and program policy analysis. (1990- 1994). Specific assignments included:

- o Conduct of a Training Needs Assessment for USAID/Rwanda. (1991)
- o Design and delivery of program staff seminar and three sector-specific workshops for technical staff and host country collaborators for USAID/Kenya. (1991)
- o Design and delivery of two regional workshops in The Gambia and the Ivory Coast for seven USAID Missions, the REDSO/WCA staff and guest donor collaborators on the "Gender Dimensions of Program Effectiveness." (1993)
- o Design and delivery in French of gender analysis training for Mission staff and host country collaborators: for USAID/Mali and USAID/Rwanda (1991); for USAID/Niger (1993); and for USAID/Ghana (1994).

- Trainer, MSI, Entrepreneurship Development Program (EDP) training for U.S. Agency for International Development and the United Nations Center for Transnational Corporations. Co-trainer of courses in Senegal, Guinea, Ghana, and Niger. Program responsibilities include project identification, materials development, participant selection, and selection and training of host country trainers. Course develops private enterprises by focusing on and improving specific entrepreneurial behavior, business and financial management, and marketing. Guinea EDP courses conducted in rural towns in conjunction with an integrated rural enterprise development project. (1990-1993)

Independent Training and Organizational Consultant, 1986-1990

- Team Planning Meeting Facilitator, TVT Associates. Designed and facilitated 3 days of planning meetings for a team preparing to evaluate the African Child Survival Initiative -Combating Childhood Communicable Diseases project in Burundi. (1990)

- Trainer of Trainers, Atlanta Management Institute - IMPACT, Atlanta, Georgia. Designed and conducted month long Training of Trainers courses in French for visiting professionals from private and public sector training organizations in Africa. (1989 and 1990)

- Trainer in Evaluation Techniques, The Centre for Development and Population Activities (CEDPA), Washington, D.C. Conducted training in French in qualitative methods of project evaluation for development professionals from the Caribbean and Francophone Africa. (1989)

- Trainer in Project Design and Monitoring, Catholic Relief Services - Lomé Regional Cluster. Designed and conducted staff development needs assessment for 120 personnel in Benin, Burkina Faso, Cameroon, Ghana, and Togo. Developed and conducted regional training for project development personnel in French and English in project evaluation and monitoring. (1989)

- Expert Training Consultant, The Centers for Disease Control, International Health Programs Office, Atlanta, Georgia. Planned and coordinated national-level training in Oral Rehydration Therapy for 120 health care professionals from the Togolese Ministry of Public Health. This activity was conducted in conjunction with the African Child Survival Initiative - Combating Communicable Childhood Diseases (CCCD) project. (1989)

- Trainer in Health Education Techniques, Catholic Relief Services Togo, Food and Nutrition Program. Designed and conducted health education techniques workshop in French for 15 Togolese Regional Health and Nutrition Supervisors working with women's groups. (1988)

- Expert Training Consultant, The Centers for Disease Control, International Health Programs Office, Atlanta, Georgia. Planned, developed, and coordinated national health facility needs assessment for the Togolese Ministry of Public Health. Primary data collection conducted in conjunction with the African Child Survival Initiative - Combating Communicable Childhood

Diseases (CCCD) project in order to design a national training strategy for health care providers. (1988)

- Training Director, TEM & Associates for Peace Corps Cameroon, Math/Science Education Technical Training. Managed staff of 40 to develop and conduct technical training for 30 Peace Corps Volunteer secondary school teachers. (1988)

- Community Development Trainer, TEM & Associates for Peace Corps Cameroon. Designed and conducted pre-service training for rural and community development Volunteers. Training included modules on community analysis, non-formal education techniques and collaboration with government (Cameroon) counterparts. (1987)

- Training Director, U.S. Peace Corps. Designed and directed four Peace Corps pre-service training programs in The Solomon Islands, The Gambia, Benin, and Burkina Faso. Managed staff development and overall training design of village-based training programs. Technical programs included: vocational education, community/rural development, village-based construction, forestry, agricultural research, WID coordinator, nurse education, and health and legal advisors. Designed and conducted training in adult training technologies, and cross-culture and development studies. Developed materials, training budget, financial management, and trainee evaluation procedures. (1986-1988)

- Agricultural Trainer, Peace Corps Mauritania. Designed and conducted in-service home gardening training in French with simultaneous translation in local languages for Peace Corps Volunteers and their Mauritanian counterparts. (1986)

- Rural Development Trainer as Peace Corps Volunteer Leader, Peace Corps Senegal. Designed and conducted village-based and technical pre-service training for rural development Volunteers. (1979 and 1980) As Volunteer Leader, provided program support to Volunteers, liaised with Senegalese government officials and coordinated volunteer village site selection (1980). As rural development volunteer, developed cooperative projects in gardening, women's income-generating activities, and animal traction. (1978 to 1980)

Countries of Work Experience

Africa: Benin, Botswana, Burkina Faso, Cameroon, Côte d'Ivoire, Egypt, Ethiopia, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Madagascar, Malawi, Mali, Mauritania, Morocco, Mozambique, Namibia, Niger, Nigeria, Rwanda, Senegal, South Africa, Swaziland, Tanzania, Togo, Uganda, Zimbabwe

Europe: Bosnia-Herzegovina, Georgia, Poland, Serbia and Montenegro, Switzerland (ILO-Geneva), Ukraine

Other: Afghanistan, Dominican Republic, East Timor, Egypt, Guyana, India, Jordan, Lebanon, Thailand, the Solomon Islands

Languages

Fluent in French and Wolof (Senegal)

Aïssatou Mbaye – M&E Specialislt

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Prénoms :	Mame Aïssatou
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FORMATIONS, LIEUX ET DATES	DIPLOMES OBTENUS
Université Cheikh Anta Diop de Dakar, Sénégal 2012-2013	**Master II Professionnel en Aménagement du Territoire,** **Décentralisation et Développement Local (ATDDL)** **Sujet :** Logiques institutionnelles de découpage territorial et espaces de vie.
	Pour une perspective d'un développement viable des territoires en Afrique de l'Ouest. **Mention** : Très bien
Université Cheikh Anta Diop de Dakar, Sénégal 2011-2012	**Master II Recherche en Aménagement et Gestion Urbaine en Afrique (AGUA)** **Sujet :** Rôle des fonds migratoires dans les mutations spatiales à la Médina
	Ouest. **Mention** : Très bien
Université Cheikh Anta Diop de Dakar, Sénégal 2010-2011	**Master I recherche Espace, Sociétés et Développement (ESD)**
Université Cheikh Anta Diop de Dakar, Sénégal 2009-2010	**Licence en Géographie humaine**
Université Cheikh Anta Diop de Dakar, Sénégal 2008-2009	**Duel 2 en Géographie générale**
Lycée Seydina Limamou Laye de Guédiawaye 2005- 2006	**Baccalauréat série L2**

