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USAID/GLOBAL HEALTH EVALUATION AND LEARNING SUPPORT ACTIVITY (GH EvaLS)

Evaluation Report

013 PERFORMANCE EVALUATION OF USAID/PMI GUINEA STOPPALU+

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Submitted by:
Andrea Camoens, Chief of Party
GH EvalS
4350 East-West Highway, Suite 210
Bethesda, MD 20814-4410
Tel.: (301) 652-4334
Email: acamoens@engl.com

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Global Health EvaLS

4350 East-West Highway, Suite 210

Bethesda, MD 20814-4410

Tel.: (301) 652-4334

Website: <https://ghevals.meandahq.com>

ABSTRACT

Program Purpose/Description: In December 2017, USAID/PMI Guinea launched the five-year StopPalu+ activity to assist the Government of Guinea in achieving the collective goal of reducing malaria-related morbidity and mortality by 75 percent compared to 2016. RTI International implemented StopPalu+ in partnership with 10 international and local organizations and works with the National Malaria Control Program (NMCP) at the national level in all five communes of Conakry and 13 prefectures in the western and northern parts of Guinea. GH EvalS conducted this evaluation from December 2017 to October 2022 to identify the approaches and activity components that were most effective in achieving the U.S. President's Malaria Initiative (PMI) goals.

Key Questions: The evaluation questions include: To what extent has StopPalu+ contributed to improvements in malaria care services across the different levels of the health system in Guinea; what are the sustainability factors that are evident; to what extent has the capacity of the NMCP to lead, coordinate, and manage malaria prevention and control activities been strengthened as a result of StopPalu+ efforts; what kind (if any) of positive and negative knock-on effects did the StopPalu+ supported interventions have on the wider health systems in Guinea; and to what extent did the StopPalu+ activity address gender issues in access and utilization of malaria services.

Methodology: Using a mixed-method design, an evaluation team consisting of one international and two Guinean (malaria and monitoring, evaluation, and learning) experts conducted 64 key informant interviews and 14 focus group discussions with selected communities. For analysis and triangulation, document reviews and DHIS2 produced relevant national data.

Challenges and Mitigation Strategies: Secondary data may not always contain sufficient elements and results to answer evaluation questions. Alternative data sources, when available, are useful to mitigate these effects. Also, gender data requires a more systematic approach to evaluation data collection, especially where disaggregation is needed. Consistency in methods and elements (e.g., male, female) of collection posed challenges to conclusions.

Key Findings: StopPalu+ contributed to improvements in the availability, quality, and use of malaria care services at the community, facility, and district levels while strengthening the NMCP at the center. StopPalu+ objectives aligned with national malaria strategies and activities were implemented as planned, timely, and with quality. StopPalu+ provided technical support to the NMCP in leading, coordinating, and managing malaria prevention and treatment activities through capacity building and health system strengthening. Various communication channels helped raise awareness of the target populations about malaria control strategies, increasing community trust/respect and health services uptake. Factors such as COVID-19 and the seeming inability of the NMCP leadership to effectively coordinate and harmonize activities between PMI and the Global Fund to maximize resource allocation sometimes affected the implementation of some activities.

Key Recommendations: The sustainability of StopPalu+-supported activities requires national leadership, community ownership, public-private partnerships, and continued institutional capacity building.

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ACRONYMS AND ABBREVIATIONS

Acronym	Definition
AMELP	Activity Monitoring, Evaluation, and Learning Plan
ANC	Antenatal Care
APIC	Association pour la Promotion des Initiatives Communautaires
AQ	Amodiaquine
BCC	Behavior Change Communication
CAFD	Centre Africain de Formation pour le Développement
CAG	Community Action Group
CAM	Club des Amis du Monde
CHW	Community Health Worker
CJMA	Comité des Jeunes Mon Avenir D'abord
CMC	Central Medical Store
COVID-19	Coronavirus Disease 2019
DCS	Direction Communale de la Santé (Communal Health Directorate)
DHIS2	District Health Information System 2
DHS	Demographic and Health Surveys
DPS	Direction Préfectorale de la Santé (Prefectural Health Directorate)
ECAMM	External Competency Assessment for Malaria Microscopists
EPI	Expanded Programme on Immunization
FGD	Focus Group Discussion
GFATM	Global Fund to Fight AIDS, Tuberculosis, and Malaria
GH EvalS	Global Health Evaluation and Learning Support Activity
HRH2030	Human Resources for Health 2030
IEC	Information Education Communication
INAASPO	Initiatives et Actions pour l'Amélioration de la Santé des Populations
IP	Implementing Partner
IPC	Infection, Prevention, and Control
IPTp	Intermittent Preventive Treatment of Malaria in Pregnancy
KI	Key Informant
KII	Key Informant Interview
LLIN	Long-Lasting Insecticidal Net
M&E	Monitoring and Evaluation
MCDI	Medical Care Development International
ME&A	Formerly Mendez England & Associates
MEL	Monitoring, Evaluation, and Learning
MICS	Multi-Cluster Indicator Survey
MIS	Malaria Indicator Survey
MOH	Ministry of Health
NCC	National Coordination Committee
NGO	Non-governmental Organization
NMCP	National Malaria Control Program
NMS	National Malaria Strategy
PMI	U.S. President's Malaria Initiative
RDT	Rapid Diagnostic Testing
RECO	Relais Communautaires (Community Health Worker)
RTI	Research Triangle Institute International
SBCC	Social Behavior Change Communication
SGPD	Solidarité Guinéenne pour le Développement

Acronym	Definition
SMC	Seasonal Malaria Chemoprevention
SNIS	National Health Information System
SOW	Scope of Work
SP	Sulfadoxine/Pyrimethamine
TWG	Technical Working Group
UGANC	University of Gamal Abdel Nasser, Conakry
U.S.	United States
USAID	United States Agency for International Development

EXECUTIVE SUMMARY

Introduction

The Global Health Evaluation and Learning Support (GH EvaLS) activity conducted a performance evaluation of the USAID/U.S. President's Malaria Initiative (PMI)-funded StopPalu+ activity in Guinea, which was implemented from December 2017 to October 2022. This evaluation focused primarily on identifying the approaches and components of the StopPalu+ activity that have been most effective in achieving the goals of the PMI.

In addition, this evaluation will help identify promising practices and lessons learned, along with weaknesses and gaps that hinder effective malaria service delivery. It will inform the Government of Guinea's National Malaria Control Program (NMCP) and future program design and implementation for malaria control in the country.

The target audiences for this StopPalu+ activity performance evaluation include: (1) the USAID Guinea Mission/PMI Team; (2) StopPalu+ implementing partners (IPs): RTI International (prime) and sub-primes; (3) NMCP and the Ministry of Health (MOH) units involved in malaria care services at all levels; (4) community members and representatives, and community health workers (CHWs, also referred to as RECOs); and (5) other in-country malaria stakeholders.

Activity Background

Malaria is endemic throughout Guinea. The country has made important progress in malaria control and prevention, substantially reducing malaria prevalence in children under age 5, annual malaria incidence, and in-patient deaths. These gains were driven by the rapid scale-up of malaria prevention and control interventions, led by the country's NMCP and supported separately by PMI and the Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM).

The Government of Guinea is currently implementing a five-year National Malaria Strategy (NMS) with the goal of bringing the country toward pre-elimination by the end of 2022. This will be achieved by reducing malaria morbidity and mortality by 75 percent compared to 2016 Guinea Multi-Cluster Indicator Survey (MICS) levels.

In December 2017, USAID Guinea, with funding from PMI, launched the five-year StopPalu+ activity, effectively a continuation of the prior StopPalu activity also implemented by RTI International from 2013–2017. StopPalu+ was meant to assist the Government of Guinea in achieving the collective goal of reducing malaria-related morbidity and mortality by 75 percent compared to 2016 levels through the following objectives:

1. Increased use of long-lasting insecticidal nets (LLINs) by the population;
2. Increased use of intermittent preventive treatment of malaria in pregnancy (IPTp) during antenatal care (ANC) visits;
3. Increased prompt care seeking and treatment;
4. Increased numbers of children receiving the full treatment doses of seasonal malaria chemoprevention (SMC), delivered on time;
5. Increased community involvement in and support for malaria prevention and care; and
6. Improved capacity of NMCP at the central, regional, and district levels to manage, implement, and monitor prevention, care, and treatment activities.

StopPalu+ is implemented by RTI International in partnership with Jhpiego, Medical Care Development International (MCDI), Centre Africain de Formation pour le Développement (CAFD), and other local

partners including Association pour la Promotion des Initiatives Communautaires (APIC), Club des Amis du Monde (CAM), Comité des Jeunes Mon Avenir D'abord (CJMAD), Initiatives et Actions pour l'Amélioration de la Santé des Populations (INAASPO), Solidarité Guinéenne pour le Développement (SGPD), Maférinya Rural Research Center, and University Gamal Abdel Nasser Conakry (UGANC).

StopPalu+ works with the NMCP at the national level, in all five communes of Conakry, and in 13 districts in the western and northern parts of Guinea.

Assignment Purpose and Key Questions

The evaluation assessed the extent to which StopPalu+ interventions have contributed to improvements in the availability, quality, and use of malaria care services¹ at the community, facility, and district levels, identifying both enabling and hindering factors and approaches. USAID posed five questions that guided this evaluation's inquiry and that are presented below:

- 1.1. To what extent has StopPalu+ contributed to improvements in malaria care services across the different levels of the health system in Guinea?
- 1.2. What are the sustainability factors that are evident?
2. To what extent has the capacity of the NMCP to lead, coordinate, and manage malaria prevention and control activities been strengthened as a result of StopPalu+ efforts?
3. What kind (if any) of positive and negative knock-on effects did the interventions that StopPalu+ supported have on the wider health systems in Guinea?
4. To what extent did the StopPalu+ activity address gender issues in access and utilization of malaria services?

Assignment Methods and Limitations

This performance evaluation used a cross-sectional, non-experimental mixed-method design (qualitative and quantitative) to produce the evidence and insights to answer the evaluation questions. Qualitative data comprised most of the analysis, drawing upon reviews of documents (including activity reports), planning meetings; key informant interviews (KIs) and focus group discussions (FGDs); visits to health facilities, and Mission debrief meetings. Quantitative data was secondary and comprised routine monitoring data mined from StopPalu+ results reports (quarterly and annual progress reports) to determine successful activity components over time, data from the Guinea Demographic and Health Surveys (DHS) and Guinea Malaria Indicator Surveys (MIS) to show national level trends in malaria indicators. The composition of data varied depending on the level of the relevant analysis—national, regional, district, or facility.

At the national level, the evaluation team collected data virtually and in person from the representatives of the following groups or individuals: USAID/PMI Guinea staff; Program Office/M&E Specialist; Government of Guinea MOH NMCP; StopPalu+ IPs, including RTI International (prime), Jhpiego, MCDI, and CAFD; and other local partners, including APIC, CAM, CJMAD, INAASPO, and SGPD (sub-recipients).

The team conducted 64 key KIs representing major institutions (public and private) and community and other stakeholders involved in the StopPalu+ activity (more information can be found in Table 3: Number of KIs and Affiliations) Within StopPalu+ Target Districts. The team also organized 14 FGDs

¹ Malaria care services include prevention, diagnostics, treatment, and positive anti-malaria behaviors and practices as adopted by the people of Guinea. *Availability* means the extent to which the scale and scope of malaria services changed over the period of the activity. *Quality* means the extent to which these services meet national and international standards.

within selected communities: seven each in urban and rural districts covered by the activity. Respondents were pregnant women and mothers of children under the age of 5 years.

Qualitative data, collected primarily from the interviews and group discussions, were transcribed in Microsoft Word and then the transcripts were analyzed using QDAMiner Lite grounded coding techniques. The results were then triangulated across stakeholder groups and with secondary data sources such as mined data from progress reports and DHS data, according to each evaluation question and sub-question and then used to populate a findings, conclusions, and recommendations matrix.

The team paid particular attention to ethical considerations to ensure that informants and participants were protected against risks during data collection. Transcripts are securely stored in GH EvalS data vaults, no identifiers are included in reports, and information is aggregated and presented by topic. The performance evaluation utilized an informed consent form (see Annex 3) before any interview or FGD to ensure that consent was obtained before data collection.

Findings, Conclusions, and Recommendations

Key Findings

Evaluation Question 1a. The StopPalu+ activity contributed to improvements in the availability, quality, and use of malaria care services at different levels of the health system in Guinea to the satisfaction of activity stakeholders and beneficiaries. The specific objectives of the activity to reduce malaria morbidity and mortality were relevant and consistent with the national malaria strategies. Although activities and interventions were implemented as planned, according to schedule and quality standards, factors such as the COVID-19 pandemic and NMCP leadership's challenge in harmonizing activities and strategies between the GFATM and PMI affected implementation.

Evaluation Question 1b. The government's leadership, community ownership, public-private partnerships, continuous capacity building, and health system strengthening are critical factors to ensure the sustainability of the activity.

Evaluation Question 2. The StopPalu+ activity provided much-needed technical support to the NMCP in achieving its objectives of leading, coordinating, and managing malaria prevention and treatment activities through capacity building and health system strengthening.

Evaluation Question 3. The StopPalu+ activity supported interventions that used various communication channels to raise the awareness of the target populations about malaria control strategies, and consequently increased community trust, respect, and uptake of health care services across the levels of the health system in Guinea (such as increased IPTp and prenatal care uptake).

Evaluation Question 4. StopPalu+ promotes gender equality and inclusiveness at all levels where the activity intervenes, by ensuring that women are given priority whenever possible during staff recruitment with stakeholders.

Conclusions

The performance evaluation shows that StopPalu+'s objectives of fighting malaria, the major cause of morbidity and mortality in Guinea, were relevant. The activities were planned and implemented according to the guiding principles of the NMS and the National Health Development Plan. Health care providers and CHWs were trained to carry out MOH directives according to schedule and quality

standards. Monthly district data quality review meetings were held to evaluate program indicators and make corrections for any incoherence found.

Overall, StopPalu+ contributed to improvements in the availability, quality, and use of malaria care services at the different levels of the health system in Guinea to the satisfaction of activity stakeholders and beneficiaries. The rate of LLIN use was described to have increased significantly among the population by a Government of Guinea stakeholder during an interview, following routine distribution and the distribution campaign supported by StopPalu+ in 2019. The positive outcomes of the activity, such as increased uptake of LLINs, contributed to increased satisfaction among most stakeholders, which in turn can contribute to decrease in malaria morbidity and mortality. Beneficiaries' trust and respect for the health care system were boosted, and more pregnant women sought ANC, as well as immunization services for their children. Because of the activity's success, most beneficiaries are advocating for changes in policies for children at age 6 years and older to qualify for SMC, for example.

The advent of the COVID-19 pandemic and inadequate communication between IPs and between the GFATM and PMI affected the effective coordination of malaria control activities in Guinea. While StopPalu+ followed the national payment scale to remunerate CHWs, other agencies and programs paid more. Therefore, the low remuneration of CHWs residing in StopPalu+ activity zones compared to those in the rest of the country affected their motivation to carry out their daily tasks.

While building the capacity of health care providers improved the quality of services, engaging the private sector could contribute to expanding service coverage. StopPalu+ activity beneficiaries at the different levels of the health system have taken ownership of the activity approach. Core team members at all levels are involved in planning, mobilizing, and implementing activities. For example:

- At the national level, support to the NMCP, such as an embedded advisor, was a strategy geared towards improving the NMCP's capacity to lead, manage, and coordinate malaria prevention and treatment activities in the country, and this was successful to some extent. Capacity building and health systems strengthening has made the NMCP more dynamic.
- At the facility level, the capacity building of health care providers, improvement of the NMCP monitoring and evaluation (M&E) system, and diagnostics strengthened Guinea's health care system.
- At the community level, the creation of community action groups (CAGs), which enable community members to organize community dialogues, also enabled them to identify problems and develop solutions. Trained CHWs conducted malaria prevention activities and case management.

The StopPalu+ activity used a mix of communication channels to raise awareness about malaria control strategies and to reach the target populations. These channels included mass media (TV and radio), interpersonal communication facilitated by CHWs and trained religious leaders, and home visits. Flyers posted at health facilities were also used as means of communication. Community dialogue, an innovative approach to promoting community participation and ownership, placed the community at the forefront of all malaria control interventions. Consequently, the activity increased community trust, respect, and uptake of health care services across the levels of the health system in Guinea (such as increased IPTp and prenatal care uptake in Guinea). As one of the activity priorities, gender consideration was at the center of activities. During recruitment of personnel, priority was given to women whenever possible. StopPalu+ promoted equity and inclusiveness at all levels of the activity.

StopPalu+ activity was mostly successful. It increased the use of malaria control activities, including uptake of LLINs in the community, IPTp during ANC visits, and SMC among children ages 3 to 59 months. StopPalu+ activities significantly reduced malaria cases and mortality among pregnant women and children under age 5. This success was achieved through capacity building, including operations of the insectary and laboratory for entomology, social mobilization, use of mobile clinics and red booklets, a steady supply of commodities, and strategic behavior change communication.

Recommendations

Based on the performance evaluation findings and conclusions, the evaluation team makes the following recommendations:

Recommendations for StopPalu+

1. Increase collaboration with the MOH, UGANC, the National Health Information System (SNIS), and NMCP to design relevant interventions that are consistent with country needs and NMCP strategies/objectives, to make the most impact on the health of the population.
2. Collaborate with relevant programs and agencies to ensure that malaria-related commodities (IPTp, SMC, etc.) are always in stock. This collaboration will include capacity development in the areas of supply management, commodity ordering, and distribution.
3. CHWs (RECOs) have played a significant role in the success of StopPalu+ at community and facility levels. The activity can sustain gains by continuously training existing and new community-based health workers.
4. As a best practice, StopPalu+ should advocate the institutionalization of community dialogs to promote community engagement in malaria control activities.
5. StopPalu+ and similar USAID activities should ensure that all sections of activity monitoring, evaluation, and learning plans (AMELPs), such as performance indicator reference sheets and indicator performance tracking tables, are regularly updated with consistent and complete progress data to appropriately reflect activity progress.

Recommendations for USAID

1. Make future funding contingent upon submission of an action plan describing how the government will take over the activities implemented by the activity.
2. Prepare the ground to ensure a gradual takeover of all the activities currently supported through the activity.
3. Organize training on leadership and management to strengthen NMCP leadership's managerial skills to improve coordination of activities among IPs and manage stocks.
4. Train the NMCP in grant writing to prepare them to seek new funding streams.
5. Support the NMCP to implement a compensation policy that all Government of Guinea and development agencies can adhere to as they implement development activities.
6. Monitor progress being made to promote gender equity across all program and community levels.
7. Set aside a special funding mechanism to support the insectarium after the end of the activity. Considering the high cost of supplies to run genetic and other advanced tests, external financial support is needed in the future to keep the insectarium running.
8. Assume a proactive monitoring role to ensure that the annual performance reports include consistent data for all performance indicators.

Recommendations for the MOH/NMCP

1. Fulfill its funding obligations to health sector programs. The Government of Guinea must fulfill its responsibility. The government investment in health care has a strong multiplier effect throughout the economy in addition to enhancing the population's wellbeing.
2. Sustain the current gain achieved by the activity. Because StopPalu+ will come to an end, the Government of Guinea must take full responsibility to sustain what the activity has accomplished so far. The government should identify other revenue streams to maintain the current level of activities.
3. Standardize effective interventions such as community dialogue by CAGs across the country. Considering the limited resources, the Government of Guinea must invest in these resources only in effective interventions expected to yield a high return on investment.
4. Take immediate corrective action to address the recurrent stockouts of commodities at health facilities. The NMCP should organize additional training in leadership and management to improve staff skills in coordinating activities among IPs, as well as stock management.
5. Take immediate corrective action to address staff's lack of motivation and turnover. The quality of services is associated in part with the staff competencies and level of satisfaction. The NMCP should analyze the root causes of the lack of motivation and address it expeditiously to maintain the gains of the activity.
6. Develop more public-private partnerships to improve access to and coverage for health care services. Considering that many people seek medical attention from private providers (pharmacists or health centers) or resort to self-medication, the private sector can play a significant role in the fight against malaria. Because public-private partnerships leverage the strengths of the public and private sectors simultaneously, they could create economies of scale and expand access to care for people at high risk and/or underserved populations.
7. Implement a gender equity policy across all programs and community levels. Gender equity is a powerful social determinant for health. Malaria in pregnancy contributes to significant perinatal morbidity, causing higher rates of miscarriage, intrauterine demise, premature delivery, low birth-weight neonates, and neonatal death. Considering these factors, the evaluation team recommends that the NMCP actively pursues gender equity and inclusiveness across all program levels.
8. Standardize monthly report review meetings to improve the quality of data collected and support good decision-making and quality of care.

I. EVALUATION PURPOSE AND EVALUATION QUESTIONS

I.1. ASSIGNMENT PURPOSE

The purpose of the performance evaluation of the StopPalu+ was to establish which approaches and components of the activity have been most effective in achieving the U.S. President's Malaria Initiative (PMI) goals. The evaluation was also intended to help identify promising practices and lessons learned, along with weaknesses and gaps that hinder effective malaria service delivery. In addition, this evaluation will inform the Government of Guinea's National Malaria Control Program (NMCP) and future program design and implementation for malaria control in the country.

I.2. ASSIGNMENT QUESTIONS²

This evaluation followed a retrospective and descriptive design, using methods that align with the objectives of the evaluation which include: (1) they are aligned with the purpose of the evaluation and the intended use of the results, (2) they are defined to produce the necessary evidence and results, and (3) they are tailored to the time and budget parameters of the assignment.

The evaluation addressed the four evaluation questions presented in Table I: Evaluation Questions and Sub-Questions. The evaluation questions are divided into sub-questions that can help answer the main questions.

Table I: Evaluation Questions and Sub-questions

Evaluation Question	Sub-question
I.1. To what extent has StopPalu+ contributed to improvements in malaria care services across the different levels of the health system in Guinea?	I.1.a. To what extent have the project activities/interventions been implemented as planned?
	I.1.b. Were the project activities/interventions implemented according to schedule and quality standards?
	I.1.c. Are the specific objectives of the project relevant and consistent with national malaria orientations, objectives and strategies?
	I.1.d. To what extent have the project activities/interventions contributed to improvements in the availability, quality, and use of malaria care services in the community, facility, and district levels?
	I.1.e. How have various factors (socio-political, cultural, etc.) hampered and/or facilitated the implementation of the project?
	I.1.f. What is the level of satisfaction of the stakeholders and beneficiaries of the project?
I.2. What are the sustainability factors that are evident?	I.2.a. What are the main factors that could influence the sustainability of the malaria program in Guinea that have facilitated or not the implementation of the project?
	I.2.b. To what extent beneficiaries at the community, facility, and community levels have taken ownership of the project approach?
	I.2.c. Who are the main factors that could play a role and be involved to ensure sustainability of the project?

² The evaluation team modified the evaluation questions included in the original scope of work (SOW) by expanding them based on consultations with USAID. The amended SOW is presented in Annex 1: Scope of Work.

Evaluation Question	Sub-question
2. To what extent has the capacity of the NMCP to lead, coordinate, and manage malaria prevention and control activities been strengthened as a result of StopPalu+ efforts?	2.a. What support has the project provided to the NMCP in achieving its objectives of leading, coordinating, and managing malaria prevention and treatment activities?
	2.b. To what extent have the capacity building activities of the project improved the overall management of the NMCP?
3. What kind (if any) of positive and negative knock-on effects has the StopPalu+ supported interventions had on the wider health systems in Guinea?	3.a. What are the communication channels used to reach the project's target populations (how will you rank those channels from your preference point of view)?
	3.b. What are the effects derived from project activities that have enabled the strengthening or not of the health systems in Guinea?
4. To what extent has the StopPalu+ project addressed gender issues in access and utilization of malaria services?	4.a. To what extent has the promotion of gender equality been integrated into the project activities?
	4.b. To what extent has the project improved the factors associated with intermittent treatment in pregnant women?
	4.c. To what extent has the project improved the factors associated with intermittent treatment in children under five? How are trends for girls compared with boys?

