



2016 -2021
HEALTH/SENEGAL PROGRAM

COMPONENT

"GOVERNMENT TECHNICAL ASSISTANCE PROVIDER"

(GoTAP)

Funded by USAID and implemented by Abt Associates

MONITORING-EVALUATION AND LEARNING PLAN

Issued to:

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COR/GoTAP USAID / Senegal

Dakar, February 2017

Abbreviations and acronyms

- Abt/HO	: Abt Associates/Head Office
- Abt/TPO	: Technical Project Officer (TPO)
- Abt / PM	: Portfolio Manager (PM)
- Abt / IRB	: International Review Board
- ACA	: Association Conseil pour l'Action
- ACTC	: Short-term technical support
- ADS 203	: USAID Automatic Directive System for
- AMELP	: Activity Monitoring Evaluation and Learning Plan
- ARG	: African Resources Group DAGE
- DHIS2	: District Health Information Software (DHIS)
- DO2	: Development objective
- DSRSE	: Directorate of Reproductive Health and Child Survival
- DSIS	: Division of Health and Social Information System
- DPRS	: Directorate of Planning, Research and Statistics
- HRD	: Human Resources Directorate
- DGS	: Directorate-General for Health
- DQA	: Data quality Audit
- ECR/ECD	: Regional / District Framework Team
- CP/ST	: Steering Committee/Technical Secretariat
- EG2G	: G2G Expert
- ESP	: Public Health Expert
- DHS-MICS	: Multiple Indicator Demographic and Health Survey
- DHS-C	: Continuous Demographic and Health Survey (annual)
- COP	: Steering Committee
- COR/USAID	: Contracting Officer Representative
- CRV	: Regional validation committee
- FAA	: Fixed Amount Award
- FARA	: Fixed Amount Reimbursement Agreement
- FE	: Pregnant Woman
- FD	: Direct financing
- FAR	: Reproductive Age Woman
- HMIS	: Health Monitoring Integrated System
- RBM	: Results-based Management
- GATHER	: Publications of Abt's International Health Division
- GoS	: Government of Senegal
- G2G	: Government to Government
- GOLD	: Governance for local development
- HFG	: Health Financing and Governance
- ISD-BH	: Integrated Service Delivery and Healthy Behaviors
- IR	: Outcome indicator
- MSAS	: Ministry of Health and Social Action
- M&E (DDML)	: Head of Monitoring and Evaluation/Use of Data
- Newdea	: Monitoring and evaluation software in the health and social sector
- PSE	: Monitoring and Evaluation Plan
- PIRS	: Performance indicator reference sheet

- PNDS : National Health and Social Development Plan
- PNLP : National Malaria Control Program
- PFMRAF : Public Financial Management Risk Assessment Framework
- POPAEN-IHI : Operational Plan for Scaling up High-Impact Interventions
- PNSE : National Child Survival Plan
- PNSR : National Reproductive Health Plan
- PNP-SR : Reproductive Health Policies, Standards and Protocols
- PROGSANTE : USAID Health Program
- PAI : Integrated Action Plan
- PASMESSIS : Project for the Improvement of Mother and Child Health and the Health and Social Information System
- PF : Family planning
- PSP : Performance Monitoring Plan
- PTA : Annual work plan
- RAC : Joint Annual Review
- RFTOP : Request for task order proposal
- HSS+ : Health System Strengthening plus
- M&E : Monitoring and Evaluation
- SEA/SEL : Monitoring-evaluation and learning (L = Learning)
- SHOPS : Strengthening health outcomes through private sector plus
- SIMR : Integrated Disease and Response System
- SNIS : National Health Information Service
- SRSE : Reproductive health and child survival
- SRMNIA-FP : Reproductive, maternal, neonatal, infant and adolescent health including family planning
- ST : Technical Secretariat of the Steering Committee
- TRG : Training resources Group
- TDR : Terms of reference
- TOM2PRO : Financial and accounting software
- HIV : Acquired Immunodeficiency Virus
- TBD : To Be Determined

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Summary

This monitoring and evaluation-learning plan (Activity Monitoring Evaluation and Learning Plan: AMELP) is a tool for measuring the performance of the activities listed in the Proposal GoTAP. The Plan enables to better visualize the project congruence with USAID indicators results framework on one hand, and on the other, the activities which will be carried out by central level entities and in consolidation regions during the period of the project. The conceptual diagram underlying the performance measurement framework is guided by a logic model based on Abs Associates and USAID principles, techniques, and monitoring and evaluation and learning tools. The implementation of AMELP/GoTAP is geared towards results-based management (RBM).

The Monitoring-Evaluation and Learning Plan:

- a) presents measures of project performance indicators in the overall framework of the 2016-2021 USAID Health Program;
- b) describes the overall approach, objectives, strategies and desired outcomes to be achieved for the duration of the project;
- c) describes the agreed indicators for measuring the performance of the project;
- d) describes the overall management of the project (collection methods and media, data sources, monitoring and evaluation of the plan, use of data and storage of information;
- e) presents the project's monitoring and evaluation matrix;
- f) presents the PIRS for each result indicator.

The program's M&E plan focuses on achieving concrete results. It is designed to monitor the activities of the project and evaluate their success, but remains much more oriented towards evidence-based decision-making (Learning for Decision Making).

The documentation of the G2G line of the Government of Senegal (GoS), the institutional capacity to properly manage resources and the improvement of the routine health information system (DHIS2) are among the learning components which will be documented using PRISM (Performance of Routine Information System Management) tools.

The adaptive management approach for studying management models adapted to user behaviors, the formative supervision and the evaluation of the performance of contractual health workers to ensure the sustainability of these jobs under G2G are examples proposed by GoTAP to USAID during the period of the Project. An important part of the Plan describes these learning-oriented studies and operational research.

The GoTAP/AMELP takes into account USAID/Senegal's priorities described in the Task Order No. AID-OAA-I-14-00032-/aid-685-TO-16-00002, and the priorities related to gender and youth issues. The GoTAP program offers to USAID the use of **NewDea** software that enables the electronic collection, compilation and analysis of information and M&E data.

Introduction

The United States Agency for International Development (USAID), as part of its 2016-2021 Health Program, has established five components that work to sustainably strengthen the health system's performance and the reduction of the burden of disease to improve Senegalese people's health and well-being. During this phase, USAID has agreed with the Government of Senegal (GoS) to change the financing of its programs from sub-contracts with implementing agencies to direct Government-to-Government (G2G) agreements. Thus, through the Ministry of Economy, Finance and Planning, USAID will allocate the funds to the Ministry of Health and Social Action via the Directorate of General Administration and Equipment (DAGE) to finance, on the basis of a validated action plan, the direct beneficiary national and regional entities. The main consequence of this policy is that the Government of Senegal will have to ensure the optimal use of the funds put in place, in accordance with national procedures and USAID standards, in order to achieve the objectives set.

To this end, the GoTAP component will facilitate the sustainable appropriation of G2G direct financing, which is a policy wanted by the State of Senegal to make the Ministry of Health and its decentralized services more responsible. In order to ensure the proper implementation of the action plans, through transparent, effective and accountable management of the funds, it is essential to equip those responsible for this program in the institutions or entities concerned. It will be necessary for GoTAP:

- to provide the Ministry of Health and USAID with support for steering the governance of all health programs through the Steering Committee of USAID Health Program and its Technical Secretariat ;
- to provide these staff with standardized tools, which are based on the revised PNDP procedures manual, taking into account the weaknesses identified in the Risk Mitigation Plan (PFMRAF) and in the baseline study for identifying the capacity building needs of the national institutions and consolidation regions coming under G2G;
- to improve the culture of the use of data for decision-making (learning and course correction) through a technical and logistical approach of extraction, analysis, interpretation and dissemination of the data on G2G and the health indicators (DHIS2, DHS, etc.), at central level and in the consolidation regions, in order to achieve the objectives of the various programs;
- to ensure coordination of interventions between all the components within the framework of USAID integrated Health Action Plan.

In order to achieve health improvement and accountability outcomes, the GoTAP component of 2016-2021 USAID Program will improve its approach to achieve continuous results that can be used to make, in a rigorous and credible manner, informed choices for health financing and improved health interventions in the short and medium term. GoTAP Monitoring-Evaluation and Learning Plan will apply the PRISM (Performance of Routine Information System Management) adaptive management approach to learning activities acquired from sound evidence. PRISM tools allow assessing the performance of the routine health information system (e.g., DHIS2), identifying the technical, behavioral and

organizational factors which influence the system and assisting in designing priority interventions to improve the performance and quality and use of routine health data.

1. Background

As part of accelerating the economic and social development of the country, driven by the Emergent Senegal Plan (PSE) and the Act III of Decentralization, the actions programmed through the various components of the 2016-2021 USAID Health Program, contribute directly to the implementation of the 2009-2018 National Health Development Plan (PNDS), which is based on the vision of "a Senegal where all individuals, all households and all communities benefit from universal access to promotional, preventive, curative and rehabilitative health services without any form of exclusion and where they are guaranteed an economically and socially productive level of health".

Over the past two decades, USAID has made significant contributions, alongside other technical and financial partners, to the achievement of significant health gains in Senegal. The country has recorded one of the best performances in reducing infant mortality in Africa. Infant and child mortality decreased from 121 ‰ to 72 ‰ between 2005 and 2010, and between 2011 and 2014 to 54 ‰ for an estimated target of 44-46 ‰ (DHS IV2005 and DHS-MICS 2010-11). Infant mortality also decreased as a result of the combined efforts of partners and the Government from 61 ‰ to 47 ‰ for an expected target of 22 ‰. In terms of maternal and neonatal health, progress has also been made: between 2005 and 2010, maternal mortality decreased from 401 deaths per 100,000 live births to 392 deaths per 100,000 live births (DHS-MICS 2010-11) and in 2014 to 315 deaths per 100,000 live births (DHS Continue) for an expected target of 139 deaths per 100,000 live births in 2015. During the same period, neonatal mortality, which had decreased only by 5-6 (35‰ to 29 ‰) has sparked significant mobilization from the ministry, communities and partners, decreasing the rate, according to 2014Continuous DHS, from 29 ‰ to 19 ‰ for an expected target of 16 ‰.

These encouraging results have been achieved because mothers, newborns, children and adolescents' health improvement is considered to be a high priority by the State of Senegal. This is reflected in the strategic objectives and orientations set out in the various policy documents, strategic plans and operational plans validated between 2000 and 2010 and between 2011 and 2015. These documents include the National Health Development Plan (PNDS 2009-2018), the National Plan for Child Survival (PNSE, 2009-2015), operationalized by scaling-up the high-impact intervention plan (POPAEN-IHI) at national level, the Reproductive Health Strategic Plan (PNSR, 2011-2015), the Reproductive Health Standards and Protocols Policy Document (PNP-SR, 2015) and the Multi-Sector Roadmap for Accelerating Reduction in Maternal, Newborn and Child Mortality. The political will was also marked by the creation of the Directorate of Reproductive Health and Child Survival (DRSE) and the strong involvement of international partners.

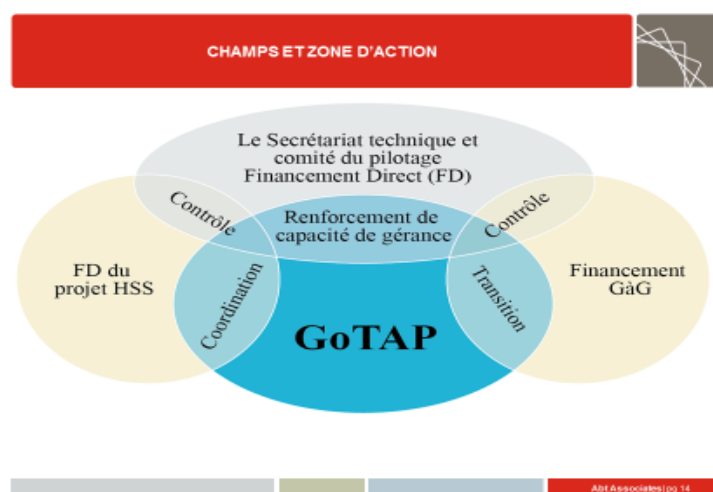
It is in this context that USAID has continued its support to the Government of Senegal, for more than two decades, and adopted a new Health Program covering the period 2016-2021 built on the important achievements of the previous programs, which have greatly contributed to the reduction of the burden of the disease and to the erection of an increasingly efficient health system.

2. Developmental Assumptions

Technical assistance provider to the MSAS' entities (central and decentralized levels), GoTAP's main missions are on one hand, to support the development of the direct financing strategy through the extension of G2G programs and, on the other, to support the dynamics of the use of data for decision-making. Efforts will be directed, in particular, towards supporting national entities and the regions of the consolidation zone of USAID program for a successful transition to G2G. The development assumptions (illustrated in Figure 1 below) underlying the success of this mission are:

- if the functioning of the Health Program's Steering Committee and its Technical Secretariat, based on the clarification of their mandates, roles and responsibilities in the implementation, monitoring and evaluation of G2G mechanism, is optimal,
- if G2G vision of meeting USAID requirements is well understood by these governance steering bodies and the health system implementing partners; and
- if the transition is smoothly carried out successfully in the consolidation regions,
- then G2G program will be appropriate, transparent, effective and sustainable for a well-functioning health system and the improvement of the well-being of the Senegalese population.

Figure 1: Development Assumptions and Area of Action of GoTAP Project



3. Comprehensive Approach to the Monitoring/Evaluation/Learning Plan

GoTAP Monitoring/Evaluation/Learning Plan is a tool for the continuous monitoring of activities and periodic measurement of results. Its development is guided by the principles outlined by Abt Associates and USAID which describe the guiding principles of a SEA plan.

3.1. Guiding principles

1. Comply with USAID requirements and Abt Associates guidelines outlined in Proposal GoTAP.
2. Ensure that the plan is backed by the key project documents (Scope of work/RFTOP No. SOL-685-16-000012, Proposal GoTAP to USAID by Abt Associates, the GoTAP Annual Work Plan and the Monitoring and evaluation Plan of the PNDS). It is important to note that the plan will be articulated to the Project's annual action plans and will be updated over time and as changes are made to the work plan.
3. The advocated team approach involving the Public Health Expert, the G2G Expert, the Financial Expert posted in the DAGE, under the supervision of the COP, the contributions of Abt/HQ (PM and TPO) and mentoring of the COR/USAID in understanding the Task Order, its limitations and the AMELP objectives.

USAID/Senegal wants to improve the governance of its Health Program by the MSAS, using several approaches, through a collaborative data analysis which identifies the progress and the development of models allowing data to be visualized to show the value of USAID/Senegal's investments and to promote the ownership of the results by the MSAS. Data can also improve advocacy activities and decision-making. To achieve these objectives, USAID/Senegal needs timely and accurate data on the program investments, the progress achieved and the results for the semi-annual meetings of the Steering Committee of USAID/Senegal Health Program and for the implementing partners' quarterly meetings.

Throughout the duration of the project, GoTAP's team will adopt a close integrated approach with the components implemented by Abt Associates (HSS+, SHOPS,) as well as the other components NEEMA, HRH 2030 and GOLD. This approach, based on the integrated action plan, will help reduce duplication and strengthen synergistic interventions.