AUTRES ATTRIBUTIONS SPECIFIQUES

➢ Evaluations de performances et évaluations finales

- ➤ Genre et Autonomisation de la femme
- ➤ Solidarité et entraide dans les pays du Sud
- ➤ Appui aux organisations communautaires de base /Renforcement de capacités des élus locaux
- ➤ Animation/sensibilisation sur les questions environnementales
- ➤ Enquêtes socioéconomiques et supervision d'équipes (Animer, coordonner un groupe sur le terrain)
- ➤ Relevés points GPS et conception de bases de données
- ➤ Analyse et traitement de données (sphinx, Adobe illustrator et Arc Gis)
- ➤ Rédaction de rapports diagnostic et d'analyse d'enjeux de développement
- ➤ Mise en pratique des méthodes de recherche en sciences sociales (MARP)

LOGICIELS ET OUTILS DE TRAVAIL

- ➤ **Arc Gis** (Création et gestion base de données, conception cartes thématiques)
- ➤ **MaxQData** (Traitement et analyse de données qualitatives)
- ➤ **Excel, Word, Powerpoint, Access etc.**

EXPERIENCES PROFESSIONNELLES

PERIODE	FÉVRIER 2016 À NOS JOURS
Nom de l'employeur	**Monitoring and Evaluation Project (MEP)/ Management Systems International Tetra Tech (MSI)** Pour le compte de USAID/Senegal Mission-Wide
Genre d'activités de l'employeur	**Composante 1 du projet :** Appui à la gestion de la performance de la mission de l'USAID Activités d'évaluations (planification, mise en œuvre d'évaluations de performances ou finales et évaluations d'impacts, états des lieux) **Composante 2 du projet :** Services d'appui pour l'élaboration d'activités, de projets, de programmes et de stratégies Etat des lieux, études, recherches, enquêtes et analyse de données secondaires Assistance dans les plans de gestion des performances (PMP), l'élaboration d'indicateurs et de cadre logique, la collecte de données de référence et la définition des objectifs de développement
Titre/Fonction	**Associée en Suivi et Evaluation (Membre des équipes d'évaluations ou de recherche)**

Lieux de la fonction	● Sénégal ● Burkina Faso ● Niger ● Ouganda
Description des tâches et responsabilités principales	Appuyer les équipes d'évaluation (notamment les consultants) dans tout le processus, de l'élaboration du Statement of Work jusqu'à la rédaction des rapports y compris la revue documentaire, le développement des outils, la collecte des données, l'analyse initiale et la présentation des constatations, conclusions et recommandations (CCR). Assister le Spécialiste Principal en Evaluation et les consultants dans la rédaction des rapports provisoires et finaux et dans la préparation des présentations des résultats et des rapports finaux. De façon spécifique, J'ai participé aux évaluation ci-après de MEP/Sénégal: 1. Live, Learn and Play Evaluation 2. Our Sister's Read Evaluation 3. Resilience and Economic Growth in Sahel - Enhanced Resilience (REGIS-ER) Evaluation 4. Consortium for Elections and Political Process Strengthening (CEPPS)Performance Evaluation 5. Counter-Trafficking in Persons (CTIP)/Talibé Evaluation 6. Renforcement des Opportunités Communautaires pour la Paix et l'Egalité (SCOPE) Evaluation 7. Dialogue et Réconciliation Transfrontalière dans le Balantacounda : Sénégal/Guinée Bissau (DIRECT) Evaluation 8. Women's Leadership/Civic Journalism Evaluation 9. Fixed-Amount Reimbursement Agreement (FARA) School Construction Evaluation 10. G2G Malaria Performance Evaluation Mes tâches spécifiques ont été les suivantes : - Participer à l'élaboration du Statement of Work (SOW) et au processus d'identification des consultants - Effectuer la revue des documents de base des projets à évaluer - Elaborer la présentation pour la rencontre de cadrage et de planification technique avec les consultants - Contribuer à la rédaction du plan de travail incluant les outils de collecte, l'échantillonnage, le plan d'analyse ainsi que le calendrier de collecte des données primaires - Appuyer la supervision de la collecte des données sur le terrain et le contrôle de qualité en référence aux standards et normes de l'USAID en matière d'évaluation - Conduire des entretiens individuels directifs (via questionnaire) et semi-directifs (via guide des discussions) et animer des focus groups - Participer à l'analyse des données ainsi qu'à l'élaboration des présentations des résultats préliminaires - Identifier des constatations, conclusions et recommandations en rapport aux questions d'évaluation - Contribuer à la rédaction de la version provisoire et finale des rapports d'évaluation **En plus des évaluations, j'ai été impliqué dans le «** Gender Assessment in Agricultural sector in Senegal ». Mes tâches spécifiques ont été les suivantes :

	Elaborer les présentations pour les rencontres techniques avec les consultants
	- Effectuer la revue des documents de base des projets concernés
	- Elaborer les présentations pour les rencontres techniques avec les consultants
	- Contribuer à la rédaction du plan de travail incluant les outils de collecte, l'échantillonnage, le plan
	    d'analyse ainsi que le calendrier de collecte des données
	- Appuyer la supervision de la collecte des données sur le terrain et le contrôle de qualité en référence aux standards et normes de l'USAID en matière d'évaluation
	- Conduire des entretiens individuels directifs (via questionnaire) et semi-directifs (via guide des discussions) et animer des focus groups
	- Participer à l'analyse des données ainsi qu'à l'élaboration des présentations des résultats préliminaires
	- Identifier des constats, conclusions et recommandations en rapport aux questions d'évaluation
	- Contribuer à la rédaction de la version provisoire et finale des rapports d'évaluation
	AUTRES ETUDES
	11. Operational strategy for the Shock Responsive RISE Portfolio
	<u>Mes tâches spécifiques ont été les suivantes :</u>
	- Elaborer les présentations pour les rencontres techniques avec les consultants
	- Effectuer la revue des documents de base des projets concernés
	- Contribuer à la rédaction du plan de travail incluant les outils de collecte, l'échantillonnage, le plan
	    d'analyse ainsi que le calendrier de collecte des données
	- Appuyer la supervision de la collecte des données sur le terrain et le contrôle de qualité en référence aux standards et normes de l'USAID en matière d'évaluation
	- Conduire des entretiens individuels directifs (via questionnaire) et semi-directifs (via guide des discussions) et animer des focus groups
	- Participer à l'analyse des données ainsi qu'à l'élaboration des présentations des résultats préliminaires
	- Assurer la gestion logistique ainsi que la préparation des ateliers de partage et de validation avec les partenaires d'exécution de l'USAID de la zone RISE
	- Contribuer à la réflexion et au design de la Stratégie
	Contribuer à la rédaction de la version provisoire et finale de la Stratégie

PERIODE	**NOVEMBRE-DECEMBRE 2015**
Nom de l'employeur	**Groupe d'Etude, de Recherche et d'Appui au Développement (GERAD)** Pour le compte du Ministère de l'Hydraulique et de l'Assainissement/Agence de Promotion du réseau Hydrographique National