I.3. ASSIGNMENT AUDIENCE

The target audiences for the StopPalu+ activity performance evaluation include:

- The USAID Guinea Mission/PMI team
- StopPalu+ IPs: RTI (prime) and sub-recipients
- USAID/PMI HQ Backstops (Washington DC/Atlanta)
- NMCP and the MOH units involved in malaria prevention and care services at all levels
- Community members and representatives, as well as CHWs
- Other in-country malaria stakeholders

2. BACKGROUND

Malaria is endemic throughout Guinea. The country has made important progress in malaria control and prevention, substantially reducing malaria prevalence in children under age 5, annual malaria incidence, and patient deaths. These gains were driven by the rapid scale-up of malaria prevention and control interventions, led by the country's NMCP and supported by the PMI and GFATM.

Comparison of the 2012 DHS with the 2016 MICS shows a substantial decrease in the prevalence of malaria parasitemia in children aged 6–59 months in Guinea. However, there is substantial regional variation in malaria parasitemia prevalence. With high prevalence in some regions, the entire population of 12.1 million remains at risk; approximately 1.7 million cases were reported in 2019, accounting for 37 percent of outpatient visits.³

The 2016 MICS found that malaria prevalence in Guinea is heterogeneous, with prevalence ranging from 1.9 percent in Conakry to 30.2 percent in N'Zérékoré.

The Government of Guinea is currently implementing a five-year NMS with the goal of bringing the country toward pre-elimination by the end of 2022. This will be done by reducing malaria morbidity and mortality by 75 percent from 2016 Guinea MICS levels. In addition to funding from PMI, implementation of the NMS has benefited from grants from GFATM, including the third round of the New Funding Model (NFM3, 2021–2023).

2.1. PROJECT OVERVIEW

Area	Info
Project/Activity Title:	StopPalu+
Award/Contract Number:	72067518CA00001
Award/Contract Dates:	December 2017–October 2022
Project/Activity Funding:	\$28 million (currently \$44 million)
Implementing Partner(s):	RTI International (Prime)
Project/Activity AOR/COR:	Lamine Bangoura

In December 2017, USAID Guinea, with funding from PMI, launched a second serial contract for RTI/StopPalu+ to assist the Government of Guinea to achieve the collective goal of reducing malaria-related morbidity and mortality by 75 percent from 2016 levels through the following objectives:

- Increased use of LLINs by the population
- Increased use of IPTp during ANC visits
- Increased prompt care seeking and treatment
- Increased numbers of children receiving full treatment doses of SMC, delivered in a timely manner
- Increased community involvement in and support for malaria prevention and care
- Improved capacity of NMCP at the central, regional, and district levels to manage, implement, and monitor prevention, care, and treatment activities

³ Source: Assignment SOW (Annex I: Scope of Work).

StopPalu+ is implemented by RTI International in partnership with Jhpiego, MCDI, CAFD, and other local partners (APIC, CAM, CJMAD, INAASPO, Maférinya Rural Research Center, University of Gamal Abdel Nasser Conakry, and SGPD).

StopPalu+ works with the NMCP at the national level, in all five communes of Conakry and in 13 districts in the western and northern parts of Guinea. See Figure 1: Map of Guinea Showing Activity Districts and Table 2: StopPalu+ Activity Location, Population, and Health Facilities.

Figure 1: Map of Guinea Showing StopPalu+ Activity Districts



Table 2: StopPalu+ Activity Locations, Populations, and Health Facilities

Region	No.	Health District Covered	Population of Women of Reproductive Age	Number of Existing Health Centers
Conakry	1	Kaloum	66,797	7
	2	Dixinn	145,193	5
	3	Matam	153,210	3
	4	Ratoma	697,744	13
	5	Matoto	712,185	7
Total			1,775,129	35
Boké	6	Boké	48,101	15
	7	Boffa	22,722	8
	8	Fria	103,385	6
	9	Gaoual	207,033	8
	10	Koundara	13,890	7
Total			395,131	44

Region	No.	Health District Covered	Population of Women of Reproductive Age	Number of Existing Health Centers
Kindia	11	Forécariah	259573	12
	12	Coyah	281757	10
	13	Dubréka	353859	8
Total			895,189	30
Labé	14	Labé	33,984	18
	15	Mali	30,755	13
	16	Lelouma	17,420	11
	17	Tougue	13,292	10
	18	Koubia	10,670	6
Total			106,121	58
Grand Total	18		3,171,570	167
<i>Source: USAID/GH EvalS Assignment 013 SOW</i>				

The StopPalu+ technical approach draws on recent national and subnational survey data; best practices developed and implemented under the previous StopPalu activity; continued close collaboration with the MOH/NMCP, USAID/PMI, and other stakeholders; and the imperative to work with providers, civil society organizations, community-based organizations, and communities to identify and address specific needs in the demand for and coordination and provision of malaria services.

In 2020, in addition to ongoing polio, measles, and yellow fever epidemics, Guinea experienced the onset of the devastating COVID-19 pandemic, resulting in the death of at least 87 Guineans by February 25, 2021. To minimize the negative effects of increased demands on health care provision, the MOH, through the NMCP and with the support of partners including GFATM and its IPs, increased efforts to continue to implement interventions to combat malaria while incorporating COVID-19 infection, prevention, and control (IPC) accommodations for field staff and their target audiences. These included prevention (routine distribution of LLINs, IPTp, SMC, household visits, entomology surveillance, and other means), case management (diagnosis and treatment) in health facilities and at the community level, and interpersonal communication and mass media to support the uptake and maintenance of the aforementioned interventions.

Guinea still faces the unique challenge of trying to revive its health system and malaria activities in a country affected by the underlying threat of multiple viral hemorrhagic fevers, vaccine-preventable disease resurgence, and COVID-19. This includes the need to constantly adjust the implementation of malaria case management guidelines in the context of COVID-19, along with the ongoing need to promote infection prevention and control in health facilities by providing personal protective equipment to health workers in health facilities and communities (e.g., CHWs) to examine patients, including conducting rapid diagnostic testing (RDT) for suspected malaria cases.

3. ASSIGNMENT METHODS AND LIMITATIONS

3.1. ASSIGNMENT METHODOLOGY

The performance evaluation of StopPalu+ used a cross-sectional, non-experimental mixed-method design (desk review, qualitative, and quantitative) to produce the evidence and insights to answer the evaluation questions. A team of three evaluators conducted the evaluation, supported by a logistics specialist. The team will share this report with USAID and StopPalu+ activity IPs to inform further program implementation.

Qualitative data comprised most of the analysis, drawing on a review of documents (including activity reports), planning meetings, KIs, FGDs, health facility visits, and mission debrief meetings). Quantitative data consisted of extracts from activity quarterly and annual reports, annual reports of entomological surveillance activities, and secondary sources such as the Guinea DHS and Guinea MIS, from which malaria indicators data were extracted. These data were analyzed for trends over the life of award.

The evaluation went beyond listing StopPalu+ achievements that were previously recorded under the routine performance monitoring system to assess whether those contributions have been of the required quality, timely, and relevant to result in improvements in services at different levels.

Process

The evaluation was divided into three major phases: preparation, field work, and reporting.

Preparation phase. The evaluation team reviewed activity-related documentation provided by USAID/PMI Guinea and by StopPalu+ (see Annex 2, Sources of Information). The aim was to gain insights into the activity's design and implementation based on its goals, objectives, strategies, and approaches. The team developed an inception report that contained the evaluation methods and tools, such as the interview guides (see Annex 3, Data Collection Tools).

Field work phase. The second phase focused on field work in Guinea: KIs (see Annex 3), and field visits at selected StopPalu+-supported sites, and FGDs with pregnant women and mothers of children under age 5. The team selected sites to visit based on the activity's geographical, epidemiological, and technical coverage.

Reporting phase. During this phase, the evaluation team triangulated information from desk reviews, the qualitative data collected, and secondary quantitative data (DHS, MIS) to populate a findings, conclusions, and recommendations (FCR) matrix. This was followed by a topline presentation of findings to the USAID/Guinea team. Feedback from the presentation was incorporated into a draft evaluation report.

3.2. DATA SOURCES

This evaluation considered primary and secondary data sources that originated largely from qualitative research including KIs, FGDs, and a desk review. Quantitative sources included secondary data from activity progress reports, the DHS (2018/2021), and the MIS (2018/2021). The evaluation methods and data sources depended on the evaluation questions and whether a participant was at the national, regional, district, or facility level. Data Management and Data Analysis are discussed in detail below.

3.2.1. Desk Review

The evaluation team conducted a desk review through a systematic analysis of documents made available by USAID/PMI Guinea and StopPalu+. The desk review provided information regarding StopPalu+ progress toward meeting its objectives over time, as well as achievements by strategic objective and target. The evaluation team extracted quantitative data and historical information related to the evaluation questions from reports to complement data from other sources. (see Annex 2, Sources of Information).

3.2.2. Key Informant and Group Interviews

A purposive selection of key informants (KIs), stratified by stakeholder group and geography (central, regional, and district) was selected for in-depth and group interviews. The evaluation team identified informants through the desk review and recommendations from USAID and IPs. Table 3 presents the number of KIs based on informants' affiliations and StopPalu+ target districts.

Table 3: Number of KIs and Affiliations Within StopPalu+ Target Districts

Stakeholder	Central	Forécariah	Dubréka	Boké	Fria	Labé	Lelouma	Koubia	Total
USAID /PMI	3								3
MOH ⁴	3	1	1	1	1	1	1	1	10
IPs	13								13
Partner institutions	3								3
StopPalu+ field agent		1	1	1	1	1	1	1	7
Health management committee		1	1	1	1	1	1	1	7
Facility supervisor		1	1	1	1	1	1	1	7
Community agent		2	2	2	2	2	2	2	14
Total		6	6	6	6	6	6	6	64

The evaluation team conducted interviews largely in French. All interviews followed interview guides, with topics tailored to the stakeholder group (see Annex 3, Data Collection Tools) responding to the evaluation questions. All interview sessions were recorded with the consent of respondents. Interview notes and recordings were kept in a GH EvalS locked electronic folder, accessible only to the evaluation team; these will be deleted once the report is completed. Information from each interview was recorded using a data extraction log for interviews (see Annex 3, Data Collection Tools) to improve systematic analysis.

3.2.3. Focus Group Discussions

The evaluation team conducted FGDs in the language of the environment in selected communities to obtain beneficiaries' perspectives of StopPalu+ activity interventions. FGDs targeted pregnant women

⁴ Including the Direction des Grandes Endémies, Programme National de Lutte contre le Paludisme and Direction Préfectorale de la Santé.

and mothers of children under age 5 regarding malaria care services. The evaluation team visited health facilities in the communities selected for FGDs and observed facilities' provision of malaria care services.

The team developed and used a FGD guide to ensure topics of discussion in each selected community focused on responding to the evaluation questions. The team conducted 14 FGDs—seven each in rural and urban areas, each consisting of about six to eight participants. (See Table 4, Number of FGDs in StopPalu+ Target Districts). The FGDs and KIIs were conducted during January and February 2022.

Table 4: Number of FGDs in StopPalu+ Target Districts

Stakeholder	Capital	Forécariah	Dubréka	Boké	Fria	Labe	Lelouma	Koubia	Total
Pregnant women and mothers of children under age 5 in urban areas	-	1	1	1	1	1	1	1	7
Pregnant women and mothers of children under age 5 in rural areas	-	1	1	1	1	1	1	1	7
Total		2	2	2	2	2	2	2	14

3.3. SAMPLE SELECTION

The team interviewed KIIs including representatives of public and private institutions involved in the StopPalu+ activity, such as USAID Program Office and PMI staff, activity partners, relevant stakeholders, and host government counterparts across the levels of Guinea's health system. USAID/PMI selected KII respondents, including stakeholders at the global, headquarters, and country/field levels.

FGDs with pregnant women and mothers of children under age 5 were organized within selected urban and rural communities. A total of 14 FGDs were conducted across seven health districts—seven each in urban and rural areas (see Table 5, FGD Health Districts in StopPalu+ Activity Locations).

Table 5: FGD Health Districts in StopPalu+ Activity Locations

Health Districts of Project Area	Forécariah	Coyah	Dubréka	Boffa	Boké	Fria	Gaoual	Koundara	Labé	Mali	Lelouma	Tougue	Koubia	Total
Selected districts (urban)	1	0	1	0	1	1	0	0	1	0	1	0	1	7
Selected districts (rural)	1	0	1	0	1	1	0	0	1	0	1	0	1	7
Total selected districts (communities)	2	0	2	0	2	2	0	0	2	0	2	0	2	14

3.4. DATA MANAGEMENT AND ANALYSIS

Each data collection method was implemented and analyzed separately. The evaluation team extracted data and historical information from the desk review of activity documents and secondary datasets (DHS, MIS) and conducted KIIs and FGDs that were transcribed using Microsoft Word, and analyzed using grounded coding techniques in QDAMiner Lite qualitative data analysis software.

The evaluation team triangulated (compared, contrasted, and validated) findings from the different sources of data and information (data from interviews, group discussions, and secondary data from the DHS and MIS) according to the evaluation questions and sub-questions, and organized analysis results in a FCR matrix.

3.4.1. Document Review

The assessment team performed targeted reviews of activity reports and other relevant documents provided by USAID/PMI Guinea. These included the StopPalu+ Project M&E Plan, annual and quarterly progress reports, Human Resources for Health 2030 (HRH2030) reports, Health Systems Assessment, USAID Health Systems Strengthening Framework, Assessment of long-term technical assistance advisors to NMCP (scope of work [SOW] and reports), National Malaria Strategy, National Community Health Workers Strategy, Service Continuity Plan for COVID-19, and DHS 2018 report, among others. The team reviewed these documents and available secondary data to understand the activity context.

3.4.2. Qualitative Data Analysis

The transcription of KIIs and FGDs began immediately after field interviews were completed. The evaluation team analyzed the KII and FGD transcripts and notes using content and thematic analysis techniques in which text was coded according to key themes of interest that aligned with the evaluation questions and sub-questions, using the QDAMiner Lite qualitative data analysis software. The team analyzed transcripts relying on the content analysis method, which required:

- Using verbatim remarks and having sentences as the unit of analysis
- Grouping results by key themes of interest
- Identifying different sub-themes positions in relation to each major theme
- Summarizing each theme and assessing its strength or degree of importance

The team structured the findings in a descriptive narrative based on the evaluation questions

3.4.3. Quantitative Data Analysis

The team collated quantitative data from secondary sources including activity progress and results reports (quarterly and annual), DHS Guinea, and MIS Guinea. This data was used to help understand the changes that might have resulted from StopPalu+ interventions. The data were analyzed to show progress in national- and activity-level malaria and related indicators, and to respond to the assignment evaluation questions. These secondary sources were triangulated with findings from document reviews and from qualitative KIIs and FGDs to respond to the evaluation questions and to reach conclusions. Analysis of quantitative data was descriptive in nature, with activity indicators progress and results compared over the life of the activity where possible.

3.5. ETHICAL CONSIDERATIONS

The evaluation methodology, data collection, analysis, and dissemination follow the GH EvalS Data Management Plan. This plan outlines data handling from pre-data collection to reporting and dissemination, and it provides guidance regarding data quality, flow, storage, and privacy throughout the evaluation process. The Data Management Plan provides guidelines to ensure privacy and confidentiality in all data collection.

The evaluation will rely on the complementary approaches stated above (document review, KIIs, group interviews, observations, and data triangulation). All data collection during the evaluation will begin with an informed consent process (Annex 5) and written documentation that includes strategies for the protection of respondents, such as de-identification of data collected and the right to non-participation without consequence.

Information will be collected or recorded only with respondents' consent. Information obtained from interviews and discussions will be secured in a password-protected electronic folder that is accessible only to the evaluation team (during the evaluation period) and GH EvaLS. Interview notes, extraction forms, recordings, and all data collected belong to GH EvaLS; all consultants must deposit these materials in the secure folder and shall retain no data. In any reports or publications, the identity of the respondents will not be associated with the information they provided during data collection.

Evaluation team members did not identify any conflicts of interest that could influence or limit the scope and rigor of the evaluation or limit the disclosure of or weaken or bias the findings. The evaluation team does not have professional, personal, or financial relationships with the Missions to be approached or with involved implementing organizations. No member of the evaluation team was involved in designing, planning, or implementing the activities under evaluation or has had any kind of contractual obligation to them. The evaluation team can provide independent, objective, and unbiased evaluation due to:

- Organizational independence
- The absence of any kind of conflict of interest in the case of all international and local experts involved in the evaluation
- The professionalism of team members, as demonstrated in previous assignments

3.6. LIMITATIONS

Due to the descriptive nature of this evaluation and the focus on learning from document reviews and stakeholders' experiences with the activity, the evaluation team anticipated possible limitations resulting from the availability and collection of data at hand. These limitations that needed to be mitigated through methodological and analytical means, included, among others:

- **Qualitative approach.** The primary approach for this evaluation is qualitative data collection via KIIs and FGDs and, to a lesser degree, a review and analysis of secondary qualitative data. The opinions of stakeholders are, by their nature, subjective, and may also reflect certain vested interests. This is the reason the evaluation identified a wide array of stakeholders to minimize subjectivity.
- **Selection and representation biases.** The evaluation team identified a large and diverse group of stakeholders at the central and peripheral levels. It is possible that some key stakeholders were inadvertently excluded, and that some participants in a KII or group interview might have introduced self-selection bias (either beneficial or detrimental) into the results. To mitigate this concern, the team remained flexible to the extent possible to accommodate as many KIIs and FGD participants as they could.
- **Response bias.** Response bias is a common problem for assessments, evaluations, and reviews and takes several forms. For instance, respondents may give the interviewers positive statements about the activity because they have a vested interest in seeing the activity succeed and continue. Respondents may be inclined to shape their responses according to gender or

other social norms or to provide responses that they think the interviewer wants to hear. Expanding and aggregating responses on specific topics mitigates this issue.

- **Secondary quantitative data sufficiency and quality.** Use of secondary quantitative data assumes that these data are valid and reliable. However, this may also mean that, if there were biases in the existing data, they will be introduced in the current use. In addition, secondary data may not always contain sufficient elements and results to answer current evaluation questions. To mitigate these effects, expanding into alternative sources of data, when available, is useful.
- **Gender data.** Gender data that enables conclusions require more systematic approaches to data collection within evaluations, especially where disaggregation is required. Consistency in methods and elements (especially male, female) of collection posed challenges to conclusions.

4. FINDINGS

This section presents the key findings of the performance evaluation based on the four evaluation questions.

4.1. TO WHAT EXTENT HAS STOPPALU+ CONTRIBUTED TO IMPROVEMENTS IN MALARIA CARE SERVICES ACROSS THE DIFFERENT LEVELS OF THE HEALTH SYSTEM IN GUINEA?

Key Finding 1.1. Overall, StopPalu+ implemented a wide variety of interventions at the central, regional, and district levels that contributed, to a large extent, to improvements in the availability, quality, and use of malaria care services to the satisfaction of both the stakeholders and beneficiaries of the activity. The following national indicators that StopPalu+ may have contributed to showed increases between 2018 and 2021—households with at least one insecticide-treated mosquito net (from 44 percent to 63 percent); children under age 5 who slept under an insecticide-treated net (from 27 percent to 38 percent), and pregnant women who slept under an insecticide-treated net (from 28 percent to 39 percent).

4.1a. To what extent have the project activities/interventions been implemented as planned?

Although the overall perception among the respondents is that the activity was implemented as planned, the delay in obtaining funds in 2018 due to the U.S. government shutdown and the advent of COVID-19 prevented or delayed the implementation of some major activities. Most respondents indicated that the “activity evolved according to plans and schedule” and that it placed strong emphasis on planning. A KI from Forécariah confirmed this general perception:

Absolutely, based on the project work plan, you know that every year the project developed a plan of action at the national level. Every region followed suit and developed its action plan also. So, everything planned was also realized in the field. (KI, Forécariah)

4.1b. Were the project activities/interventions implemented according to schedule and quality standards?

Notwithstanding the delay in obtaining funds in 2018 and the advent of COVID19, activity reports across the life of award indicate that interventions were implemented as planned and according to schedule. This is corroborated in the following statements:

As for the level of achievement of the specific objectives of the project, if we take the broad lines of the project, we can say that it is following its normal course. It is up to date in terms of the implementation of its activities. The project is evolving according to what is planned and on schedule. (KI, NGO)

In general, there was close coordination between the project and the structures involved in the implementation of interventions through the [Direction Préfectorale de la Santé] DPS/Health District Authorities. We had monthly meetings with the actors involved who brought back data to assess the progress of all the interventions underway and to schedule those that are planned. (KI, Labé)

With regard to standards, the activity “carried out the Ministry of Health’s directives.” The activity conducted several supervision visits to ensure that they were implemented according to the defined quality standards. Corrective measures were taken immediately to address any discrepancy. For example, where the evaluation team noted that ANC staff completed the ANC forms during consultations but did not update the registers, the observers encouraged ANC agents to update the registers daily and recommended collecting the monthly IPTp data through the ANC forms.

This project brought a monthly meeting; we did not know that. Of course, we produce reports on the other projects; but the fact of organizing meetings is a very good thing because it allows us to correct the reports and give feedback. (KII, Physician)

4.1.c. Are the specific objectives of the project relevant and consistent with national malaria orientations, objectives, and strategies?

In its efforts to assist the Government of Guinea in the fight against malaria, the leading cause of morbidity and mortality in the country, StopPalu+ is addressing the country’s most important national health issue. StopPalu+’s objectives are relevant to and consistent with national malaria objectives and strategies. The activity’s objectives are drawn from the Guinea National Strategic Plan’s vision, objectives, and strategies as shown in Table 6: Alignment of Goals and Objectives of the National Strategic Plan and StopPalu+. While the National Strategic Plan called for effective preventive measures against malaria, StopPalu+ spelled out these effective preventive measures and how the activity would intervene.

Table 6: Alignment of the Goal and Objectives of the National Strategic Plan and StopPalu+

	Goal	Objectives
National Strategic Plan	By the end of 2022, bring the country towards pre-elimination by reducing morbidity and malaria-related mortality by 75% compared to 2016	1. Ensure the protection of at least 90% of the population with effective preventive measures against malaria 2. Ensure correct and early management of at least 90% of malaria cases 3. Strengthen the management, partnership, coordination, communication, and ES capacities of the malaria program at all levels
StopPalu+	Assist the Government of Guinea in its efforts to reduce malaria-related morbidity and mortality by 75% compared with 2016 levels	1. Increased use of LLINs by the population 2. Increased use of (IPTp) of malaria in pregnancy during ANC visits 3. Increased prompt care seeking and treatment 4. Increased numbers of children receiving the full dose of SMC delivered in a timely manner 5. Increased community involvement in and support for malaria prevention and care 6. Improved capacity of the NMCP (central, regional, and district levels) to manage, implement, and monitor prevention, care, and treatment activities

The general perception among stakeholders interviewed is that “the project perfectly aligns with the guidelines of the [Sustainable Development Program] and NMCP.” Furthermore, “the project annual work plans were developed under the leadership of the NMCP and broken down by strategies and operational levels.” The following narratives emphasized the relevance and alignment of StopPalu+:

This project is very relevant. Before the project came along, not a minute went by in the rainy season without me hearing a woman crying about the loss of her child. Now I assure you that this has changed drastically. A week or more goes by without losing a child. This is really a change. (KII, Labé)

Obviously, malaria was the leading cause of morbidity and mortality in our community. The project is in line with the objectives of the national malaria control program. It respects all the directives issued by the Ministry of Health, which means that the project is perfectly in line with the [National Summary Data Page. (KII, Labé)

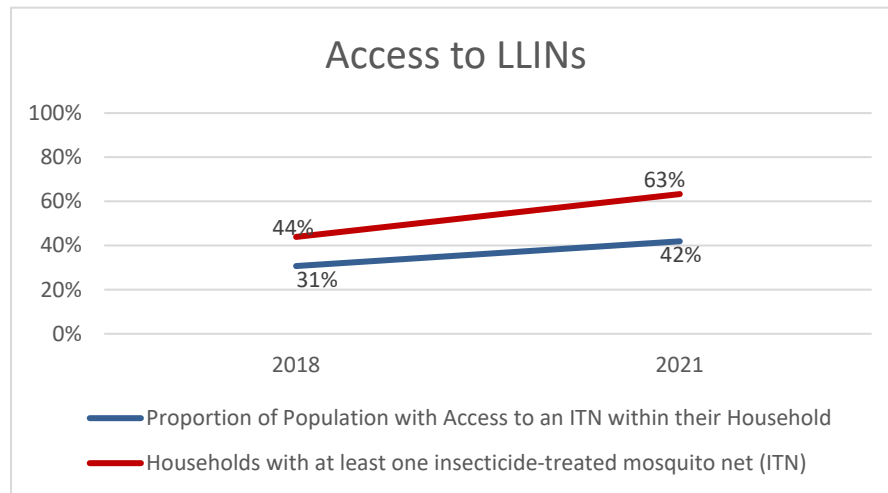
I believe that all we (project) do is support the Ministry of Health. The project supports the overall development plan and is under the umbrella of the Ministry of Health and works in close collaboration with the National Malaria Control Program. For example, if the project wants to develop its annual plan, consultations are organized with the NMCP for the development of the work plan, and all technical staff are invited. (KII, USAID)

4.1.d. To what extent have the project activities/interventions contributed to improvements in the availability, quality, and use of malaria care services in the community, facility, and district levels?