3.2. Training on the Monitoring/Evaluation/Learning Plan

The first step was to share the plan internally, which was reviewed by all team members under the supervision of the Team Leader. Its links to USAID's results framework (Results Framework) and GoTAP's action lines were reviewed. Training will be organized in order, after approval, to increase the capacity of the members of the Steering Committee and the Technical Secretariat to collect, compile, analyze and draft the performance reports. The AMELP Plan will also be shared with implementing partners to focus on technical assistance to regions, with a view to identifying strengths and weaknesses to ensure quality programmatic implementation. Data storage and data security and quality requirements will also be addressed. In collaboration with HSS+, the staff of the Health Information System Division (DSISS) of the MSAS could be incorporated into the planned training and operational research for strengthening the DHIS2 platform.

4. USAID Results Framework and Links with GoTAP

4.1 Frameworks

Strategic or result frameworks generally identify the steps or levels of outcomes, illustrating the causal relationships with the objectives of a program. They track the gradual progress of results towards the overall impact of the project, taking into account the logic and the links

with the other components. The results of the GoTAP project are part of the overall USAID results framework. Indeed, GoTAP contributes to the achievement of IR3 (Improved performance of the health system), Sub IR 3.1 (improved health system governance and finance) and Sub IR 3.4 (improved information and data use for decision maker) in collaboration with the objectives and outcomes of the other components of the USAID Health Program.

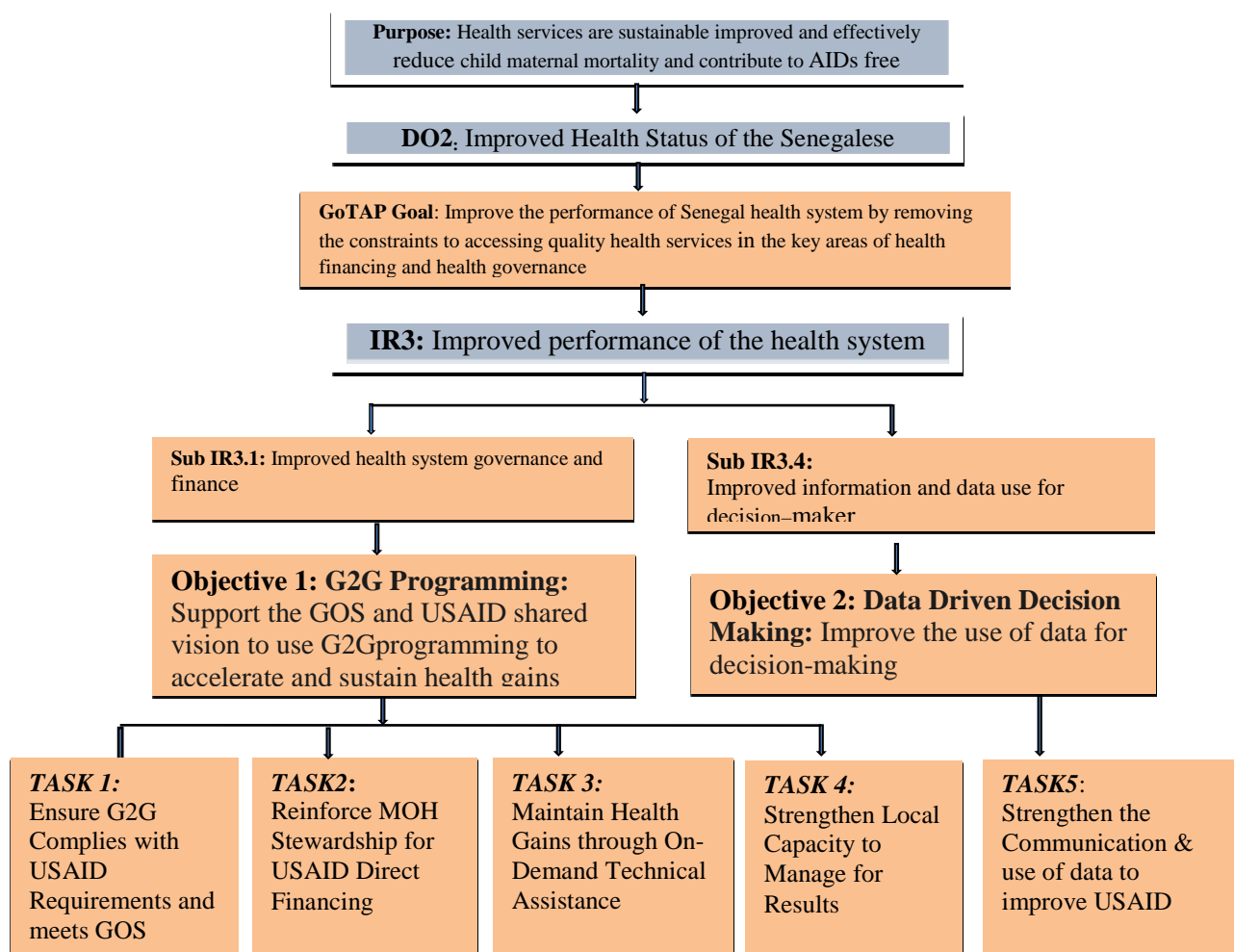
Traditional result frameworks are based on a linear causal relationship, but the true relationship between project activities and expected outcomes is much more complex. A logical framework aware of complexity recognizes that change depends on many planned and unplanned interactions between known and previously unknown elements.

GoTAP will help the MSAS establish a dynamic and flexible management structure through a traditional results-based model, but using adaptive management techniques to address a complex environment which can generate and mobilize data for decision-making, identifying potential risks and taking steps to mitigate them.

The GoTAP Outcome Objectives (Indicator level) highlight the linear relationships between inputs, process and program outcomes. They seek to illustrate the relationships between organizational factors (good governance institutions), individual factors (decision makers and technical staff working in these institutions), other variables (environment, gender, age) and interrelationships (external factors) that can significantly influence the functioning and achievement of the vision and objectives of the project.

The figure below shows the links of GoTAP results to USAID results.

Figure 2: Links of GoTAP results to USAID results



4.2. Indicators

GoTAP distinguishes between the Mission-related indicators (PMP) and the Project-related indicators (activities). Sub-IR 3.1 and sub IR 3.4 (IR 3) of the USAID Result Framework guide the development of GoTAP result indicators. The indicators of GoTAP's AMELP plan are constructed according to this causality pattern, on four types of indicators:

- **medium and long-term results indicators** assessing the recorded effects of the program. Thirteen (13) results indicators are proposed (Table 2 in the annex). They relate to the 2 objectives and the 5 tasks of the Project or to a specific priority in the program (the successful FAA to FARA transition, for example). They integrate the theory of change (PRISM) by capturing the expected effects on individuals (managers and users of the G2G mechanism) and the effects on the capacity of G2G-funded governance institutions to manage efficiently the resources available to them. In order to minimize external factors, GoTAP line seeks to define results indicators closer to actions. These indicators are measured at the mid-term or final evaluation. Trends can also be measured in an internal rapid assessment based on case studies conducted by the Steering Committee or the Technical Secretariat with the support of the Project or in an external evaluation conducted by an independent consultant-researcher. Some mid and long term **plotter indicators** (Masters) are provided by USAID;
- **context indicators:** for example, the "maternal mortality rate" and the infant and "child mortality rate" are indexes. This type of indicators will be taken into account in the analysis of the standard indicators provided by USAID and the Government of Senegal in the DHIS2 (Table 3 in annex). The analysis will be carried out on based on studies carried out annually by the ANSD (continuous DHS) and every five years (DS-MICS). It is important to note that long-term *impact indicators* are taken into account in the overall plan for the evaluation of the MSAS and USAID Health Program's strategic plans (PNDS in 2018).
- **output indicators (or outputs)** measuring the immediate (short-term) results regarding the implementation of program activities. These indicators are closely linked to the activities of GoTAP Action Plan with direct effect, for example on the participants in a G2G orientation/training and its action on the institution; these indicators are measured during routine monitoring (Table 3, Annex). Concerning the outputs, the analysis of these indicators will show how working processes, methods and tools have improved interactions between institutions and stakeholders, coordination, G2G funding mechanisms, information for decision-makers, and the reduction of the administrative and financial burden of national or regional entities under G2G, etc.
- **Activity (or process) indicators** measuring the level of implementation for the activities included in the GoTAP action plan and recording the resources used to carry out the activities (number of staff and STTA, materials provided by USAID to ensure advanced integrated strategies in the regions, the supervision missions, and the number of training for the target personnel on the G2G package of tools.

5. Performance Monitoring Plan (PSP)

According to USAID, the plan is a comprehensive description for collecting and reporting performance data throughout the duration of the project (2016-2021).

5.1. Rationale for selecting indicators

The selection is justified by:

- ***standard indicators*** (result) that USAID wants to combine and monitor the achievement of results;
- ***capacity-building indicators*** that were selected with respect to the 12 sub-tasks proposed in the Proposal GoTAP for achieving the 5 tasks. These performance indicators are based on the theory of behavior change (long-lasting effect on the participants/entities closely related to direct actions supported such as training, supervision, coaching/mentoring). Some of these indicators are based on the 1) USAID/Health Finance and Governance document (Health financing indicators (2014-2018), 2) a document shared by Abt Associates/HSS for the past five years, and other documents from the World Bank, for example;
- ***health gain maintaining indicators*** selected by the team on the list of the MSAS' indicators through the DHIS2 national reference platform (fed monthly);
- ***activity indicator*** (process-products) proposed by the team from the activities of the approved action plan.

In addition, GoTAP will use a "complexity theory" approach to measure gains in the G2G area. GoTAP is a new and unique project and the M&E team will use a "***probe-sense-respond***¹" to identify new indicators that may work better, contributing directly to GoTAP and future G2G projects. This project proposes to structure this process (described in Section 6) in an operational research study to document the success of the approach.

5.2. Project Data Sources

The main and official source for monitoring national health indicators is the DHIS2. GoTAP will work with the Division responsible for Health Statistics (DSISS) for the availability and use of the statistics generated by the DHIS2 for the specific indicators that relate to the project outcomes towards achieving Task 3, "Maintaining Health Gains in the Consolidation Regions". GoTAP will work with HSS+ and the Ministry of Health to gain regular access to DHIS2 relevant information. An access path will be allowed for GoTAP to conduct a continuous review of the relevant data to provide information about the performance of the project.

GoTAP will seek, through the Ministry's implementing partners, to gather national reports and reports from medical consolidation regions as necessary. This data will be disaggregated for better visibility concerning the status of implementation of the work plans. GoTAP will monitor the Demographic and Health Survey (DHS) and other national surveys carried out every five years.

¹Snowden, David J.; Boone, Mary E. (November 2007). "A Leader's Framework for Decision Making". Harvard Business Review, 69–76. PMID 18159787

As regards the process indicators, the project activity reports, the mentoring reports from local experts and the sub-contractors' reports will feed the level of progress of the Project's activity indicators.

5.3. Reporting frequency

It will be semi-annual and annual. The ongoing monitoring of activities and changes in input indicators will be conducted on a quarterly basis. The monthly data extraction for health gain monitoring from the DHIS2 platform will be monthly compiled and presented quarterly. These indicators will be compiled every semester and presented at the Steering Committee meetings and the templates will be annexed in USAID's semi-annual and annual reports.

The PSP is presented in Table 1 in the Annex. It comprises seven (07) columns:

1. Comprehensive set of performance indicators
2. Baseline and reference year
3. 5 years objective and annual objective
4. Level of disaggregation
5. Methods of collection
6. Data sources
7. Collection frequency

5.4 M&E stakeholders: roles and responsibilities

The chapter describes the role of GoTAP's staff in monitoring and evaluating the activities, the collection methods/tools (sources, databases, etc.), the collection and reporting frequency, and in evaluating the plan, DQA (Data Quality Audits).

The staff in charge of monitoring and evaluation-apprenticeship includes the Project Manager, the Head of M&E (Data decision maker lead) and the Public Health Expert responsible for, among others, monitoring health indicators in the consolidation regions. As part of the vision and implementing G2G mechanisms, the G2G Expert and the Financial Expert working at the DAGE provide support for the development of G2G monitoring indicators at the central level (DAGE) and in the consolidation regions. The Head of M&E is primarily responsible for the implementation and evaluation of the plan.

As part of the technical collaboration with HSS+ in the consolidation regions where GoTAP does not have field-based staff, the M&E team, in particular the ESP, will work closely with the HSS+ teams based in these regions for the exchange of information on the progress levels of the SRMNIA programs and the progress of the indicators, notably on health gains. GoTAP's M&E expert will work closely with the Health Information Management

Information Systems (HMIS) Advisor of HSS+ in the development of health information systems and the new health information strategy of the MSAS.

Table N° 2: roles and responsibilities of the staff in monitoring the PSE

Staff members	Roles and Responsibilities	Technical Collaboration
Project Manager	<ul style="list-style-type: none"> ✓ He is responsible for the technical and strategic management of the Project, interactions with other heads of agencies and stakeholders and the quality assurance process. ✓ Ensures correlation between the planned activities and the GoTAP and USAID results framework ✓ Coordinates with USAID and HSS+ the annual, semi-annual and quarterly reporting to USAID ✓ Coordinates the study and research activities related to GoTAP project and implemented by the subcontractors TRG, ACA 	<ul style="list-style-type: none"> ✓ With Abt/HO PM and USAID COA. ✓ In collaboration with the COP of HSS+ and other components of PROSANTE USAID ✓ Follow-up of the USAID Integrated Action Plan ✓ Collaboration with partners (DAGE, DSRSE, DPRS, HRD, DGS ..) and Region Medical Officer-MCR of coordination regions
Head of Monitoring, Evaluation and Learning	<ul style="list-style-type: none"> ✓ Is responsible for the Project's monitoring and evaluation and the progress of the action plan and the related results ✓ Contribute to the quality of implementation regarding studies, research and documentation-capitalization for the G2G experiences undertaken by the project (TDR, Methodologies, collection tools, Ethics, and validation of results.) ✓ Supervises and communicates to CP/ST the activities related to improving the use of data and results for decision-making. ✓ Compiles, analyzes and presents information on USAID's investments during quarterly meetings of the Technical Secretariat and the semi-annual and annual meetings of the MSAS Steering Committee 	<ul style="list-style-type: none"> ✓ Supervised by COP GoTAP and TPO Abt/HO ✓ He works with M&E/USAID and HDMI of HSS+, and M&E counterparts at Abt Bethesda ✓ Works in pairs with the Public Health Expert for the follow-up of indicators (MSAS and consolidation regions) ✓ Collaboration with M&E of other components of the USAID Health Program ✓ Works in collaboration with M&E/USAID/HFS

