Appendix C: Project Monitoring, Evaluation and Learning Plan

USAID/Senegal HPN PAD (2021-2026)
PROJECT MONITORING, EVALUATION AND LEARNING PLAN (PMELP)

1. INTRODUCTION

USAID Senegal Health Population and Nutrition Office (HPN) has developed a Project Appraisal Document (PAD), for the 2021-2026 period, as a strategic and comprehensive response to the key challenges confronting the health sector in Senegal.

The PMELP serves as an important tool for HPN to plan, measure and report on progress towards achieving the results of the 2021-2026 HPN PAD.

2. STRATEGIC APPROACH OF THE PAD

A. Relationship to the CDCS Results Framework

The 2021-2026 PAD directly supports USAID/Senegal Country Development Cooperation Strategy (CDCS)'s Development Objective 2 (DO 2), *Improve Human Capital.*. The 2021-2026 PAD is directly responsible for achieving Intermediate Result 2 (IR 2), *Health Status Improved*, and is aligned with the Government of Senegal (GOS)'s strategic objective of improving human capital and sustainable development by 2035.

B. Theory of Change

The Theory of Change (TOC) for this Project states that:

IF the system is strengthened; and
IF access to services is improved; and
IF the quality of services is improved; and
IF participation by communities and other stakeholders is increased;
THEN the health status of the Senegalese People will be improved.

The project purpose is defined as:

Health Status Improved: The Senegalese health system is sustainably improved and effectively utilized to reduce child and maternal deaths, protect communities from infectious diseases, and contribute to controlling the AIDS epidemic.

C. Results Framework

Intermediate Result 1: Strengthened Systems

- ***Sub-IR 1.1: Improved Management of the Health System***
- ***Sub-IR 1.2: Optimized Use of Resources (to achieve better health outcomes)***
- ***Sub-IR 1.3: Health Sector Policies and Guidelines Effectively Implemented.***

Intermediate Results 2 & 3: (2) Increased Access to Services; (3) Improved Quality of Services

- ***Sub-IRs 2.1 and 3.1: Increased Access to Evidence-based, High-Impact Health Care Interventions***
- ***Sub-IR 2.2 and 3.2: Quality of Care Improved***
- ***Sub-IR 2.3 and 3.3: Private Sector Providers Engaged***

Intermediate Result 4: Increased Participation by Communities and Other Stakeholders

- ***Sub-IR 4.1: Increased Engagement of Communities, Civil Society, Private Sector Organizations and Local Governments in Health Sector Activities and Governance***
- ***Sub-IR 4.2: Priority/Gateway Behaviors Adopted by Individuals, Families and Communities***

3. MONITORING

HPN IPs must provide a comprehensive Activity Monitoring, Evaluation and Learning Plan (AMELP) in a format approved by USAID/Senegal (link). Specific data required are those to measure HPN indicators as provided in their approved AMELP.

The 2021-2026 HPN Results Framework may evolve over time, although the technical domains of health system strengthening, maternal/child health, nutrition, family planning and reproductive health, malaria prevention and treatments, HIV/AIDS, and water sanitation and hygiene will remain the same. Thus, methodologies for collecting and actual data collected under the various implementing mechanisms resulting from the HPN portfolio will need to be harmonized to meet the needs of USAID's reporting requirements.

The HPN team and its IPs together will monitor performance data during each reporting year. They will meet quarterly to discuss and review progress. Depending on the results of these reviews, they may adjust programming and activities. As part of the monitoring process, HPN will hold quarterly review meetings with IP staff. Periodically, these review meetings will include staff from the MOH and other key stakeholders. HPN will also conduct joint site visits to the field with IP staff, MOH counterparts, health providers and community leaders.

The table below shows monitoring and evaluation tasks and responsibilities across USAID/SENEGAL staff members under the 2021-2026 Health PAD.