The activities/interventions contributed significantly to improvements in the availability, quality, and use of malaria care services in the district, community, and facility, levels.

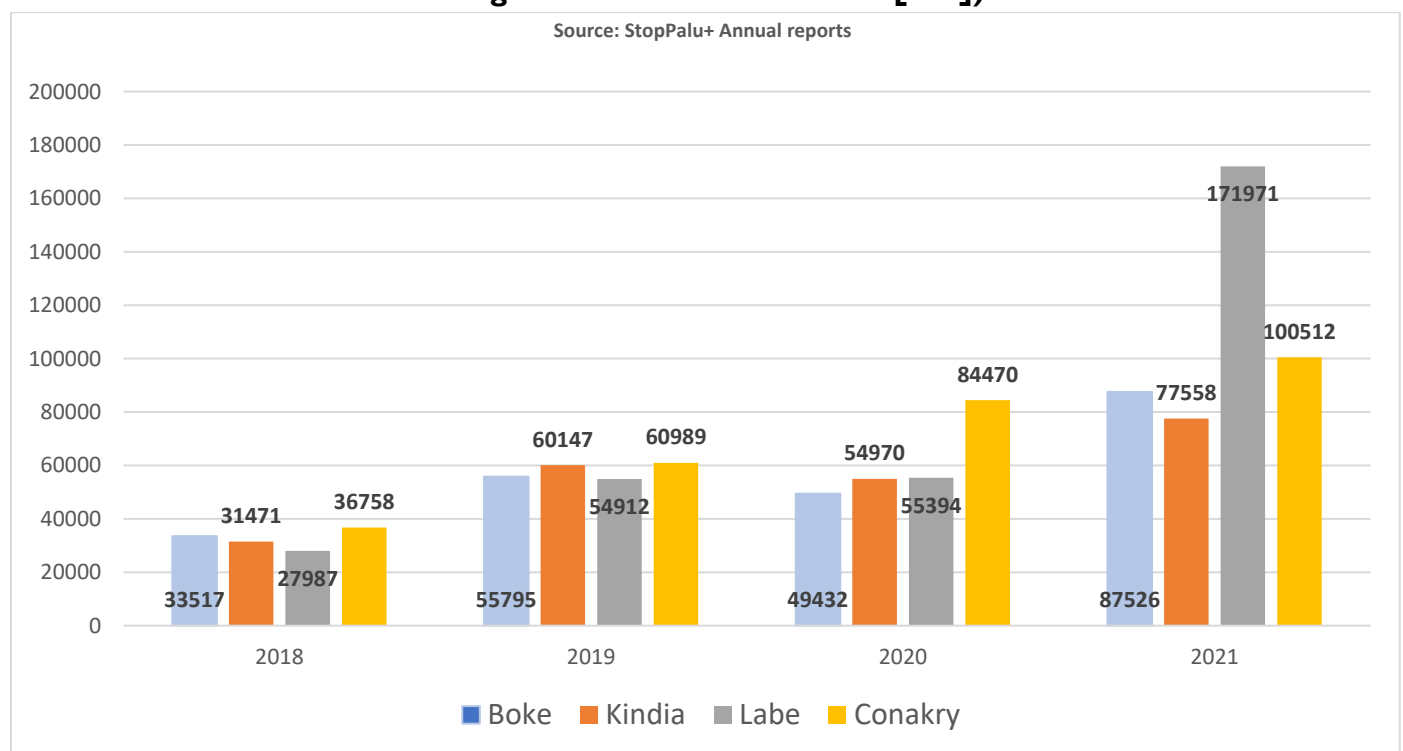
To make long-lasting insecticide-treated nets available in the activity-supported areas, StopPalu+ conducted LLIN mass campaign distribution and routine distribution at ANC clinics and health facilities. According to the Guinea DHS, there was an increase at national level in the proportion of households with at least one LLIN from 31 percent in 2018 to 42 percent in 2021 and in the proportion of households with access to an insecticide-treated net within their household from 44 percent to 63 percent in 2018 and 2021, respectively. At the StopPalu+ intervention level, increasing numbers of LLINs distributed throughout the activity areas of operation through routine distribution for instance, (Figure 2: Availability of LLINs and Figure 3: Number of Routinely Distributed LLINs from 2018 to 2021) increased population access. These routine and mass campaign distributions can significantly contribute to availability at national level.

Figure 2: Availability of LLINs



Source: Guinea DHS Reports 2018, 2021

Figure 3: Number of Routinely Distributed LLINs from 2018 to 2021 (ANC, Extended Programme on Immunization [EPI])



Key informants and group discussants were unanimous about the contribution of the activity to improving availability of and access to malaria services in the community. For example,

... the population is very happy with the interventions being carried out in their locality. All the households own the LLINs, and 80 percent use them. Following the distribution conducted in 2019,

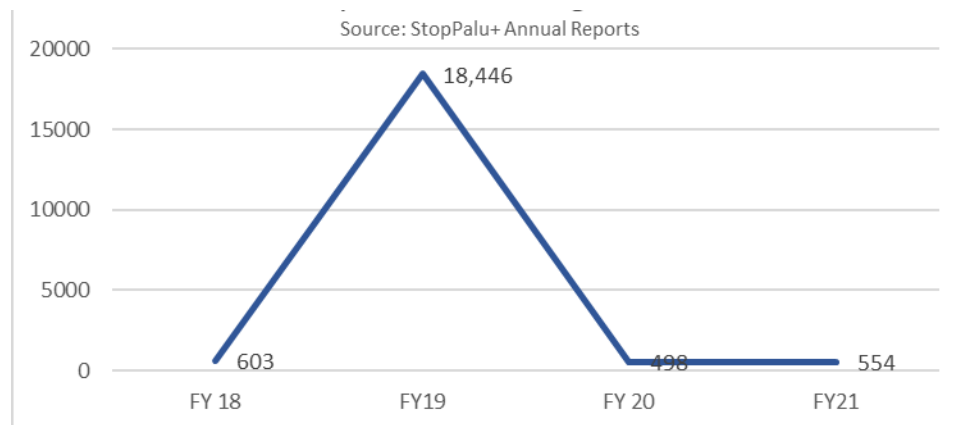
children and people are not getting sick. Even our statistics before and after are showing a significant decline in the prevalence of malaria. Patients who come to the center are those suffering from acute respiratory infection, not those with malaria. Malaria is rare during this season. (Centro Sur, Dalein)

You can see where we were in terms of the use of mosquito nets before 2012. In the StopPalu+ zone, the rate of net use was estimated at less than 10 percent before their intervention, but after the three distribution campaigns with StopPalu+ intervention, we noticed that the rate of use had risen to 80 percent. To maintain this coverage, they do routine distribution of LLINs. (KII, NMCP)

The first improvement that can be noted is the decrease in malaria, there is the attendance of pregnant women in health facilities; there is social mobilization, and the involvement of all layers of society; these are aspects that should not be overlooked nowadays. (KII, NGO)

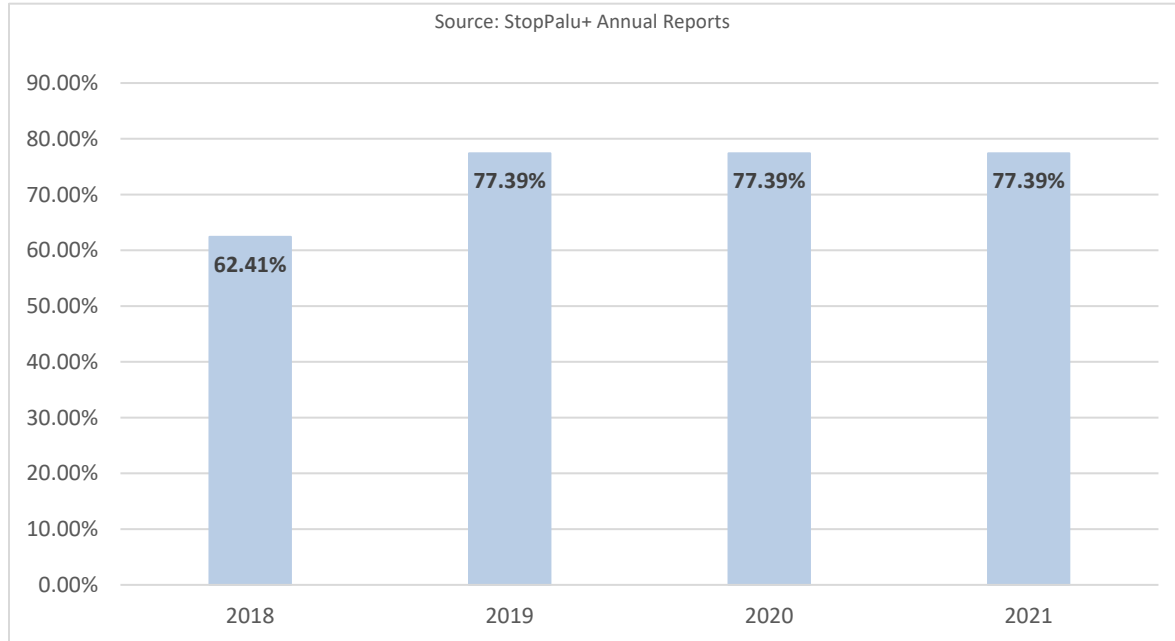
To assure the quality of malaria care services in the community, facility, and district levels, StopPalu+ conducted regular micro-planning meetings to ensure a systematic and organized process for LLIN distribution. Distribution personnel were trained, for instance, on mobilization and how to assist households to hang up their LLINs. Figure 4: Number of Persons Trained in LLIN Distribution and Promotion shows that a total of 18,446 people were trained to carry out the LLIN mass distribution by 2019 and subsequent years. Training included areas such as micro-planning, enumeration, and LLIN hang-up.

Figure 4: Number of Persons Trained in LLIN Distribution and Promotion



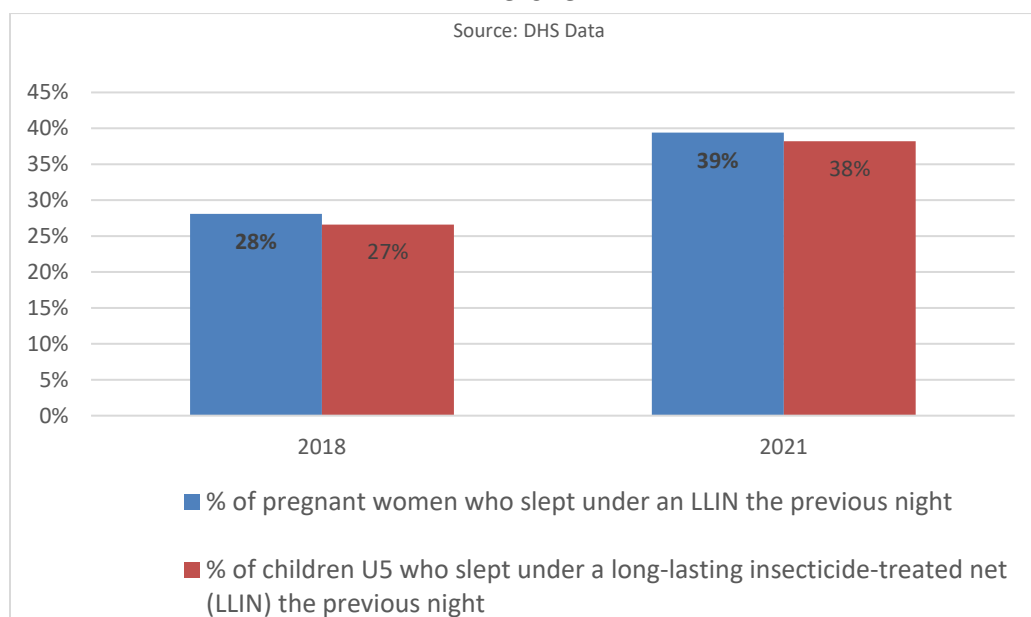
Furthermore, the activity trained community health workers on the correct way to administer RDT in the community to ensure that only people who have malaria receive the appropriate treatment. Figure 5: Proportion of CHWs Capable of Using RDT at the Household Level shows that at least 77 percent of CHWs were consistently capable of using RDT at the household level.

Figure 5: Proportion of CHWs Capable of Using RDT at the Household Level



Regarding use of malaria care services in the community, facility, and district levels, national data from the Guinea DHS (Figure 6: Proportion of Children Under Age 5 Who Slept Under LLIN the Night Before) shows that the proportion of children under age 5 who slept under LLIN increased from 28 percent in 2018 to 39 percent in 2021, and the proportion of pregnant women who slept under LLIN increased from 27 percent in 2018 to 38 percent in 2021.

Figure 6: Proportion of Children Under Age 5 Who Slept Under LLIN the Night Before



Specific malaria services such as treatment and referrals are highlighted by results reports from StopPalu+ (Figures 7 and 8). Children under age 5 who are tested and report positive for malaria received treatment from CHWs at household level, and CHWs also referred cases to higher-level facilities in the health system for further treatment. Male and female children under age 5 received the same attention to treatment at the community and facility levels over the three years for which data are available. In addition, the data presented show that the number of male and female children testing positive for malaria decreased over the three year period between 2018 and 2021.

Figure 7: Number of Children Under Age 5 Who Tested Positive for Malaria and Receive Treatment From a CHW

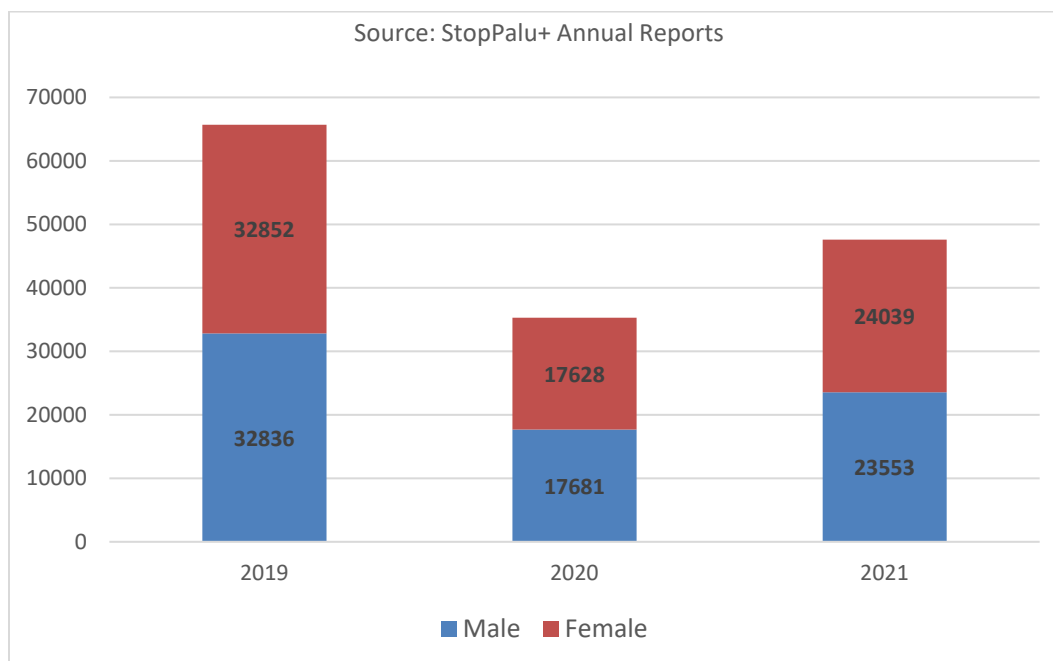
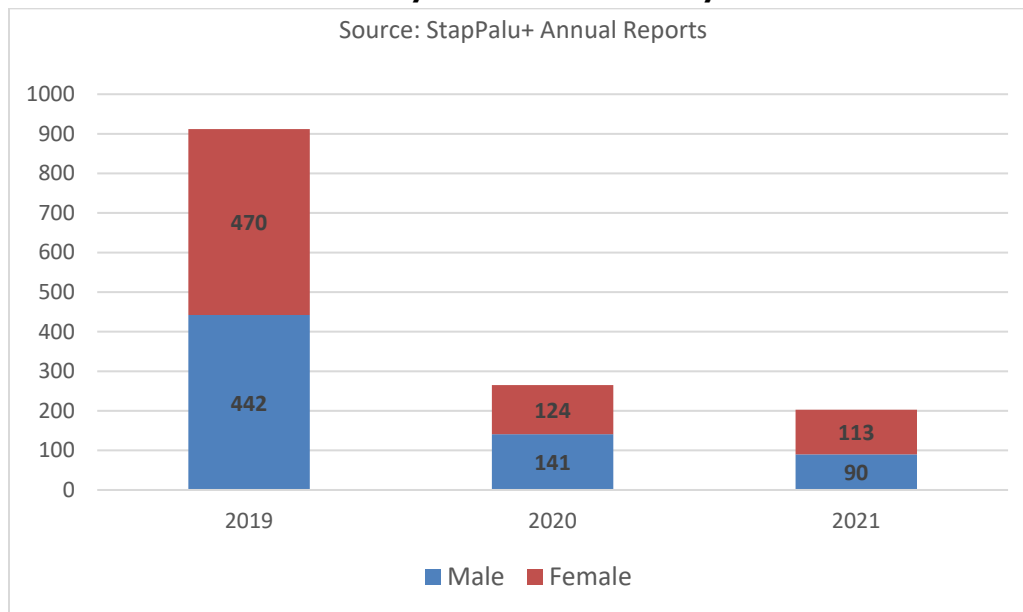


Figure 8: Number of Children Under Age 5 Who Tested Positive for Malaria and Were Referred by a CHW for Facility Treatment



The perceived effectiveness of StopPalu+’s interventions in reducing malaria morbidity in children under age 5 and pregnant women motivated some respondents to advocate for changes in policy regarding the administration of SMC and a reduction in the interval between two consecutive LLIN distribution campaigns. They advocated that the activity review the requirements for the SMC to include children age 6 and older and to reduce the interval between two consecutive LLIN distribution campaigns from three years to two. The following narratives explain the rationale for this demand:

Considering the seasonal malaria chemoprevention (SMC) medication, we only give them from 3 months to 5 years old. Now kids 6 years and up need them too. So, I believe the project should think of them too because they are now the ones who are getting sick. (FGD, Dalein)

If you only have one bed, you will only have one net, now when the delivery time is too long, the nets we have can get damaged. (FGD, Koubia)

For one KI from Koubia, StopPalu+ interventions can have a multiplier effect because “the use of SMC will boost many other interventions such as the vaccination program and prenatal care visits.”

4.1.e. How have various factors (socio-political, cultural, etc.) hampered and/or facilitated the implementation of the project?

Overall, although the activity’s capacity building interventions and the health authorities’ ownership of these interventions facilitated implementation, the advent of COVID-19, the delay in funding, and the inability of CHWs to operate without direct assistance from StopPalu+ slightly hampered the implementation of the activity.

The evaluation identified socio-political and cultural factors that facilitated or hampered activity implementation. For instance, “the involvement of ... health authorities who work in the communities, the

mayor, the sub-prefect, and the presidents of the districts at all levels facilitated program implementation.” Also, CHWs were essential to the success of the activity as they were involved in implementing, monitoring, and evaluating malaria control activities in the community. “Their effectiveness in administering SMC enhances the confidence of the community in the program.”

Furthermore, commodities such as LLINs could not be distributed without CHWs’ involvement. One KI from the NMCP described how StopPalu+ developed a new culture in the organization that facilitated the implementation of the activity:

From an organizational point of view, StopPalu+ has put a structural mechanism that allows us to capitalize on what we have learned with ease in implementing activities. For example, when you look at the CTRs (regional technical advisors), a team around them coordinates the activities to be carried out in the field at the regional level. Beyond that, in each prefecture, there is also a team. In their way of doing things, we see a strengthening of capacity and, even better, a transfer of skills, especially by working with local NGOs, which helps to sustain the achievements. (KII, NMCP)

Conversely, the COVID-19 pandemic slowed down activities. In some areas, community members were hostile to CHWs because they likened COVID-19 response to the Ebola virus disease response, which they perceived negatively. They were uncooperative with CHWs who were focused on malaria prevention and treatment.

Other external factors that hampered program implementation included COVID-19, the lack of medical supplies in the community, CHWs’ lack of initiative, and the seeming lack of coordination among implementing agencies. The following narratives refer to some of these factors:

The context of COVID-19 has also slowed down activities a little, but we have adapted. (KII, NGO)

There were socio-political factors that hindered the interventions. In this region, for example, the year 2020 was marked by social unrest; even if you wanted to go and supervise, you couldn’t. All the roads were barricaded, and when people don’t move, you can’t work. That’s what made us more tired. Fortunately, it didn’t last; it just took a few months, and activities resumed as normal. (KII, Labé)

The factors that can block these activities are socio-political, and I would like to emphasize this a lot, such as election periods, which have a negative influence on these activities. (KII, LeySere)

Considering the discourse regarding the shape of LLINs and the motivation of CHWs on the activity implementation, the evaluation team analyzed each influencing factor individually in the following paragraphs.

- I. Although Koenker and Youkich (2017) reported that net preference does not influence use,⁵ the shapes of respondents’ beds were a determinant in the preference and use of nets. Most respondents, based on KIIs and FGDs, indicated that they preferred either conical or rectangular nets because they match the shapes of their beds. FGD participants in Wonkifon and Doumbouya districts expressed the following opinions. In Wonkifon, “all women prefer the round LLINs and the

⁵ Hannah Koenker and Joshua O. Yukich. Effect of user preferences on ITN [insecticide-treated net] use: a review of literature and data. Malar J. 2017; 16: 233. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5455118/>

white ones,” whereas in Doumbouya “many women prefer rectangular or square LLINs.” This constitutes a challenge for the program, as some FGD participants noted:

The net I received is very small for my bed; I have a 4-seater bed, so the net is small. The conical LLINs are bigger and easier to use; while the rectangular ones are difficult to hang up. (FGD, Kakossa)

The rectangular nets are not big enough, sometimes the beds are bigger than the net. When this happens, I take the rest of the old net to the tailors to get what I need. (FGD, Koubia)

2. Trained RECOs’ lack of motivation due to insufficient compensation could threaten the implementation of several activities in the community. RECOs are selected by the community to carry out malaria prevention activities and case management. But their remuneration is said not to cover the cost of basic needs such as transportation or uniforms. Several respondents expressed the RECOs’ concerns regarding the use of a different and higher pay scale for RECOs operating in the GFATM activities area compared to those of StopPalu+:

I know that “relais communautaires” (RECOs) work in their community, but there is some concern about their remuneration. I think that the Government should help to address some difficulties. This is a challenge. (KII, USAID)

As community workers, what we are given for transport is insufficient. We do not have gloves, we do not have uniforms for work, sometimes we lack the supplies. The number of CHWs is not sufficient to cover all the area. Maintaining motivation is the main difficulty. There is no compassion on the part of the project managers. When we fall sick, it is on us. Although we are chosen by the community, they must be interested in our problems. I had an accident here and no one came to greet me. That’s not encouraging. (KII, Ramatara)

But we RECOs have difficulties. We have no means of transportation; you can walk many kilometers between two villages. The project must assist the RECOs, because we live far away (25km to 30km) to get to the center here. Moving the motorbikes costs us 50,000 GNF and the remuneration is only 80,000 GNF. The villages are far from each other, so we ask the project to find us motorbikes, or increase the motivation from 400,000 GNF to 500,000 GNF. (KII, Koubia)

4.1.f. What is the level of satisfaction of the stakeholders and beneficiaries of the project?