	<ul style="list-style-type: none"> ✓ Supervises the monitoring of the indicators' progress towards achieving the results and building the capacity for health gains in collaboration with the ESP ✓ Gives particular attention to weak or lagging indicators and proposes course correction actions to the Team Leader and the CP/ST ✓ Analysis of the progress of the USAID/Senegal Integrated Action Plan on a quarterly/semi-annual basis, under the direction of the Team Leader and supervision of the M&E/USAID and in collaboration with the M&E of the other components to highlight the successes and identify the constraints and possibilities for course correction ✓ Prepares the quality assurance audits for the project indicators proposed in the "Performance indicator tracking table" and under the supervision of the COP on the implementation of the project interventions ✓ It commits USAID implementing partners on an integrated approach for implementing quarterly plans 	
Public Health Expert	<ul style="list-style-type: none"> ✓ Works with the DPRS, the DSISS and consolidation medical regions to analyze the performance of health indicators, quality assurance, and MSAS priorities versus USAID/Senegal orientations. ✓ Follows the implementation of the PTA of the consolidation regions with focus on the PARMESIS-2 implemented in the region of Kaffrine (during the 1st year). ✓ Will assist as part of monitoring and 	<ul style="list-style-type: none"> ✓ Supervised by the COP. ✓ Works closely with the M&E in monitoring indicators ✓ Collaborates with the Region Medical Officers- MCR and District Medical Officers-MCD of consolidation regions ✓ Collaborates with

	evaluation to analyze progress in the implementation of the Integrated Action Plan, communications and advocacy for the use of data	implementing partners' management at the central level (DPRS, DSRSE, PNLP)
G2G Expert	<ul style="list-style-type: none"> ✓ Assist in analyzing the indicators related to the progress of G2G mechanisms at the DAGE level and in the consolidation regions, for example the use of the TOM2PRO software and the level of capacities of medical regions managers. ✓ Supports M&E and PSE in the analysis of G2G indicators 	Supervised by the COP
Financial Expert	<ul style="list-style-type: none"> ✓ Assists in analyzing G2G indicators, including on strengthening the capacity of the DAGE ✓ Supports G2G documentation, in particular G2G line and the sharing of good practices 	<ul style="list-style-type: none"> ✓ Supervised by the COP ✓ Collaborate with the G2G Expert ✓ Collaborate with the M&E Expert
USAID (COA M&E) et	<p>Supports the GoTAP team in the following areas:</p> <ul style="list-style-type: none"> ✓ Guidance and support for GoTAP team for an optimal management of its missions and tasks described in the Contract ✓ Validation, approval and follow-up of the monitoring-evaluation and learning plan ✓ GoTAP supervision in the follow-up of the objectives, strategic orientations and priorities described in Task 5 ✓ Monitoring the installation and use of a software for managing SRMNIA data and Health Program indicators such as NEWDEA ✓ Monitoring the development and implementation of the Integrated Action Plan ✓ Monitoring of the Mission's indicators, the SRMNIA indicators shared with the 	<ul style="list-style-type: none"> ✓ Collaboration COP/COR/USAID/M&E USAID, M&E GoTAP COR-USAID/Abt-TO

	Steering Committee and the decisions taken to improve health programs ;	
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5.5 Data collection Methods and Tools

GoTAP Project indicators are mostly qualitative (capacity building) and quantitative (maintaining health gains in consolidation areas). Therefore, methods will make more use of internal and external rapid assessment, practice documenting, experience capitalization, integrated supportive supervision, and personal assistance (coaching, mentoring, and tutoring).

Activity, evaluation and documentation reports will feed the periodic measurement of qualitative indicators. Regarding capacity building, the Head of M&E will proceed to the disintegration (origin, professional profile, gender, type of training received, etc.) of trained people and institutions. The technical staff will be followed by the team's staff and national experts who are resource people made available for personal assistance during the implementation. From the quantitative point of view, data collection will be done by the routine exploitation of data through the DHIS2, continuous DHS and other sub-systems (SIMR) on one hand, and on the other by exploiting indicators review reports (regional and central level) available in the MSAS entities or shared by other implementing partners of USAID Health Program's components.

The physical collection sources are the registers maintained by the National Health Information System (SNIS) and used by regional and district teams to gather the data and enter them into the DHIS2 national platform (national reference tool for monitoring indicators). One example is monitoring the indicators of the Project for the Improvement of Mother and Child Health and the Health and Social Information System (PASMESSIS2) implemented by USAID in the Kaffrine region in the first year. GoTAP team will monitor the progress of the data on an electronic database (Excel and/or Newdea).

The GoTAP team will use the monitoring system in place at national and regional levels to ensure the timeliness and completeness of health gains data. The completeness and validation of data will require a periodical field mission verification.

The collection frequency is quarterly, semi-annually or annually, depending on the nature of the indicator and will allow annually inform the matrix of indicators to ensure monitoring the quarterly performance of GoTAP Action Plan and USAID Integrated Plan, in terms of investment on the SRMNIA-FP-PALU-HIV.

NB: since the end of 2014, health districts complete and submit their reports directly to the division responsible for the management of the national health information system (DPRS/DSISS) through the DHIS2 platform which, in late 2015, has finished defining the indicators for each level of the pyramid, including the health hut level. The disaggregation of indicators by region, district and health post will allow GoTAP team to help the central level and the regions and districts focus on the SRMNIA zones and areas where delays in indicators progression are recorded. On-demand assistance could be sought from GoTAP Project (or prompted) to activate a technical support mission from the pool of resource persons whose list is maintained and updated by the G2G Expert. The DSISS updates in 2016-17, the SNIS registers with the support of HSS+ to achieve compliance of the collection media with the parameterized indicators, including **plotter** indicators for the private sector.

Data management

During the first year of project start, GoTAP will work with USAID to setup an electronic database for the compilation of indicators and periodic monitoring. The generation of data entered on simplified models (Dashboard performed on Excel or Abt Associates' Newdea/CTC) will facilitate data sharing with government counterparts at the Steering Committee's meetings. GoTAP will capitalize the data from the Demographic and Health Survey- continuous (DHS-C) and other national surveys that are done every five years.

5.6 Monitoring of the Plan/Routine Monitoring

The Head of M&E, in collaboration with the Public Health Expert, will quarterly assess the planning and programming of the plan's activities (planned activities carried out, planned activities not carried out, and activities unplanned carried out). This evaluation of the action plan assesses the monitoring and evaluation plan. All the activities planned for achieving the sub-task will be monitored as well as all the tasks that contribute to the achievement of the sub-objective according to period considered and taking into account external factors that may influence the project.

It should be recalled that GoTAP indicators are mostly based on building the capacity of national and regional entities and monitoring for maintaining health gains in the consolidation regions. Routine monitoring will therefore address the implementation process of the Action Plan, including input indicators to inform the provision of "Technical Resources" by the project to achieve results. These technical resources could be constituted by the introduction of a new practice (vision and G2G mechanism), management procedures, G2G manuals and tools to reduce the administrative burden, or logistics (accounting or health indicators entry-analysis software).

- With regard to institutional capacity-building², the plan emphasizes the capacity of national and regional entities to have the technical resources necessary to effectively manage the funds entrusted to them by the Government. It is equally important to establish technical resources, but also to build the capacity of individuals (the staff of the said entities). GoTAP action plan provides technical assistance to the staff of the institutions through personalized support (coaching, mentoring, tutoring) and assistance to national and regional entities (establishment of G2G system, procedures, mechanisms, tools, manuals, etc.).
- Monitoring for maintaining health gains will focus on the indicators chosen by the Government, which can be extracted from the existing systems (DHIS2, continuous DHS and other subsystems used by partners). Routine monitoring will be exercised during the quarterly coordination meetings, periodic joint reviews, particularly on SRMNIA, family planning, malaria and HIV programs (see table 4 in Annex the proposed list of SRMNIA technical indicators).

² The World Bank defines institutional capacity building in 3 main actions: improving competencies (Who), improving procedures (how) and strengthening the organization (the system).

- The Analysis of changes in input and output indicators (capacity building and health gains), carried out on a quarterly and/or semi-annual basis in relation to the implementation of the action plan, will be the subject of internal exchanges at team level. These analyzes will be presented at the meetings of the Technical Secretariat of the USAID Health Program's Steering Committee to review the progress, focus on the achievements and lessons learned to be shared and obstacles to progress (in specific areas), identify the actions to be undertaken and propose a corrective plan to be implemented by the Technical Secretariat, where necessary involving the pool of national experts and/or the ACA sub-contractor. Regular updates will be made to the Monitoring Plan whenever the action plan is to be amended. GoTAP will work under the supervision of the COR-USAID, the Portfolio Manager and Abt Associates' Technical Officer.

6 Evaluation Plan

6.1 Institutional Capacity Evaluation

In the medium and long term, the institutional capacity³ of the DAGE, the DSRSE and the framework teams of the 6 consolidation regions (see Geographic area of intervention) is improved by the development of the staff's competences (financial and accounting management, leadership and management, public health monitoring and evaluation), the development and capitalization of technical resources (policies, methods, procedures, G2G tools) and overall coordination of interventions (HSS+ in particular). In terms of managing for results, USAID and the Government need measures showing how USAID's funds and the Government's contribution have improved the performance of the institutions in terms of changes in the capacity to better manage the funds and increase transparency and accountability, on one hand, and on the other, maintain the health gains through the motivation of the staff and the performance of the health system. These medium and long terms outcome indicators linked to USAID's results framework relate to the theory of change (PRISM) and on the project's development assumptions. During the Project, GoTAP will use the "adaptive management" approach in the entities and regions under G2G to document the performance of the routine health information System (collection environment and data reports) and users' behavior (managers, planners, medical officers and other data providers) to improve the implementation of the interventions and the capacity of the institutions responsible for managing G2G.

6.2. Evaluation Type

We distinguish:

- The **internal evaluation** carried out by the staff of GoTAP or the Ministry of Health during field missions. It may include, with the help of a standard tool observing or

³ The OECD defines institutional capacity as the sum of organizational, structural and technical systems as well as individual competencies that create and implement policies responsive to the needs of populations. As part of the Project, GoTAP will use PRISM methodologies and tools of MEASURE evaluated by USAID

identifying in the field the level of a health gain indicator (number of health facilities supervised once per semester, percentage of trained staff on financial and accounting management against the planned number).

- **The Rapid internal evaluation** is used in the context of the overall plan for local consultants and experts' field missions (STTA) using standard methodology and tools.
- The **external evaluation** is carried out by an expert, independent consultant. This assessment is generally carried out "at the request of a beneficiary" or prompted by GoTAP on the basis of observations of declining "GoTAP contract" indicators. It may include one or a group of local, national consultant(s) (STTA), an international consultant (subcontractor TRG), a national subcontractor (ACA, ARG) or, where necessary, a national research firm.
- The **documentation** (documentary review) of the experiences is used in the context of the Plan in its broad sense: cross-sectional and retrospective methods combining document content analysis (strategic plans, programmatic reports, and database) and perception and satisfaction analysis, from individual interviews, focus groups, etc. Studies and research are discussed in a subchapter in 6.4.

6.3. Basic Data

The baseline study generally aims to establish a reference database to monitor and evaluate the progress and effectiveness of a project activity during and after its implementation. Under the GoTAP project, the baseline will be informed according to the reference year (2016) by an internal evaluation, an external evaluation or documentation. The type of evaluation and the reference year will be mentioned in the indicator table (attached), depending on whether it is a capacity building indicator (Table 1) or a health gain indicator (Table 2). Training Resources Group, a GoTAP subcontractor, will undertake the baseline studies for capacity building (capacity assessment, identification of needs) during the first half of 2017 to build the capacity in financial management, leadership and management, public health and monitoring and evaluation for the consolidation regions under G2G in Years 1 and 2. These basic assessments provide the baseline for the annual assessments of the competencies of the staff and the institution's ability to manage G2G programs.

6.4. Studies and Research for Learning

Operational studies and research is considered by GoTAP in the framework of the monitoring and evaluation-learning plan to improve the implementation and for purposes of learning, sharing the good practices and improving the implementation of G2G mechanism (see Learning Section). The Team Leader and the M&E will ensure that each consultant develops a specific protocol for any study, research or evaluation according to the standards set by Abt for research and evaluation (terms of reference, proposal, tools, analysis plan and plan for sharing and using survey data). GoTAP will also carry out, whenever necessary, a rapid assessment (internal or external) to identify for example reasons for the weakness of health

indicators identified during the quarterly reviews analysis in order to propose the best personalized assistance (on request or prompted).

GoTAP will work with the other components of the USAID Health Program in the framework of the evaluation of the integrated Action Plan and pilot projects initiated in the consolidation regions by GoTAP or the other components.

For example, as part of its baseline, capacity building plans and annual external rapid assessments to come, the GoTAP Team is working with TRG on validating the research proposal, the methodology and tools for assessing competences, developing plans for strengthening competencies and the framework for their implementation. The G2G Expert supports local Consultants and TRG Team in the technical aspects and the COP/M&E methodological aspects (data quality). These documents should be archived at the level of the M&E and made available in case of internal or external audit by the Headquarters or USAID (NB: which may be carried out no later than 3 years after the signing of the Agreement).

GoTAP will also document specific areas of G2G mechanism's implementation strategy to draw lessons learned and good practices to be shared and make assumptions to do better. For example G2G line documentation/capitalization, G2G mechanism's optimal timetable for implementation in a national or regional entity are key issues in the agreement between the Government and USAID. For example, is it possible to introduce a transition period not exceeding 18 months? Is it possible to secure the G2G online avoiding the risk of inflation when funding activities etc.?

Another example is the need for institutional and organizational diagnosis concerning G2G steering bodies (CP/ST) and a national entity (DSRSE), or the PFMRAF of the Government of Senegal supported by USAID which showed weaknesses that must necessarily be taken into account for the successful transition from the FAA to FARA.

6.5 Design of operational studies and research for Learning

GoTAP is proposing the following scheme for the operational studies and research that the project might conduct during the five years, according to USAID, to reinforce learning and decision-making based on strong evidence.

- a) ***Establishment of an internal committee:*** It will be composed of the Team Leader, the Head of M&E-Learning, the Technical Officer and the Portfolio Manager of Abt/Associates and the COR/USAID. GoTAP's Team members will participate in the design of the studies to be carried out according to their expertise. The COP will involve whenever necessary the Head of the Studies and Research Division of the DPRS/MSAS or the Chairman of the National Ethics Committee of the MSAS. The role of the Internal Committee is to identify and study the relevance of the research issues proposed in collaboration with USAID and the Steering Committee/Technical Secretariat. The Committee will also assess the methodology, tools, research plan and budget of the study.
- b) ***The application of approval criteria to studies and research: GoTAP proposes:***
 - Usefulness: the evaluation will serve the practical information needs of the target audience
 - Feasibility: the evaluation is realistic, careful, appropriate and cost-effective
 - Ethics: The evaluation will be approved by the Abt-Institutional Review Board (IRB) and comply with US and local laws regarding the way human subjects and personal identification information are processed. The technical

proposal will be submitted to the National Ethics Committee of the MSAS' DPRS

- Accuracy: The data collected represents the expected result
- The research proposal should include a clear statement of the problem or research questions, sound methodology and tools for collecting and analyzing the data based on the existing knowledge (an informed review), and a principal researcher responsible for the work and its quality.
- The methodology will include the appropriateness of the strategy, the strategy testing and evaluation, the dissemination information, the use of information, the usefulness of the results, and the estimated budget and additional costs for determining the feasibility of the study, so that the benefits of the results outweigh the costs.