Genre d'activités de l'employeur	**Etudes** - Etude de base - Etude genre - Aménagement du territoire, développement local et planification - Hydrauliques/Environnement et Manuel de procédures **Projets et programmes** - Mise en œuvre de programmes **Travaux et génie civil** - Etude d'avant-projet détaillé - Aménagement et équipements - Réalisations d'infrastructures **Formations** - Formation annuelle Formation à la carte
Titre/Fonction	**Consultante**
Lieu de la fonction	Sénégal/Localités : Bogal et Ndiamacouta (région de Sédhiou)
Description des tâches et responsabilités principales	**Schémas communaux et inter-communaux/APRHN** Pour une étude diagnostique et l'élaboration de schémas des communes, j'ai rédigé des rapports diagnostics pour les communes (diagnostic participatif avec des outils MARP, analyse environnementale, socioéconomique et organisationnelle). J'ai participé à la réflexion et à l'élaboration des programmes de développement communaux (identification et budgétisation des projets porteurs autour des ressources en eau de surface identifiées et diagnostiquées).
PERIODE	**AOUT-SEPTEMBRE 2015**
Nom de l'employeur	**Groupe d'Etude, de Recherche et d'Appui au Développement (GERAD)** Pour le compte du Ministère de l'aménagement du territoire et de la Délégation Générale aux Grands Travaux/Direction générale de l'aménagement du territoire et du développement régional/PNUD
Genre d'activités de l'employeur	Voir la ligne concernant **Groupe d'Etude, de Recherche et d'Appui au Développement (GERAD)**
Titre/Fonction	**Consultante**
Lieu de la fonction	République du Congo, Brazzaville
	Localités : Départements de la Likouala et de la Cuvette centrale

Description des tâches et responsabilités principales	**Plan d'aménagement et de revitalisation des villages du Congo/PNUD** En tant que spécialiste des questions de développement territorial, notamment dans ses aspects socio-économiques et environnementales, j'ai assuré au sein de l'équipe la collecte des données et la rédaction des parties du rapport qui concernent ces aspects. Je suis aussi intervenue dans l'élaboration de plans de revitalisation des villages pour une durée de 5 ans. En tant que géographe, j'ai assuré la collecte des points GPS et l'élaboration d'une base de données géo référencées devant appuyer l'analyse environnementale (gestion des ressources naturelles) et socioéconomique.
PERIODE	**JUILLET 2015**
Nom de l'employeur	**Groupe d'Etude, de Recherche et d'Appui au Développement (GERAD)** Pour le compte d'un Particulier (Imam de Tivaouane)
Genre d'activités de l'employeur	Voir la ligne concernant **Groupe d'Etude, de Recherche et d'Appui au Développement (GERAD)**
Titre/Fonction	**Chef d'équipe**
Lieu de la fonction	Sénégal/Région : Thiès, Département : Tivaouane
Description des tâches et responsabilités principales	**Mission de diagnostic d'un Daara en vue de sa modernisation** J'ai assuré la revue des données secondaires, le montage des outils et des grilles de diagnostic (guide d'entretien, fiche d'identification des talibés, fiche technique des locaux). J'ai effectué le diagnostic des locaux (état des dortoirs, des salles de classe, diagnostic du matériel didactique et des éléments de « confort ») et des entretiens avec les maîtres coraniques de même qu'avec les enfants talibés. J'ai participé à la rédaction du rapport diagnostic et à la rédaction du projet de modernisation du Daara.
PERIODE	**FEVRIER- MAI 2015**
Nom de l'employeur	**Groupe d'Etude, de Recherche et d'Appui au Développement (GERAD)** Pour le compte du PEPAM (Programme d'Eau Potable et d'Assainissement du Millénaire)/OFOR
Genre d'activités de l'employeur	Voir la ligne concernant **Groupe d'Etude, de Recherche et d'Appui au Développement (GERAD)**
Titre/Fonction	**Chef d'équipe**
Lieu de la fonction	Sénégal

	Régions : Fatick, Thiès et Saint-Louis
Description des tâches et **responsabilités principales**	**Conception d'une base de données** J'ai effectué une collecte de points GPS tout en assurant la coordination de l'équipe, la gestion des données et cartographie des points d'eau avec les différents types de branchements au niveau de 11 grands sites pour les 3 régions administratives.
PERIODE	**JANVIER-FEVRIER 2015**
Nom de l'employeur	**Groupe d'Etude, de Recherche et d'Appui au Développement (GERAD)** Pour le compte du Ministère de l'aménagement du territoire et de la Délégation Générale aux Grands Travaux/Direction générale de l'aménagement du territoire et du développement régional/PNUD
Genre d'activités de l'employeur	**Voir la ligne concernant Groupe d'Etude, de Recherche et d'Appui au Développement (GERAD)**
Titre/Fonction	**Consultante**
Lieu de la fonction	République du Congo, Brazzaville Localités : départements de la Cuvette Ouest, de la Cuvette Centrale, des Plateaux
Description des tâches et responsabilités principales	**Plan d'aménagement et de revitalisation des villages du Congo/PNUD** En tant que spécialiste des questions de développement territorial, notamment dans ses aspects socio-économiques et environnementales, j'ai assuré au sein de l'équipe la collecte des données et la rédaction des parties du rapport qui concernent ces aspects. Je suis aussi intervenue dans l'élaboration de plans de revitalisation des villages pour une durée de 5 ans. En tant que géographe, j'ai assuré la collecte des points GPS et l'élaboration d'une base de données géo référencées devant appuyer l'analyse environnementale (gestion des ressources naturelles) et socioéconomique.
PERIODE	**JUIN A SEPTEMBRE 2014**
Nom de l'employeur	**Groupe d'Etude, de Recherche et d'Appui au Développement (GERAD)**
	Pour le compte du Ministère de la gouvernance locale, du développement et de l'aménagement du territoire/Centre national de l'état civil (CNEC)/Union Européenne
Genre d'activités de l'employeur	Voir la ligne concernant **Groupe d'Etude, de Recherche et d'Appui au Développement (GERAD)**
Titre/Fonction	**Superviseure et chef d'équipe régionale**
Lieu de la fonction	Sénégal/Région : Thiès

Description des tâches et responsabilités principales	**PAMEC (Programme d'appui à la modernisation de l'état civil)** J'ai contribué à : 1. La sélection et au recrutement des enquêteurs 2. Aux réunions techniques avec le client 3. L'élaboration des outils de collecte 4. L'élaboration de fiches de formation des enquêteurs 5. La formation des enquêteurs 6. La gestion logistique J'ai conduit sur le terrain : 1. Des entretiens avec les acteurs institutionnels (gouverneur, préfets, maire, Officiers d'état civil) 2. La coordination du diagnostic de 61 centres d'état civil avec 6 enquêteurs 3. L'élaboration du rapport régional (tableau de bord des centres, état des lieux, niveau d'équipement, volumétrie, etc.)
PERIODE	**JUILLET-AOUT 2014**
Nom de l'employeur	**Groupe d'Etude, de Recherche et d'Appui au Développement (GERAD)** Pour le compte de la Coopération Japonaise (JICA)/ Agence Nationale des Ecovilages (ANEV)
Genre d'activités de l'employeur	Voir la ligne concernant **Groupe d'Etude, de Recherche et d'Appui au Développement (GERAD)**
Titre/Fonction	**Consultante**
Lieu de la fonction	Sénégal/Région : Fatick, Thiès et Lompoul
Description des tâches et responsabilités principales	**Ecovillage/JICA**
	Pour une mission d'évaluation des activités pilotes du projet Ecovillage, en tant qu'analyste de l'environnement social du milieu rural, j'ai contribué à : 1. L'élaboration des outils de collecte 1. La collecte des données auprès des maraîchers bénéficiaires et des institutions financières des localités cibles 2. L'analyse exhaustive des sites de Ouadiour (Gossas/Fatick), Sandiara et Mboro (Thiès) et dans la zone de Lompoul/mer 3. Au traitement et l'analyse des données 4. La rédaction du rapport d'évaluation
PERIODE	**JANVIER-JUIN 2014**