Stakeholders and beneficiaries are very satisfied with the activity. KIs at the central level reminded the evaluation team that “StopPalu+ came to Guinea when the country had limited resources to run malaria prevention activities. Funds from the GFATM were suspended. The medical commodities that StopPalu+ brought saved countless lives. In addition to the financial support, the project helped the NMCP develop normative documents that laid down clear strategies to implement malaria prevention activities in the country.” They built the capacity of the NMCP at all levels. So, in terms of satisfaction, on a scale of one to 10, their level of satisfaction was between eight and nine. The only area of concern for them is the fact that the country did not reach universal coverage with LLIN. But this was not the sole responsibility of the activity.

At the district and community levels, the beneficiaries consistently expressed satisfaction with StopPalu+ interventions. They were “highly appreciative of all the services provided and hoped that the project would last

until malaria is completely eradicated in Guinea.” The fact that StopPalu+ made malaria commodities (LLIN, Sulfadoxine/Pyrimethamine [SP], and Combinaisons thérapeutiques à base d'artémisinine) available free of charge in the community and health facilities, following Guinea national guidelines, is greatly appreciated. The following narratives illustrate the high level of satisfaction and appreciation perceived from most stakeholders and beneficiaries at different levels:

StopPalu+ brought medical commodities that saved lives in Guinea. They helped the NMCP develop normative documents that became the basis for planning malaria programs. I am very satisfied.” (KII, NMCP)

The population is very happy with the interventions being carried out in their locality. All the households own the LLINs and most use them. Following the distribution conducted in 2019, children and people are not getting sick. Even our statistics before and after are showing a significant decline in the prevalence of malaria. Patients who come to the center are those suffering from acute respiratory infection, not those with malaria. Malaria is rare during this season. (KII, Dalein)

We are very happy about the activities of the project ... the magnitude of malaria has really diminished, now we no longer suffer as before. The children are healthy, and we have time to work to feed our families. I am also happy; children born now start running around from the age of 3. This makes us very happy. We thank God and we thank StopPalu+ too. (FGD, Pillimini)

There is a significant demand for LLINs and SPC in the communities. This means that people have understood the importance of the activities implemented within the population as part of malaria prevention. To my understanding, the communities are very satisfied, and they adhere to the activities that are carried out in the field. (KII, NGO)

4.2. WHAT ARE THE SUSTAINABILITY FACTORS THAT ARE EVIDENT?

Key Finding 1.2. Government ownership, community engagement, public-private partnerships, behavioral change communication (BCC), the establishment of an entomology system (insectarium and laboratory in collaboration with UGANC), and a stable, backed-up health management information system are critical factors to ensure the sustainability of the activity in Guinea.

4.2.a. What are the main factors and who are the main actors that could influence the sustainability of the malaria program in Guinea that have facilitated or not the implementation of the project?

USAID defines sustainability as “the capacity to maintain program services at a level that will provide ongoing prevention and treatment for a health problem after termination of major financial, managerial and technical assistance from an external donor.”⁶

Respondents identified several factors and/or actors that facilitated (or did not facilitate) implementation of the activity in Guinea. The most reported factors were:

⁶ LaPelle NR, Zapka J, Ockene JK. Sustainability of public health programs: the example of tobacco treatment services in Massachusetts. *Am J Public Health.* 2006;96(8):1363–9.

1. **The government's ownership.** Participants are concerned that the lack of ownership from the Government of Guinea (Minister of Health) would jeopardize the gains of the StopPalu+ activity. One key informant stated:

We all know that a project has a beginning and an end, so to capitalize on the achievements, the government must move through the Ministry of Health to take its responsibilities and become more involved in the sustainability of this project. Based on my experiences, I can make recommendations for sustainability. For this, the government must assume more responsibility. Especially for the SMC campaign, get involved in purchasing commodities to have more sovereignty. (KII, USAID)

The low contribution of the Minister of Health in the fight against malaria is visible ... if you take the interventions carried out in the field, the partners take care of everything. Therefore, this makes it difficult to sustain because the day the partner decides to leave, all your achievements will be reduced to nothing. (KII, IP)

2. **Community involvement.** There is no sustainability without community engagement. The local community engagement through RECO training and the implantation of CAGs is critical to ensuring sustainability. Through training and supervision, CHWs have gained skills in malaria control activities that enable them to successfully carry out the activities in the community even after the life of the activity. The ability of CAGs to organize community dialogues and find solutions to community priority issues will survive the StopPalu+ activity.

People no longer travel to treat simple malaria from one village to another or from one village to the health post; these are villages that are very far from each other, but today the RECOs are there to facilitate this; to manage simple malaria in the households even during home visits. And they are really raising awareness that people understand today. (KII, NGO)

If you see today StopPalu+, it has built the capacity of all the members of the NGO, the staff, the community workers that we supervise. You will notice that there are no doctors among us, especially at the coordination level, but the knowledge we have in managing malaria cases; it is a long-term experience. (KII, NGO)

The RECOs mobilize us in our communities and sensitize us on how to behave when we get pregnant, they explain the whole procedure to avoid premature deliveries, childbirth, and low birth-weight children. As far as children are concerned, we have what is called [Artemisinin-based combination therapies], since I started going to the health center to get these products, I am really satisfied because my children no longer fall ill. (FGD, CSO)

3. **The behavioral change in communication strategies.** StopPalu+ helped develop several communication strategies that have increased people's knowledge of and behavior about malaria. Almost anywhere in StopPalu+-supported areas, people know how to protect themselves against malaria. One KI was amazed to see the impact of these strategies on people. "It is amazing to hear the speeches of the former prefect of Labé. He knows everything about malaria." This knowledge will survive the StopPalu+ activity.

The project has done an excellent job in this regard. Before in our communities, people thought that malaria is a disease of the devil or of birds; or of witch doctors who create conflicts between neighbors.

Now with the awareness, people have understood that malaria is caused by a mosquito and they have understood the barriers, the prevention measures. Now they are starting to use them effectively in the households and the incidence of malaria is decreasing in our communities. The campaign you see is very much in demand by the community, especially when the rainy season comes. It is very much appreciated because it has reduced the infant mortality rate in the households. (KII, NGO)

4. **The implantation of an insectarium and laboratory** is an important factor for sustainability in Guinea. This activity is a big catalyst. Many people are being trained in Benin, even in the U.S. to staff these insectary and laboratory. Upon return home, these experts will be able to conduct genetic analysis at the center. The training of entomologists at the peripheral level in the country will address the dependency on the three currently at the central level.
5. **Private sector engagement.** In many developing countries, more than half of first encounters with the health system by people with a new illness are through the private sector. The private sector should be engaged to improve the quality of care for malaria. In addition, mobilization of the private sector in a public-private partnership could generate more funds for the malaria control program. One KI expressed this idea as follows:

One major challenge for the project is the mobilization of financial resources to purchase commodities (antimalarial drugs, RDTs, LLINs) especially as we know that malaria care services are offered for free. The government must mobilize resources at all levels, including the private sector and NGOs, to ensure the availability of those commodities because the project will be of no use without these commodities. (KII, MOH)

6. **A strong health management information system and monitoring and evaluation system.** A strong health management information system is essential to ensure sustainability. Access to the right data and information will enable the program managers to make the right decisions in managing programs.

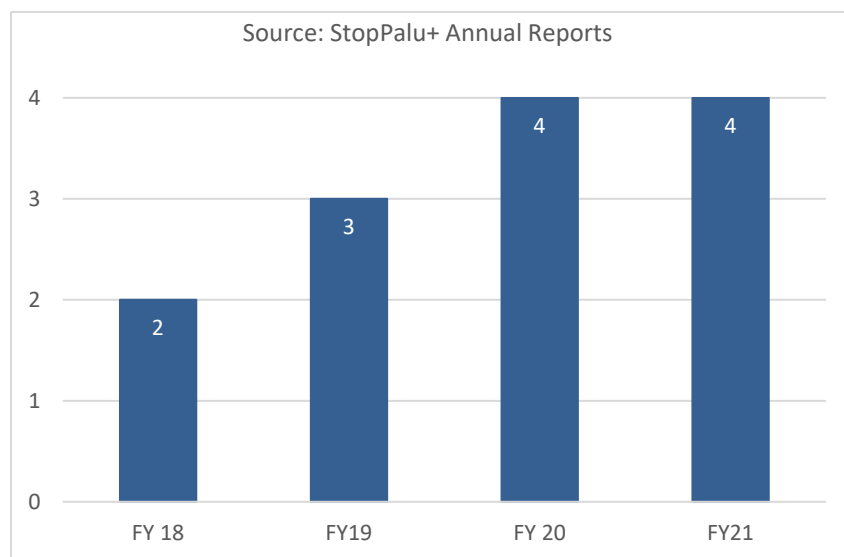
During FY 2018, the activity monitoring, evaluation, and learning (MEL) team focused on improving activity data management during the first year of the award. The team improved activity data management by establishing an internal instance of the District Health Information System 2 (DHIS2) as the activity database. Using the internal DHIS2 gave the activity a central storage location for all routine activity data related to malaria, enabled interactive data visualization to be used during learning activities, and links the activity directly to the National Health Management Information System to ensure that the activity and the NMCP are using the same data for reporting and are working together to improve national malaria data completeness and quality. StopPalu+ participated in quarterly results-based management meetings at the regional and national levels, providing financial and logistics assistance to support the NMCP and the DPS in analyzing malaria and commodities data, identifying gaps and challenges such as low internal supervision and stockouts, and ensuring that district representatives determined corrective actions to address gaps and challenges.

4.2.b. To what extent beneficiaries at the central, facility, and community levels have taken ownership of the project approach?

Health and administrative authorities (MOH/NMCP) took ownership of the activity approach to a large extent. Among the 64 individual interviews conducted, 24 were with administrative and/or health authorities. During the interviews, they described in detail their involvement in the conception and implementation of the activity.

The NMCP was deeply involved in planning the different activities. For example, to ensure a smooth mass distribution of LLIN, the MOH/NMCP established National Coordination Committee (NCC), regional committees as well as prefectural committees in collaboration with StopPalu+. The NCC assisted with the development of training materials, micro-plans, and data collection tools, as described below. The training on micro-planning reinforced participants' capacities to plan a successful campaign. They learned household calculation methods based on the size of the population as well as the number of LLINs needed, the amount of storage space required, the transport of LLINs, the number of distribution sites based on the number of households per site, and the criteria for identifying a distribution site. Figure 9: Number of Quarterly Coordination Meetings summarizes the number of coordination meetings held under the NMCP's leadership by fiscal year. The NMCP held at least three coordination meetings per year.

Figure 9: Number of Quarterly Coordination Meetings Held Under NMCP's Leadership



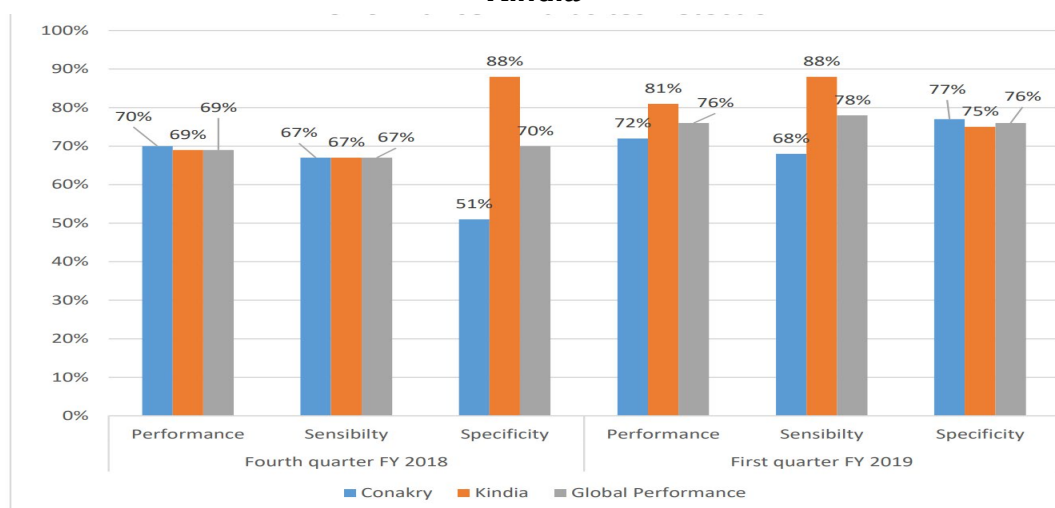
The ownership of the StopPalu+ approach at the **health facility level is appreciable**. Among the 64 individual interviews conducted, 14 were with heads of health facilities. They unanimously (14/14) agreed that the activity provided them with remarkable support. Through training received, they are appropriating the components of the activity.

To improve the quality of malaria diagnosis in health facilities, the activity conducted a training-of-trainers for 12 malaria diagnosis trainers. Among those, four experts were identified who also helped

train 74 laboratory technicians on malaria diagnosis and use of rapid diagnostic testing. The activity conducted post-training supervision in the laboratory that benefited from these trainings in Kindia and Conakry. Figure 10: Change in Parasite Detection Among Lab Technicians shows a significant increase in their performance between 2018 and 2019.

It is important to highlight the External Competency Assessment for Malaria Microscopists (ECAMM), a WHO-accredited training and test-based certification organized by NMCP in collaboration with StopPalu+ and the WHO, toward certification of microscopists in Guinea. Based on WHO standards, by 2021, 12 training participants qualified to participate in the ECAMM, (previously implemented only in Kenya and Senegal) in accredited reference laboratories supervised by the WHO. Of the 12 participants in the Guinea microscopist training, 10 achieved Level 1 and 2 certifications (Level 1 being higher) based on test scores).

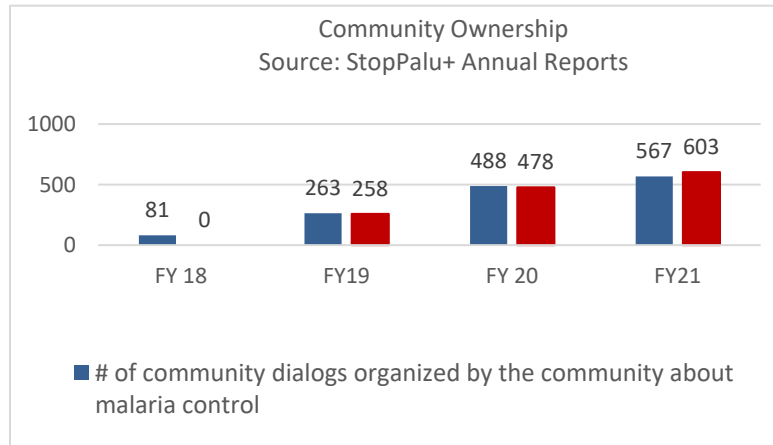
Figure 10: Change in Parasite Detection Among Lab Technicians in Conakry and Kindia



Source: StopPalu+ Annual Report FY 2019

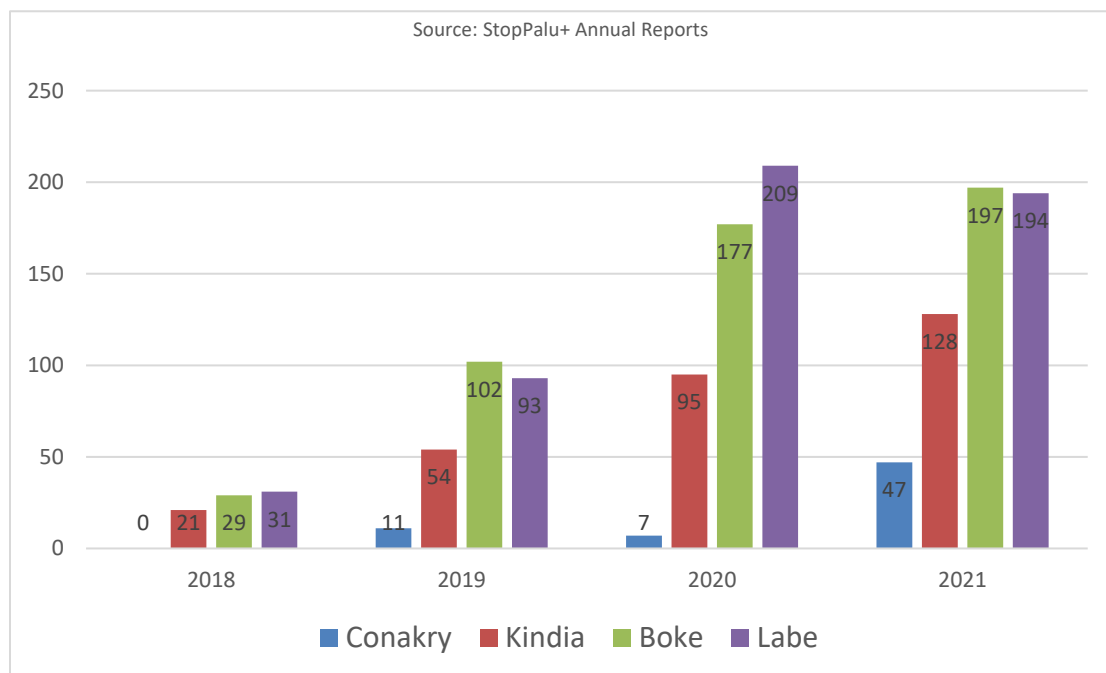
At the community level, 12 of the 14 health center managers who were interviewed, as well as community members who participated in the 14 FGDs, indicated that they have taken ownership of the activity approach to a large extent. To increase community involvement and support for malaria prevention and care, StopPalu+, with the support of the national social behavior change communication (SBCC) consultant, implemented the national SBCC and Capacity Strengthening Plans, including community dialogs carried out by CAGs, training of school and religious leaders, and implementation of the School and Religious Leaders against Malaria. Figure 11: Number of Community Dialogs Organized by CAGs shows that the number of community dialogs increased significantly from 81 in 2018 to 567 in 2021.

Figure 11: Number of Community Dialogs Organized by CAGs



The number of dialogs organized in communities by the CAGs in different StopPalu+ areas of intervention are presented by prefecture (Figure 12). Throughout StopPalu+ implementation, ownership through the CAGs at the community level is an area of continuous improvement, as seen in the increased community engagement through dialogs.

Figure 12: Number of Community Dialogs Organized by CAGs by Prefecture



4.3. TO WHAT EXTENT HAS THE CAPACITY OF THE NMCP TO LEAD, COORDINATE, AND MANAGE MALARIA PREVENTION AND CONTROL ACTIVITIES BEEN STRENGTHENED AS A RESULT OF STOPPALU+ EFFORTS?

Key Finding 2. The capacity of the NMCP to lead, coordinate, and manage malaria prevention and control activities has been strengthened to a large extent as a result of StopPalu+ efforts.

4.3.a. What support has the project provided to the NMCP in achieving its objectives of leading, coordinating and managing malaria prevention and treatment activities?

The activity provided a range of support to the NMCP in achieving its objectives of leading, coordinating, and managing malaria prevention and treatment activities. StopPalu+ supported the NMCP coordination capacity; strengthened M&E surveillance and research capacity; and strengthened the NMCP's vector control capacity in obtaining information on species, composition, abundance, physiological status, and vector-biting behavior. The section below describes these activities.

1. StopPalu+ **supported the NMCP coordination capacity** by offering the following support:

- 1.1. Facilitating technical working groups' (TWGs') monthly meetings. The activity team facilitated the NMCP Behavior BCC, Vector Control, and Diagnosis and Case Management TWGs' *monthly meetings*. The activity team also participated in the Supply Chain Management TWG. Several points were discussed during the TWG monthly meetings throughout the life of the activity, such as the orientation of health providers on the new malaria prevention and treatment protocols in the COVID-19 context, the production and distribution of the new protocols, and the SBCC materials developed for the COVID-19 context.
- 2.1. Conducting malariology course. To strengthen the skills of the districts and the activity team regarding implementation of malaria control activities, StopPalu+ collaborated with the NMCP and WHO to organize a malariology course for the 19 malaria focal points from PMI-supported prefectures, the four activity regional coordinators, the activity medical advisor in Kindia, and the doctor in charge of training in the prefecture of Dinguiraye.
- 3.1. Supporting the participation of NMCP/MOH officials in international meetings. StopPalu+ supported the participation of the National Director of Disease Control to attend the annual American Society of Tropical Medicine and Hygiene conference in Seattle in 2022.
- 4.1. Implementing the community champion approach.
- 5.1. Reinforcing the integration of private health facilities.

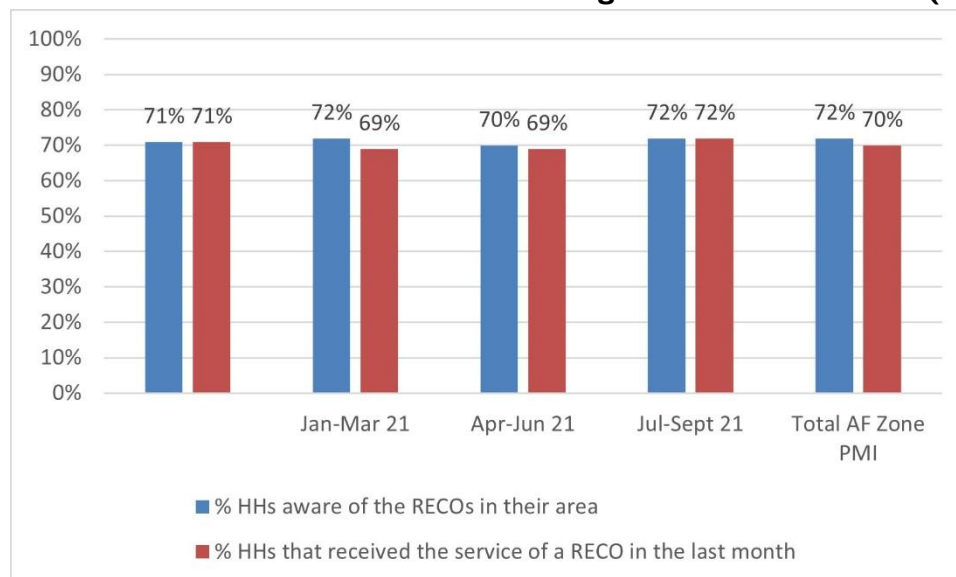
2. StopPalu+ **supported M&E surveillance and research** by:

- 1.1. Improving M&E data quality and use at the national level and among statistical analysts at the regional and district levels. To ensure the quality of the data transmitted by the health facilities, the activity regional team and the malaria focal points conducted data quality reviews in different health facilities. The results of these reviews in each district were

presented during the monthly monitoring meetings. Data quality assessments were conducted and health facilities with discrepancies reports and primary tools were asked to explain the discrepancies and commit to avoiding them in future months. These monthly data review meetings have improved the quality of data reported by the health facilities and entered into the national DHIS2.

- 2.1. Conducting periodic health facility and community supervision visits in areas with high incidences of malaria. During FY 2020 and FY 2021 (for which data are available), the activity conducted community visits in health facilities with high malaria incidences in the four regions supported by the activity. A total of 18,592 and 32,912 visits, respectively, were conducted in the two years. The post-visit surveys for both years indicate that, over 70 percent of the time, RECOs are well-known by households in the communities they serve, and these households benefited from RECOs' services in the months preceding the survey (Figure 13). Results of these supervision visits, including the performance of health facilities at different levels and RECOs in communities, were presented at monthly meetings where NMCP, DPS, and Direction Communale de la Santé (DCS) representatives were present.