C) Learning and decision-making based on evidence

GoTAP will seek to implement "*learning based on evidence for decision-making*" to improve the activities of the project. The studies proposed as part of the operational research (OR) will be subjected to the needs and priorities of the Government and USAID. The operational research issues below are submitted to the Government and USAID's approval:

- 1) Documentation study for the sustainability of the G2G line: this study could start in Year 1 to Year 2 and will consider the following questions: the ownership and sustainability of G2G line by the Government, how G2G line positively influences the implementation of the mechanism in the regions and what are the risks?
- 2) Longitudinal study to monitor the capacity of the Routine Health Information System's officers and other officers to use data for decision-making. For the design of this study, GoTAP will adapt the PRISM (Performance of Routine Information System Management) approach, which can be combined with the Data Quality Assurance Capacity tool (below).
- 3) Longitudinal study of data quality assessment (DQA) and a data quality audit (DQA) capacity building approach. The DQA will assist government officials in the SNIS in conducting and monitoring improvements over time, identifying different approaches to capacity building, perceived success and sustainability.
- 4) Institutional capacity study to monitor improvements in the capacity of the Government and MSAS systems to manage G2G funding. This study will specifically be focused on adaptive management capacity and the Government's capacity to mitigate risks and act in a timely manner to address gaps. GoTAP offers two types of studies :
 - a. The role of adaptive management in preparing government entities to manage the G2G mechanism. It consists in evaluating the use of the "*probe-sense-respond*" approach in M&E. This study will focus on developing new indicators to measure G2G funding.
 - b. The second proposes to carry out a behavioral study of key decision-makers throughout the project to better understand the role of adaptive management approaches in the G2G funding programs. Given that this project includes a

strong capacity building component for those involved in, it is important to understand the role of interventions in individual leadership decisions.

- 5) Cost-Effectiveness and Value for Money Analysis: Cost-Effectiveness and Value for Money Analysis (VFM). The purpose of a value-for-money analysis is to articulate a clear understanding of costs versus outcomes so that the project management can make more informed and evidence-based choices for programming the project. This is particularly important for GoTAP because the success of the project and the sustainability of the interventions to support G2G funding will depend on the capacity to translate the data into results, including performance data with the available resources. The subject of the VFM analysis will be discussed with the stakeholders involved in the implementation strategy during the year.
- 6) Qualitative study on supervision to complement indicator 1.3.1 (Number and Percentage of health providers (G2G) with supervision visit in last 6 months) involves conducting a qualitative study on the usefulness of supportive supervision by supervised and supervisors.

Table No 1: 2017-2021 Learning Plan

Project Name: GoTAP **Country:** Senegal

COP Signature for initializing the Plan: Moussa Mbaye **Learning Plan Start Date:** April 2017

I. Part One: Lessons to be Learned *(In table insert as Many lessons / insights / innovations with additional rows as needed)*

Innovations to be documented	Questions and topics to be documented	Study Type (Documentation, situational study, baseline study, final evaluation etc.)	Expected Results	Description of the process or research	Start date	End date	Responsible	Support Needs
G2G line	<ul style="list-style-type: none"> - Ownership of G2G line by the Government. - How G2G line positively affects the implementation of the mechanism in the regions? - What are the risks? 	Documenting one experience	Refinement of the Project over the 5 years "Ensure the future" of the line or "what alternatives after the project"	Quantitative and qualitative: Interviews with key informants at the central level and in the regions that have demonstrated improvements or risks	April 2017	October 2017	COP EG2G	DAGE ACA USAID
OR	Evaluate the performance of the contractual staff to ensure sustainability of	Cross-cutting	Provide the GoS with tools that can help the GoS to sustain the providers	Qualitative and quantitative interviews	May 2017	October 2017	Public Health Expert/M&E	Abt/TPO USAID

	their employment under G2G.		recruited in the FARA					
RO	Institutional capacity study to track improvements in the capacity of the GoS and MSAS' systems to manage G2G funding	Longitudinal type adaptive management	Follow the capacity of the routine health information system's officers and other officers to use data for decision making.	Qualitative	2018	2018	COP/M&E	Abt M&E USAID
RO	Data quality longitudinal evaluation study (DQA) and a capacity building approach Quality Audit data (DQA)	Adaptive management behavioral study	Help the SNIS managers of GoS to perform and track improvements over time, identifying the various capacity building methods, the perceived success and sustainability	qualitative	2018	2019	COP/M&E	DAGE Abt M&E USAID
RO	Cost-effectiveness and value for money Analysis		Have a clear understanding of costs compared to results so that project management can make more informed and	Quantitative	2019	2020	COP / M&E	DAGE Abt M&E USAID

			evidence-based choices regarding project programming					
RO	Qualitative study on supervision to complete indicator 1.3.1 (Number and Parentage of health providers (G2G) with supervision visit in last 6 months)	Consists in performing a qualitative study	Usefulness of supportive supervision by supervised and supervisors	Qualitative	2018	2019	COP / M&E	DPRS Abt M&E USAID

II. Part Two: Production Calendar for Technical Publications and Conference Abstracts

Publication (product to be widely disseminated and published)	Dissemination points or sites	Data availability (Describe the data source and when available)	Product Manager and lead author	Co-author	Planned Production date	Planned release and publication date	Support Needs
G2G line	Secretariat of the Steering Committee	September 2017	COP Financial expert	G2G Expert	September 2017	October 2017	and COA USAID and COP GoTAP for sharing workshop
	Identify national or international forum to present the results (e.g. GATHR.fr Abt Associates)	Data of the final evaluation available in October 2017	COP G2G Expert	Financial expert	September 2017	October 2017	COA/M&E to support the drafting of the Abstract or executive summary, pwpt presentation OR FACT-SHEET
Evaluate the performance of the contract staff and ensure the sustainability of employment under G2G	<ul style="list-style-type: none"> Annual Meetings of the Steering Committee Abt Quarterly newsletter USAID 	2018	Public Health Expert M&E	HRH2030	June 2017	September 2017	HRH2030 USAID

institutional capacity study to track improvements in the ability of the GoS and MSAS systems to manage the funding G2G	<ul style="list-style-type: none"> • Annual Meetings of the Steering Committee • Abt / Library • USAID • Others TBD 	2018	ME G2G Expert	HSS+	October 2018	September 2019	USAID
Longitudinal study of quality assessment data (ADD) and a capacity building approach Quality Audit data (ADD)	<ul style="list-style-type: none"> • Annual Meetings of the Steering Committee • Abt / Library • USAID • Others TBD 	2018	ME G2G Expert	HSS+	October 2018	September 2019	USAID

7. Data quality assessments

The DQA (audit of data quality) is a requirement of USAID for all the components. This audit may be carried out at any time and may cover one or more performance indicators at the request of USAID. GoTAP team therefore uses the measures advocated by USAID on the accuracy, reliability, accuracy, timeliness and integrity of the data collected, analyzed and forwarded to USAID. GoTAP recognizes that improving the project's activities will depend on an effective M&E system that produces quality data related to the project's implementation.

Abt Associates, with the help of the Technology Center's information services, maintains a strict and continuous policy on quality assurance and audit for securing data applicable to all Abt projects. GoTAP project integrates this policy for the proper implementation of interventions in the national entities and consolidation regions, the consideration of the actions for solving the issues identified in the risk mitigation plan and compliance with USAID standards and requirements.

USAID's quality assurance standards

GoTAP complies with the quality standards recommended by USAID and codified (VIPRT) in the ADS203.11 that are:

- **Validity:** Data are accurate (verified in their medium) and properly related to the result they are designed to measure.
- **Integrity:** Data are secured so as to minimize the risk of transcription or manipulation. Example of TOM2PRO software for financial and accounting management. HSS+ support to the health information system of the MSAS is an opportunity for securing data in the DHIS2.
- **Accuracy:** The level of confidence of the data (DHIS2 triangulation - Regional reports "satisfactory rating level" for training) is such that they can enable informed decision-making and good management of G2G mechanisms and specific interventions on SRMNIA -PF.
- **Reliability:** the methods and data collection used in the assessments have, for example, been tested and show that they provide stable data with a high level of confidence.
- **Time:** Data transmission within deadlines allowing to make quick and timely decisions to solve problems (G2G implementation or SRMNIA FP interventions) is one of the quality standards to estimate an intervention and enable actions for using the data and improving programs.

GoTAP's Head of M&E will monitor data quality by an internal DQA based on the physical verification means (activity reports and reports on institutional and individual capacity-building and triangulation of data collected in the field, versus data available in DHIS2).

7.1 GoTAP approach

The project remains available to USAID for external DQA at any time. The project will ensure appropriate safeguards to ensure the reliability of the data collected and analyzed as part of the Project.

- **The first measure** concerning the operational definition of each indicator (PIRS) so that interpretation is reduced to the minimum in the context of the Project. The quality audits requested by USAID are based on the PIRS defined on USAID standard performance indicators which include the operational definition of indicators, data sources, data collection frequency, the person responsible for collecting data, among other variables, and will serve as an important reference tool to ensure consistent operationalization of the indicators over time (see in Annex the PIRS of the 14 outcome indicators).

- **The second measure** concerns strengthening the quality of the data through training the officers of the target structures on monitoring and evaluation modules, collection tools and training supervision and field coaching. GoTAP will draw from its pool of local consultants to provide coaching, either "on demand" or in the case of "stated" shortcoming on quality.

- **The third measure** concerns the "*triangulation of routine data*" that the team will conduct periodically (e.g. at the quarterly supervision and integrated biannual supervision) on a sample of key indicators (tracers) to ensure the accuracy and reliability of the data contained in the reports and those in the DHIS2. These assessments will be used to resolve the project's data quality issues and those relating to USAID's investments. The Public Health Expert and the Head of M&E-L will manage this process under the supervision of the Team Leader.

- **A complementary measure** is the involvement in the quality of the tools: to maintain health gains, GoTAP will participate upstream in the review of SRMNIA-FP-PALU data collection tools implemented by the DSISS in collaboration with HSS+. Then, the GoTAP's ESP and the M&E will document the process of field data collection and transmission from the DHIS2 platform and the revised tools.

8. Ethics and confidentiality

Similarly, Abt/Associates and USAID's ethical standards of confidentiality and informed consent will be met whenever the type of study used by the Project on the intended target requires it. GoTAP will collect, if required, the opinion of the Ethics Committee of the Division of Studies and Research of the MSAS/DPRS. The Team Manager and Head of M&E will ensure to align Abt requirements for study and research with USAID requirements for data submission (storage in USAID computerized database).

9.1 Dissemination and use of data

9.1. Availability of data to users

Abt Associates has a proven policy regarding the dissemination of program's results and recommendations to its partners and government counterparts to provide efficient access to timely quality information. The main users of project's information are the Steering Committee and its Technical Secretariat, USAID Health Program and its components, the implementing partners of the MSAS, the regional and district framework teams of consolidation regions, and the decentralized authorities at regional level. Through the use of electronic models, GoTAP will strive to make available in time the analysis and weaknesses of the indicators to allow for corrective action by the Steering Committee and/or the medical area.

In the health system, health information producers are often confined to developing and transmitting the activity reports. Others go further by analyzing the data, but without reaching the step of using the information for decision making. The monitoring and evaluation plan will focus on improving the use of health data and data resulting from G2G implementation to improve maternal, newborn and child health programs. The availability of data collected from the existing systems supported by HSS+ (DHS, DHIS2), analyzed and evaluated and made available to the members of the Technical Secretariat and Steering Committee, should assist in informed decision making to strengthen or adjust the programs implemented.

In medical areas, GoTAP Team will work with the partners working together in the region, in particular in the "regional consultation frameworks" or at "regional coordination meetings" or "regional reviews". Information exchanges and concerted implementation could be considered if the activities are similar or complementary.

9.2. Project Deliverables/reports

a) Deliverables to USAID

1. Availability and use of a standard package of tools to assist the Government of Senegal's implementing entities in implementing the G2G Agreements
2. Availability of a G2G management plan that includes the timetable and the Work plan of the MSAS Steering Committee and the Technical Secretariat
3. Availability of at least two case study reports reflecting lessons learned from G2G implementation and best practices developed and disseminated
4. Availability of a monitoring, evaluation and learning plan based on M&E systems and practices of the Government of Senegal and measuring the health impact of programs under G2G agreements
5. Availability of capacity building plans based on the PFMRAF and the Government of Senegal's Risk Mitigation Plan and USAID conclusions
6. Availability of a document defining the criteria for the transition from FAA to FARA
7. Availability of an Integrated Action Plan of 2016-2021 USAID Health Program
8. Availability of Quarterly Progress Reports on the Integrated Action Plan of USAID Health Program.

b) GoTAP activity reports

- Semi-annual progress reports: the semi-annual report is submitted 15 days after the second quarter of implementation. It summarizes the progress in relation to the implementation of the work plan. It will include highlights of the program, the achievements and the key activities as well as the problems encountered and the proposed corrective measures. It will also include the indicator (process) progress table to help USAID monitor the performance of the Project.
- The annual report: it is due 30 days after the end of the first year. The annual progress report will include the activities carried out in the previous year (planned and implemented and not planned but implemented). The report will present the progress in the implementation of the main activities, the successes, the problems encountered and the corrective measures proposed.

- The quarterly financial report includes the total funds committed, the total funds spent and the budget estimate for the upcoming quarter.
- Quarterly supervision reports of the activities carried out in the field through the MSAS local experts (DAGE, DPRS, and DSRSE).
- Participation reports in national and regional reviews on the level of progress of the PTA and SRMNIA-FP indicators of the consolidation regions.
- Personalized assistance mission reports in the consolidation regions (ECR, CRV, and ECD) based on the implementation plans and the weaknesses identified by TRG's annual missions.
- Operational research reports on Learning (case study and longitudinal follow-up, adaptive management).

9.3. Use for advocacy purposes

The monitoring and evaluation plan is oriented towards learning; G2G best practices identified from the analysis and documented in the field will be shared with other entities to implement the G2G mechanism more efficiently in the regions. For example, in the context of the implementation of the PASMESSIS2 in the region of Kaffrine, GoTAP, in collaboration with USAID, proposes to document the "sustainability" of G2G line included in the PTIP and particularly in the general budget of the State following the 2016-2021 strategic financing Agreements. The documentation might be interested in securing the line to avoid the risks that may cause rises in the costs of the activities included in the PTA not including acquisitions (material and logistical supply). Here is a learning plan model.

Advocacy: GoTAP will use the sharing of lessons learned and good practice ("Success Stories") which have showed evidence for wide dissemination for capitalization and advocacy purposes at the level of several bodies. GoTAP has included in its action plan the development of advocacy tools based on this evidence and their wide dissemination at the sectoral, national and international levels. Abt Associates provides a wide window of opportunities for exchanges between countries can be used if the results are convincing. Other national dissemination mechanisms such as donor meeting, the Joint Annual Review (RAC) etc. could be used to provide advocacy on the positive achievements of the G2G mechanism at central and regional levels. GoTAP's COP, the M&E and the Public Health Expert will produce short illustrated documentation reports, scientific publications, abstracts and executive summary, specific items that could be made available to users or shared online in accordance with USAID branding requirements.