M&E TASKS AND RESPONSIBILITIES

Action	AOR/CORs/	HPNO Management/ Sub DO2 team	M&E Specialists	PRM
PMELP development	Assist	Responsible	Assist	Consult
Reviewing and updating the PMELP	Assist	Consult	Responsible	Consult
Organizing an orientation session on the PMELP with the Implementing Partner M&E Specialists at the inception of the new portfolio	Assist	Inform	Responsible	Consult
Collecting performance data from USAID partners (quarterly reports and PITTs)	Responsible	Assist	Assist	Inform
Reviewing and approving performance data (quarterly reports and PITTs)	Responsible	Inform	Assist	Inform
Collecting / Reviewing / Approving Annual Performance Report	Responsible	Inform	Assist	Inform
Conducting Data Quality Assessments (DQAs)	Responsible	Inform	Assist	Inform
Submission of indicator data and narratives to PRM for the PPR	Responsible	Responsible	Assist	Consult
Submission of PPR (including edit and verifying information submitted by technical teams, uploading into FactsInfo, coordinating front office and Embassy review)	Assist	Assist	Responsible	Assist
Planning evaluations and special studies including CLA	Assist	Responsible	Assist	Assist

Management of MEL contract	Consult	Consult	Responsible	Consult
Conducting site visits (at least two per year)	Responsible	Consult	Consult / Assist	Inform
Review and approval of AMELPs	Responsible	Inform	Assist	Inform

- R - responsible: Those responsible for the performance of the task. There should be exactly one person with this assignment for each task.
- A - assists: Those who assist and support the completion of the task.
- C - consulted: Those whose opinions and feedback are sought, but are not required to respond.
- I - informed: Those who must be kept up-to-date on progress.

A. Performance Indicators

The HPN Team has identified the following four key performance indicators (KPIs) for monitoring the project purpose:

1. KPI 1: Infant Mortality rate
2. KPI 2: Malaria Mortality rate
3. KPI 3: Maternal Mortality
4. KPI 4: HIV Prevalence rate

In addition, the HPN Team has identified the following illustrative performance indicators (PIs) for monitoring the project results (intermediate results (IRs) and sub-intermediate results (Sub-IRs)). The detailed list of illustrative PIs is provided in Appendix C, Annex 1 of this PMELP.

IR1: Strengthened Systems

1. Availability of the HR statistical yearbooks
2. Utilization rate of allocated budget to the health sector
3. Number of mechanisms in place to track delivery of medicines from storage to health facilities/pharmacies

- **Sub IR1.1: Improved management of the health system**

1. Percent of health structures with a functioning system for reference and counter-reference from the community to the health post

- **Sub IR1.2: Optimized use of resources to achieve better health outcomes (finance, HRH, supply chain, PPPs and contracting out)**

1. The number of stock-out days for Maternal and Child Health vital importance commodities

- **Sub IR 1.3: Health sector policies and guidelines effectively implemented**

1. Percentage of providers complying with labor and delivery management norms and protocols in USG supported health services

IR2: Increased Access to Services

1. Quality improvement - Overall service utilization rate among USAID-supported facilities implementing quality improvement (QI)
2. Number of pregnant women reached with nutrition-specific interventions through USG-supported programs
3. Number of suspected cases tested with RDT

IR3: Improved Quality of Services

1. Financial risk protection - Percentage of people enrolled in USAID-funded financial protection schemes in USAID project catchment areas
2. Percentage of providers complying with labor and delivery management norms and protocols in USG supported health services
3. Percent of confirmed cases treated with ACT

- **Sub IR 2.1/Sub IR 3.1: Increased access to evidence-based, high impact health care interventions**

1. Number of patients benefiting artemisinin-based combination therapy (ACT) treatments purchased with USG funds
2. Number of newborns who received postnatal care within two days of childbirth in USG-supported programs

- **Sub IR2.2/Sub IR 3.2: Quality of care improved**

1. Number of live births assisted by qualified personnel
2. Percentage of patients on ARV with an undetectable viral load reported in treatment center registers or laboratory information system in the last 12 months

- **Sub IR2.3/Sub IR3.3: Private sector providers engaged**

1. Number of marketing plans developed and implemented using evidence-based marketing planning
2. Percent of innovative financing in total health expenditure (Private resources through Corporate Social Responsibility vs PPP)

IR4: Increased Participation by Communities and Other Stakeholders

1. Percent of local budget allocated to the Health sector
2. Number of agreements signed with CBOs or CSOs for implementation of advocacy activities
3. Percent of functioning CDS in targeted areas