Figure 13: Percentage of Households That Know the RECO and Percentage of Households that Received a RECO Visit During the Previous Month (FY 2021)



Source: StopPalu+ Annual Reports

3. StopPalu+ **strengthened the NMCP's vector control capacity** in obtaining information on species, composition, abundance, physiological status, and vector-biting behavior. StopPalu+ supported NMCP to improve entomology surveillance capabilities and capacities by establishing an insectarium (breeding and holding cages) and associated laboratory (entomological surveillance) at UGANC; building a rabbit enclosure to support mosquito production as needed; breeding Kisumu strain mosquitoes for multiple generations; identifying priority, secondary, and seasonal sentinel sites (based on malaria prevalence) in Labé, Kankan, Kissidougou, Siguiri, Lola, Maférinya, Boké, and Faranah, where mosquito collection was performed to facilitate national entomological surveillance;

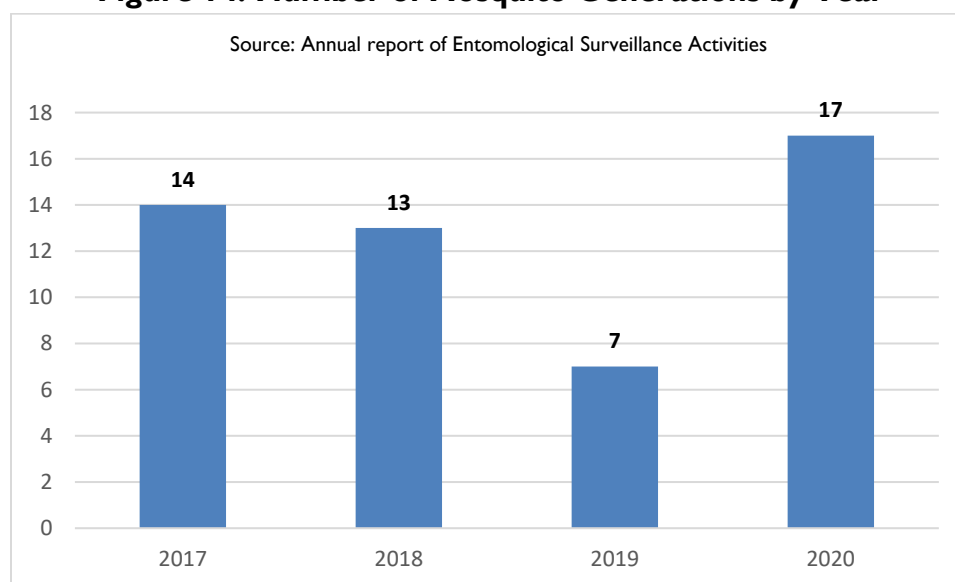
and developing a National Vector Control Strategy (2018–2022), including an insecticide management plan to address the spread of insecticide-resistant vectors.

An insectarium has been set up at the University of Conakry, and everyone knows it; people are recruited and work there. These entomologists are deployed at the level of the sentinel sites in the country's countryside. They collect and bring back entomology information. ... The installation of focal points everywhere in their zones, the execution or implementation of activities with NGOs by transferring skills is critical. So, when they are not there, we just have to activate this system by putting the means at their disposal. (KII, NMCP)

About capacity building, for us at NMCP, StopPalu+ strengthened our capacities outside the country. Example: for prevention activities (vector control or entomology), every year entomologists are trained in Benin under StopPalu+ funding, other partners also intervene but StopPalu+ does more. (KII, NMCP)

Since the establishment of the entomology laboratory and insectary at UGANC, StopPalu+ has continued supporting the operation of the laboratory and insectary, providing needed equipment, supporting efforts to maintain a susceptible *Anopheles gambiae* s.s. population (Kisumu strain), holding meetings organized by the staff of the NMCP Vector Control Unit's Vector Control TWG, and training NMCP staff and student interns in all mosquito breeding techniques and insectary maintenance. StopPalu+ supported the NMCP in developing and implementing the National Insecticide Resistance Management Plan to propose vector control strategies to limit the expansion of vector insecticide resistance. The number of mosquitoes generated by the insectary between 2017 and 2020 is presented in Figure 14: Number of Mosquito Generations by Year. In addition to the routine phenotypic and genotypic resistance tests on mosquito strains, in 2018 StopPalu+ evaluated the resistance status of malaria vectors in six sites (Boké, Labé, Maférinya, Faranah, Kankan, and Kissidougou). *An. gambiae* s.l. was resistant to DDT, permethrin, alpha-cypermethrin, and lambda-cyhalothrin, and the Kdr (knockdown resistance) West mutation was widespread. This enabled the introduction of dual active ingredient LLINs (chlorfenapyr-alpha-cypermethrin and deltamethrin-pyriproxyfen) in selected sub-prefectures to mitigate the threat of widespread pyrethroid resistance and sustain malaria reduction gains.

Figure 14: Number of Mosquito Generations by Year



StopPalu+ routinely conducted entomological surveillance for seasonality monitoring at the sentinel sites till date, except during the COVID-19 pandemic. Different species of mosquitoes were frequently collected indoors and outdoors from the sentinel sites for both insectary and laboratory using human landing collection, Centers for Disease Control light traps, and pyrethrum spray collection.

4.3.b. To what extent have the capacity building activities of the Activity improved the overall management of the NMCP?

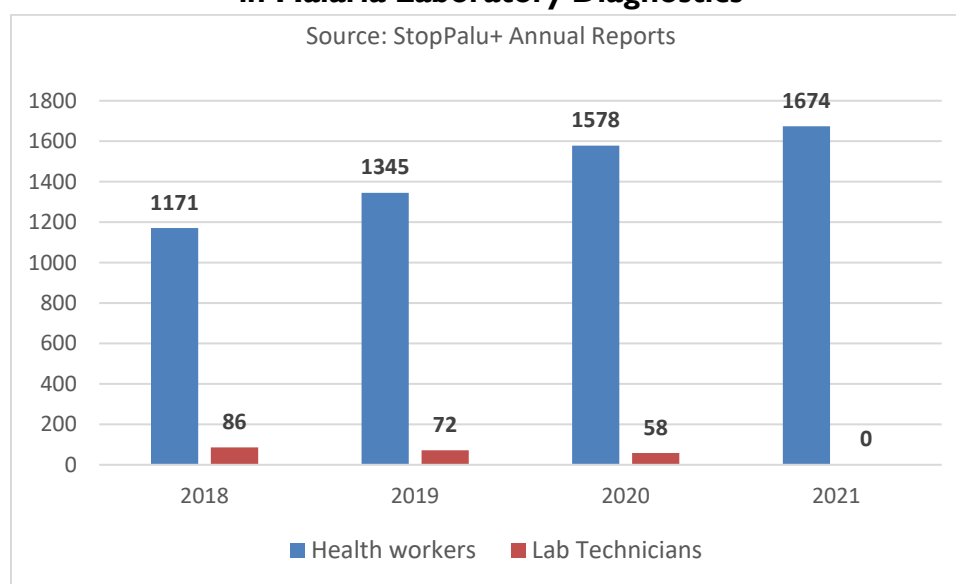
StopPalu+'s capacity building activities contributed significantly to the improvement of the overall management of the NMCP. Although the list of activities is not exhaustive, the following are some of the activities that the NMCP is implementing with the activity's support:

- Coordinating meetings with TWGs to discuss various topics including LLIN mass campaign in the COVID-19 context and the digitalization of the enumeration and distribution phases of the campaign.
 - Improving M&E data quality review and use at the national level and among statistical analysts at the regional and district levels.
 - Organizing the national supervision system to supervise malaria activities at both the health facility and community levels.
 - Conducting periodic health facility and community visits in areas with high incidences of malaria.
 - Strengthening the NMCP's vector control capacity.
 - In the context of strengthening malaria control, training entomologists and lab technicians.
- Figure 16: Improvement in Parasite Identification Among Lab Technicians shows the improvement of diagnostic skills for reading slides for parasite identification among lab technicians.

From FY 2018 through FY 2021, NMCP was supported by StopPalu+ to conduct malaria diagnosis supervision. A case in point is the 2020 supervision exercise conducted in certain facilities in Conakry

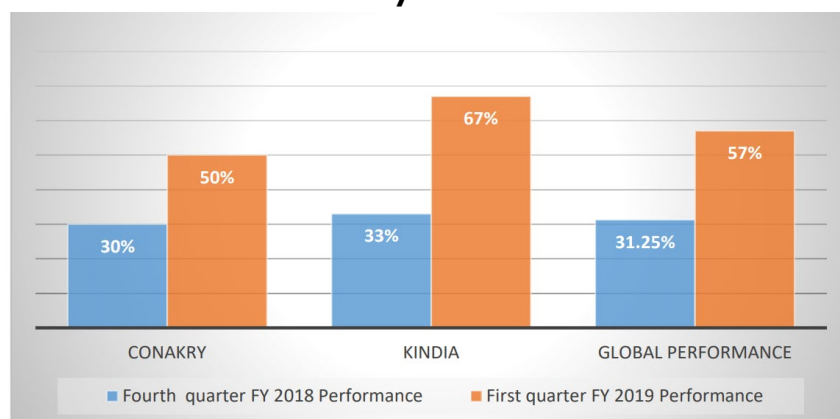
and Kindia regions to assess the level of implementation of recommendations from previous supervision visits. Activities during these supervision visits included testing technicians' diagnostic skills for reading slides from both facilities (internal quality control) and WHO-validated slides (external quality control). For internal quality control, the supervision team checks slides read by the technicians and rates the agreement (concordance) between the two readings. For external quality control, technicians read slides provided by WHO, and their responses are checked against the WHO-validated results. This is in addition to the routine training of health workers, including laboratory technicians, each year (Figure 15) by the activity to support NMCP. Different cadres of health workers were trained in malaria diagnostics, including laboratory technicians, especially those that eventually staffed the insectarium and mosquito breeding laboratories.

Figure 15: Total Number of Health Workers and Laboratory Technicians Trained in Malaria Laboratory Diagnostics



Supervision activities usually involve hundreds of staff, mostly female, and facilities at different levels of the health system— from university hospitals to communal medical centers and health centers. Feedback from the activity provides information regarding the status of knowledge and skills from training. For instance, in the Conakry and Kindia locations noted above for supervision visits, feedback indicates that participants improved their performance in species identification in both regions (Figure 15), with an average performance of 31.25 percent in Quarter 4 of FY 2018 increasing to 57 percent in Quarter I of FY 2019.

Figure 16: Improvement in Parasite Identification Among Lab Technicians in Conakry and Kindia



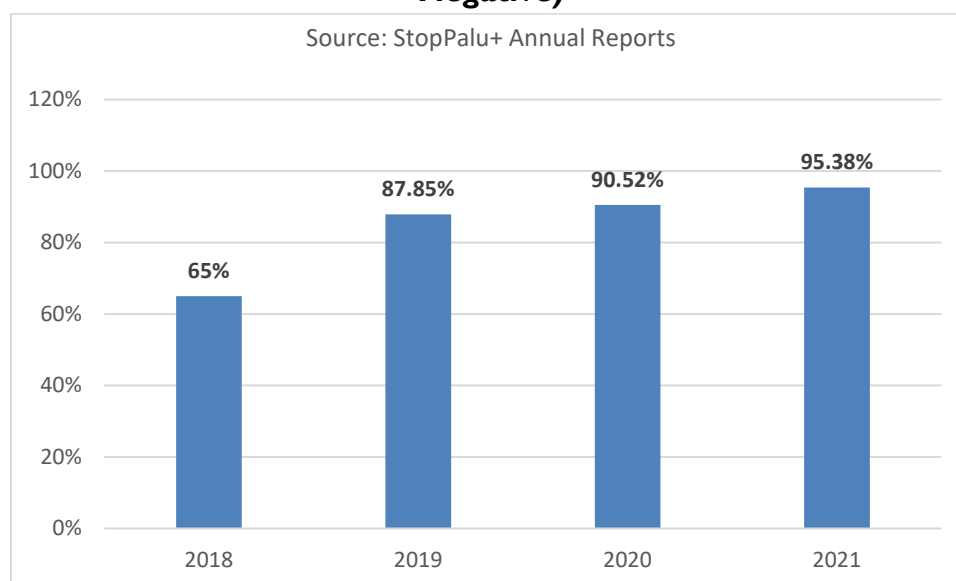
Source: StopPalu+—FY 2019 Annual Report

The improvement in laboratory technicians' diagnostic skills assists health care providers in making correct therapeutic decisions and therefore improves the quality of care at health facilities.

The proportion of malaria cases treated has increased from 94 percent in 2018 to 96 percent in 2021. There have also been advances in detection, identification, and classification of plasmodial species for better diagnosis. These are just some of the results of our efforts in the field. (KII, Conakry)

Almost all patients with suspected malaria received a diagnostic test either by microscopy or RDT (99 percent, 99 percent, 98 percent, and 98 percent in 2018, 2019, 2020, and 2021, respectively), according to StopPalu+ health facility records. Relatedly, accurate interpretation of tests (positive or negative) also increased (Figure 17), which may mean that training was achieving its outcomes and improving the expertise of health workers.

Figure 17: Proportion of Diagnostic Tests Interpreted Correctly (Positive-Negative)



Although the activity's capacity building activities, such as training, development of strategy documents, and joint supervision visits, contributed significantly to the improvement of the overall management of the NMCP, there are a few areas that require attention. The recurrent loss/replacement of trained staff at different levels in the MOH/NMCP because of redeployment, regime change, or low remuneration present potential challenges. When there is redeployment or a regime change, for instance, new government appointees may not always share the organization's vision or priority, let alone understand the policy in place. At the district and community levels, many people are leaving their posts for reasons such as those stated above. Additional training will be required to bring the replacements up to speed. However, it is not realistic to think that funds will always be available to organize new trainings to accommodate newcomers. These facts could explain, in part, the inability of the NMCP leadership to effectively coordinate activities between PMI and GFATM leading supposedly to recurrent stockouts of commodities at health facilities. A KI acknowledged the coordination challenges and discussed its potential impact on the program:

I think there are challenges. Those that are internal to the project, we don't know them. However, challenges that affect the collaboration and the implementation can be detected. The first challenge is the lack of communication that we have. This gap led to poor performance in the year 2020 for StopPalu+ where they had no commodities for the 4th round of the [Chimio prophylaxie saisonale—SMC]. The communication was not well handled and yet there were commodities in the Global Fund area. Because we are using a common basket, the information must circulate to compensate for the lack of commodity. So, a large population was not served, namely children from 3 to 59 months. This affected the performance of the indicators. (KII, NGO)

This specific challenge identified by the KI above is incongruent with StopPalu+ and PMI records, which indicate that the SMC campaigns were implemented as planned and with adequate doses of SMC available. A possible gap in communication regarding collaboration between partners may require further study. An NGO partner cannot be reporting challenges, including lack of commodities, while the activity is reporting no challenges and adequate commodities.

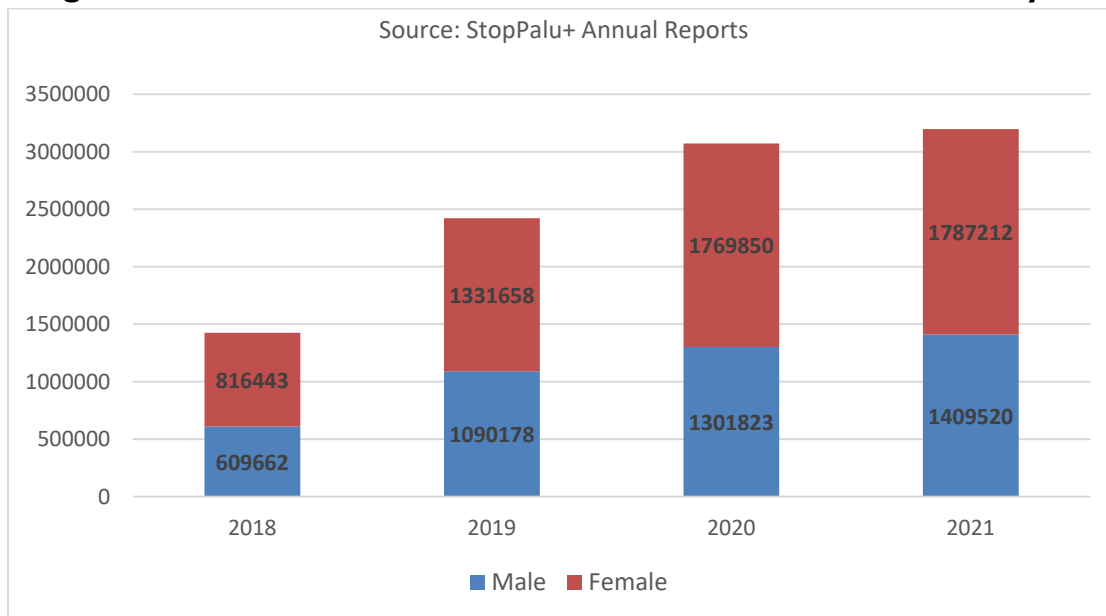
4.4. WHAT KIND (IF ANY) OF POSITIVE AND NEGATIVE KNOCK-ON EFFECTS HAVE THE STOPPALU+-SUPPORTED INTERVENTIONS HAD ON THE WIDER HEALTH SYSTEMS IN GUINEA?

The complex nature of the StopPalu+ activity meant that there could have been various challenges with implementation and adaptation. However, this does not appear to be the case, as StopPalu+ interventions are widespread, accepted, and owned in activity target regions and communities.

Key Finding 3. The activity implemented several BCC strategies to help people in Guinea adopt healthy behaviors about malaria prevention, including uptake of vector-control measures, use of preventive treatments, and care-seeking behavior. These are positive effects of the activity.

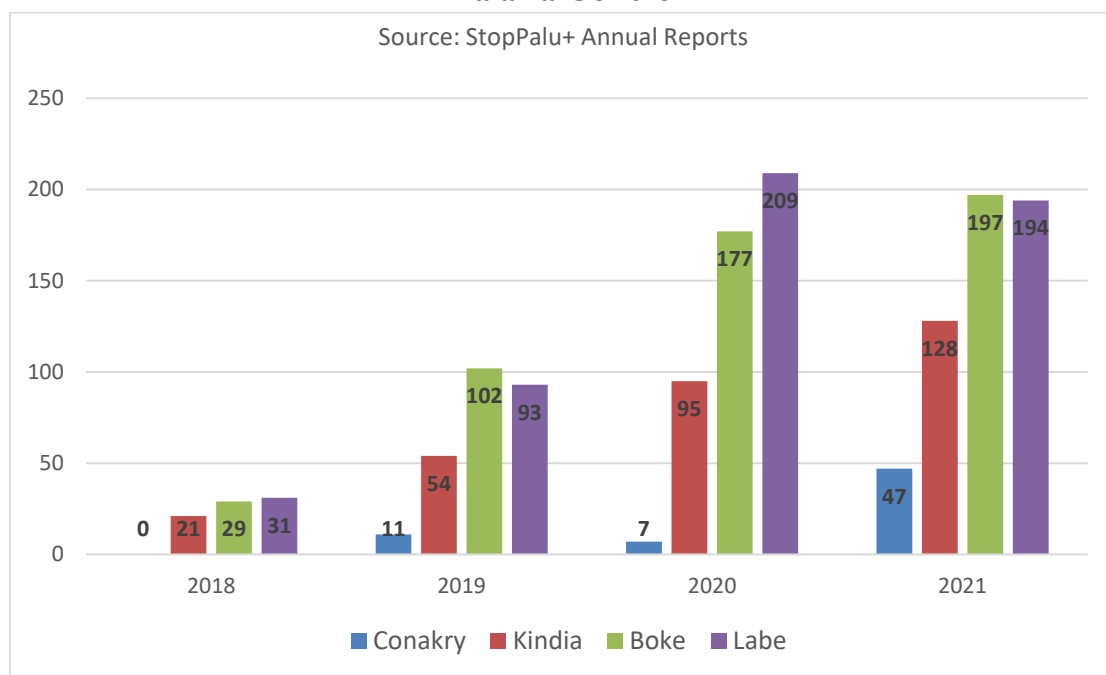
StopPalu+ reached very many and a steadily increasing number of community members between 2018 and 2021 with SBCC (Figure 18), especially women. Communication and collaboration at the community level enhances engagement and transparency, and strengthens ownership—which are positive knock-on effects of StopPalu+.

Figure 18: Number of People Reached by NGOs/Community-Based Organizations/CHWs with Malaria Prevention and Control SBCC by Sex



In the same vein, every year since 2018, the community dialogs initiated by StopPalu+ and in collaboration with CAGs to bring community members together to identify and solve their peculiar problems were conducted with increased frequency (Figure 19) in the four focus regions (except Conakry, where there was a dip in 2020, maybe as a result of the COVID-19 pandemic). Nonetheless, the community dialogs have been positive knock-on effects of the StopPalu+ interventions.

Figure 19: Number of Community Dialogs Organized by the Community About Malaria Control



4.4.a. What are the communication channels used to reach the project's target populations (how will you rank those channels from your preference point of view)?

StopPalu+ used a variety of communication channels to reach the activity's target population. These communication channels include:

Radio and television. The activity used private radio stations as well as community or rural radio stations and television to communicate health education messages.

CHWs visited homes to educate children and their parents. The IPC component was powerful in changing people's behavior.

Community action groups organized meetings and community dialogs to determine and address priority community issues.

Mobile clinics (supplies, health workers, managers, etc.) were dispatched to areas where peak malaria cases were reported to treat and distribute LLINs at no charge to those communities. Mobile clinics were very successful in the community.

Trained school children and religious leaders against malaria. This strategy consists of pairing malaria awareness with education in schools. If all social groups are included, students' dissemination of malaria prevention, messages would be beneficial for everyone. Once a group of students is trained, they would raise awareness among their peers in schools who would in turn disseminate information to their families and neighbors. Imams (religious leaders) trained in the PMI-supported zones passed malaria prevention messages during the religious worships.

Supervision visits were opportunities to convey activity messages.

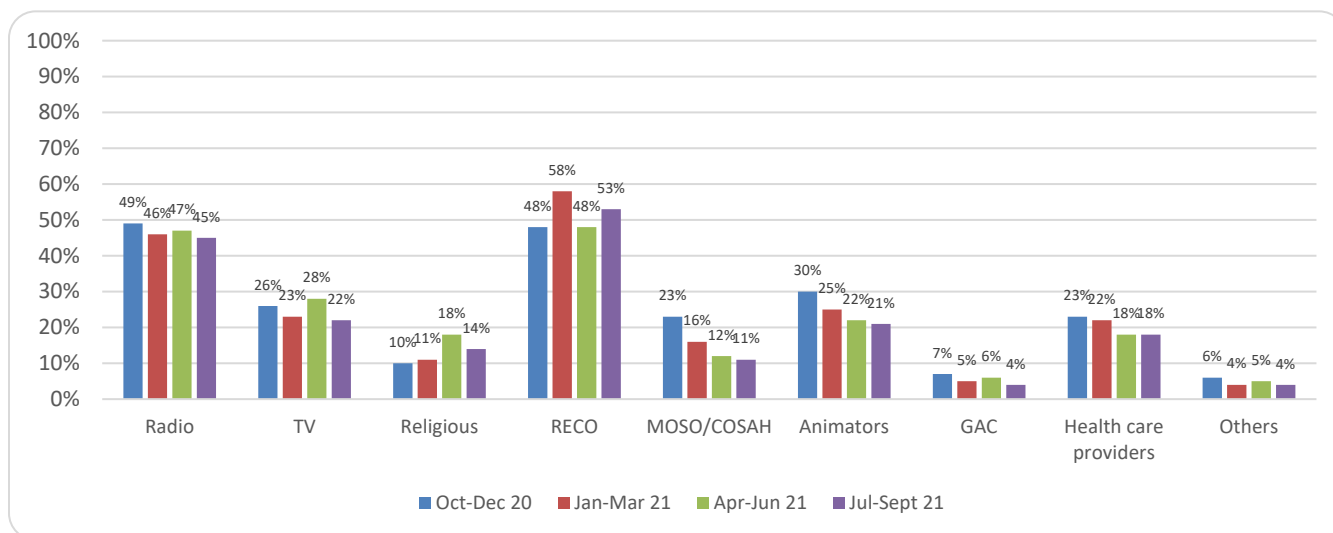
Flyers were hung on walls at health facilities to educate patients.

One key informant explained the activity's reliance on BCC in these terms:

In terms of communication, for example, I would say that StopPalu+ is the only project for the moment to have a clear strategy adapted to the field. These are strategies by and for the community. I'll just take the example of community dialogue, it's only in the StopPalu+ zone where community dialogues are held (where a problem is identified by the community itself in the fight against malaria, this problem is identified by this same community and resolved by itself). KII, NMCP)

As noted earlier, between FY 2020 and FY 2021, when data were available, the activity conducted a total of 51,504 community visits to health facilities and surrounding locations with the highest malaria incidences in the four regions supported by the activity. During these visits, rapid surveys were conducted to assess households' knowledge of malaria, the number of households visited by a CHW, and the channels of communication preferred by respondents to receive information on malaria. The highest ranking channel of communication on malaria among community members is the CHWs (in this case, RECOs), followed by radio, and then NGO facilitators (Figure 20). Religious leaders and CAGs have also played important roles in raising awareness in communities.