9. GoTAP Project Description

The GoTAP Project (TAP Task Order) is a government technical assistance mechanism (Technical Assistance Provider Government to Government) which represents one of the five main components of the USAID Health Program for the period 2016-2021. GoTAP supports the Ministry of Health and Social Action (MSAS) and USAID to strengthen the capacity of the national and regional entities of the MSAS in implementing the vision shared by the GOS

- **Task 1.1 Ensure compliance with USAID G2G requirements and Government procedures**
 - **Sub-task N ° 1.1.1.** Development of a standardized set of G2G support tools
 - **Sub-task N ° 1.1.2.** Development and implementation of capacity-building plans for national and regional entities
 - **Expected results:**
 - All G2G agreements comply with USAID requirements as defined by ADS 220 and USAID/Senegal Task Order
 - All G2G agreements are aligned with the Health Sector's annual calendar for planning, budgeting and implementation in accordance with the MSAS Procedures Manual
 - All G2G agreements use and respond to the findings of the Risk Assessment Reports and Risk Mitigation Plan at the central and regional levels of the MSAS
 - All G2G arrangements contribute to removing gender and youth barriers.
 - All G2G agreements enhance community involvement and local ownership for results-based management
 - G2G simplifies and streamlines processes without sacrificing the G2G programming vision.
- **Task 1.2 Strengthen the management by the MSAS of USAID direct financing**
 - **Sub-task No 1.2.1:** Support the supervision of the MSAS Steering Committee and the G2G Technical Secretariat
 - **Sub-task No 1.2.2:** Preparation for the evaluation of the monitoring and the learning plan
 - **Sub-task No 1.2.3:** Collaborative development of a strategy to guide the transition towards the G2G vision
 - **Expected Results:**
 - Improved stewardship by the MSAS of USAID Direct Financing and G2G Agreements
 - Optimal functioning of the Steering Committee and Technical Secretariat of the MSAS for G2G programming
- **Task 1.3 Maintain health benefits through on-demand technical assistance**
 - **Sub-task No1.3.1:** Development of a process to govern Short Term Technical Assistance (ATCT)
 - **Sub-task No 1.3: 2:** Annual support meetings to review health indicators
 - **Sub-task No 1.3.3:** Provision of an ATCT to the regional entities of the Government responsible for the implementation
 - **Expected Results**
 - Identification and correction of the decline in the performance indicators of maternal, neonatal, infant and adolescent health programs in the consolidation regions (Kaffrine in year 1)
- **Task 1.4 Strengthening local capacity for results-based management**
 - **Sub-task No1.4.1:** Development of a regional approach for capacity building.

- **Sub-task No 1.4.2:** Development and implementation of capacity-building plans at regional level
- **Expected Results**
 - Increase the capacity of the public health sector to properly manage resources and maintain results
- **Task 2.5 Strengthen communications on the use of the data to improve USAID programs**
 - **Sub-task No2.5.1:** Provision of strategic and logistical support to the Steering Committee of USAID/Senegal Health Program.
 - **Sub-task No2.5.2. :** Provision of strategic and logistical support to USAID for the development of the Integrated Action Plan of USAID/Senegal Health Program and for monitoring the progress
 - **Sub-task N ° 2.5.3:** Strengthening the use of information to promote advocacy activities.
 - **Expected Results**
 - Improved stewardship of the USAID/Senegal Health Program
 - Increased number of changes, decisions and/or actions taken to improve USAID, MSAS or partners' programs following the analysis of the indicators carried out and presented
 - Increased number of analyzes performed reflecting sub-analysis by gender, age and wealth quintile and targeting gender and youth issues.

10.4. Lines of action by objective

Table 1: Lines of action (Action Plan)

Task 1.1 Ensure compliance with G2G requirements of USAID and Government procedures	
Desired result: The governance steering bodies and national and regional entities of the MSAS responsible for the design, implementation and monitoring of G2G agreements have taken on in a sustainable manner the G2G vision, mechanisms and management tools aligned with the procedures of the Government of Senegal and meeting the standards of USAID	
1	The actors of the national and regional entities as well as officers and local elected officials have a good understanding of the G2G vision and mechanism and share direct financing's best practices
2	The management capacity of the structures of the Ministry of Health and Social Action (DAGE, DPRS, Steering Committee, Technical Secretariat, Regional Validation Committee) responsible for monitoring direct financing (G2G) is strengthened (design, implementation and follow-up of the G2G Agreement)
3	The institutional capacity of the MSAS is strengthened to support the current financial policies and fiscal reforms and manage more effectively the resources,

	in collaboration with the financial expert of USAID in the DAGE
Task 1.2 Strengthen management by the MSAS of USAID direct funding	
Desired result	The capacity of the MSAS is strengthened to fully and success fully achieve its steering and supervision role of the transition from FAA to FARA in the consolidation regions and national entities
1	The tools to ensure compliance with the procedures are developed and implemented
2	The Steering Committee and the Technical Secretariat responsible for G2G and the Regional Validation Committees are functional and operational
3	The performance-related monitoring and evaluation and learning plan is developed, and validated by USAID and shared with the beneficiaries of G2Gprocedures
Task 1.3. Maintain health benefits through on demand technical assistance	
Desired result	Changes in the performance indicators selected by USAID and the MSAS has shown significant progress in maintaining reproductive, maternal, newborn, child and adolescent health gains (SRMNIA) and in the fight against malaria and HIV in the 6 consolidation regions.
1	Collaborative Development: 4 consolidation regions have successfully managed the transition from FAA to FARA in collaboration with HSS+ and the support of TRG and ACA
2	The meetings of the Steering Committee and the Technical Secretariat, the annual meetings for supporting and reviewing the health indicators are regularly held and a targeted technical assistance is provided to address the "lagging" indicators identified in the implementation.
3	The provision of technical assistance by the Steering Committee and the Technical Secretariat of the MSAS to government regional entities responsible for the implementation and monitoring of mechanisms G2G is performed regularly to improve financial and program management, strengthen the planning and monitoring systems of financial systems in accordance with government procedures, but also address shortcomings in the management of SRMNIA-FP-AIDS programs and monitoring of changes in the indicators.
Task 1.4 Strengthen local capacity for results-based management	
Desired results	Increased actors' leadership and strengthening, taking into account the risks, of the long-term sustainability of the public health system by showing that national health investments can be managed effectively to achieve sustainable results, even in cases of donors' withdrawal.

1	A competency-based approach for building the capacity of medical regions and districts based on the Government's risk mitigation plan (PFMRAF) is developed and implemented with the support of TRG and HSS+.
2	The capacity-building plans based on the competency-based approach are developed and implemented in the 6 consolidation regions and entities at the central level.
Task 2.5 Strengthen communications and the use of data to improve USAID programs	
Desired result	Improved availability, accuracy and use of data to engage the Ministry of Health in monitoring all USAID programs, including the funds made available to USAID's implementing partners.
1	Strategic and logistical support provided by the Project to the Steering Committee of the USAID Health Program.
2	The development of the integrated work plan for USAID programs is supported by the Project taking into account the vision of USAID.
3	Advocacy activities including gender, youth and environmental issues are carried out using the information gathered and analyzed on the health programs implemented.

10.5. Targets and intervention areas

GoTAP will support 7 consolidation regions and 44 health districts during the period covered by the project. This represents, in 2016, an estimated total population of 9,476,449 inhabitants, including 4,786,735 women and in 2021, 10,985,848 inhabitants, including 5,560,056 women (ANSD, 2013-2030 projections).

The target population calculated on this basis consists of:

- Pregnant women (0.0356): 337,362 in 2016 and 391,096 in 2021
- Reproductive age women (0.242): 2,293,301 in 2016 and 2,658,575 in 2021
- Children 0-5 years (0.1884): 1,785,363 in 2016 and 2,069,734 in 2021
- Children under 14 years: 3,746,988 in 2016 and 4,343,804 in 2021
- Adolescents 10-14 (0.1211): 1,147,597 in 2016 and 1,330,386 in 2021
- Teenager 15-19 (0.1059): 1,003,556 and 1,163,401 teenagers in 2021
- Youth 20-24 (0.0921): 872,781 and 1,011,797 young people in 2021.

The targets for strengthening G2G capacities are the staff of the national entities of the MSAS directly involved in the ownership of the G2G vision and mechanism (DAGE, DPRS, and DSRSE), the members of the Steering Committee of USAID Health Program and the technical Group responsible for G2G. At the regional level, they include Governors, health

facilities' managers and the region and district framework teams of the 6 consolidations regions selected during the implementation period Project.

Concentration regions of USAID Health Program	Consolidation Regions of USAID Health Program
Diourbel	Dakar
Kédougou	Fatick
Kolda	Kaffrine
Matam	Kaolack
Saint Louis	Louga
Sédhiou	Thiès
Tambacounda	Ziguinchor

11. Gender, youth and gender equality issues

The development of the action plan has received technical support from the Head of Gender and Equity of HSS+ that helped GoTAP team operationalize the inclusion of this important aspect in the implementation. This allowed the manager M&E unravel some indicators by age, sex and educational level. GoTAP ensure on the ground that some of fairness and environmental aspects are integrated into analyzes that will be brought to the knowledge of the action to the Steering Committee. All perceived inequities will be proposed to the correction in meetings with the Steering Committee's regulatory requirements on family planning (FP), for example, will be considered in coordination meetings to DSRSE and consolidation areas.

Annexes

Table # 2: GoTAP Result Indicators Monitoring Table

Tasks	Result Indicators	Basic data		Target						Collection Method	Frequency	Collection Source	Observations
		Ref. year	value										
Sub-Objective 1.1: Guarantee of compliance with G2G requirements of USAID and Government procedures	1.1.1. Number and percentage of institutions at the central level and the regional level (Responsibility Center) whose G2G management capacity has been improved	2016	7 (18%)	39 (100%)	7 (18%)	7 (18%)	23 (59%)	39 (100%)	100%	Internal evaluation	Annual	Reports	Base: 7 centers in Kaffrine) Year 1 + Year 2; The Regional Level institutions are 1 consolidation region + 1 hospital and 4 districts. The central institutions are 3 national directorates.
	1.1.2. Number and percentage of responsibility centers' health workers trained on the G2G package using (applying) successfully G2G procedures and/or agreements	2016	0%	195 (100%)	0 (0%)	30 (12%)	90 (46%)	120 (63%)	100%	Routine monitoring Evaluation	Annual	Reports	Targeted personnel include managers and accountants (MR and Hospital), members of framework teams of regions and districts under G2G, members of national directorates responsible for supervising oversee MR.
	1.1.3. Level of functionality of 3 steering bodies (Steering Committee, Technical secretariat and CRV) responsible for the ownership and	2016	0%	1	2	2	2	2	2	Rating Scale	Annual	Reports	0 = not at all satisfactory functioning - 1 = not functional,

	implementation of G2G mechanism												2 = Average, unsatisfactory functioning 3 = Optimal functioning
Sub-Objective 1.2: strengthen USAID direct financing management by the Ministry of Health	1.2.1. Availability of G2G line in the national budget	2016	1	Yes (CFA 120,000 ,000)	Yes (CFA 150,000, 000)	Yes (TBD)	Yes (TBD)	Yes (TBD)		finding	annual	DAGE Books / PTIP	1 = Yes: Available with the indicated amount 0 = No
	1.2.2. Percentage and amount of the budget allocated by the Government to the Risk Mitigation Plan (USAID/GoTAP / HSS+)	2016	21%	139150 0000	290000 00 (21%)	40000 0000 (29%)	35075 0000 (25%)	350750 000 (25%)	139150 000 (100%) 1	Finding	annually	DAGE Books/ PTIP	The Government commits itself to the amount of 1.39 billion for 5 years divided into annual contribution
	1.2.3. Number of structures interconnected with the DAGE which produce compliant financial reports through the TOM2PROweb version (USAID/ GoTAP)	2016	1	1	1	2	3	4	4	Finding	Annual	DAGE report	Only medical regions are concerned. Hospitals have their own system
	1.2.4. Number of consolidation regions that have successfully made the transition FAA to FARA	2016	1	1	1	2	3	4	4	Document ation	annual	Report	4 regions are scheduled according to USAID Agreement
Sub-Objective 1.3: Conservation of health benefits through on demand technical assistance	1.3.1. Number and Percentage of health services providers (G2G) having been supervised in the past six months.	2016	6 (90%)	39 (100%)	6 (90% out of 6)	12 (90% out of 12)	20 (90% out of 20)	28 (90%)	39 (90% out of 39)	Internal evaluation	biannual	Report	The 39structures include Service Delivery Points of regions, district and hospital of the 4 medical regions planned for 5 years
	1.3.2. Number of entities having completed 90% of the data fields of the DHIS2 application	2016	6 (90%)	39 (100%)	6 (90% out of 6)	12 (90% out of 12)	20 (90% out of 20)	28 (90% out of)	39 (100%)	Document ation	Quarterly / annual	Report	39 responsibility centers provide monthly routine data

	the project's support to help the institution or establishment of effective performance-based capacity-building		-list TBD							ation		List	motorcycles, computers), tools (training, supervision) and the systems and procedures (G2G Agreement, transition criteria, etc.) to be determined during the implementation process
Sub-Objective 1.4: Strengthening local capacity for results-based management	1.4.1. Percentage of regions with rates improved on the scorecard regarding management capacity (this number and this percentage will be reported in more detail on the various capacity to report trends on improvements). Accurate measurements are to be determined	2016	0%	TBD	TBD	TBD	TBD	TBD	-	Basic Formative evaluation vs. continuing	annual	Continuing training report	Pre- and post-test will be conducted during the trainings and will be the basis for the ongoing assessments
	1.4.2. Number of staff members of the Ministry of Health trained who obtain a "satisfactory" rating or higher on the quality of training evaluation (i.e. a randomized evaluation/ possibly PRISM evaluation)	2016	0%	TBD	TBD	TBD	TBD	TBD	-	Basic Formative evaluation vs. continuing	annual	Continuing training report	Pre- and post-test will be conducted during training and will be the basis for the ongoing assessments
Sub-Objective 2.5: Strengthening communications and the use of data to improve USAID programs	2.5.1. Number of evidence-based decisions made and actions taken using data sources on SRMNIA-FP-PALU	2016	0%	TBD	TBD	TBD	TBD	TBD	-	Documentation	Annual	meeting reports of the COP and implementing partners	The decisions taken by the COP during its two annual sessions, the decisions taken under the Annual Action Plan will be documented. A detailed report will be made to demonstrate the origin, quality and number of improvements.
	2.5.2. Number of successful implementations of specific gender or youth programs supported by GoTAP; These will be identified in the phase of the work plan and be counted at the end.	2016	0%	TBD	TBD	TBD	TBD	TBD	-	Documentation	annual	Activity report and annual evaluation	The disintegration of process indicators (Table 3) and the internal and external evaluation reports will allow better counting and decisions taken by the