- **Sub IR4.1: Increased engagement of communities, civil society, private sector organizations and local governments in health sector activities and governance**

1. Percent of local governments' health budget allocated to PTA activities

- **Sub IR4.2: Priority/gateway behaviors adopted by individuals, families and communities**

1. Percent of households in target areas practicing correct use of recommended household water treatment technologies.

B. Data collection

HPN A/COR, Activity Managers and GATR will collect on a regular basis (quarterly, semi-annual and annual) and analyze contextual and performance data to monitor the progress of this project and, if necessary, update the MEL Plan. Baseline data for the proposed indicators addressing MCH, FP and malaria will be collected by the continuous Demographic and Health Survey (cDHS). Additional data on malaria will be collected through a Malaria Indicator Survey (MIS). Performance and monitoring data on HIV will continue to be collected as part of the PEPFAR program. HPN will emphasize the DHIS2 routine data collection system for its information needs, reinforcing this important GOS system to model the data used to inform decision-making. Other indicators in the Project MEL Plan will be collected through routine data collection, including monitoring data collected by IPs and the DHIS2. HPN will ensure regular data quality audits are conducted by IPs to ensure the quality and accuracy of the data. Endline data will be collected through the cDHS, DHIS2, and endline data collected by IPs.

C. Context Monitoring:

HPN will monitor the following indicators with regard to key assumptions necessary for the achievement of the project purpose:

- The portion of the GOS budget dedicated to health. The budget should be steadily rising to meet Senegal's commitments under the Abuja Declaration. Any reductions in health expenditures by the GOS will be discussed among the HPN team and elevated to the technical and financial partner (TFP) group and Mission Director, as needed, for further action and consideration.
- Immunization rates to ensure that the change in status for Gavi funding does not have any adverse effects on vaccination rates.
- Disease outbreaks in Senegal and in neighboring West African states. While USAID and the U.S. Government Interagency Team have robust programming in Global Health Security, any outbreaks, such as Ebola or COVID-19, could have serious ramifications.

D. Managing IR2.1 of the 2021-2025 CDCS DO2 for results

HPN team members are responsible for ensuring full participation and collaboration of their implementing partners in monitoring the overall performance management system of the Health Project Portfolio.

As the project develops and evolves, the Team will utilize an adaptive management approach to the project, actively monitoring implementation, assessing progress, and identifying necessary adjustments and refinements. AORs/CORs and Activity Managers will ensure that Activity MEL Plans are consistent with, and will meet the data requirements of the overall MELP. The

AORs/CORs and Activity Managers will play a key role in learning and adapting as frontline staff engaged in activity supervision, data analysis, and other relevant performance information shared by IPs, the MOH and other key stakeholders. This will enable the staff to recommend important course corrections, such as adjustments to ongoing work plans or modifications to implementing mechanisms.

E. Assessing Data Quality

Data quality assessments (DQAs) will be an important tool that will be used to help HPN to assess and understand how confident they should be in the data used to manage a program and report on its success. It will also ensure that the HPN team is aware of the strengths and weaknesses of the data, as determined by applying the following five data quality standards: Validity, Reliability, Precision, Integrity and Timeliness. These assessments will also raise USAID awareness of the extent to which the data integrity can be trusted to influence management decisions, as well as the apparent accuracy and consistency of the data.

Data quality assessments are carried out by the A/COR, Activity Managers and GATR themselves with the support of the M&E Specialist in PRM and not delegated to an outside partner. The HPN team is responsible for ensuring that all members/activity managers integrate data quality assessment into ongoing activities (e.g., combine a random check of partner data with a regularly scheduled site visit). This enhances management of activities and minimizes the costs associated with data quality assessment. Team members will use the USAID/Senegal Data Quality Checklists to conduct the data quality assessments). DQA findings, recommendations and follow-up action will be documented in project files and within Program Office Files.

4. EVALUATION

Performance indicators only “indicate” progress and cannot be used to determine “why” a certain result occurs. Evaluations and special studies are ways in which the IR2.1 Sub-Team will complement routine performance monitoring efforts with more rigorous, in-depth analysis on topics of special interest.