Nom de l'employeur	**Groupe d'Etude, de Recherche et d'Appui au Développement (GERAD)** Pour le compte du Ministère de l'aménagement du territoire et de la Délégation Générale aux Grands Travaux/Direction générale de l'aménagement du territoire et du développement régional/PNUD
Genre d'activités de l'employeur	Voir la ligne concernant **Groupe d'Etude, de Recherche et d'Appui au Développement (GERAD)**
Titre/Fonction	**Consultante**
Lieu de la fonction	République du Congo, Brazzaville
	Localités : départements du Niari, de la Bouenza, de Sibiti et du Kouilou
Description des tâches et responsabilités principales	**Plan d'aménagement et de revitalisation des villages du Congo/PNUD** Comme spécialiste des questions de développement territorial, notamment dans ses aspects socio-économiques et environnementales, j'ai assuré au sein de l'équipe la collecte des données et la rédaction des parties du rapport qui concernent ces aspects. Je suis aussi intervenue dans l'élaboration de plans de revitalisation des villages pour une durée de 5 ans.
	En tant que géographe, j'ai assuré la collecte des points GPS et l'élaboration d'une base de données géo référencées devant appuyer l'analyse environnementale (gestion des ressources naturelles) et socioéconomique.
PERIODE	**AOUT-SEPTEMBRE 2013**
Nom de l'employeur	**Groupe d'Etude, de Recherche et d'Appui au Développement (GERAD)** Pour le compte de l'ONG World Vision Senegal
Genre d'activités de l'employeur	Voir la ligne concernant **Groupe d'Etude, de Recherche et d'Appui au Développement (GERAD)**
Titre/Fonction	**Superviseure**
Lieu de la fonction	Sénégal/Régions de Diourbel, Fatick, Kaolack, Kolda Tambacounda et Kédougou
Description des tâches et responsabilités principales	**Mission d'identification et d'analyse d'OCB/Programme ADP** En tant qu'analyste de l'équipe j'ai assuré la collecte de données et l'analyse des capacités institutionnelles des organisations potentiellement

	partenaires de mise en œuvre des programmes de développement local dans les zones d'intervention de world vision Sénégal. J'ai aussi effectué au profilage et au classement des organisations rencontrées sur la base des critères identifiés en amont.
PERIODE	**JUIN-JUILLET 2013**
Nom de l'employeur	**Groupe d'Etude, de Recherche et d'Appui au Développement (GERAD)** Pour le compte d'HYDROCONSULT
Genre d'activités de l'employeur	Voir la ligne concernant **Groupe d'Etude, de Recherche et d'Appui au Développement (GERAD)**
Titre/Fonction	**Chargée de mission**
Lieu de la fonction	Sénégal/Région de Fatick localités de Diouroup, Fayil, Diarrère, Ndjirnda, Bassoul, Dionewar, Diamniadio,
	Missirah, Niodior, Betenty, etc.
Description des tâches et **responsabilités principales**	**Projet AEP (Alimentation en Eau Potable) des îles du Saloum** Pour une étude socio-économique de base, j'ai mené des enquêtes auprès des ménages dans les villages centres et les villages polarisés sur un rayon de 6 km autour des sites identifiés comme devant accueillir les forages. J'ai également coordonné l'effectivité de la production des données de référence et de la rédaction du rapport.
PERIODE	**JUIN 2012**
Nom de l'employeur	**Centre de Suivi Ecologique (CSE)** pour le compte du Projet régional de gestion durable du bétail ruminant endémique (PROGEBE)

Genre d'activités de l'employeur	Formulation et gestion de projets - Gestion du littoral, suivi des zones de parcours, feux de brousse et production agricole, **Etudes de vulnérabilité et d'adaptation aux changements climatiques** - La séquestration de carbones, - Le suivi à long terme des écosystèmes, - La valorisation économique des services des écosystèmes, - La problématique Environnement-santé, **L'administration de ressources financières et la supervision de la mise en œuvre de projets et programmes** de grandes envergures sur l'adaptation et/ou l'atténuation des effets des changements climatiques.
Titre/Fonction	**Chargée de mission**
Lieu de la fonction	Sénégal/Kolda (Medina Yoro Foulah, Boghal, Senoba, Tankon, etc)
Description des tâches et **responsabilités principales**	**PROGEBE (*Projet régional de gestion durable du bétail ruminant endémique)*/ Centre de Suivi Ecologique (CSE)** J'ai été animatrice et facilitatrice d'ateliers pour l'élaboration des Plans d'Occupation et d'Affectation des Sols (POAS) avec une équipe socioéconomique. Nous avons procédé, avec les populations, à l'identification des Zones à vocation prioritaire avec les éleveurs (ZAPE) et avec les agriculteurs (ZAPA). Cette cartographie participative avec les populations a débouché sur des présentations finales et des sensibilisations pour le respect des zones de pâturages et des couloirs de passage du bétail.
PERIODE	**AVRIL-MAI 2012**
Nom de l'employeur	**Centre de Suivi Ecologique (CSE)** pour le compte du Projet d'Appui au Développement Rural en Casamance (PADERCA)
Genre d'activités de l'employeur	Voir la ligne concernant **le Centre de Suivi Ecologique (CSE)**
Titre/Fonction	**Chargée de mission**
Lieu de la fonction	Sénégal/Ziguinchor, Sédhiou et Bignona (Bambali, Enampore, Nyassia, Tenghory, Niamone et Djirédji)

Description des tâches et responsabilités principales	**PADERCA (Projet d'Appui au Développement Rural en Casamance)/Centre de Suivi Ecologique (CSE)** J'ai été animatrice et facilitatrice ainsi que la gestionnaire des outils pour des forums sur les textes relatifs à la gestion décentralisée de l'Environnement et des ressources naturelles dans la partie sud du Sénégal.
PERIODE	**JANVIER 2012**
Nom de l'employeur	**Institut Fondamental d'Afrique Noire (IFAN)/Université Cheikh Anta Diop (UCAD)**
Genre d'activités de l'employeur	• **Département des sciences humaines** - Contribution à la vie scientifique de l'université par la recherche, les publications, la constitution de collections ou les expositions
	- Partenariats internationaux - Enseignements universitaires - Laboratoires de recherche - Mise en œuvre de programmes et projets
Titre/Fonction	**Assistante de recherche**
Lieu de la fonction	Sénégal/Village de Mékhé Lambaye (Communauté rurale de Lambaye, département de Bambey, région de
	Diourbel)
Description des tâches et responsabilités principales	**EUMAGINE (Imagining Europe from the Outside)/IFAN de Dakar** J'ai assuré les fonctions d'assistante auprès d'un chercheur pour des enquêtes qualitatives à propos des migrations dans la zone centre du Sénégal et l'Italie. Il s'agissait d'effectuer : - Des séances d'entretien avec des émigrés et autres autochtones - Des visites et observations de terrain et des transcriptions.