												on	COP
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LIST OF PIRS

Performance Indicator Reference Sheet
Development Objective (DO2) : Improve health status of the Senegalese population
Sub-Intermediate Result (Sub IR3.1) : Improve health system governance and finance
Objective 1: Support the vision shared by the Government of Senegal and USAID to develop G2G programs to achieve sustainable health results more quickly
Task 1: Ensuring compliance with the G2G requirements of USAID and Government procedures
Name of Indicator 1.1.1: Number and percentage of central and regional levels institutions (Responsibility centers) whose G2G management capacity has been improved
Indicator Type : Activity _____ Custom <input checked="" type="checkbox"/> Mission _____
Is this a PPR indicator? No <input type="checkbox"/> X <input type="checkbox"/> Yes <input type="checkbox"/> , for Reporting Year (s) _____
DESCRIPTION
USAID Definition (if applicable): I
<p>Precise Definition (s): Institution = Responsibility Center of the MSAS which includes the medical region and the health district (at the decentralized level) and at national level the directorates and services involved in G2G mechanism (DAGE, DPRS, DSRSE). The number of institutions to be included by region includes the "medical region", the "referral hospital" and the "number of health districts." For example, in year 1, the Region of Kaffrine covers 1 medical region, 1 referral hospital and 4 health districts that is 6 responsibility centers (baseline 2016).</p> <p>The staff will be trained on the standardized package of tools and procedures of G2G financing. The capacity of the institution has been improved means that the evaluation and formative supervision missions organized by the Project (in collaboration with the implementing partners, the Technical Secretariat) demonstrated, on the basis of the training on the standardized package of tools, the G2G financing systems in place under the PASMESIS2 and the logistics provided under the G2G line of the MSAS, that the institution has capitalized G2G vision and mechanism.</p> <p>Institutional capitalization is the institution's ability to identify, formalize and organize the expertise to progress more quickly. The OECD defines the institutional capacity as "<i>the sum of organizational, structural and technical systems and individual competencies that create and implement policies in response to populations' needs.</i>"</p>
Unit of Measure : Number and Percentage
<p>Method of calculation:</p> <p>Numerator: Number of institutions that capitalized G2G vision and mechanism after rapid internal evaluation and/or external Denominator: Number of institutions whose structure and financial and accounting management system, leadership and management, and monitoring and evaluation has been improved through training and resource acquisition</p>
Disaggregated by : central level, medical region
Rationale & Management Utility : Ownership of G2G vision and mechanism
PLAN FOR DATA ACQUISITION
Data Collection Method: Formative supervision/rapid internal evaluation and/or external
Data Source (s): Report Formative supervision/rapid internal evaluation and/or external

Method of transfer to USAID :
Frequency & Timing of Data Acquisition : annual
Estimated Cost of Data Acquisition :
Individual Responsible at IP (title) GoTAP Data decision maker (M&E)
Individual Responsible for providing good data to USAID : COP GoTAP
Location of data storage : Database/GoTAP
DATA QUALITY ISSUES
Date of Initial Data Quality Assessment : TBD, Within 1 Year Work Plan
Known Data Limitations and Significance (if any): TBD, Within 1 Year Work Plan
Actions Taken or Planned to Address Data Limitations : TBD, Within 1 Year Work Plan
Date of Future Data Quality Assessments: in the 3rd year as directed by USAID
Procedures for Future Data Quality Assessments: TBD
PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING
Data Analysis: Checklist on technical resources received, the number of officers trained in the package of tools; Quantitative analysis of indicators in progress and satisfaction levels of the staff - Identification and enumeration of the actions performed.
Notes on Baselines/Targets / Presentation of Data :
Review of Data :
Data Reporting: Documentation of the Steering Committee/Technical Secretariat's activity reports, of the Subcontractors (TRG, ACA), missions of consultants and local resource-persons, programmatic reports of the Project, other reports shared with the components, level of progress of the institutions' indicators, etc.)
OTHER NOTES

Indicator Reference Sheet Performance
Development Objective (DO2) : Improve health status of the Senegalese population
Sub-Intermediate Result (Sub IR3.1) : Improve health system governance and finance
Objective 1: Support the vision shared by the Government of Senegal and USAID to develop G2G programs to achieve sustainable health results more quickly
Task 1: Ensuring compliance with the G2G requirements of USAID and Government procedures
Name of Indicator 1.1.2: Percentage of institutions' officers (responsibility centers/MSAS) trained in financial management and accounting using (applying) correctly G2G procedures and/or conventions
Indicator Type : Activity _____ Custom <input checked="" type="checkbox"/> Mission GoTAP project _____
Is this a PPR indicator? No <input type="checkbox"/> X <input type="checkbox"/> Yes <input type="checkbox"/> , for Reporting Year (s) <input type="checkbox"/> Each year
DESCRIPTION
USAID Definition (if applicable):
Precise Definition (s): Institution = Responsibility Center of the MSAS which includes the medical region and the health district (at the decentralized level) and at national level the directorates and services involved in G2G mechanism (DAGE, DPRS, DSRSE, NMCP, and

HR). Assessment and formative supervision missions organized by the Project (in collaboration with implementing partners, the Technical Secretariat) showed, on the basis of validated tools, that the staff targeted in these institutions (Manager and Accountant, Accounting-assistant, health planner, Chief medical officer, supervisor, reproductive health coordinator, and others TBD) have been trained on the Standardized package of tool and that they have acquired (or more) the acceptable level of competence (TBD) in the implementation of G2G mechanism. This indicator is linked to indicator 1.1.1. Properly means: use and application of G2G agreements according to the standards of DAGE, analysis and use of levels of indicators for operational planning after training on monitoring and evaluation. Important Note: The other competencies identified by the Partners TRG and HSS+ on which the staff of the institution has been trained and which strengthen the implementation of G2G mechanism (management, monitoring and evaluation, TOM2PRO accounting software, Newdea Software or other software, IT tool training) will be recorded in the "qualification" of the competence. The specific mark designating "competence" will be established in Y1.
Unit of Measure : Percentage
Method of calculation: Numerator: Number of individuals considered competent (who apply the minimum competencies in the area evaluated: e.g. financial management or management) Denominator: Number of target individuals who have been strengthened and supervised on the G2G Package of tools according to the module concerned (financial management and G2G agreements, monitoring, evaluation, and management) and who use them correctly in G2G procedures.
Disaggregated by : central level, medical Region
Rationale & Management Utility : Effectiveness of G2G mechanism's implementation
PLAN FOR DATA ACQUISITION
Data Collection Method: Supervision/rapid internal evaluation and/or External evaluation
Data Source (s): Formative Supervision report/ rapid internal evaluation and/or external
Method of transfer to USAID :
Frequency & Timing of Data Acquisition : Annual
Estimated Cost of Data Acquisition :
Individual Responsible at IP (title) Data decision maker (M&E)
Individual Responsible for providing data to USAID : COP
Location of data storage : Database/GoTAP and HSS+
DATA QUALITY ISSUES
Date of Initial Data Quality Assessment : TBD, Within Work Plan Year 1
Known Data Limitations and Significance (if any) : TBD, Within Work Plan Year 1
Actions Taken or Planned to Address Data Limitations : TBD, Within Work Plan Year 1
Date of Future Data Quality Assessments: in the 3rd year as directed by USAID
Procedures for Future Data Quality Assessments: TBD
PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING
Data Analysis: Number of staff trained who apply correctly the technical resources received
Notes on Baselines/Targets Presentation of Data :
Review of Data :
Reporting of Data: Documentation of the Steering Committee/Technical Secretariat's activity reports, of the Subcontractors (TRG, ACA), missions of consultants and local resource-persons,

programmatic reports of the Project, other reports shared with the components, level of progress of the institutions' indicators, etc.)

OTHER NOTES

Indicator Reference Sheet Performance

Development Objective (DO2) : Improve health status of the Senegalese population

Sub-Intermediate Result (Sub IR3.1) : Improve health system governance and finance

Objective 1: Support the vision shared by the Government of Senegal and USAID to develop G2G programs to achieve sustainable health results more quickly

Task 1.2: Strengthen the management by the MSAS of USAID's direct financing

Name of Indicator 1.1.3: Level of functionality of the MSAS' steering bodies responsible for the ownership of G2G vision and the implementation of G2G mechanism

Indicator Type : Activity _____ Custom ☒ GoTAP Project _____

Is this a PPR indicator? No ☒ Yes _____, for Reporting Year (s) _____

DESCRIPTION

USAID Definition (if applicable):

Precise Definition (s): the steering bodies responsible for G2G are the Steering Committee of USAID Health Program, the Technical Secretariat in charge of G2G and the Regional Validation Committee (ARC) for milestones (that is 3 bodies for the 1st year, 4 CRV for the 4 regions covered during the life of the Project, that is a total of 7 steering bodies for G2G mechanism).

The functions of Steering bodies are those of orientation, coordination, arbitration and monitoring and evaluation regarding the Government to Government funding mechanism (G2G) and use of data for decision making. These functions are exercised in the two biannual meetings of the Steering Committee, the quarterly meetings of the Technical Secretariat and at the quarterly milestones validation meetings. In addition are the case study and technical support missions that the members of the COP would be asked to perform in the consolidation regions.

The criteria for optimal functionality are:

- Steering Committee (COP): 2 bi-annual meetings held + minutes of meeting and/or mission reports
- Technical Secretariat (ST): 4 quarterly meetings + minutes of meeting
- Regional validation committee (CRV) : 4 quarterly meetings + minutes of meeting

Assessment :

- **0 = Not at all satisfactory:** None of the listed criteria was met
- **1 = Fairly satisfactory or average performance:** no more than 1 semi-annual meeting (COP) and 2 quarterly meetings (Technical secretariat and CRV) with minutes of meetings or mission reports (COP)

<ul style="list-style-type: none"> • 2 = Satisfactory (optimal) performance: 2 COP semi-annual meetings were held and 4 meetings of the Technical Secretariat and the ARC with the meeting minutes or mission reports (COPs) <p>NB: <i>the missions of these three bodies will be reviewed and improved by the Consultancy TRG during the 1st semester of the 1st year. The definition will be updated as needed.</i></p>
Unit of Measure : Enumeration
Method of calculation: scale for assessing the quality of functioning
Denominator : N/A
Disaggregated by : Region and national level
Rationale & Management Utility : Ownership, efficiency and sustainability in the implementation of G2G mechanism
PLAN FOR DATA ACQUISITION
Data Collection Method: Rapid Internal assessment and/or external
Data Source (s): Meeting Reports, Project Report
Method of transfer to USAID :
Frequency & Timing of Data Acquisition : annual
Estimated Cost of Data Acquisition :
Individual Responsible at IP (title) COP, Data decision maker (M&E) and ESP
Individual Responsible for providing data to USAID : COP
Location of data storage : Database/GoTAP
DATA QUALITY ISSUES
Date of Initial Data Quality Assessment : TBD, Within Work Plan Year 1
Known Data Limitations and Significance (if any): TBD, Within Work Plan Year 1
Actions Taken or Planned to Address Data Limitations : TBD, Within Work Plan Year 1
Date of Future Data Quality Assessments: in the 3rd year as directed by USAID
Procedures for Future Data Quality Assessments: TBD
PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING
Data Analysis: <ul style="list-style-type: none"> - Count of the number of meetings, minutes of meetings and mission reports. - External evaluation on the level of satisfaction of members, USAID agencies, ECR. - Documentary analysis of the number of missions of the COP members and the number of decisions taken and implemented to improve the implementation of G2G mechanism
Notes on Baselines / Targets / Presentation of Data: The study on improving the COP and the Technical Secretariat conducted during the 1 st semester is the baseline for restructuring the COP and the Technical Secretariat, redefining their missions, roles and responsibilities, and developing the capacity-building plan for its members on the identified needs.
Review of Data :
Reporting of Data: Documentation of the activity reports of the Steering Committee/Technical Secretariat, Subcontractors (TRG ACA), quarterly or semi-annual meeting reports of the bodies, other reports shared with the other components of USAID Health Program, plans for addressing the weak indicators of the institutions etc.)
OTHER NOTES

Performance Indicator Reference Sheet -
Development Objective (DO2) : Improve health status of the Senegalese population
Intermediate Result (IR3): Improved performance of the health system
Sub-Intermediate Result (Sub IR3.1) : Improve health system governance and finance
Objective 1: Support the vision shared by the Government of Senegal and USAID to develop G2G programs to achieve sustainable health results more quickly
Task 2.1. Strengthen management by the MSAS of USAID's direct funding
Name of Indicator 1.2.1. Availability of the G2G line item in the national budget (USAID)
Indicator Type : Activity _____ Custom <input checked="" type="checkbox"/> Mission PMP _____
Is this a PPR indicator? No <input type="checkbox"/> X <input type="checkbox"/> Yes <input type="checkbox"/> , for Reporting Year (s) _Annual_____
DESCRIPTION
USAID Definition (if applicable): Budget line in Senegal National Budget
Precise Definition (s): One of the main results of PASMESISS 2 agreement was getting a budget line established by the Government to ensure its contribution in financing the program. Pre-financing of activities by aG2G region is an essential aspect of G2G program. It avoids the management of advance requests to USAID which is a risk for performing milestones in a G2G program. This pre-financing activity provides a self-financing capacity before the claim for reimbursement and includes pre-financing as a key point of G2G mechanisms. This involves ensuring that GoTAP and USAID are involved in regional budgeting process for setting a pre – financing line at the right time, negotiate its duration and amount and monitor its implementation. This is an essential element of G2G portfolio. In 2016, the Government has allocated CFA 125 million and CFA 135 million in 2017. The amounts of the years 2018 to 2021 are to be determined by the GoS (this process will be documented by GoTAP).
Unit of Measure : Yes: (available with amount) / No (not available with justified reasons)
Method of calculation: N/A- Simple observation on the State Budget/MSAS /Finding
Disaggregated by :
Rationale & Management Utility : Ownership, effectiveness and sustainability in the implementation of G2G mechanism
PLAN FOR DATA ACQUISITION
Data Collection Method: Observation / finding /
Data Source (s): General Budget of the State/DAGE MSAS
Method of transfer to USAID :
Frequency & Timing of Data Acquisition : annual
Estimated Cost of Data Acquisition :
Individual Responsible at IP (title) G2G Expert, Financial Expert based in the DAGE
Individual Responsible for providing data to USAID : COP
Location of data storage : Database/GoTAP

DATA QUALITY ISSUES
Date of Initial Data Quality Assessment : TBD, Within Work Plan Year 1
Known Data Limitations and Significance (if any): TBD, Within Work Plan Year 1
Actions Taken or Planned to Address Data Limitations : TBD, Within Work Plan Year 1
Date of Future Data Quality Assessments: in the 3rd year as directed by USAID
Procedures for Future Data Quality Assessments: TBD
PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING
Data Analysis:
Notes on Baselines/Targets/Presentation of Data: Qualitative (YES/NO) and quantitative (amount allocated): available in Year 1 with CFA 125 million. The line will be documented for the Learning Program
Review of Data : Financial Analyst/ G2G Expert
Reporting of Data : Documents Finance Law and PTIP