Figure 20: Proportion of Malaria Channels Reported by Household Members in Selected Regions

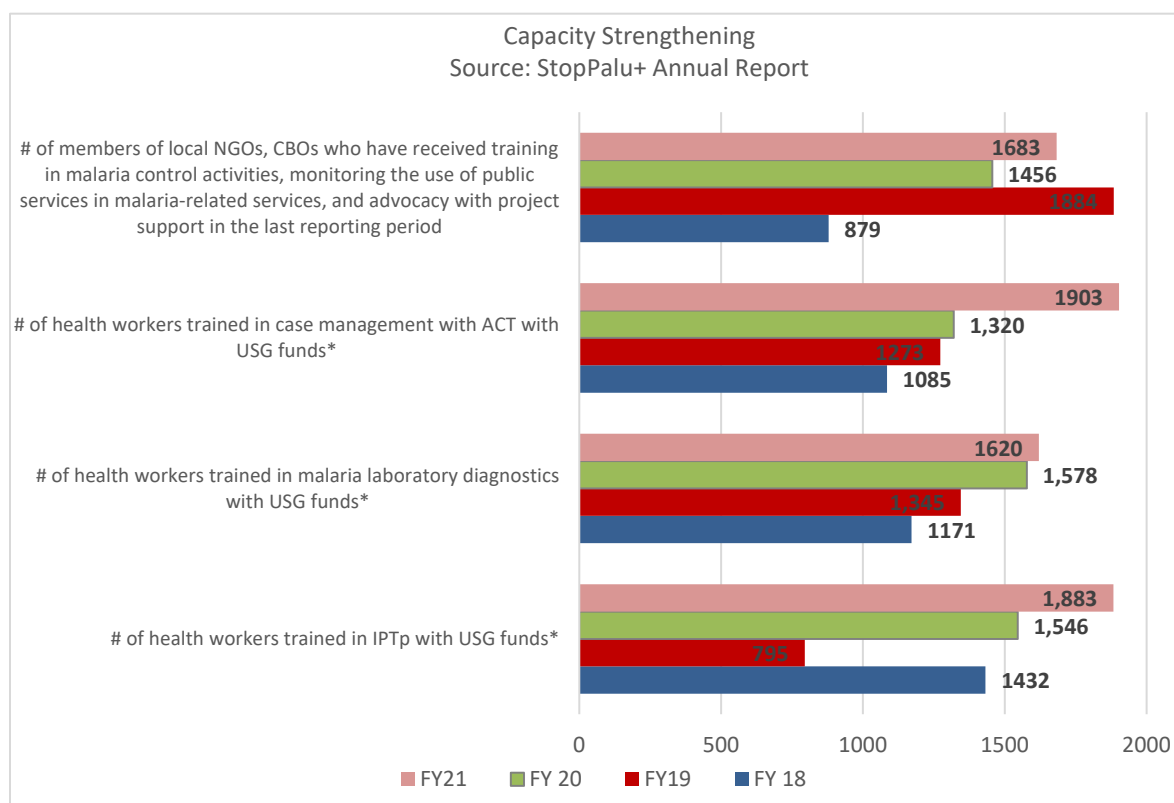


Source: StopPalu+ Annual Report

4.4.b. What are the effects derived from project activities that have enabled the strengthening or not of the health systems in Guinea?

USAID defines health systems strengthening as strategies, responses, and activities designed to sustainably improve country health system performance. The activity was instrumental in building the capacity of many health care providers, laboratory technicians, and CHWs to improve the quality of services through training and refresher trainings, on-the-job capacity support, supervision visits, revision of training manuals and protocols, collaboration to develop national strategy documents, and SBCC implementation. Figure 21 is a compilation of some training targets, types, and numbers over the four fiscal years of the StopPalu+ activity.

Figure 21: Number of CHWs Trained in Malaria Case Management



To address the evaluation question regarding the effects derived from activities that strengthened Guinea health systems, the evaluation team relied on an article by Hatt et al., (2015).⁷ The authors described the following effects of health system strengthening: Improved service provision quality, increased financial protection, increased service utilization, and uptake of healthy behaviors.

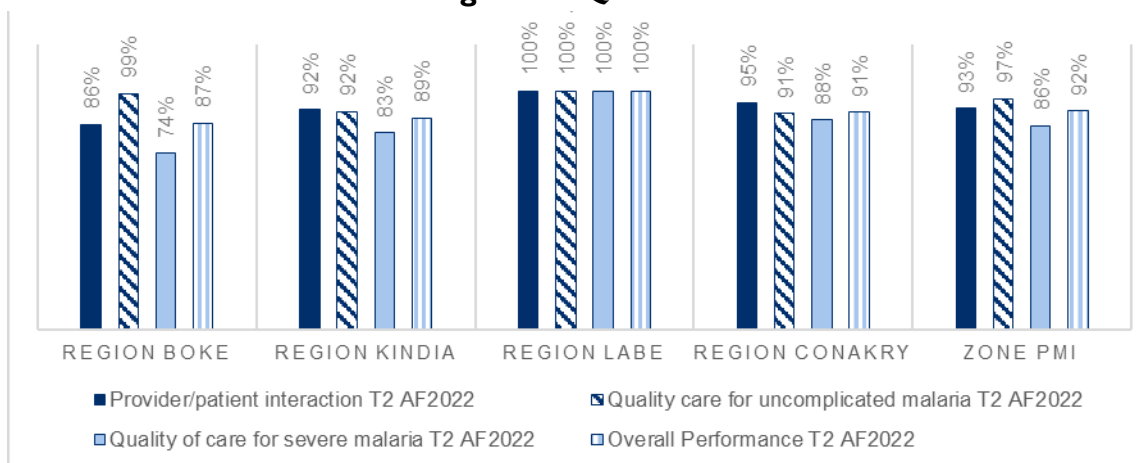
This section focuses on one of these four effects: *Improved service provision quality*. Hospitals, Central Medical Stores (CMCs), and advanced health centers are referral facilities with the technical capacity to ensure the correct management of all forms of malaria. StopPalu+ organized joint supervision visits focused on the diagnosis and case management to assess the quality of the services of these facilities and strengthen the quality of interventions for malaria diagnosis and treatment.

Figure 22 shows malaria case management performance in hospitals/CMCs in PMI regions (Boké, Kindia, Labé, and Conakry) in as reported by StopPalu+ for FY 2022. The results show that all the regions exceeded the 85 percent overall performance required during the evaluation, with overall performance of 92 percent in the PMI zones. Provider-patient interaction and simple malaria case management were highest at 93 percent and 97 percent, respectively. The Labé region had the best overall performance at 100 percent, followed by Conakry (91 percent) and then Kindia (89 percent). During supervision visits,

⁷ Hatt, Laurel, Ben Johns, Catherine Connor, Megan Meline, Matt Kukla, and Kaelan Moat. June 2015. Impact of Health Systems Strengthening on Health. Bethesda, MD: Health Finance and Governance Project, Abt Associates.

the weaknesses observed were shared with the teams and measures were taken to improve facilities with low performance.

Figure 22: Malaria Case Management Performance in Hospitals/CMCs in PMI Regions in Q2 FY2022



Source: StopPalu+—FY 2022 Annual Report

The following testimonies from respondents support StopPalu+ capacity strengthening interventions:

The project's capacity-building activities helped NMCP above and beyond expectations. (KII, NMCP)

The project has helped NMCP to review the malaria national policies, update the training documents, the normative documents of the NMCP and if there is something that also shows the project's support, it is the thematic group, which is one of the few groups that work with the NMCP. (KII, NGO)

The health district is the implementation point of the government's health policy. For this to happen, the actors, the district management team must understand the directives very well and the fact that the capacity of members of the district management team have been reinforced on the new management directives allows for the correct implementation of activities in the field. The core team members are involved in the planning, mobilization, and implementation of activities. The holding of quarterly reviews with all core team members to share data related to trends in performance indicators; I think this is an important factor that needs to be highlighted. (KII, Koubia)

The project's collaboration with the NMCP team contributed to strengthening the experience between the partners at the managerial level. (KII, NGO)

Capacity building in diagnosis and management: with the deployment of young doctors and nurses after Ebola, the project carried out training and supervision activities for these personnel. One of the successes is especially around diagnosis. In our zone in 2018, there was no level I expert in diagnosis but to date we have 3 ISO certified experts [World Health Organization]. (KII, Boké)

4.5. TO WHAT EXTENT HAS THE STOPPALU+ PROJECT ADDRESSED GENDER ISSUES IN ACCESS AND UTILIZATION OF MALARIA SERVICES?

Key Finding 4. Promotion of gender is one of StopPalu+'s priorities. The activity promoted equity and inclusiveness at all levels of the activity. Gender issues are given priority in all StopPalu+ activities.

4.5.a. To what extent has the promotion of gender equality been integrated into the project activities?

The activity addressed gender issues in access to and utilization of malaria services to a large extent through varied activities that the activity undertook to achieve this objective:

StopPalu+ deliberately included training in staff orientation about how to integrate gender into all project activities to emphasize the importance of the issue and allow activity staff to acquire the necessary skills to promote access to and utilization of malaria services among women. StopPalu+ implemented varied BCC strategies to promote the adoption of healthy behaviors and create demand for malaria services among men and women. Health providers and CHWs (male and female) were trained in IPC and quality care delivery with emphasis on gender.

In line with the national policy, the activity provided malaria prevention services free of charge, removing the cost barrier to access to care for people of low socio-economic status, including women. During the recruitment of personnel, priority was given to women when possible. As a result, women are well represented within StopPalu+ activity and partners' staff. Women were not only the recipients of services (LLIN and IPTp), but they were also providers of these services. "Seeing women on motorcycles delivering services sent a strong message to the community," said one KI. "They were very effective."

Although there are inadequate quantitative data to support the gender reports of StopPalu+ activities, KIs and focus group discussants discussed results from the activity's gender interventions. Some corroborative statements include the following:

Yes, I think that in the whole process there is the involvement of women. If we take the staff at the national level; there are many women who occupy high positions. In the implementation, the RECOs of the female gender are very involved. We also have women's associations that are involved. I believe that all components are involved. (KII, USAID)

We have integrated a training module on gender/equity in our training tools and it has been validated by the Ministry. During each training module, we remind people of the inequities of the most vulnerable (disabled, visually impaired, pregnant women and children under one year old...) and we often organize mobile clinics on the islands and on the mainland to reach the needy who cannot take care of themselves. (KII, Conakry)

The project involves women, for example in advocacy we know that women are one of the most vulnerable groups. And to this effect, women are really involved in mobilizing and sensitizing their peers to promote the project's activities. (KII, NMCP)

Yes, first of all, at the level of gender, the project takes a lot of account of gender because even when you notice during our community activities, when you see the number of community relays that are used by the center, there are either more women than men or somewhere you will see an equal number of shares. (KII, Labé)

Another important finding is that the StopPalu+ activity promotes equity and inclusiveness at all levels of the activity. At Boké, StopPalu+ carried out a special activity to increase the uptake of LLIN among fishermen.

The project takes into account the poor and people who have no means. (FGD, Koubia)

Officially, prenatal care and delivery are free of charge, including malaria treatment for pregnant women and children without distinction. As far as the implementation of the project is concerned, we work a lot with women (midwives and [technical health agents ATS] in ANC and delivery activities. But men are also present in the laboratory team, nurses ... so the proportion is qualitative and not quantitative in the implementation of project activities. (KII, NGO)

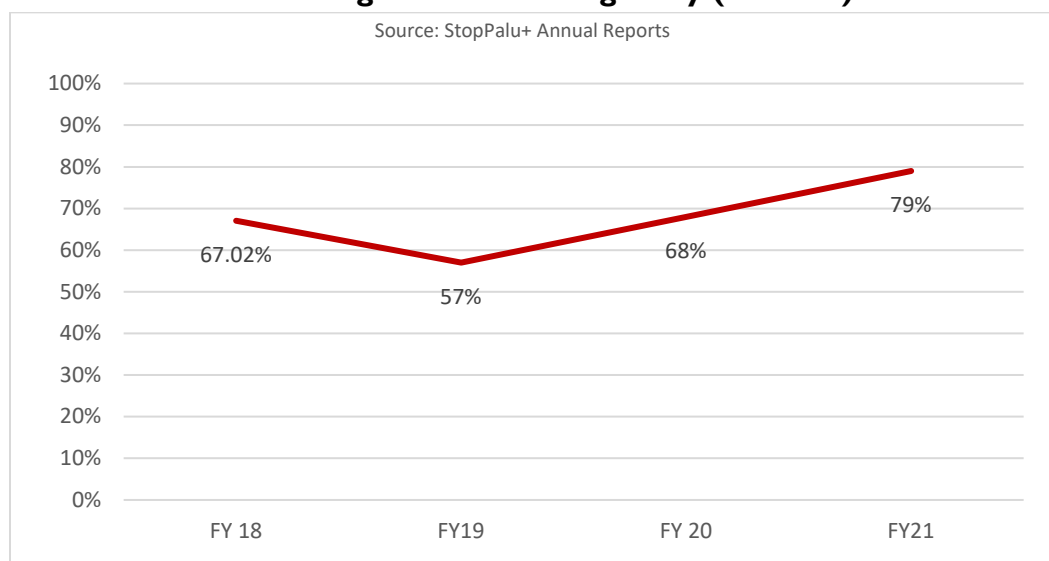
4.5.b. To what extent has the project improved the factors associated with intermittent treatment in pregnant women?

The activity significantly improved the factors associated with intermittent treatment of malaria in pregnant women. StopPalu+ increased women and family members' knowledge on IPTp increased availability of SP and ancillary supplies and improved CHWs' and health facility providers' technical and interpersonal skills in effective administration of IPTp. The section below describes some of these activities.

StopPalu+ **increased awareness of women and family members of the benefits of ANC visits**, including IPTp through SBCC activities to promote ANC and IPTp. The activity team increased women's and men's awareness primarily through the community dialogs conducted regularly (see Figure 19). Facilitators educated participants on the importance of IPTp for preventing malaria in both mother and baby using clear and strong messages about the "no charge" aspect of antimalarial commodities and services for both health providers and the population. Providing malaria services free of charge will encourage people to consult a health center as soon as they are sick.

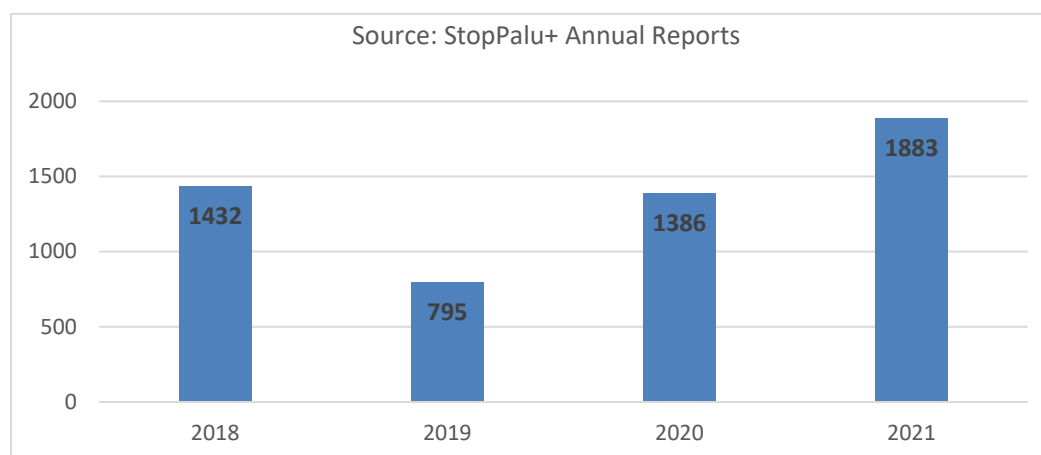
The activity **increased the availability of SP and ancillary supplies**. The activity team collaborated with the Procurement and Supply Management activity on macro-planning and stock management. StopPalu+ continued to work closely with the Procurement and Supply Management activity, district malaria focal points, and the NMCP team to monitor the supply of commodities at health facilities. This increased availability may have enabled pregnant women to complete the recommended dosage of at least three SP doses during the life of any pregnancy (see Figure 23). Although there was a dip in 2019, more pregnant women are completing three doses of SP during their pregnancies from year to year.

Figure 23: Proportion of Pregnant Women Who Received at Least Three Doses of SP During Their Last Pregnancy (Routine)



The activity **trained health workers on IPTp**. Figure 24 shows an increase in the number of health workers trained in IPTp from 2018 to 2021. The health workers training module (1) explained the importance of IPTp in preventing malaria for pregnant women and their babies, (2) explained IPTp administration protocols (during which stage of pregnancy to begin, the number of tablets per dose, where pregnant women can receive IPTp, etc.), (3) shared key message on IPTp promotion, and (4) explained the roles of health workers in improving IPTp uptake (promotion during home visits, referral).

Figure 24: Number of Health Workers Trained in IPTp from 2018 to 2021



The activity **improved providers' supervision and tracking of pregnant women**. StopPalu+ routinely conducted supervision activities throughout activity implementation and supported the DPS and DCS to conduct their bimonthly supervision visits. These supervision visits integrated all malaria control activities, including IPTp.

The activity **supported provider outreach services to improve access to IPTp services rolled out**. StopPalu+ supported the health centers to conduct monthly outreach services to provide health

services such as IPTp and EPI to eligible patients, test all cases of fever, treat positive simple malaria cases, and refer negative or severe cases to the necessary higher health facility. This support is provided during training and during supervision visits, and the data collected during these activities are recorded in the health facilities' data records.

Several KIs confirmed that the activity made significant improvement in the uptake of IPTp among pregnant women.

Prevention: starting with the use of LLINs, the desired coverage was 85 percent among pregnant women, but we were below it at 60 percent before our implementation. So, our activities led to the following results: Mass distribution campaign every 3 years and in 2019, also routinely. Since the first campaign and in routine we have a clear improvement from year to year until 2021 of availability and distribution of LLINs especially among pregnant women and children (under 5 years). Very clear improvement of IPTp in our region from a desired coverage of 60 percent. We have gone beyond this coverage through an innovation called MELA (Monitoring Evaluation Learning in Adapting). (KII, Conakry)

We have specific activities that are oriented towards women. When we talk about routine LLINs, it's for pregnant women, IPTp are also activities aimed at women. In this area we have made a lot of effort because even to improve attendance at health centers for women, we have used several innovative approaches: namely SMS reminders and tracking women in the registers. During the monthly meetings, we try to identify women who have not come for their consultation, then we call them on the phone and ask the RÉCO to go and get them. These two approaches have allowed us to improve women's use of ANC services. (KII, RTI)

IPTp for pregnant women is an important element in the fight against malaria. This was made possible thanks to the activities of the social mobilizers through household medical visits and supervision... These medical visits made it possible to raise all the health indicators: whether ANC1, ANC2, or ANC3; but also, the use of malaria prevention in pregnant women as well as in children. These medical visits allowed the project to achieve good indicators for ANC and IPTp among women. (KII, Koubia)

4.5.c. To what extent has the project improved the factors associated with intermittent treatment in children under five? How are trends for girls compared with boys?

StopPalu+ significantly increased caregivers' knowledge about SMC, increased availability of SMC (SP+AQ), and improved CHWs' and health facility providers' technical and interpersonal skills in effective administration of SMC. StopPalu+ **increased awareness of the community and family members** about the need for infants and children under age 5 to be protected from malaria by:

- *Developing and implementing SBCC and outreach* to increase community and family members' awareness and knowledge of the importance of SMC to protect children under age 5 from malaria.
- *Strengthening community mobilization through advocacy meetings*: StopPalu+ organized advocacy meetings in the districts that implemented the SMC campaign to inform community leaders and administrative and health authorities of the SMC campaign strategy and to obtain these leaders' adherence to and appropriation of the strategy.

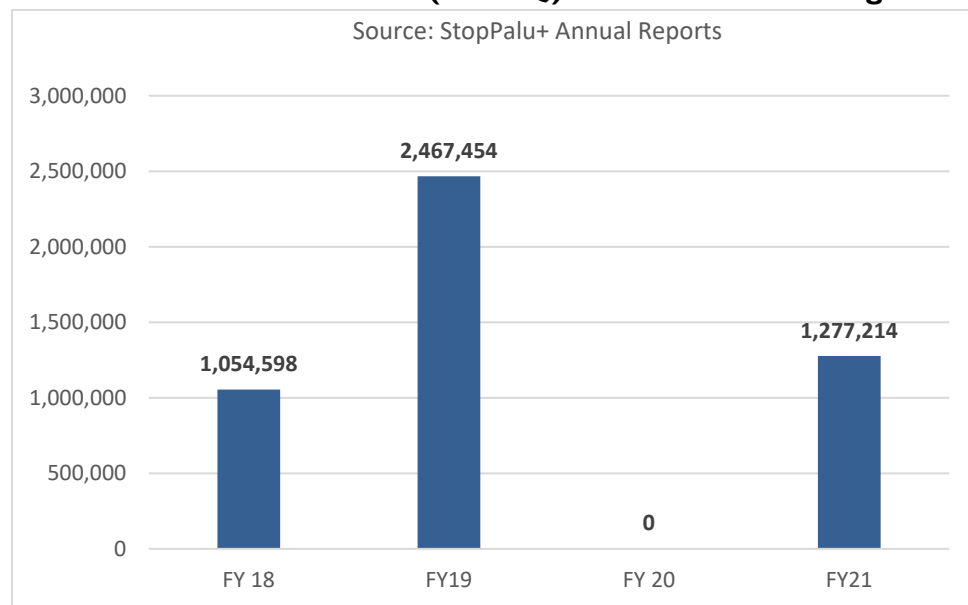
- *Using mobile clinics to circulate in the neighborhoods and sectors of communities* to inform and educate them on the importance of keeping children ages 3–59 months at home so they would benefit from the first dose of drugs.
- *Using village vigils.* StopPalu+ regional team conducted village vigils in the rural communes of Kamaby (Gaoual district) and Sinthiourou Kebou (Koundara district) to encourage mothers and caregivers to have their children take SMC medicines due to the low coverage of children who received SP-AQ doses during the first two rounds of the 2021 SMC campaign.

The activity **increased availability of SMC (SP+AQ) and commodities for continuous and mass distribution during the high-transmission season** in targeted districts by:

- *Organizing micro-planning workshops* with the participation of stakeholders at the district, community, and facility levels to quantify the resources needed for a successful SMC campaign in each district.
- *Coordinating procurement and distribution of SMC commodities* through participation in the various meetings of the NMCP supply chain TWG to discuss malaria commodities procurement, distribution, and use at all levels.
- *Digitalizing the SMC campaign* to significantly reduce reliance on paper forms, ensure the collection of quality data, measure the impact of distribution in the community, and make decisions in real time.

Available data indicate large numbers of SMC doses administered to eligible children underage 5 years in StopPalu+ activity locations (Figure 25). Increased availability of commodities leads to higher uptake.