HPN anticipates conducting a mid-term, cross-cutting evaluation of the 2021-2026 Health Portfolio that includes multiple implementing mechanisms. HPN will work closely with the Program Office in the design of the evaluation, including planning for data collection, the timing of the evaluation and use of the mission-wide mechanism or another third party (external) organization to conduct the evaluation. Specific activities may also conduct final evaluations. The choice of evaluation methods, if any, will be discussed during the activity design phase.

- Evaluation schedule?
- Performance evaluations?
- Evaluation sharing and dissemination?

5. COLLABORATION, LEARNING AND ADAPTATION (CLA)

A. Overview

HPN will facilitate collaboration, learning and adaptation across the portfolio through several approaches. First, HPN will continue to hold a semi-annual Comité de Pilotage (CDP), chaired jointly by the HPN Office Director and the Secretary General of the MOH. Second, HPN will hold quarterly meetings with Chiefs of Party. Third, HPN will conduct six-monthly joint site visits to the field to discuss successes, challenges and lessons learned, with IP staff, MOH counterparts, health providers and community leaders. Fourth, the team will utilize the mission-wide MEL activity to assist with the compilation, analysis and sharing of data collected by the GOS (DHIS2) and IPs to closely monitor health system performance.

B. CLA Issues/Questions

The Project Team has identified several important learning questions. HPN's **learning priorities** include, but are not limited to:

Sub-teams	Learning Agenda Questions
President Malaria Initiative	● What are the challenges facing a decentralized approach to malaria elimination and how do we optimize malaria activities at the decentralized level? ● What are the best approaches to: (1) engage with the private sector, and (2) increase quality service delivery among private sector providers and integrate private sector data into the national reporting system? ● How can domestic resource mobilization - including a funded national budget line item for malaria and increasing resources at the local level - be leveraged to accelerate the goal of achieving malaria elimination by 2030?
Integrated District Health	● What are the main challenges to overcome to ensure larger utilization of health facilities by poor and vulnerable people? What are changes made by health facilities to increase utilization of health facilities by the poorest and vulnerable in urban squatter settlement? ● To what extent are private health providers integrated in the health system and complementing public health facilities in urban cities? ● To what extent has the implementation of the program strengthened the referral system for obstetric care emergencies? What is the evidence model?
Health Systems Strengthening	● To what extent does the health system need to partner with local governments on urban health care service delivery to ensure that health outcomes are used for building effectiveness in planning and management of urban health care programs, especially for squatter settlements? ● How does the health system improve its capacity to detect, respond, adapt and reform with regards to emerging diseases and natural disasters? ● To what extent do the new health sector reforms have an impact on the performance of the health system? ● How are investments in HSS aligned with a long-term vision and planning to create a sustainable impact on the health system?

Government to Government	● How has HPN's G2G approach of increased focus on host country commitment, capacity, and ownership impacted health indicators? ● To what extent has the financial contribution of local governments in G2G regions improved access and quality of health services? ● To what extent has HPN's G2G programming adapted to Senegal's decentralization efforts?
Cross-Cutting	● To what extent does technical assistance from an IP provide added value as a complement to subgrants? As regions transition from subgrants to G2G, to what extent is it valuable to maintain this technical assistance? ● To what extent is the structure of the program with the IDH and urban health components more efficient? ● To what extent have WASH services improved the quality of care in health care facilities? ● How are USAID supported interventions pooled together to build the capacity and commitment of actors at all levels of the health system to promote empowerment/self-reliance? ● To what extent are USAID investments in the private sector effectively targeted to improve health outcomes for vulnerable populations?