Performance Indicator Reference Sheet -
Development Objective (DO2) : Improve health status of the Senegalese population
Intermediate Result (IR3): Improved performance of the health system
Sub-Intermediate Result (Sub IR3.1) : Improve health system governance and finance
Objective 1: Support the vision shared by the Government of Senegal and USAID to develop G2G programs to achieve sustainable health results more quickly
Task 1.2. Strengthen management by the MSAS of USAID's direct funding
Name of Indicator 1.2.2 Percentage of the GOS budget Allocated to the RRP (USAID/GoTAP/HSS +)
Indicator Type : Activity _____ Custom ____ X__ Mission PMP _____
Is this a PPR indicator? No__ X__ Yes__, for Reporting Year (s) _____
DESCRIPTION
USAID Definition (if applicable):
Precise Definition (s): It is important to measure the part of the Government contribution (GoS) (1,390,000,000 CFA) in financing the Risk Mitigation Plan (5 billion CFA), or about a financial contribution of 30%. It is an indication of the GoS' commitment to the implementation of Risk Mitigation Plan with the financing support from donors. The amounts and percentage per year indicated in the tracking table reflect the annual contributory share proposed by the GoS on the amount of 1.39 billion CFA representing its total contribution disaggregated by Year 1, 2, 3, 4 and 5. The indicator verifies the availability of the line and its annual amount in CFA.
Unit of Measure : 1 = Y/N = 0 and Amount available (CFA)
Method of calculation: Observation / acknowledgement of funding allocation/update of the advocacy document projections for nomination /
Disaggregated by :
Rationale & Management Utility : Ownership, efficiency and sustainability in the

implementation of G2G mechanism
PLAN FOR DATA ACQUISITION
Data Collection Method: Observation on the books of the DAGE
Data Source (s): General Budget of the State/DAGE of the MSAS
Method of transfer to USAID :
Frequency & Timing of Data Acquisition : Annual
Estimated Cost of Data Acquisition :
Individual Responsible at IP (title) Financial expert based in the DAGE/G2G Expert
Individual Responsible for providing data to USAID : COP
Location of data storage : Database/GoTAP
DATA QUALITY ISSUES
Date of Initial Data Quality Assessment : TBD, within Work Plan Year 1
Known Data Limitations and Significance (if any): TBD, within Work Plan Year 1
Actions Taken or Planned to Address Data Limitations : within Work Plan Year 1
Date of Future Data Quality Assessments: in the 3rd year as directed by USAID
Procedures for Future Data Quality Assessments: TBD

Performance Indicator Reference sheet-
Development Objective (DO2) : Improve health status of the Senegalese population
Intermediate Result (IR3): Improved performance of the health system
Sub-Intermediate Result (Sub IR3.1) : Improve health system governance and finance
Objective 1: Support the vision shared by the Government of Senegal and USAID to develop G2G programs to achieve sustainable health results more quickly
Task 1.2: Ensuring compliance with the G2G requirements of USAID and Government procedures
Name of Indicator 1.2.3 Number of health structures interconnected with DAGE that generate sound financial reports through the TOM2PRO web version (USAID/GoTAP)
Indicator Type : Activity _____ Custom __X__ Mission PMP _____
Is this a PPR indicator? No__ X__ Yes__, for Reporting Year (s) _____
DESCRIPTION
USAID Definition (if applicable):
Precise Definition (s): It is important that the installation and use of TROM2PRO software in structures/responsibility centers be effective; the activity must be anchored at the level of the DAGE. The number and type of responsibility centers is 4 medical regions for 5 years (see SOW). Exit the 4 regional hospitals that have their own system. It should be noted that the installation of TOM2PRO in the medical region allows compiling all the health district management activities of the Region, including the activities of the hospital beneficiary of FARA.

<p>The interconnection of TOM2PRO with these with 4 responsibility centers and with the DAGE of the MSAS allows to generate and verify that the financial reports comply with the management standards accepted in the Manual of the PNDS of the MSAS (reliability). The financial reports submitted are available to the DAGE via the web version.</p> <p>GoTAP's support with TOM2PRO is limited to technical support in close collaboration with the DAGE. Ownership by the MSAS and leadership in this effort are essential; GoTAP will actively participate/lead/document this process, but will not take over.</p>
Unit of Measure : number (the expected number of structures is 4 Regions)
Method of calculation: by simple observation count
Disaggregated by :
Rationale & Management Utility : Ownership, effectiveness and sustainability in the implementation of G2G mechanism
PLAN FOR DATA ACQUISITION
Data Collection Method: counting of the number of structures (medical regions) interconnected
Data Source (s): DAGE of the MSAS / Financial Expert's Report
Method of transfer to USAID : Annual
Frequency & Timing of Data Acquisition : Annual
Estimated Cost of Data Acquisition :
Individual Responsible at IP (title) G2G Expert and ESP
Individual Responsible for providing good data to USAID : COP
Location of data storage : Database/MSAS/DAGE
DATA QUALITY ISSUES
Date of Initial Data Quality Assessment : TBD, Within Work Plan Year 1
Known Data Limitations and Significance (if any): TBD, Within Work Plan Year 1
Actions Taken or Planned to Address Data Limitations : TBD, Within Work Plan Year 1
Date of Future Data Quality Assessments: in the 3rd year as directed by USAID
Procedures for Future Data Quality Assessments: TBD
PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING
Data Analysis:
Notes on Baselines/Targets/Presentation of Data : Qualitative
Review of Data :
Reporting of Data :
OTHER NOTES

Performance indicator Reference Sheet
Development Objective (DO2) : Improve health status of the Senegalese population
Intermediate Result (IR3): Improved performance of the health system
Sub-Intermediate Result (Sub IR3.1) : Improve health system governance and finance
Objective 1: Support the vision shared by the Government of Senegal and USAID to develop G2G programs to achieve sustainable health results more quickly

Task 1.2: Ensuring compliance with the G2G requirements of USAID and Government procedures
Name of Indicator 1.2.4: Number of consolidation regions that have successfully made the transition from FAA to FARA
Type Indicator : Activity _____ Custom <input checked="" type="checkbox"/> Mission PMP _____
Is this a PPR indicator? No <input checked="" type="checkbox"/> Yes _____, for Reporting Year (s) _____
DESCRIPTION
USAID Definition (if applicable):
<p>Precise Definition (s): During the first year, only the Region of Kaffrine out of the 6 consolidation regions is under G2G (FARA) with substantial support from USAID through the PARMESIS2 supported by GoTAP; the other regions under direct financing (FAA) should gradually move to FARA.</p> <p>GoTAP seeks to take advantage of the support of HSS+ and works closely with this component to think about transition criteria from FAA to FARA. A document containing the specific criteria will be developed by GoTAP in collaboration with HSS+ during the 1st year and will be the basis to move from one region to another in the transition process.</p> <p>There are some regions that have a long history of FAA; some that are just beginning, of which some know G2G mechanisms/some do not know it. GoTAP should be strategic for recruitment, for both to focus the energy of the staff on the specific priorities and to avoid creating unrealistic expectations in the regions that start experiencing direct financing.</p> <p>Succeeded: After at least 18 months, the region selected is able to use FARA mechanism after a capacity building on the needs identified by the TRG (a capacity-building plan for the region will be implemented).</p>
Unit of Measure : Number
<p>Method of calculation:</p> <p>Numerator: number of medical areas having moved from FAA to FARA according to the defined criteria (in a document to be prepared by GoTAP)</p> <p>Denominator: Number of consolidation regions planned over the five years (04)</p>
Disaggregated by :
Rationale & Management Utility : Ownership, effectiveness and sustainability in the implementation of G2G mechanism
PLAN FOR DATA ACQUISITION
Data Collection Method: rapid internal assessment or external assessment
Data Source (s): GoTAP programmatic Reports /Evaluators 'Mission Reports
Method of transfer to USAID :
Frequency & Timing of Data Acquisition : Annual
Estimated Cost of Data Acquisition :
Individual Responsible at IP (title) G2G Expert,
Individual Responsible for providing good data to USAID : COP
Location of data storage : Database/GoTAP
DATA QUALITY ISSUES
Date of Initial Data Quality Assessment : TBD, within Work Plan Year 1
Known Data Limitations and Significance (if any): TBD, within Work Plan Year 1
Actions Taken or Planned to Address Data Limitations : TBD, within Work Plan Year 1

Date of Future Data Quality Assessments: in the 3rd year as directed by USAID
Procedures for Future Data Quality Assessments: TBD
PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING
Data Analysis: Quantitative/Tables
Notes on Baselines/Targets/Presentation of Data : Quantitative
Review of Data : M&E
Reporting of Data : Annual

Performance indicator Reference Sheet
Development Objective (DO2) : Improve health status of the Senegalese population
Intermediate Result (IR3): Improved performance of the health system
Sub-Intermediate Result (Sub IR3.1) : Improve health system governance and finance
Objective 1: Support the vision shared by the Government of Senegal and USAID to develop G2G programs to achieve sustainable health results more quickly
Task 1.3 Maintain health benefits through on-demand technical assistance
Name of Indicator 1.3. 1: Percentage of health providers who-have received a supervision visit in last 6 months
Type Indicator : Activity X _____ Custom _____ Mission PMP _____
Is this a PPR indicator? No__ X__ Yes__, for Reporting Year (s) _____
DESCRIPTION
USAID Definition (if applicable): Health providers: providers are qualified providers (nurses, midwives and doctors) implementing the Integrated package of maternal, infant and child and adolescent health services under G2G financing. These health care providers include providers recruited under the FARA based on an annual performance contract approved by the CRV.
This activity will capture performance score and track performance improvements, stagnation or decline over time.
Unit of Measure : Percentage
Method of calculation: Numerator: Number of structures (districts and/or technical points of delivery) of the 4 consolidation regions monitored every six months. Denominator: Number of structures (districts and/or technical points of delivery) planned (or enrolled) implementing interventions funded by USAID (G2G mechanism) in the 4 consolidation regions.
Disaggregated by : Region and District
Rationale & Management Utility: Ownership, effectiveness and sustainability in the implementation of G2G mechanism.
PLAN FOR DATA ACQUISITION

Data Collection Method: Rapid internal evaluation/formative supervisory missions using a grid. : A qualitative study proposed to complement this indicator is to conduct a qualitative study on the usefulness of the support supervision by the supervisors and the supervised.
Data Source (s): Rapid internal evaluation Report.
Method of transfer to USAID :
Frequency & Timing of Data Acquisition : Semester
Estimated Cost of Data Acquisition :
Individual Responsible at IP (title) Data decision maker (M&E) and ESP
Individual Responsible for providing good data to USAID : COP
Location of data Storage : Database/GoTAP and Consolidation regions
DATA QUALITY ISSUES
Date of Initial Data Quality Assessment : TBD, Within 1 Year Work Plan
Known Data Limitations and Significance (if any): TBD, within Work Plan Year 1
Actions Taken or Planned to Address Data Limitations : TBD, within Work Plan Year 1
Date of Future Data Quality Assessments: TBD, within Work Plan Year 1
Procedures for Future Data Quality Assessments: TBD
PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING
Data Analysis:
Notes on Baseline/Targets/Presentation of Data
Review of Data :
Responsible Individual at IP (title) Data decision maker (M&E) and ESP
Individual Responsible for providing good data to USAID : COP
Location of data Storage : Database/GoTAP and consolidation Regions
DATA QUALITY ISSUES
Date of Initial Data Quality Assessment : TBD, Within 1 Year Work Plan
Known Data Limitations and Significance (if any): TBD, Within 1 Year Work Plan
Actions Taken or Planned to Address Data Limitations : TBD, Within 1 Year Work Plan
Date of Future Data Quality Assessments: TBD, Within 1 Year Work Plan

Performance indicator Reference Sheet
Development Objective (DO2) : Improve health status of the Senegalese population
Sub-Intermediate Result (Sub IR3.1) : Improve health system governance and finance
Objective 1: Support the vision shared by the Government of Senegal and USAID to develop G2G programs to achieve sustainable health results more quickly
Task 1.4: Strengthening local capacity for results-based management
Name of Indicator 1.4.1: Percentage of institutions of central and regional levels having improved their stewardship and management capacity
Type Indicator : Activity <input checked="" type="checkbox"/> Custom <input type="checkbox"/> Mission PMP <input type="checkbox"/>
Is this a PPR indicator? No <input type="checkbox"/> X <input checked="" type="checkbox"/> Yes <input type="checkbox"/> , for Reporting Year (s) _____
DESCRIPTION

USAID Definition (if applicable):
<p>Precise Definition (s): This indicator focuses on strengthening institutional capacity to effectively manage G2G mechanism. The institution is disaggregated to central level (DAGE, DPRS, and DSRSE) and regional level (4 consolidation regions in 5 years and in health districts that is a total of 39 institutions, or responsibility centers).</p> <p>The type of measure and assessment criteria regarding capacity will be determined by the partner TRG specialized in measuring individual and institutional capacity. The capacity of the key personnel of consolidation regions (managers, accountants, chief medical officers, planners) will be strengthened in financial management and accounting (stewardship), leadership, management, and monitoring and evaluation according to the identified needs. To train staff, basic assessment scores (pre and post-test) will be used to calculate the improvements during the monitoring/supervision.</p>
Unit of Measurement: Score
<p>Method of calculation: Use baseline and follow-on assessment scores to compute percentage improvement</p>
Disaggregated by : Medical Region
Justification Utility & Management : Leadership and capacity increase for effective management of the mechanism
PLAN FOR DATA ACQUISITION
Data Collection Method: Observation/Individual basic rating and rating based on monitoring depending on the bi-annual and/or yearly frequency
Data Source(s): Project reports (technical and financial)
Method of transfer to USAID :
Frequency & Timing of Data Acquisition : Semester
Estimated Cost of Data Acquisition :
Individual Responsible at IP (title) Data decision maker (M&E), ESP
Individual Responsible for providing data to USAID : COP
Location of data storage : Database/TRG and GoTAP
DATA QUALITY ISSUES
Date of Initial Data Quality Assessment : TBD, within Work Plan Year 1
Known Data Limitations and Significance (if any): TBD, within Work Plan Year 1
Actions Taken or Planned to Address Data Limitations : TBD, within Work Plan Year 1
Date of Future Data Quality Assessments: TBD, within Work Plan Year 1
Procedures for Future Data Quality Assessments: TBD
PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING
Data Analysis:
Notes on Baseline/Targets/Presentation of Data: Quantitative/pre and post test
Review of Data :
Reporting of Data : Training reports and formative supervision grids
OTHER NOTES