Figure 25: Number of SMC Doses (SP+AQ) Administered to Eligible Children



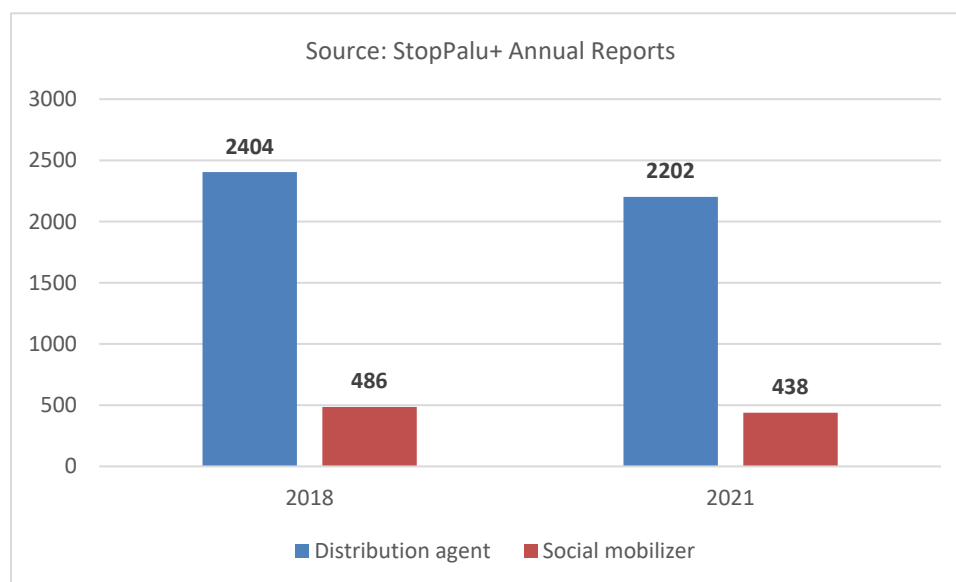
Data unavailable for FY 2020

The activity **improved providers' (facility- and community-based) technical and interpersonal skills** in effective administration of SMC by:

- *Organizing training-of-trainers, supervisors, mobilizers, facilitators, and distributors.* StopPalu+ supported the NMCP to conduct cascade training-of-trainers at the regional, prefectural, and health center levels. StopPalu+ supported training of drug distributors on SMC strategy, eligibility criteria, key messaging, SP+AQ administration, pharmacovigilance, and program monitoring.
- *Supporting the multi-layer supervision of SMC campaigns,* which consisted of different levels of supervisors: national, regional, prefectural, and health center supervision, and improved the quality of the administration of SMC medicines and compliance with guidelines related to the control of COVID-19 prevention.

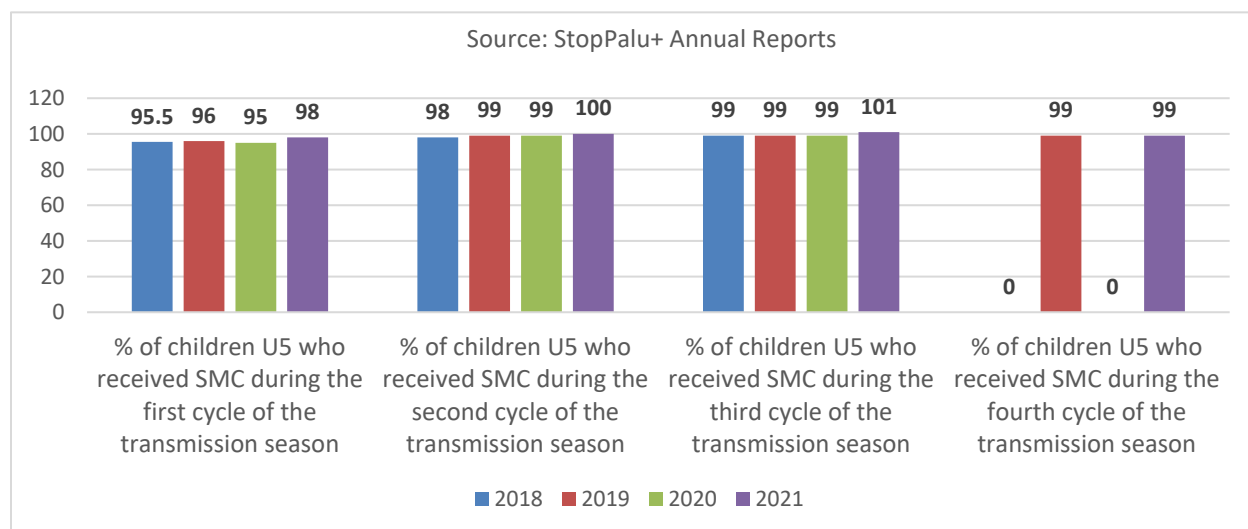
To improve the availability of SMC, the activity trained similar numbers of SMC distributing agents and social mobilizers before organizing the four rounds of SMC campaigns each year. For example, data available at the time of the evaluation indicate that 2,404 distributing agents and 486 social mobilizers previously selected by the community and trained, began distributing SMC drugs to children in the target age group. At the end of the third quarter of FY 2021, 2,202 distributing agents and 438 social mobilizers had been trained and distributed SMC drugs to children in the target age group (Figure 26).

Figure 26: Number of Trained SMC Distributing Agents and Social Mobilizers



During StopPalu+, almost all eligible children received SMC, from 95 percent upwards (Figure 27). StopPalu+ contributions can be traced to the training of providers, distribution agents, and social mobilizers, who jointly improved the system of reaching children under age 5 with SMC. The only gap is the unavailability of data to assess SMC trends by sex (boys and girls).

Figure 27: Percentage of Children Under Age 5 Who Received SMC During the Different Cycles



Data unavailable for 2018 and 2020 for fourth cycle SMC at the time of reporting.

A key informant summed up the activity's success in these words:

There is a 100 percent demand for LLINs and SMC in the communities. This means that people have understood the importance of the activities implemented within the population as part of malaria prevention. To my understanding, the communities are very satisfied, and they adhere to the activities that are carried out in the field. (KII, NGO)

5. CONCLUSIONS

The performance evaluation found that the StopPalu+ activity's objectives of fighting malaria, the major cause of morbidity and mortality in Guinea, were relevant and that the activities were planned and implemented according to the guiding principles of the NMS and the National Health Development Plan. Health care providers and CHWs were trained to carry out MOH directives according to schedule and quality standards. Monthly meetings were held to evaluate the program indicators and make corrections for any gaps identified.

Overall, the StopPalu+ project contributed to improvements in the availability, quality, and use of malaria care services at the community, facility, and district levels in Guinea to the satisfaction of activity stakeholders and beneficiaries. Use of LLINs increased, with more being distributed each year of the activity. The positive outcomes of the activity (such as high percentages of children under age 5 who received SMC) contributed to increased satisfaction among most stakeholders. Beneficiaries' trust in and respect for the health care system were boosted, and more pregnant women were mobilized and informed by StopPalu+ to receive IPTp up to three times during their pregnancy. This, by multiplier, means that more women are visiting ANC clinics to get the SP doses. The advanced strategy mobilization, distribution, and community following implemented by StopPalu+ has benefits.

The advent of COVID-19 and the inability of the NMCP leadership to effectively coordinate activities between the GFATM and PMI affected the implementation of programs. Furthermore, the low remuneration of CHWs in the project-supported areas compared to those in the GFATM areas affected their motivation to perform their daily tasks.

To ensure the sustainability of the StopPalu+ activity, the Government of Guinea should proactively identify other funding streams to keep the activity running and possibly standardize and scale up the national community health strategy based on specific successful StopPalu+ interventions such as community dialogs facilitated by CAGs, mobile clinics, etc. While building the capacity of health care providers improved the quality of services, engaging the private sector could contribute to expanding service coverage.

Beneficiaries of the StopPalu+ activity at the central, facility, and community levels have taken ownership of the activity approach through CAGs. Core team members at all levels are involved in planning, mobilizing, and implementing activities.

- At the central level, support to the NMCP improved its capacity to lead, manage, and coordinate malaria prevention and treatment activities in Guinea. Capacity building and health system strengthening transformed the NMCP and improved its functions.
- At the facility level, the capacity building of health care providers and improvement of the M&E system and diagnostics strengthened the country's health care system.
- At the community level, the creation of CAGs enabled community members to organize community dialogs, and also allowed them to identify problems and develop solutions. Trained CHW conduct malaria prevention activities and case management.

The activity used a mix of communication channels to reach different target populations. These included mass media (TV and radio), interpersonal communication with CHWs and trained religious leaders, supportive supervision, and home visits. Flyers hung at health facilities were also a means of communication. Community dialogue, facilitated by CAGs is an innovative approach to promoting

community engagement and ownership that places the community at the forefront of all malaria control interventions.

Strengthening malaria diagnostics, treatment, and prevention services helped strengthen the overall health care system in Guinea by contributing to increased community engagement and trust in and respect for the activity, leading to increased utilization of health care services (e.g., IPTp during ANC and SMC for children under age 5). StopPalu+ implemented varied SBCC strategies to promote the adoption of healthy behaviors and create demand for malaria prevention and treatment services among men and women alike. The activity trained health providers and male and female CHWs in IPC and quality care delivery. The delivery of malaria control services free of charge removed barriers for people of low socio-economic status, including women, to access and utilize malaria control services.

Quality data is available on the StopPalu+ activity for the most part, showing adequate tracking and reporting on indicators. However, some indicators lack consistent data and disaggregation. While some data could not be easily located annually, many others where disaggregation could have been useful and standard, e.g., data by region, and data by gender, did not have either data for all required periods or disaggregation. The StopPalu+ AMELP contained all components, but the performance indicator reference sheets were not complete in important sections such as “data quality issues” and “performance indicator values” for each year of the activity. Additionally, the Indicator Performance Tracking Tables (IPTT) contained only targets for each year of the activity, without any actual results.

Overall, StopPalu+ successfully contributed to the increased use of malaria control activities, including uptake of LLINs in the community, IPTp during ANC visits as well as SMC among children ages 3–59 months. This success was achieved through capacity building, social mobilization, use of mobile clinics and red booklets, a steady supply of commodities, and SBCC.

6. RECOMMENDATIONS

Based on the performance evaluation findings and conclusions, the evaluation team makes the following recommendations:

RECOMMENDATIONS FOR STOPPALU+

1. Increase collaboration with the MOH, UGANC, SNIS, and NMCP to design relevant interventions that are consistent with country needs and NMCP strategies/objectives, to make the most impact on the health of the population.
2. Collaborate with relevant programs and agencies to ensure that malaria-related commodities (IPTp, SMC, etc.) are always in stock. This collaboration will include capacity development in the areas of supply management, commodity ordering, and distribution.
3. CHWs (RECOs) have played a significant role in the success of StopPalu+ at community and facility levels. The activity can sustain gains by continuously training current and new community-based health workers.
4. As a best practice, StopPalu+ should advocate the institutionalization of community dialogs to promote community engagement in malaria control activities.
5. StopPalu+ and similar USAID activities should ensure that all sections of AMELPs, such as performance indicator reference sheets and indicator performance tracking tables, are regularly updated with consistent and complete progress data to appropriately reflect activity progress.

RECOMMENDATIONS FOR USAID

1. Make future funding contingent upon the submission of an action plan describing how the government will take over the activities implemented by StopPalu+.
2. Prepare the ground to ensure a gradual takeover of all the activities currently supported through StopPalu+.
3. Organize training on leadership and management to strengthen the NMCP leadership's managerial skills to improve coordination of activities among IPs and manage stocks.
4. Train the NMCP in grant writing to prepare them to seek new funding streams.
5. Support the NMCP to implement a compensation policy that all Government of Guinea and development agencies can adhere to as they implement development activities.
6. Monitor progress being made promoting gender equity across all program and community levels.
7. Set aside a special funding mechanism to support the insectarium after the end of the activity. Considering the high cost of supplies to run genetic and other advanced tests, external financial support is needed in the future to keep the insectarium running.
8. Assume a proactive monitoring role to ensure that the annual performance reports include consistent data for all performance indicators.

RECOMMENDATIONS FOR THE MOH/NMCP

1. Fulfill its funding obligations to health sector programs. The Government of Guinea must fulfill its responsibility. The government investment in health care has a strong multiplier effect throughout the economy in addition to enhancing the population's wellbeing.
2. Sustain the current gain achieved by the activity. Because StopPalu+ will come to an end, the Government of Guinea must take full responsibility to sustain what the activity has accomplished so far. The government should identify other revenue streams to maintain the current level of activities.
3. Standardize effective interventions such as community dialogue by CAGs across the country. Considering the limited resources, the Government of Guinea must invest these resources only in effective interventions expected to yield a high return on investment.
4. Take immediate corrective action to address the recurrent stockouts of commodities at health facilities. The NMCP should organize additional training in leadership and management to improve staff skills in coordinating activities among IPs and stock management.
5. Take immediate corrective action to address staff's lack of motivation and turnover. The quality of services is associated, in part, with staff competencies and level of satisfaction. The NMCP should analyze the root causes of the lack of motivation and address it expeditiously to maintain the gains of the activity.
6. Develop more public-private partnerships to improve access to and coverage for health care services. Considering that many people seek medical attention from private providers (pharmacists or health centers) or resort to self-medication, the private sector can play a significant role in the fight against malaria. Because public-private partnerships leverage the strengths of the public and private sectors simultaneously, they could create economies of scale and expand access to care for people at high risk and/or underserved populations.
7. Implement gender equity policy across all programs and community levels. Gender equity is a powerful social determinant for health. Malaria in pregnancy contributes to significant perinatal morbidity, causing higher rates of miscarriage, intrauterine demise, premature delivery, low birth-weight neonates, and neonatal death. Considering these factors, the evaluation team recommends that the NMCP actively pursues gender equity and inclusiveness across all program levels.
8. Standardize monthly report review meetings to improve the quality of data collected and support good decision-making and quality of care.

ANNEX I. SCOPE OF WORK

Assignment #: 013 [assigned by GH EvalS]

Global Health Evaluation and Learning Support Activity (GH EvalS)

Contract No. GS-10F-154BA

STATEMENT OF WORK (SOW)

Date of Submission: 04/15/21

Last update: 05/27/21

INSTRUCTIONS: Complete this template in MS Word to develop an SOW for your assignment, that may be an evaluation, a DQA, an assessment, or other analytic activity to be passed to the GH EvalS team. From this point on, this assignment will be referred to as Assignment 013. Please be as thorough as possible in completing this SOW. The GH EvalS team will assist you in refining your SOW which will be finalized when the Assignment 013 team is in place. Some of the sections below have been pre-populated with information that is common to most evaluation/analytic activities. Please review these details and edit as needed to fit the needs of your specific analytic assignment.

Note: Refer to the [USAID How-To Note: Evaluation SOW](#) when developing your SOW.

I. SOW SPECIFIC INFORMATION

A. **TITLE: PERFORMANCE EVALUATION OF USAID GUINEA STOPPALU+**

B. **FUNDER/REQUESTER/CLIENT**

USAID/Washington

Office/Division: _____ / _____

☒ USAID Country or Regional Mission

Mission/Division: Guinea / _____

C. **FUNDING ACCOUNT SOURCE(S): (Click on box(es) to indicate source of payment for this assignment)**

☐ HIV	☐ PIOET	☐ FP/RH
☐ TB	☐ Other public health threats	☐ WSSH
☒ Malaria	☐ MCH	☐ Nutrition
☐ Other (specify): _____		

D. BUDGET CEILING: \$300,000 (Note: GH EvalS will provide a cost estimate based on this SOW.)

E. **PERFORMANCE PERIOD**

Expected start date (on or about): June 2021

Anticipated end date (on or about): _____

F. **LOCATION(S) OF ASSIGNMENT**

Please indicate where work will be performed: Conakry, Guinea, with local travel

II. TYPE OF ASSIGNMENT

Instructions: Please check the box to indicate the type of assignment.

A. EVALUATION:

1. Performance Evaluation ☐

Please check timing of data collection:

☐ Mid-term ☐ Endline ☐ Other (specify): _____

Performance evaluations encompass a broad range of evaluation methods. They often incorporate before–after comparisons but generally lack a rigorously defined counterfactual. Performance evaluations may address descriptive, normative, and/or cause-and-effect questions. They may focus on what a particular project or program has achieved (at any point during or after implementation); how it was implemented; how it was perceived and valued; and other questions that are pertinent to design, management, and operational decision making.

Please select the type of performance evaluation:

Developmental Evaluation:

Formative Evaluation: ☐

Outcome Evaluation: ☐

Process or Implementation Evaluation: ☐

2. Impact Evaluation ☐

Please check timing of data collection:

☐ Baseline ☐ Mid-term ☐ Endline ☐ Other (specify): _____

Impact evaluations measure the change in a development outcome that is attributable to a defined intervention. They are based on models of cause and effect and require a credible and rigorously defined counterfactual to control for factors other than the intervention that might account for the observed change. Impact evaluations in which comparisons are made between beneficiaries that are randomly assigned to either a treatment or a control group provide the strongest evidence of a relationship between the intervention under study and the outcome measured.

3. Ex-post Evaluation ☐

Ex-post evaluations are conducted after USAID investments (technical and financial) have ended. It can be used to answer questions about whether and how interventions and/or outcomes are sustained and what factors and contexts help or hinder USAID interventions and sustainable development outcomes. Ex-post evaluations offer a unique opportunity to ask key questions about the sustainability of a particular strategy, project, activity, or intervention after USAID has ended support. Ex-post evaluations are particularly relevant for understanding whether and how USAID programs support country self-reliance and the ability of the country to sustain development solutions over time.

4. Evaluation Synthesis: Meta-Evaluations: ☐

Meta-Evaluations are an analytic examination of secondary source documents to identify patterns among them (convergence/divergence) and also a statistical approach to combining results of multiple studies to increase their statistical power. Meta-analyses may examine evaluations as well as other types of research.

5. Other Types of Synthesis: ☐

Other types of synthesis reports can also help build the evidence base on which decision-makers rely. Such studies do not necessarily review evaluations or published articles, although they may do so. Examples include: landscape reviews, desk studies, and compendium of evaluation abstracts.

B. ANALYTIC ASSIGNMENT:

☐ Assessment

Assessments are designed to examine country and/or sector context to inform project design, or as an informal review of projects.

☐ Costing and/or Economic Analysis

Costing and Economic Analysis can identify, measure, value and cost an intervention or program. It can be an assessment or evaluation, with or without a comparative intervention/program.

☐ Other Analytic Activity

Please specify what kind of activity: _____

C. PEPFAR EVALUATION:

Note: These questions are based on the [PEPFAR Evaluation Standards of Practice v3.1 October 2019](#).

Note: If this is a PEPFAR-funded, check the box for the type of evaluation:

1. Process Evaluation ☐

Please check timing of data collection:

☐ Mid-term ☐ Endline ☐ Other (specify): _____

Process Evaluations focus on program or intervention implementation, including, but not limited to access to services, whether services reach the intended population, how services are delivered, client satisfaction and perceptions about needs and services, and management practices. In addition, a process evaluation might provide an understanding of cultural, socio-political, legal, and economic context that affect implementation of the program or intervention. Example evaluation question: Are activities delivered as intended, and are the right participants being reached?

2. Outcome Evaluation ☐

Outcome Evaluations determine if and by how much intervention activities or services achieved their intended outcomes. They focus on outputs and outcomes (including unintended effects) to judge program effectiveness but may also assess program processes to understand how outcomes are produced. It is possible to use statistical techniques in some instances when control or comparison groups are not available (e.g., for the evaluation of a national program). Example evaluation question: To what extent are desired changes occurring due to the program, and who is benefiting?

3. Impact Evaluation ☐

Please check timing of data collection:

☐ Baseline ☐ Mid-term ☐ Endline ☐ Other (specify): _____

Impact evaluations (IEs) measure the change in an outcome that is attributable to a defined intervention by comparing actual impact to what would have happened in the absence of the intervention (the counterfactual scenario). IEs are based on models of cause and effect and require a rigorously defined counterfactual to control for factors other than the intervention that might account for the observed change. There are a range of accepted approaches to applying a counterfactual analysis, though IEs in which comparisons are made between beneficiaries that are randomly assigned to either an intervention or a control group provide the strongest evidence of a relationship between the intervention under study and the outcome measured to demonstrate impact. Example evaluation question: What are the net effects of the program in achieving long term outcomes (e.g., changes in prevalence, incidence, mortality, sustainability)?

4. Economic Evaluation ☐

Economic Evaluations identify, measure, value, and compare the costs and outcomes of alternative interventions. Economic evaluations are a systematic and transparent framework for assessing efficiency, focusing on the economic costs and outcomes of alternative programs or interventions. This framework is based on a comparative analysis of both the costs (resources consumed) and outcomes (health, clinical, economic) of programs or interventions. The main types of economic evaluations are cost-minimization analysis (CMA), cost-effectiveness analysis (CEA), cost-benefit analysis (CBA) and cost-utility analysis (CUA). Example evaluation question: What is the cost-effectiveness of this intervention in improving patient outcomes as compared to other treatment models?

III. ASSIGNMENT BACKGROUND

A. PROJECT/PROGRAM BEING EVALUATED/ANALYZED

Project/Activity Title:	StopPalu+
Award/Contract Number:	72067518CA00001
Award/Contract Dates:	December 2017 – December 2022
Project/Activity Funding:	\$28 million
Implementing Partner(s):	RTI International
Project/Activity AOR/COR:	Lamin Bangoura

B. BACKGROUND OF PROJECT/PROGRAM/INTERVENTION

Provide a brief background on the country and/or sector context; specific problem or opportunity the intervention addresses; and the development hypothesis.

Malaria is endemic throughout Guinea. The country has made important progress in malaria control and prevention, substantially reducing malaria prevalence in children under 5, annual malaria incidence, and in-patient deaths. These gains were driven by the rapid scale-up of malaria prevention and control interventions, led by the country's National Malaria Control Program (NMCP) and supported by PMI and GFATM. Comparison of the 2012 DHS with the 2016 MICS shows a substantial decrease in the prevalence of malaria parasitemia in children 6-59 months of age in Guinea. However, there is substantial regional variation in malaria parasitemia prevalence. With high prevalence in some regions, the entire population of 12.1 million remains at risk, with approximately 1,700,000 cases reported in 2019, accounting for 37% of outpatient visits. The 2016 Multiple Indicator Cluster Survey (MICS) showed that malaria prevalence in Guinea is heterogeneous, with prevalence ranging from 1.9% in Conakry to 30.2% in N'Zérékoré.

The Government of Guinea is currently implementing a five-year National Malaria Strategy (NMS) with the goal of bringing the country towards pre-elimination by the end of 2022. This will be done by reducing malaria morbidity and mortality by 75% compared to 2016 Guinea MICS levels. In addition to funding from the President's Malaria Initiative (PMI), implementation of the National Malaria Strategy (NMS) has benefited from grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) including the third round of the New Funding Model (NFM3, 2021-23).

In December 2017, USAID Guinea, with funding from the United States Government President's Malaria Initiative (PMI), launched a five-year StopPalu+ Activity to assist the Government of Guinea to achieve the collective goal of reducing malaria-related morbidity and mortality by 75% compared with 2016 levels through the following objectives:

1. Increased use of long-lasting insecticidal nets (LLINs) by the population
2. Increased use of intermittent preventive treatment of malaria in pregnancy (IPTp) during antenatal care (ANC) visits
3. Increased prompt care-seeking and treatment
4. Increased numbers of children receiving the full treatment doses of seasonal malaria chemoprevention (SMC) delivered in a timely manner
5. Increased community involvement in and support for malaria prevention and care
6. Improved capacity of the National Malaria Control Program (NMCP) (central, regional, and district levels) to manage, implement, and monitor prevention, care, and treatment activities.

The total estimated cost for the project stands at \$27,815,368 USD.

StopPalu+ is implemented by Research Triangle International (RTI) in partnership with Jhpiego, Medical Care Development International (MCDI), Centre Africain de Formation pour le Développement and other local partners (Association pour la Promotion des Initiatives Communautaires (APIC), Club des Amis du Monde (CAM), Comité des Jeunes Mon Avenir D'abord (CJMAD), Initiatives et Actions pour l'Amélioration de la Santé des Populations (INAASPO), Solidarité Guinéenne pour le Développement (SGPD)).



StopPalu+ works with the National Malaria Control Program (NMCP) at the national level and in 13 prefectures (also called districts) in the western and northern parts of the country and all five communes of Conakry. The StopPalu+ technical approach draws from recent national and subnational survey data; best practices developed and implemented under the previous StopPalu+ project; continued close

collaboration with the Ministry of Health (MOH)/National Malaria Control Program (NMCP), USAID, and stakeholders; and the imperative to work with providers, civil society organizations (CSOs), community-based organizations (CBOs), and communities to identify and address specific needs in the demand for and the coordination and provision of malaria services. In addition to StopPalu+, PMI also provides support through various central technical assistance mechanisms, two of which have in-country presence, 1) the USAID Global Health Supply Chain Program Procurement and Supply Management (GHSC-PSM) which focuses on building in-country capacity to manage pharmaceutical systems with a specific emphasis on management of malaria commodities; and 2) the Human Resources for Health in 2030 (HRH2030) to strengthen:

1. NMCP's institutional capacity to ensure effective implementation of high-quality malaria control services at all levels of the health system.
2. NMCP's leadership, health workforce, and procurement and supply management to support successful implementation of the Global Fund new funding model and PMI funding.
3. Long-term technical advisors (LTAs) and NMCP technical knowledge and experience, and M&E management in malaria control.