AUTRES

1. LANGUES

Langues	Lue	Ecrite	Parlée
Français	Excellent	Excellent	Excellent
Anglais	Bon	Bon	Bon
Wolof	Excellent	Excellent	Excellent

2. Contributions et articles de développement publiés

1. **Immigration : pourquoi l'Europe, pourquoi l'Afrique ?**
   http://times24.info/immigration-pourquoi-leurope-pourquoi-la-france/
2. **Le pouvoir : du goût caviar au poisson séché**
   http://times24.info/le-pouvoir-gout-caviar-ou-poisson-seche-par-aita-mbaye/
3. **Solidaire avec mon voisin Ebola ?**
   http://times24.info/solidaire-avec-mon-voisin-ebola-par-aita-b/
4. **Parlons de la cadence des élections présidentielles localisées**
   http://times24.info/parlons-de-la-cadence-des-elections-presidentielles-localisees/
5. **Ah ces pathologies ucadiennes !**
   http://times24.info/ah-ces-pathologies-ucadiennes/
6. **Afrique : Ces actes qui bloquent le développement de l'Afrique**
   http://times24.info/afrique-ces-actes-qui-bloquent-le-developpement-de-lafrique/
7. **Pour une tentative de revalorisation de notre politique générale**
   http://times24.info/pour-une-tentative-de-revalorisation-de-notre-politique/
8. **Lutte contre la pauvreté : la contribution des « Experts-Monde des ODD », les grands consultants !** http://times24.info/lutte-contre-la-pauvrete-la-contribution-des-expert-monde-des-odd-les-grands-consultants/

3. AUTRES CENTRES D'INTERET

Lectures, écritures, recherches, mode, œuvres caritatives/actions sociales, sports, voyages de découverte...

4. CONFERENCES & PRIX REMPORTES

1ième prix des posters gagnants de la **Conférence de l'African Evaluation Association (AFREA) de 2017** à Kampala dans le thème « *Objectifs de Développement Durable en Afrique : Mettre la sensibilité qualitative au cœur des évaluations* ».

5. REFERENCES

1. **Mme Lisa Slifer Mbacké,** Chief of Party, USAID-MEP/Senegal, Courriel: lslifermbacke@msi-senegal.com
2. **M. Mamadou Salif KANDE**, Directeur du Renouveau du Service Public/ Ministère de la Fonction Publique, de la Rationalisation Des Effectifs et du Renouveau du Service Public Courriel : **msalif.kande@fonctionpublique.gouv.sn**
3. **Pr Amadou DIOP**, Professeur de Géographie à l'UCAD de Dakar/ Université Paul Valéry de Montpellier ; Coordinateur principal du GERAD) Courriel : **amadoudiop@geradsn.org**
4. **M. Dethié S. NDIAYE**, Coordonnateur de programmes/Centre de Suivi Ecologique Courriel : **dethie@cse.com**

5. **Pr Papa Demba FALL**, IFAN de Dakar/UCAD Courriel : **defall@ucad.sn**

Dakar, le 10 octobre 2017

Moussa Sy, Senior Evaluation Specialist Summary:

Mr. Moussa Sy, a Senegalese national, is an accomplished social science expert with over 18 years' experience designing and implementing research, evaluation and monitoring and evaluation systems in Senegal and in the West Africa region. His primary area of specialization is in evaluations and research of agricultural programs and local governance and the use of data to achieve higher-level government and donor support for agricultural reform and decentralization. His research and evaluations in agriculture link closely with issues of economic growth, food Security and nutrition, gender, environment and decentralization. Mr. Sy is currently based in Senegal where he provided the past 15 years monitoring and evaluation, strategic planning and evaluation support to a number of West African research initiatives including UN HABITAT Cities and Climate Change Initiative; the Francophone West Africa branch of the International Network of Resource Centres on Urban Agriculture Food Security and the West African child protection initiative ISS-WA. Mr. Sy has served as team leader on a number of evaluations managing a range of both international and national evaluators across a spectrum of technical expertise from economists, cartographers, city planners and engineers. He also has experience working on public health, literacy and decentralization programs. He has led M&E design and operations for over a decade serving as Monitoring Officer for the Resource Centers on Urban Agriculture and Food Security (RUAF)'s "Cities Farming for the Future" program in Senegal, Burkina Faso and Benin and "From Seed to Table" program in Burkina Faso and Benin. He uses his research to develop policy briefs on issues around sustainable agriculture and economic growth and has lectured on the Methodologies of Research in Social Sciences at the Institute of Local Development (ISDL) in Dakar. He has worked closely with a number of Senegalese research and evaluation organizations including the Senegalese Institute for Agricultural Research (ISRA), the *Institut fondamental d'Afrique noire* (IFAN) and the "Associates in Research and Education for Development" (ARED).

Developing a solid base of research, M&E and evaluation work in Senegal, Mr. Sy is familiar with the logistical and socio-cultural issues around data collection in the country. His regional M&E and evaluation work requires regular interface with data collection groups in multiple countries to identify and train them in tools and data collection processes. He also oversees field testing of instruments and oversees quality control systems as part of research and evaluation activities. He regularly facilitates multi-stakeholder workshops to develop results' frameworks as well as present evaluation findings. Mr. Sy is a graduate of the University of Gaston Berger, St. Louis with a Diploma of Advanced Studies (DEA) in Sociology with a specialization in Development Sociology and a Masters in Sociology. He is fluent in French, Fulani, Wolof, and proficient in English.

Education

- Postgraduate Diploma, Sociology, Gaston Berger of Saint-Louis, Senegal, 2000
- M.A., Sociology, Gaston Berger University of Saint-Louis, Senegal, 1998
- B.A., Sociology, Gaston Berger University of Saint-Louis, Senegal, 1996

Experience

- **Management Systems International (MSI), Senior Evaluation Specialist, December 2015 - August 2017** As the Senior Evaluation Specialist of "USAID/Senegal

Mission-Wide Monitoring and Evaluation Project", he overseen, recruited for, and participated in evaluations and assessments implemented by the project. He contributed substantively to the design and field testing of the evaluation methodology, participatory data collection methods and protocols, data verification techniques, and other technical evaluation and analytical tasks conducted under the project. He managed the Evaluation Team Leaders in the implementation of evaluations and established methodological principles and systems for the evaluation program. Specifically, he managed eight evaluation tasks implemented in Senegal, Burkina Faso and Niger and was a team member as Expert in qualitative approach for the Consortium for Election and Political Process Strengthening (CEPPS) final performance evaluation and the Resilience and Economic Growth in the Sahel - Enhanced resilience (REGIS-ER) mi-term performance evaluation.