Performance indicator Reference Sheet
Development Objective (DO2) : Improve health status of the Senegalese population
Intermediate Result (IR3) : Improved performance of the health system
Sub-Intermediate Result (Sub IR3.1) : Improve health system governance and finance
Objective 1: Support the vision shared by the Government of Senegal and USAID to develop G2G programs to achieve sustainable health results more quickly
Task 1.4: Strengthening local capacity for results-based management
Name of Indicator 1.4.2 Percentage of trained MOH staff who score "satisfactory" or higher on pre and post knowledge tests/assessments after training
Type Indicator : Activity <input checked="" type="checkbox"/> Custom <input type="checkbox"/> Mission PMP <input type="checkbox"/>
Is this a PPR indicator? No <input type="checkbox"/> X <input checked="" type="checkbox"/> Yes <input type="checkbox"/> , for Reporting Year (s) _____
DESCRIPTION
USAID Definition (if applicable):
Precise Definition (s): This indicator measures the quality of training by qualitative assessments (quality of training programs, instructors/trainers, etc.). This indicator measures the acquisition of knowledge. It shows the number of individuals in the institution who were scored "satisfactory" or higher in the assessments. "Satisfactory" score (TBD) may indicate the minimum technical aspects (e.g. equal or above 80%) to be integrated in the entire package (100% of aspects to know and practice) determined on the basis of a weight assigned to each technical aspect. It may also indicate the "class mark" with a Z-core to be determined. GoTAP use basic assessment and tracking scores to calculate the percentage improvement.
Unit of measure: Number
Method of calculation: score (Compute% change from baseline to follow-on assessment scores)
Disaggregated by : Medical Region
Rationale & Management Utility: Capacity of individuals responsible for ensuring the effective management of G2G mechanism, leadership/management and monitoring and evaluation (as needs identified in the baseline studies) increased and consolidated in the medium and long term.
PLAN FOR DATA ACQUISITION
Data Collection Method: Observation/Individual rating and monitoring
Data Source(s): the Project Reports (Report to analyze the performance of capacity assessments)
Method of transfer to USAID :
Frequency & Timing of Data Acquisition : Semester
Estimated Cost of Data Acquisition :
Individual Responsible at IP (title) Data decision maker (M&E) and ESP
Individual Responsible for providing data to USAID : COP
Performance Indicator Reference Sheet -
Development Objective (DO2) : Improve health status of the Senegalese population

Intermediate Result (IR3): Improved performance of the health system
Sub-Intermediate Result (Sub IR3.1) : Improve health system governance and finance
Objective 2: Decision making based on data: Improving the use of data for decision-making with the Ministry of Health to plan, monitor and correct course to the USAID Health Program in Senegal
Task 2.5: Strengthen communication and the use of data to improve USAID programming
Name of Indicator 2.5.1.Number of evidence-based decisions made and action taken using data sources is SRMNIA-FP-PALU
Type Indicator : Activity X _____ Custom _____ Mission PMP _____
Is this a PPR indicator? No__ X__ Yes__, for Reporting Year (s) _____
DESCRIPTION
USAID Definition (if applicable):
Precise Definition (s): This indicator measures the number of times the Technical Secretariat / Steering Committee took a decision/action on the basis of clear evidence to improve the implementation of USAID Health Program's interventions funded under G2G, to improve the level of non-stable indicators (G2G and health gains).
Unit of Measure : Number
Method of calculation: Enumeration/Documentation
Disaggregated by : Region and District / Field and type
Rationale & Management Utility : Maintaining health gains, effectiveness of interventions and sustainability in the implementation of the G2G mechanism
PLAN FOR DATA ACQUISITION
Data Collection Method: Documentation
Data Source (s): Meeting report CP / ST / Report of Mission / documentation Learning approach
Method of transfer to USAID :
Frequency & Timing of Data Acquisition : Quarter
Estimated Cost of Data Acquisition :
Individual Responsible at IP (title) COP, Data decision maker (M&E) and ESP
Individual Responsible for providing data to USAID : COP
Location of data storage : Database/GoTAP and Consolidation regions
DATA QUALITY ISSUES
Date of Initial Data Quality Assessment : TBD, TBD, within Work Plan Year 1
Known Data Limitations and Significance (if any): TBD, TBD, within Work Plan Year 1
Actions Taken or Planned to Address Data Limitations : TBD, TBD, within Work Plan Year 1
Date of Future Data Quality Assessments: TBD, TBD, within Work Plan Year 1
Procedures for Future Data Quality Assessments: TBD
PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING
Data Analysis:
Notes on Baseline/Targets/Presentation of Data: TBD
Review of Data :
Performance Indicator Reference Sheet -
Development Objective (DO2) : Improve health status of the Senegalese population
Intermediate Result (IR3): Improved performance of the health system

Sub-Intermediate Result (Sub IR3.1) : Improve health system governance and finance
Objective 2: Decision making based on data: Improving the use of data for decision-making with the Ministry of Health to plan, monitor and correct the courses of USAID Health Program in Senegal
Task 2.5: Strengthen communication and use of data to improve USAID programming
Name of Indicator 2.5.2. Number of successful implementations of gender or youth specific programs supported by GoTAP; <i>these will be identified in the work planning stage and will be counted upon completion.</i>
Type Indicator : Activity <input checked="" type="checkbox"/> Custom <input type="checkbox"/> Mission PMP <input type="checkbox"/>
Is this a PPR indicator? No <input type="checkbox"/> X <input checked="" type="checkbox"/> Yes <input type="checkbox"/> , for Reporting Year (s) _____
DESCRIPTION
USAID Definition (if applicable):
Precise Definition (s): Gender and equity issues were included in the study to identify needs for capacity building. In collaboration with implementing partners, particularly MSM 2030, gender will be considered in the recruitment of providers in areas under FARA. The indicator will measure the number of operations or decisions taken to make the fair recruitment by gender, youth inclusion and distribution of the target population beneficiaries of reproductive health services in the districts under G2G agreement. The study on sustainability / sustainability contractual providers in areas under FAR document the qualitative aspect of this indicator.
Unit of Measure : Number by gender (F/M)
Method of calculation: Enumeration/Documentation
Disaggregated by : Region and District/by sex and age and wealth quintile
Rationale & Management Utility : Equity in the implementation, effectiveness of interventions and sustainability in the implementation of G2G mechanism
PLAN FOR DATA ACQUISITION
Data Collection Method : documentation, rapid external or internal evaluation
Data Source(s) : Meeting Report of the CP/ST/Mission/evaluation Report, Learning approach
Method of transfer to USAID :
Frequency & Timing of Data Acquisition : semi-annual, annual
Estimated Cost of Data Acquisition :
Responsible Individual at IP (title) COP, Data decision maker (M&E) and ESP
Individual Responsible for providing data to USAID : COP
Location of data storage : Database/GoTAP and consolidation Regions
DATA QUALITY ISSUES
Date of Initial Data Quality Assessment : TBD, within Work Plan Year 1
Known Data Limitations and Significance (if any) : TBD, within Work Plan Year 1
Actions Taken or Planned to Address Data Limitations : TBD, within Work Plan Year 1
Date of Future Data Quality Assessments : TBD, within Work Plan Year 1
Procedures for Future Data Quality Assessments: TBD
PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING
Data Analysis :
Notes on Baseline/Targets/Presentation of Data : TBD
Review of Data :

ANNEX II

- **Table N ° 3:** Table of process indicators/Outputs for the performance of GoTAP Action Plan
- **Table N ° 4:** Table of SRMNIA-FP-MALARIA Health gain indicators monitored by GoTAP in consolidation regions (routine data parameterized in the DHIS2)

Table No 3: Activity Indicators/GoTAP PA Outputs

Code	indicators	disaggregated	Collectio n methods	Data Sources	Collection Frequency	Baseline	Target					Resp	
							Year 1	Year 2	year 3	year 4	year 5		
	Task 1.1: Ensuring compliance with USAID’sG2G requirements and Government procedures												
1	Number of technical activities organized to popularize G2G vision, mechanism and tools at central and decentralized levels	By type: CRD-CSD Advocacy meetings, planning workshops, training workshops, post training supervision/ follow-up missions	Document ation	programmatic reports, partners’ reports shared	Quarterly	N / A	TBD	TBD	TBD	TBD	TBD	M&E	
2	Availability of a G2G validated package of standardized support tools	By type: Concept paper, PFMRAF summary, procedures manuals, training manuals/ brochures, capacity assessment grid, monitoring and supervision sheets, check sheets	Document ation	GoTAP Archives	Annual	N/A	TBD	TBD	TBD	TBD	TBD	M&E/ EG2G	

54	Number of participants informed oriented/trained/followed in the implementation of G2G vision and mechanism	- By central and regional level, by profile (Credit Administrator, Manager, Technicians) and by gender (F/M)	Document ation	Project programmatic reports and partners' reports shared	quarterly	0	260	TBD	TBD	TBD	TBD	
Task 1.2: Strengthen the management by the MSAS of USAID direct financing												
3	Number of activities supported by the Project to make functional the Steering Committee and the Technical Secretariat for the ownership of G2G vision and mechanism	By type: organizational diagnosis, meetings, field missions	Document ation	TRG Reports, CP/ST Mission reports, programmatic reports and reports shared by the components	Quarterly	N/A	TBD	TBD	TBD	TBD	TBD	
4	Number of beneficiaries who have used the framework and benchmarks to reduce preparation time and benefit from G2G agreements more quickly	By region and central level	Document ation	Programmatic mission reports	Annually	0	2	TBD	TBD	TBD	TBD	
5	Number of people oriented/trained on the monitoring and evaluation and learning plan	By region, central and steering bodies	Document ation	Programmatic reports	Semi-annually	0	50	TBD	TBD	TBD	TBD	
Task 1.3: Maintaining health benefits through on-demand technical assistance												
55	Number of technical meetings and activities organized for reviewing indicators for monitoring the performance of the health program under G2G	Central and regional levels Type (Review, meeting, PTA Coordination)	Document ation	Programmatic reports and partners' reports shared	Quarterly	-	8	TBD	TBD	TBD	TBD	TBD

7	Number of short Term technical support missions organized by the CP/ST/resource-persons/TRG in consolidation regions	By area and by region	Document ation	Programmatic reports and partners' reports shared	Quarterly	-	10	TBD	TBD	TBD	TBD	TBD
Task 1.4. Strengthening local capacity for results-based management												
8	Number of missions to identify the training needs of the relevant regional institutions and competent personnel responsible for G2G agreements	Central and regional levels, Area / needs	Document ation / Evaluatio n	Evaluation reports, management framework, Training plans	Annually	-	3	TBD	TBD	TBD	TBD	TBD
9	Number of training plans implemented in the consolidation regions	Central and regional levels by area (planning, leadership and operations management, budget management and financial management, coordination, monitoring and evaluation of activities ...	Document ation/Eval uation	Evaluation reports, management framework, Training plans	Annually	-	3	TBD	TBD	TBD	TBD	TBD
Sub-objective 2.5 : Improved information and the use of data for decision making Task 2.5 : Strengthen communication and the use of data to improve USAID programming												
10	Number of workshops and technical meetings organized to develop, validate and monitor USAID annual work plan	By type (meetings, workshops)	Document ation	Meeting report, shared report, Integrated action plan available	Semi-annual	-	5	TBD	TBD	TBD	TBD	
11	Number of workshops and technical meetings organized by the CP/ST and regional entities to monitor health indicators (SRMIA-FP)	National and regional	Document ation	Available Meeting reports and technical reports, and indicators	Quarterly	-	6					

				Framework								
12	Availability of resources implemented by the Project to monitor USAID Health Program indicators	Type of resources (e: Database Newdea model)	Documentation	Available models	Semi-annual	N/A	TBD	TBD	TBD	TBD	TBD	
13	Availability of advocacy tools and publications (online or otherwise) developed and shared	By type, domains National	Documentation	Available models	Annual	N/A	TBD	TBD	TBD	TBD	TBD	

Table 4: Indicators of reproductive, maternal, infant and child health, HIV and Malaria health gains (Parameterization MSAS/DSISS/DHIS2)

Indicators	Disaggregated	Collection methods	Data Sources	Frequency of collection	Baseline	Target
Rate of utilization of antenatal clinics services	National, Region, district	Documentation	DHIS2 Region reports	quarter	100%	100%
Completion rate in CPN	National Region, district	Documentation	DHIS2 Region reports	quarter	38.1%	45%
Number of FE who received TPI3 (intermittent preventive treatment of malaria, 3rd dose)	National Region, district	Documentation	DHIS2 Region reports	quarter	17559	18130 (75% GA)
Number of complicated pregnancies managed	National Region, district	Documentation	DHIS2 Region reports	quarter	2664	2820
Rate of births attended by skilled personnel (doctor, midwife, nurse)	National Region, district	Documentation / National Survey	DHS-C DHIS2 Region reports	quarter	79.4%	85%
Completion rates in CPON	National Region, district	Documentation	DHIS2 Region reports	quarter	34.61%	40%
Number of confirmed maternal deaths	National Region, district	Documentation	DHIS2 ISRM region Reports	Quarter	50	35
Number of audited maternal deaths	National Region, district	Documentation	DHIS2 DSR Region reports	quarter	45	35
Number of FAR using a modern contraceptive method	National Region, district	Documentation	DHIS2 Region reports	quarter		31446
Number of family planning services new acceptors	National Region, district	Documentation	DHIS2 Region reports	quarter		10706
Contraceptive prevalence	National Region, district	Documentation/ National survey	DHS-C DHIS2 Region reports	Quarter annually	15.10%	22%
Percentage of newborns having benefitted from immediate care package at birth	National Region, district	Documentation	DHIS2 Region reports	quarter	78.71%	100%

Number of districts having arranged a space for teenagers	Region, district	Documentation	DHIS2 Region reports	quarter	1	2
Number of teenagers/youth using the PPS	National Region, district	Documentation	DHIS2 Region reports	quarter	58452	64012 (30%)
Number of children aged 6-59 months tested for MA (MAS and MAM)	National Region, district	Documentation	DHIS2 SMART Region reports	Quarterly/ annual	6842 (5%)	5473 (4%)
Number of children aged 6-59 months tested for chronic malnutrition	National Region, district	National survey	SMART	Quarterly/ annual	nd	nd
Percentage of children aged 6-59 months routinely supplemented with vit A	National Region, district	Documentation	DHIS2 Region reports	Quarterly/ annual	80%	95%
Number of children aged 0-5 years with pneumonia and treated with an antibiotic (amoxicillin)	National Region, district	Documentation	DHIS2 Region reports	Quarterly/ annual	26589	100%
Number of cases of diarrhea in children aged 0-5 years diagnosed and treated with ORS/Zinc method	National Region, district	Documentation	DHIS2 Region reports	Quarterly/ annual		30120
Number of severe malaria cases	National Region, district	Documentation	DHIS2 PNLP / Bulletin Region reports	Quarterly/ annual	161	150
Number of children aged 12-59 months dewormed, routinely, with mebendazole	National Region, district	Documentation	DHIS2 area reports	Quarterly/ annual	98302	116734
Proportion of children aged 0-11 months complement vaccinated	National Region, district	Documentation	DHIS2 DP-PEV/ Bulletin Region reports		106%	100%
Stock out rate of contraceptives	National Region, district	Documentation	DHIS2 Region reports		0%	0%
Percentage of PPS at least one day out stock oxytocin stock	National Region, district	Documentation	DHIS2 Region reports		0%	0%
Number of targeted service delivery points experiencing a stock out at any time during the reporting period for more than 7 consecutive days of ACTs and/or rapid diagnostic tests that	National Region, district	Documentation	DHIS2 NMCP / bulletin Region reports-		0	0

the structure should provide			Sraj Reports			
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