APPENDIX C, ANNEX 1: LIST OF ILLUSTRATIVE INDICATORS

Objective/result	Illustrative Indicators	Data sources	Notes
Goal/DO2: Improve Human Capital	Human development index (HDI) (GDP+Life Expectancy+Education level)	• Human Development Rapport (UDR)/PNUD	Context
Purpose – Health Status Improved: *The Senegalese health system is sustainably improved and effectively utilized to reduce child and maternal deaths, protect communities from infectious diseases, and contribute to controlling the AIDS epidemic.*	Infant Mortality rate	• Continuous Demographic and Health Survey (C-DHS)	Custom
	Malaria Mortality rate	• NMCP	Custom
	HIV Prevalence rate	• Health Survey (DHS)	Custom
	Maternal Mortality	• Demographic and Health Survey (DHS)	Custom
Sub Purpose 1/IR1- *Strengthened systems*	Availability of the HR statistical yearbooks	• MOH • Implementing Partners	Custom
	Utilization rate of allocated budget to the health sector	• Health Committee reports • USAID site visits	Custom
	Number of mechanisms in place to track delivery of medicines from storage to health facilities/pharmacies	• Implementing Partners • USAID site visits	Custom
Outcome 1.1/Sub IR1.1 *– Improved the management of the health system*	Percent of health structures with a functioning system for reference and counter-reference from the community to the health post	• Implementing Partners • USAID site visits	Custom
Outcome 1.2/Sub IR1.2 *- Optimized use of resources to achieve better health outcomes (finance, HRH, supply chain, PPPs and contracting out)*	The number of stock-out days for Maternal and Child Health vital importance commodities	• MOH	HL.7.1-3/ Custom
Outcome 1.3Sub IR 1.3: *Health sector policies and guidelines effectively implemented*	Percentage of providers complying with labor and delivery management norms and protocols in USG supported health services	• DHIS2	Custom
Sub Purpose 2/IR2- *Increased access to services*	Quality improvement - Overall service utilization rate among USAID-supported facilities implementing quality improvement (QI)	Implementing Partners	HL.1.13-3
	Number of pregnant women reached with nutrition-specific interventions through USG-supported programs	• Implementing partners	HL.9-3
	Number of suspected cases tested with RDT	• NMCP • IPs • DHIS2	Custom

Sub Purpose 3/IR3- *Improved quality of services*	Financial risk protection - Percentage of people enrolled in USAID-funded financial protection schemes in USAID project catchment areas	• Implementing Partners	HL.1.13-2
	Percentage of providers complying with labor and delivery management norms and protocols in USG supported health services	• DHIS2	Custom
	Percent of confirmed cases treated with ACT	• NMCP • DHIS2 • IPs	Custom
Sub IR2.1/Sub IR 3.1 – *Increased access to Evidence-based, High Impact Interventions*	Number of patients benefiting artemisinin-based combination therapy (ACT) treatments purchased with USG funds	• NMCP • DHIS2 • IPs	Custom
	Number of newborns who received postnatal care within two days of childbirth in USG-supported programs	• Districts	HL.6.3-63
Sub IR2.2/Sub IR 3.2 - *Quality of Care Improved*	Number of live births assisted by qualified personnel	• C-DHS	Custom
	Percentage of patients on ARV with an undetectable viral load reported in treatment center registers or laboratory information system in the last 12 months	• District report • DHIS2	PEPFAR
Sub IR2.3/Sub IR3.3 - *Private Sector Providers engaged*	# of marketing plans developed and implemented using evidence-based marketing planning	• Implementing Partners	Custom
	Total private sector resources leveraged	• Implementing Partners	Custom
	Percent of innovative financing in total health expenditure (Private resources through Corporate Social Responsibility vs PPP)	• Health Committee reports • USAID site visits	Custom
Sub Purpose 4/IR4 - *Increased participation by communities and other stakeholders*	Percent of local budget allocated to the Health sector	• Ministry of Finance • Ministry of Territorial Communities and Spatial Planning	Custom
	Number of agreements signed with CBOs or CSOs for implementation of advocacy activities	• Implementing Partners	Custom
	Percent of functioning CDS in targeted areas	• Implementing Partners	Custom

Outcome 4.1/Sub IR4.1 – *Increased engagement of community, civil society organizations, private sector organizations and local governments to participate in health management/governance*	Percent of local government health funding allocated to PTA activities	● Implementing Partners (targeted surveys)	Custom
Outcome 4.2/Sub IR4.2 – *Priority/gateway behaviors adopted by individuals, families and communities*	Percent of households in target areas practicing correct use of recommended household water treatment technologies	● Implementing Partners (targeted surveys)	HL.8.2-6