- **Global Network on Sustainable Urban agriculture and Food Systems (RUAF) Foundation, Focal Point, September 2013 - December 2015** Facilitated the start-up and management of a multi-stakeholders platform on urban agriculture and food security within the UrbanFoodPlus project. This involved conducting a political stakeholder analysis; developing the platform mandate; the platform's structure and its monitoring and evaluation systems. He conducted regular training sessions for the platform members and developed monitoring tools as well as use data to create advocacy tools.

- **ISS-WA (International Social Service - West Africa), Program Officer, April 2015-December 2015** Designed and managed the monitoring and evaluation systems of community development projects focused on child protection in 15 West African countries. The ISS, an international NGO, assists children and families confronted with complex social problems as a result of migration. This includes, managing training projects, awareness raising and advocacy work in an effort to better respect children's rights. He designed and overseen impact evaluation of child protection community development projects in five countries (Guinea Bissau, Burkina Faso, Togo and Benin). Results from the impact evaluation were used to identify the progress and challenges of the project and to propose changes in approach to increase impact of the project.

- **Project « Consolidation de la Gouvernance Environnementale Locale » (COGEL) and UNDP, Team leader, January - April 2013** Responsible for the evaluation of the sustainability norms in the local development planning in Burkina Faso. He leaded the evaluation process: desk review, development of data collection tools, field data collection, data analysis and reporting.

- **Municipal Development Program Evaluation, Bobo-Dioulasso, Burkina Faso, Team Leader, 2013** Evaluated sustainability of the "Consolidation of Environment and Local Governance" project. The evaluation assessed sustainability of the Local Development Plans of 8 regions and 16 communes across Burkina Faso. Managed teams of international and national experts in the areas of economics, environmental planning, engineering and planning.

- **UN HABITAT Cities and Climate Change Initiative, Bobo-Dioulasso, Burkina Faso, Technical Adviser, 2012-2013** Responsible for integrating data on urban and peri-urban agriculture and forestry into the UN HABITAT Cities and Climate Change Initiative and partner city's adaptation and mitigation strategies and programs. Managed the design an impact monitoring framework and assisted project partners in monitoring the contributions

of peri-urban agriculture and forestry to climate change adaptation and mitigation as well as documenting co-benefits of the program across sectors. Led the socio-economic feasible study on the development of urban green spaces in Bobo-Dioulasso.

- **Evaluation Coordinator, Building Urban Resilience: Assessing Urban and Peri-Urban Agriculture in Dakar, 2012** Coordinated a team of eight researchers to lead study on urban agriculture using questionnaires, interviews and focus groups combined with meteorological and environmental data on Dakar. Conducted work in partnership with UNEP, START, University of Ghana, Legon, and the World Meteorological Organization.

- **African Institute for Urban Management (IAGU) Urban and Peri-Urban Agriculture Office, Bobo-Dioulasso, Burkina Faso, Regional Coordinator, 2009-2011** Oversaw a team of five permanent staff and 15 technical advisers. Responsible for the oversight as well as monitoring and evaluation of all regional projects and their reporting. Designed and led evaluations of programs in food security and nutrition, value chain development, and the alternative financing mechanisms for agricultural development. Organized and facilitated regional workshops with wide variety of government and donors involved in project activities.

- **"From Seed to Table" Program, Francophone West Africa, Monitoring Officer, 20092011, IDRC and the Netherlands International Development Agency** Adapted and developed the three types of monitoring and evaluation approaches (built-in monitoring, outcome mapping, and impact monitoring).Worked on capacity building of local teams in charge of monitoring. Organized and facilitated the regional workshops on tool development and data collection. Oversaw all data collection, analysis and report development. Facilitated workshops on project results, lessons learned and recommendations for adaptation of program to improve results.

- **International Development Research Center (IDRC)/IAGU, Monitoring and Program Officer, Francophone West Africa, January 2006- December 2008** Developed case studies on "Financing and Urban Agriculture: Alternative Funding Strategies for urban farmers in Francophone West Africa". Developed policy briefs on alternative funding strategies for urban farmers in francophone West Africa. Coordinated study related to gender and agriculture in Bobo-Dioulasso, Burkina Faso. Designed and conducted qualitative data collection methodologies for the exploratory studies and assessments as part of the "Cities Farming for the Future" program in Francophone West Africa. Designed and organized regional monitoring workshops for urban agriculture pilot projects in Dakar, Sengal; Bobo-Dioulasso, Burkina Faso; Porto-Novo, Benin; Nouakchott, Mauritania; and Kigali, Rwanda.

- **RUAF-Foundation /IAGU "Cities Farming for the Future" Program, Francophone West Africa, Monitoring Officer, 2005-2008** Adapted and developed the three types of monitoring and evaluation approaches (built-in monitoring, outcome mapping, and impacts monitoring). Led all capacity building workshops on data collection tools and methods for national research organizations. Implemented outcome mapping and built-in monitoring for all projects. Responsible for all quality control systems, data collection, analysis and report development. Led and facilitated the West Africa multi-stakeholder Policy Formulation and Action Planning (MPAP) in urban agriculture process.

- **IAGU, Francophone Network for Urban Agriculture in Central and West Africa (RUFUA/AOC), West Africa, Regional Coordinator, 2004-2013** Assisted the project "Support for the elaboration of local Agenda 21 in four Senegalese localities: Guediawaye, Matam, Saint-Louis, Tivaouane, and Louga. Facilitated the implementation of urban agriculture projects. Provided M&E support. Facilitated the Multi-stakeholder processes for integration of urban agriculture into national policies appropriate policy. Contributed to the lobbying, advocacy, fundraising and partnership development of the project. Supported the communication and knowledge management aspects of the project.

- **African Network for Integrated Rural Development (RADI), Dakar, Senegal, Evaluation Adviser, 2004** Consulted on the qualitative study on the baseline of a three-year program (2003-2006) on local governance, human rights and community development in Dakar, Thiès and Kaolack.

- **RUAF Foundation, 2004** Elaboration of a case study on "Gender and urban agriculture in the Niayes Valley Pikine, Senegal.

- **IAGU, Program Officer and Coordinator of Urban Agriculture Unit, Dakar, Senegal, 2003-2008** Supervised all IAGU projects dedicated to urban agriculture in West Africa. Designed, and supervised a series of evaluations implemented in seven countries (Senegal, Mauritania, Benin, Burkina Faso, Niger, Rwanda, Niger) on food security, nutrition and environmental protection (creation of recreational areas, waste water reuse, etc.), job creation and income generation and and policy reform design at national and local levels.

- **UN-HABITAT, Gambia, 2003-2004** Completed study for the Organization and Functioning of Gambian Municipal Institutions, developed within the Policy Program Framework for Urban Poverty Reduction in Gambia. Work included desk review, stakeholder interviews and stakeholder workshops to present and validate results.

- **USAID, Decentralization and Local Governance (DGL/Felo) program, consultant, 2003** Designed and wrote the 2003 annual report measuring progress of project against targets and documenting lessons learned and recommendations for improve program management.

- **USAID, Decentralization and Local Governance (DGL/Felo) program, consultant, 2002** Developed and wrote the 2002 annual report measuring progress of project against targets and documenting lessons learned and recommendations for improve program management.

- **Associates for Research and Education for Development (ARED), Dakar, Senegal, Evaluator, 2002-2003.** Led the evaluation of a community-based literacy program in Pulaar. Conducted site visits, interviews and focus groups in a series of villages in central Senegal and in the north. Conducted impact of literacy interventions on livelihoods of communities.

- **African Institute of Urban Management (IAGU), Dakar, Senegal, Associate Expert, 2000-2002** Led an exploratory study on "Solid Waste Management: Perceptions of the Key Stakeholders" across seven West African capital cities. Conducted surveys among urban agricultural actors.

- **African Institute of Urban Management (IAGU)**, Dakar, Senegal, Associate Expert

2001. Conducted evaluation of the "Decentralization of Health Services in relation with the Administrative Decentralization in Senegal". Funded by IDRC, led by IAGU and implemented within the National Network on Social Policies, the evaluation identified correlations and gaps between the two primary decentralization levels in Senegal and health service delivery. Key recommendations were made to improve decentralization support for improve health service delivery. Evaluation covered the three regions of Dakar, Thies and Fatick. Interviews were conducted community Health Committee Members, clinic workers and the general population. Focus was placed on ensuring full participation of women and was organized around most convenient times for women to gather as well as identifying convenient and comfortable locations for women (*les maisons de femme*, mother child health service centers, etc.)

- **ACACIA Program, Senegal, Associate Research Consultant, 1999** Consulted on the study of the pilot phase of the Youth Network/Senegal: Rufisque, Louga, Pikine, Guediawaye, and Thiès.

- **Agence d'Execution des Travaux d'Interet publique contre le sous-emploi AGETIP, Dakar, Senegal, Associate Research Expert, 1998-1999** Consulted on the study "Evaluation of the Community Participation for Community Nutrition Program of AGETIP".

- **Catholic Relief Services, Evaluator, 1998** Conducted evaluation on USAID funded Village Bank Rating System. project.

- **Organization for Training and Development Support (OFAD), Kolda, Senegal, Head of Income-Generating Activities Department, 1997-1998** Elaboration of the Sociology Master thesis on "Village Banks program and Women entrepreneurship in the rural context of Senegal." Conducted evaluation on the impact of Village Banks programs in the livelihood conditions of 20 villages of Kolda. Conducted baseline surveys for the extension of the village bank program.

Countries of Work Experience

Benin, Burkina Faso, Gambia, Ghana, Mauritania, Senegal, Niger, Guinée Bissau, Kenya
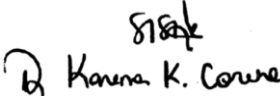
Languages

French (fluent), English (very good), Fulani (fluent), Wolof (fluent)

Publications (a complete list is available on request)

- Moussa Sy, Hamidou Baguian and Narcisse Gahi, Urban agriculture as a climate change and disaster risk reduction strategy, In Urban Agriculture Magazine N°27, 2014, p.33-36.

- Sy, M., M. Khouma, M.O. Diagne, M.L. Dial, O. Diop, I. Niang, N.Y. Badiane, Y. Niang and M.S.G. Ndong (2014). Building Urban Resilience: Assessing Urban and Peri-urban Agriculture in Dakar, Senegal. [Padgham, J. and J. Jabbour (eds.)]. United Nations Environment Programme (UNEP), Nairobi, Kenya

- Moussa Sy, "The Kibidoué Cooperative in Bobo-Dioulasso, Burkina Faso" in Urban Agriculture Magazine, number 25 - RUAF 10 years, October 2011.

- Ndèye Fatou Diop GUEYE, Salimata Seck and Moussa Sy. Agriculteurs dans les villes ouest-africaines: enjeux fonciers et l'accès à l'eau. Karthala Editions, Paris, Collection "Hommes et Sociétés", 2009, 192 pages.

- Moussa Sy, "Mobilisation des acteurs et engagement municipal pour la promotion de l'agriculture urbaine en Afrique de l'Ouest", in Parrot L. (ed.), Njoya A. (ed.), Temple L. (ed.), Assogba-Komlan F. (ed.), Kahane R. (ed.), Ba Diao M. (ed.), Havard M. (ed.). 2008. Agricultures et développement urbain en Afrique subsaharienne. Gouvernance et approvisionnement des villes. Paris: Harmattan, pp 73-84

- Oumar Cissé, Ndèye Fatou Diop Gueye and Moussa Sy, "Institutional and legal aspects of urban agriculture in French speaking West Africa: from marginalization to legitimization", In Environment & Urbanization, Vol 17 N° 1, April 2005, pp. 143-154.

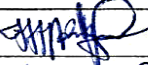# Annex X: Disclosure of Any Conflicts of Interest

Name	Corine K. Karema
Title	Team Leader
Organization	Equity and Quality Healthcare
Evaluation Position?	x Team Leader Team member
Evaluation Award Number (contract or other instrument)	AID-685-C-15-00003
USAID Project(s) Evaluated (Include project name(s), implementer name(s) and award number(s), if applicable)	G2G NMCP Performance Evaluation
I have real or potential conflicts of interest to disclose.	Yes x No

If yes answered above, I disclose the following facts:
 	
Real or potential conflicts of interest may include, but are not limited to:
 	
  Close family member who is an employee of the USAID operating unit managing the project(s) being evaluated or the implementing organization(s) whose project(s) are being evaluated.
 	
  Financial interest that is direct, or is significant though indirect, in the implementing organization(s) whose projects are being evaluated or in the outcome of the evaluation.
 	
  Current or previous direct or significant though indirect experience with the project(s) being evaluated, including involvement in the project design or previous iterations of the project.
 	
  Current or previous work experience or seeking employment with the USAID operating unit managing the evaluation or the implementing organization(s) whose project(s) are being evaluated.
 	
  Current or previous work experience with an organization that may be seen as an industry competitor with the implementing organization(s) whose project(s) are being evaluated.
 	
  Preconceived ideas toward individuals, groups, organizations, or objectives of the particular projects and organizations being evaluated that could bias the evaluation.	

8/8/16

Karema K. Corine

Divulgation de Conflit d'intérêt pour mes Membres de l'Equipe d'Evaluation de l'USAID

Nom	Konlils aly Abonbakiry
Titre	Monitoring & Evaluation Specialist
Organisation	Amref.
Role dans l'Evaluation ?	Chef d'équipe ⟨Membre d'équipe⟩
Numéro d'attribution de l'Evaluation (autre instrument du contractant)	AID-685-C-15-00003
Projet (s) de l'USAID évalué (Inclure le nom du projet, le nom des chargés de mise en œuvre et le numéro du marché le cas échéant)	
J'ai un conflit d'intérêt réel ou potentiel à divulguer.	Oui ⟨Non⟩
Si la réponse est oui, je divulgue les faits suivants : Parmi les conflits d'intérêts réels ou potentiels, on peut trouver les suivants (la liste n'est pas exhaustive) 1. La présence d'un membre de la famille immédiate ou d'un membre proche de la famille comme employé de l'unité d'exploitation de l'USAID qui gère le projet en cours d'évaluation ou de l'organisation de mise en œuvre dont les projets sont en cours d'évaluation. 2. L'existence d'un intérêt financier direct, ou qui d'un intérêt significatif / matériel quoique indirect, dans les organismes d'exécution dont les projets sont en cours d'évaluation ou dans le résultat de l'évaluation. 3. L'existence d'un intérêt direct ou significatif/matériel, quoique indirect, actuel ou passé, dans le projet (ou les projets) en cours d'évaluation, y compris une participation à la conception du projet ou avec des versions précédentes du projet. 4. Expérience actuelle ou antérieure de travail avec l'USAID ou recherché en cours d'un emploi avec l'unité opérationnelle de l'USAID qui gère l'évaluation ou l'organisation de mise en œuvre dont le (s)projet (s) est en train d'être évalué 5. Expérience en cours ou passée avec une organisation qui peut être vue comme un concurrent industriel de l'organisation de mise en œuvre dont les projets sont en train d'être évalués 6. Les idées préconçues à l'égard des individus, groups et organisations ou des objectifs des projets et organisations particuliers en cours d'évaluation qui pourraient fausser l'évaluation.	

Je certifie (1) que j'ai rempli ce formulaire de divulgation de façon complète et au meilleur de ma capacité et (2) que je vais mettre à jour ce formulaire de divulgation rapidement si les circonstances pertinentes changeaient. Si j'obtiens l'accès à des informations confidentielles d'autres entreprises, alors j'accepte de protéger leurs renseignements d'une utilisation ou d'une divulgation non autorisée aussi longtemps qu'ils restent confidentiels et de m'abstenir d'utiliser les informations à des fins autres que celles pour lesquelles elles ont été fournies.

Signature	
Date	18/05/2017

Name	Drew Lent
Title	Practice Area Lead – Leadership & Organizational Development
Organization	Management Systems International - DC
Evaluation Position?	Team Leader Team member
Evaluation Award Number (contract or other instrument)	AID-685-C-15-00003
USAID Project(s) Evaluated (Include project name(s), implementer name(s) and award number(s), if applicable)	USAID/Senegal NMCP G2G Evaluation 2011-2015
I have real or potential conflicts of interest to disclose.	Yes No *Drew F Lent*
If yes answered above, I disclose the following facts: Real or potential conflicts of interest may include, but are not limited to: 1. Close family member who is an employee of the USAID operating unit managing the project(s) being evaluated or the implementing organization(s) whose project(s) are being evaluated. 2. Financial interest that is direct, or is significant though indirect, in the implementing organization(s) whose projects are being evaluated or in the outcome of the evaluation. 3. Current or previous direct or significant though indirect experience with the project(s) being evaluated, including involvement in the project design or previous iterations of the project. 4. Current or previous work experience or seeking employment with the USAID operating unit managing the evaluation or the implementing organization(s) whose project(s) are being evaluated. 5. Current or previous work experience with an organization that may be seen as an industry competitor with the implementing organization(s) whose project(s) are being evaluated. 6. Preconceived ideas toward individuals, groups, organizations, or objectives of the particular projects and organizations being evaluated that could bias the evaluation.	

Name	Mame Aissatou Mbaye
Title	M&E Associate
Organization	Monitoring and Evaluation Project/Senegal (MEP)
Evaluation Position?	Team Leader **X**Team member
Evaluation Award Number *(contract or other instrument)*	Contracted under AID-685-C-15-00003
USAID Project(s) Evaluated *(Include project name(s), implementer name(s) and award number(s), if applicable)*	Government to Government/Assistance Agreement (AAG) N°685 – 012 "Improved Health Status of Families" National Malaria Control Program (NMCP)
I have real or potential conflicts of interest to disclose.	Yes **X** No
If yes answered above, I disclose the following facts: *Real or potential conflicts of interest may include, but are not limited to:* *1. Close family member who is an employee of the USAID operating unit managing the project(s) being evaluated or the implementing organization(s) whose project(s) are being evaluated.* *2. Financial interest that is direct, or is significant though indirect, in the implementing organization(s) whose projects are being evaluated or in the outcome of the evaluation.* *3. Current or previous direct or significant though indirect experience with the project(s) being evaluated, including involvement in the project design or previous iterati* *4. ons of the project.* *5. Current or previous work experience or seeking employment with the USAID operating unit managing the evaluation or the implementing organization(s)*	

whose project(s) are being evaluated.	
6. *Current or previous work experience with an organization that may be seen as an industry competitor with the implementing organization(s) whose project(s) are being evaluated.* 7. *Preconceived ideas toward individuals, groups, organizations, or objectives of the particular projects and organizations being evaluated that could bias the evaluation.*	

I certify (1) that I have completed this disclosure form fully and to the best of my ability and (2) that I will update this disclosure form promptly if relevant circumstances change. If I gain access to proprietary information of other companies, then I agree to protect their information from unauthorized use or disclosure for as long as it remains proprietary and refrain from using the information for any purpose other than that for which it was furnished.

Signature	
Date	11.13.2017

Name	Moussa Sy
Title	Senior Evaluation Specialist - USAID/Senegal Mission-Wide Monitoring and Evaluation Project
Organization	
Evaluation Position?	Team Leader **X Team member**
Evaluation Award Number *(contract or other instrument)*	
USAID Project(s) Evaluated *(Include project name(s), implementer name(s) and award number(s), if applicable)*	G2G National Malaria Control Program
I have real or potential conflicts of interest to disclose.	Yes **X No**
If yes answered above, I disclose the following facts: *Real or potential conflicts of interest may include, but are not limited to:* *1. Close family member who is an employee of the USAID operating unit managing the project(s) being evaluated or the implementing organization(s) whose project(s) are being evaluated.* *2. Financial interest that is direct, or is significant though indirect, in the implementing organization(s) whose projects are being evaluated or in the outcome of the evaluation.* *3. Current or previous direct or significant though indirect experience with the project(s) being evaluated, including involvement in the project design or previous iterati* *4. ons of the project.* *5. Current or previous work experience or seeking employment with the USAID operating unit managing the evaluation or the implementing organization(s) whose project(s) are being*	

evaluated.	
6. *Current or previous work experience with an organization that may be seen as an industry competitor with the implementing organization(s) whose project(s) are being evaluated.* 7. *Preconceived ideas toward individuals, groups, organizations, or objectives of the particular projects and organizations being evaluated that could bias the evaluation.*	

I certify (1) that I have completed this disclosure form fully and to the best of my ability and (2) that I will update this disclosure form promptly if relevant circumstances change. If I gain access to proprietary information of other companies, then I agree to protect their information from unauthorized use or disclosure for as long as it remains proprietary and refrain from using the information for any purpose other than that for which it was furnished.

Signature	
Date	Thursday August 31, 2017

U.S. Agency for International Development

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