In 2020, in addition to ongoing polio, measles, and yellow fever epidemics, Guinea was hit by the devastating COVID-19 pandemic resulting in the death of 87 Guineans by February 25, 2021. To minimize negative effects of increased demands on health care provision, the Ministry of Health through the NMCP and with the support of partners increased efforts to continue implementation of interventions against malaria. These include prevention (LLINs, IPTp, SMC, household visits, interpersonal communication etc.) and case management (diagnosis and treatment) both in health facilities and at the community level. However, contact between healthcare providers and beneficiaries or patients during the implementation of these various malaria interventions could increase the risk of contamination with coronavirus during this pandemic. To prevent the spread of infection, it is recommended to wash your hands regularly, cover your mouth and nose when coughing and sneezing, and avoiding close contact with anyone showing symptoms of respiratory illness such as coughing and sneezing or fever, yet, these can be signs of malaria. The differential diagnosis between coronavirus and malaria and other infectious diseases is a major concern for healthcare providers because of the similarity of clinical signs (fever, body aches, respiratory signs, etc.). As a result, some suspected cases of COVID-19 can be treated as malaria and vice versa. There is thus a great risk of contamination by the coronavirus and poor management of malaria cases.

Guinea still faces the unique challenge of trying to revive the health system and malaria activities in a country affected by an underlying threat of Ebola resurgence and COVID-19. This includes

having to constantly adjust the implementation of guidelines on malaria case management in the context of COVID-19 and continuing to promote infection control in health facilities by providing personal protective equipment to health workers to examine patients, including RDT testing for suspect malaria cases.

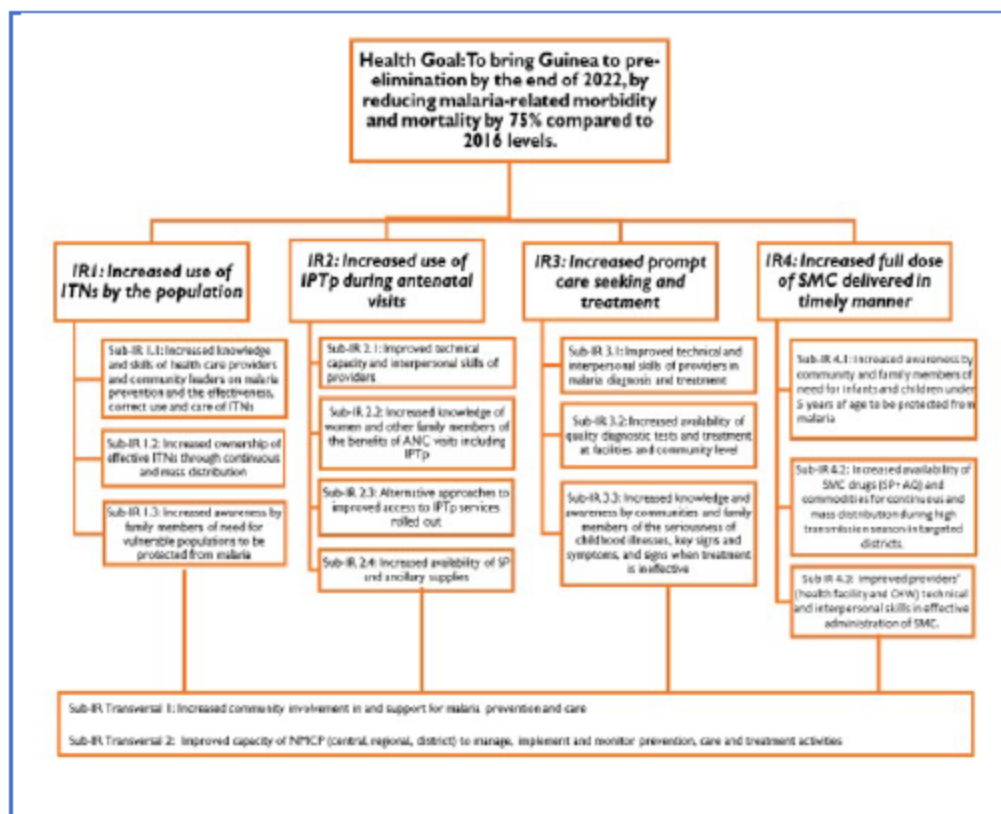
C. THEORY OF CHANGE OF TARGET PROJECT/PROGRAM/ INTERVENTION

Please paste the Theory of Change below.

N/A

D. STRATEGIC OR RESULTS FRAMEWORK FOR THE PROJECT/PROGRAM/ INTERVENTION

Please also paste the framework below.



E. GEOGRAPHIC COVERAGE

What is the geographic coverage and/or the target groups for the project or program that is the subject of analysis?

StopPalu+ works with the NMCP at the national level, and in 13 prefectures (also called districts) in the western and northern parts of the country and all five communes of Conakry.

IV. PURPOSE, AUDIENCE, & APPLICATION

A. PURPOSE

Why is this assignment being conducted (purpose of assignment)? Provide the specific reason for this assignment linking it to future decisions to be made by USAID leadership, partner governments, and/or other key stakeholders.

The purpose of the evaluation is to establish which approaches and components of the StopPalu+ project have been most effective in achieving PMI goals. This will be evaluated by determining the most effective approaches and components of the StopPalu+ project.

This will inform future malaria programming. The evaluation will identify promising practices and lessons learned as well as identify weaknesses / gaps that still exist to hinder effective malaria service delivery.

B. AUDIENCE

Who is the intended audience for this analysis? Who will use the results? If listing multiple audiences, indicate which are most important.

Guinea Mission, StopPalu+ implementing partner (RTI), NMCP, and other malaria stakeholders.

C. APPLICATIONS AND USE

How will the findings be used? What future decisions will be made based on these findings?

Findings and recommendations from this evaluation will be used to inform USAID/Guinea Local Health System Strengthening Activity, the Government of Guinea, and other development partners in the planning and programming of impact driven malaria interventions.

V. ASSIGNMENT QUESTIONS & MATRIX

Instructions: Questions should be: a) aligned with the assignment purpose and the expected use of findings; b) clearly defined to produce needed evidence and results; and c) answerable given the time and budget constraints. Include any disaggregation (e.g., sex, geographic locale, age, etc.) that must be incorporated into the assignment questions. [USAID Evaluation Policy](#) recommends 1 to 5 evaluation questions.

State the method and/or data source and describe the data elements needed to answer the questions.

	Evaluation Question (EQ)	Suggested Data Sources (Applicable to all EQs)	Suggested Data Collection Methods (Applicable to all EQs)	Suggested Data Analysis Methods (Applicable to all EQs)
I	1.1 To what extent has StopPalu+ contributed to improvements in malaria care services across the different levels of the health system in Guinea? 1.2 What are the sustainability factors that are evident? The evaluation should assess the extent to which StopPalu+ has contributed to improvements in the availability, quality, and use of malaria care services in the community, facility, and district levels, identifying what have been both the enabling and hindering factors / approaches. Malaria care services include prevention, diagnostics, treatment, as well as positive anti-malaria behaviors and practices as adopted by the people of Guinea. Availability means the extent to which the scale and scope of malaria services has changed over the period of the project. Quality means the extent to which these services meet national and international standards. The evaluation should go	Desk review of activity documents and related literature, as listed in Annex 1 Key informants and group discussion participants, including: - Program staff - Partner organizations - NMCP and other staff in the Ministry of Health, district health staff (DPS, DRS) - Other related USAID implementing partners (IPs) - USAID/PMI - Global Fund, WHO, CRS and other development partners - Non-government organizations - Staff from the health facilities and health posts - Direct project beneficiaries (e.g., malaria patients) - Health and hygiene committee members, community relais (RECO) Secondary data	Desk/literature review Key informant interviews (KIs) (virtual or in-person, as possible) Focus group discussions (FGDs)	Synthesis of background docs Content/thematic analysis of KII/FGD notes and transcripts Analysis of relevant secondary data Data triangulation from all sources

	beyond listing StopPalu+ achievements that have already been recorded under the routine performance monitoring system to assess whether the contribution has been quality, timely, and relevant to result in improvements in services at different levels.			
2	To what extent has the capacity of the NMCP to lead, coordinate, and manage malaria prevention and control activities been strengthened as a result of StopPalu+ efforts?			
3	What kind (if any) of positive and negative knock-on effects has the StopPalu+ supported interventions had on the wider health systems in Guinea? The evaluation is expected to investigate the extent to which StopPalu+ interventions focusing on malaria have had knock on /trickle-down effect on other health system blocks like workforce, health information systems, and access to essential medicines including active citizen participation in improving health services delivery.			
4	To what extent has the StopPalu+ project addressed gender issues in access and utilization of malaria services?			

Other Questions [OPTIONAL]

(Note: Use this space only if necessary. Too many questions can lead to an ineffective assignment.)

An evaluation design matrix is provided in Annex 2 to guide the evaluation team to synthesize the evaluation design, approach, and methods. This matrix will be provided as part of the proposal and updated in the Inception report referred to below.

VI. DATA COLLECTION METHODOLOGY

Instructions: Describe the recommended methods for this assignment. Selected methods should be aligned with the assignment questions and fit within the time and resources allotted for the assignment. Also, include the sample or sampling frame in the description of each method selected.

Note Related to Methods

A critical part of the methodology will be to assess the situation during the COVID-19 pandemic. It is anticipated that for the assignment, especially where borders are closed and access is restricted, highly qualified national/regional evaluators and experts will be contracted. Additionally, virtual approaches to data collection will be used, including virtual stakeholder meetings, key informant interviews, and focus groups, where possible. See also [USAID Guide to Remote Monitoring in COVID-19](#).

Please choose from the following options:

☐ Document and Data Review

Please provide a list of documents and data recommended for review.

Review of Program Documents and Related Literature: The team will review several project related documents including solicitation documents, annual work plans, Activity Monitoring, Evaluation and Learning Plan (AMELP), baseline assessment, and progress reports. The team will also review other USAID, PMI, NMCP, MOH, and GF plans, district and health sector plans, and strategies, as well as other strategy policy and performance documents. An illustrative list of documents is attached as Annex I.

☐ Secondary analysis of existing data

This is a re-analysis of existing data, beyond a review of data reports. Please list the data source and recommended analyses.

Data Source (existing dataset)	Description of Data	Recommended Analysis

☐ Key Informant Interviews

Please list categories of key informants and purpose of inquiry.

Key Informant Interviews (KII) and Focus Group Discussions: The evaluation team will conduct in-depth interviews and group discussions with program staff, partner organizations, stakeholders from NMCP and other staff in the Ministry of Health, district health staff (DPS, DRS), other related USAID implementing partners, USAID/PMI, Global Fund, WHO, CRS and other

development partners, non-government organizations, health facility, health post staff and direct project beneficiaries (malaria patients), health and hygiene committee members, community relays (RECO) on their views and perceptions of the program and the kind of changes that have resulted from the program intervention.

☐ **Focus Group Discussions**

Please list categories of groups and purpose of inquiry.

See under KIs above.

☐ **Group Interviews**

Please list categories of groups and purpose of inquiry.

Key informants may be interviewed in small groups of similar respondents, as long as all participants feel free to express their own opinions.

☐ **Client/Participant Satisfaction or Exit Interviews**

Please list who is to be interviewed and purpose of inquiry.

☐ **Survey**

Please describe the content of the survey and target responders and purpose of inquiry.

☐ **Facility or Service Assessment/Survey**

Please list the type of facility or service of interest and purpose of inquiry.

The Evaluation Team may consider a mini-health facility observation/checklist data collection component in a sub-sample of StoPalu+ targeted facilities.

☐ **Observations**

Please list the types of sites or activities to be observed and purpose of inquiry.

☐ **Cost Analysis**

Please list costing factors of interest and type of costing assessment, if known.

☐ **Data Abstraction**

Please list and describe files or documents that contain information of interest and purpose of inquiry.

☐ **Case Study**

Please describe the case and the issue of interest to be explored.

☐ **Verbal Autopsy**

Please list the type of mortality being investigated (i.e., maternal deaths), any cause of death, and the target population.

☐ **Rapid Appraisal Methods**

Please list and describe methods (ethnographic / participatory), target participants, and purpose of inquiry.

☐ **Other**

Please list and describe other methods recommended for this assignment and purpose of inquiry.

If this is an **Impact Evaluation**, then:

Is technical assistance needed to develop full protocol and/or IRB submission?

☐ Yes ☐ No

Please list or describe below the "case" for the intervention and the "counterfactual" comparison group for the Impact Evaluation.

Case	Counterfactual

Note on Human Subject Protection

The Evaluation Team must develop protocols to ensure privacy and confidentiality prior to any data collection. Primary data collection must include a consent process that contains the purpose of the assignment, the risk and benefits to the respondents and community, the right to refuse to answer any question, and the right to refuse participation in the assignment at any time without consequences. Only adults can consent as part of this assignment. **Minors**

cannot be respondents to any interview or survey and cannot participate in a focus group discussion without going through an IRB. The only time minors can be observed as part of this assignment is as part of a large community-wide public event, when they are part of a family and community in the public setting. During the process of this assignment, if data are abstracted from existing documents that include unique identifiers, data can only be abstracted without this identifying information.

An Informed Consent statement included in all data collection interactions must contain:

- Introduction of facilitator/note-taker
- Purpose of the assignment
- Purpose of interview/discussion/survey
- Statement that all information provided is confidential and information provided will not be connected to the individual
- Right to refuse to answer questions or participate in interview/discussion/survey
- Request consent prior to initiating data collection (i.e., interview/discussion/survey)

VII. ASSIGNMENT ANALYSIS PLAN

Instructions: Describe how the quantitative and qualitative data will be analyzed. Include method or type of analyses, statistical tests, and what data is to be triangulated (if appropriate). For example, conduct a thematic analysis of qualitative interview data, or complete a descriptive analysis of quantitative survey data. The box below has been filled out to provide you with an example that you should edit, as necessary.

Sampling: The Evaluation Team is expected to propose and use sound sampling techniques to determine prefectures/communes and facilities to be visited as well as stakeholders that will be consulted. They will put into consideration the effects COVID-19, Ebola, and the prevalence of malaria as the samples are drawn.

Analysis: All analyses will be geared to answer the EQs. Additionally, the Evaluation Team will review both qualitative and quantitative data related to the project/activity's achievements against its objectives and/or targets.

Quantitative data, when available, will be analyzed primarily using descriptive statistics. Data will be stratified by demographic characteristics, such as sex, age, and location, whenever feasible.

Thematic review of qualitative data will be performed, connecting the data to the EQs, seeking relationships, context, interpretation, nuances and homogeneity, and outliers to better explain what is happening and the perception of those involved. Qualitative data will be used to substantiate quantitative findings, provide more insights than quantitative data can provide, and answer questions where other data do not exist.

Use of multiple methods that are quantitative and qualitative, as well as existing data (e.g., project/activity performance indicator data, DHS, MICS, HMIS data, etc.) will allow the Evaluation Team to triangulate findings to produce more robust results.

The evaluation will describe analytic methods and statistical tests employed.

VIII. ACTIVITIES

Instructions: List the expected key activities, such as Team Planning Meeting (TPM), briefings, verification workshop with IPs and stakeholders, etc. Activities and deliverables may overlap. Please give as much detail as possible.

1. **Desk Review** – Several documents are available for review for this evaluation. These include StopPalu+ proposal, annual work plans, M&E plans, quarterly progress reports, and routine reports of project performance indicator data, as well as survey data reports (i.e., DHS and MICS). This desk review will provide background information for the Evaluation Team and will also be used as data input and evidence for the evaluation.
2. **Evaluation Launch/In-brief with USAID** – A call/meeting with the USAID, GH EvalS project staff, and the Evaluation Team (Team) to initiate the evaluation and review expectations. USAID will review the purpose, expectations, and agenda of the evaluation. GH EvalS will introduce the Team and review the initial schedule and other management issues.
3. **Team Planning Meeting** – A three to four-day team planning meeting (TPM) will be held at the initiation of the evaluation and before the data collection begins. During the TPM, the Team will:
 - Review and clarify any questions on the evaluation SOW
 - Clarify team composition from EvalS and USAID, and members' roles and responsibilities
 - Establish a team atmosphere, share individual working styles, and agree on procedures for resolving differences of opinion
 - Review and finalize the evaluation questions
 - Review and finalize the evaluation timeline
 - Develop a draft of the data collection methods, instruments, and guidelines
 - Review and clarify any logistical and administrative procedures for the evaluation
 - Develop a preliminary data collection plan
 - Draft the evaluation workplan
 - Develop a preliminary draft outline of the team's report
 - Assign drafting/writing responsibilities for the final report or final presentation
4. **Workplan and Methodology** submitted to USAID and followed by a review meeting. Workplan will include:
 - Evaluation timeline
 - Evaluation questions
 - Proposed methodology
 - Data collection strategy, sampling frame, and selection criteria
 - Data analysis plan describing procedures that will be used to analyze qualitative and quantitative data
 - Data and resource requirements
 - Data collection instruments
5. **In-brief with the target Project/Program** to review the evaluation plans and timeline, and for the project to give an overview of the project to the Evaluation Team.

- 6. USAID and Stakeholder Briefings** – The Team Lead (TL) will brief the USAID POC weekly/biweekly to discuss progress. As preliminary findings arise, the TL will share these during the routine briefing, and in an email.

A **final debrief** between the Evaluation Team and USAID will be held at the end of the evaluation and before the preparation of the final report, to present **preliminary findings to USAID**. During this meeting, a summary of the data will be presented, along with high level findings and draft recommendations. For the debrief, the Team will prepare a **PowerPoint Presentation** of the key findings, issues, and recommendations. The Evaluation Team will incorporate comments received from USAID during the debrief in the evaluation report. *(Note: preliminary findings are not final and as more data sources are developed and analyzed these finding may change.)*

- 7. IP and Stakeholders' Debrief/Workshop** will be held with the project staff and other stakeholders identified by USAID. This will occur following the final debrief with the Mission and will not include any information that may be procurement or deemed sensitive or not suitable by USAID.
- 8. Fieldwork: Site Visits and Data Collection** – The Evaluation Team will conduct site visits for data collection. Selection of sites to be visited will be finalized during the TPM in consultation with USAID. The Evaluation Team will outline and schedule key meetings and site visits prior to departing to the field. During the time of COVID-19, especially in countries where borders are closed and access is restricted, highly qualified national/regional evaluators and experts will be contracted. In addition, alternative means of data collection will be used, such as virtual stakeholder meetings, key informant interviews, and focus groups, where possible. See also [USAID Guide to Remote Monitoring in COVID-19](#).
- 9. Evaluation Report** – The Evaluation Team, under the leadership of the TL, will develop a report with findings and recommendations. Report writing and submission will include the following steps:
- TL will submit a draft final report to GH EvalS for review and formatting
 - GH EvalS will submit the draft report to USAID
 - USAID will review the draft report in a timely manner, and send their comments and edits back to GH EvalS
 - USAID will manage implementing partner(s)'s (IP) review of the report and compile and send their comments and edits to GH EvalS. *(Note: USAID will decide what draft they want the IP to review.)*
 - GH EvalS will share USAID's comments and edits with the Team Lead, who will then do final edits, as needed, and resubmit to GH EvalS
 - GH EvalS will review and reformat the final report, as needed, and resubmit to USAID for approval.
 - Once the final report is approved, GH EvalS will re-format it for 508 compliance and post it to the DEC.

The evaluation/analytic report **excludes** any **procurement-sensitive** and other sensitive but unclassified (**SBU**) information. This information will be submitted in a memo to USAID separate from the report.

10. Evaluation Summary: The Evaluation Team will produce user-friendly summaries of the evaluation in a format that is attractive and understandable for public use. This summary will be produced in both English and French. The Summary will be submitted alongside the final evaluation report.

11. After Action Review (AAR): The evaluation team together with USAID will participate in an After-Action Review of the evaluation process as part of the out-brief process to establish lessons and needed improvements for future evaluation exercises. This discussion will be organized and documented by USAID for sharing with the Evaluation Contractor.

12. Submission of Datasets to the Development Data Library – Per USAID's Open Data policy ([ADS 579, USAID Development Data](#)), GH EvaLS will submit all quantitative data to USAID and the Development Data Library (DDL), at www.usaid.gov/data, in a machine-readable format (CSV or XML). The datasets created as part of this evaluation/analytic activity will be accompanied by a data dictionary that includes a codebook and any other information needed for others to use these data. It is essential that the datasets are stripped of all identifying information, as the data will be public once posted on USAID's DDL.

Qualitative data that do not contain identifying information should also be submitted to GH EvaLS.

13. Submission of Final Evaluation Report to the Development Experience Clearinghouse – Per USAID policy (ADS 201.3.5.18), GH EvaLS will submit the final evaluation/analytic report to the Development Experience Clearinghouse (DEC) within three months of final approval by USAID.

IX. TASKS, DELIVERABLES, AND TIMELINES

Instructions: Select all deliverables and products required on this analytic assignment. For those not listed, add rows as needed or enter them under "Other" in the table below. Provide timelines and deliverable deadlines for each.

Tasks/Deliverables	Timelines & Deadlines (estimated)
Evaluation Launch/In-brief with USAID	Week 1 of evaluation launch
Desk Review	Weeks 1-3
Team Planning Meeting/In-depth discussion with USAID on workplan and methodology	Weeks 2-3
Workplan and methodology review briefing	Week 3
Workplan submission (includes evaluation questions, methods, timeline, data analysis plan, and data collection instruments)	Week 3
Incorporating USAID's feedback on workplan, the targeted stakeholder groups/individuals who will participate in the evaluation, and data collection tools; Workplan and data collection tool finalization	Weeks 4-5
In-brief with target activity Implementing Partners	Week 6
Preparation for fieldwork/fieldwork logistics/local travel	Weeks 7-8
In-briefing with the Guinea Mission	Week 9
Fieldwork: site visits and data collection	Weeks 10-14
Routine USAID briefings	Weekly/Biweekly
Data analysis	Weeks 15-17
Debrief with USAID with PowerPoint presentation on progress of the evaluation and preliminary findings	Week 18
IP & stakeholders findings review workshop with PowerPoint presentation	Week 18
Report writing (Draft Report)	Weeks 19-21
GH EvalS Draft Report review, quality control, and copyediting	Weeks 22-24
USAID review of the Draft Report	Weeks 25-26
GH EvalS and Evaluation Team incorporate USAID comments and prepare Final Report, including 508 compliance	Weeks 27-28
Final Report submission and approval by USAID	Week 29-30
508 Compliance	Week 31
Submission of dataset(s) to Development Data Library/DDL (if necessary)	Week 32
Final Report posted to the Development Experience Clearinghouse (DEC)	Week 32

Estimated USAID review time

Average number of business days USAID will need to review the report? 5 business days

X. TEAM COMPOSITION, SKILLS, LEVEL OF EFFORT (LOE), AND LOGISTICAL NEEDS

A. TEAM COMPOSITION AND SKILLS:

Instructions: Please list technical areas of expertise required for this assignment:

- List desired qualifications for the team as a whole
- List the key staff needed for this analytic assignment and their roles
- Edit as needed GH EvalS provided position descriptions

Please also consider:

- Key staff should have methodological and/or technical expertise, regional or country experience, language skills, team lead experience and management skills, etc.
- Team leads for evaluations/assessments must be an external expert with appropriate skills and experience.
- Additional team members can include research assistants, enumerators, translators, logisticians, etc.
- Teams should include a collective mix of appropriate methodological and subject matter expertise.
- Evaluations require an Evaluation/Analytics Specialist, who should have evaluation/analytic methodological expertise needed for this assignment. Similarly, other analytic activities should have a specialist with methodological expertise.
- Note that all team members will be required to provide signed Non-Disclosure and Conflict of Interest statements attesting that they will keep all information confidential, and have no conflict of interest (COI) or describing the conflict of interest, if applicable, for further consideration.

I. Team Lead/Public Health Specialist (Expat, Key Staff I):

Roles & Responsibilities: The Team Lead (TL) should have significant experience conducting and leading project evaluations and/or assessments. The TL will be responsible for: providing team leadership; managing the team's activities; assigning tasks to team members; and supervising performance monitoring team LOE; ensuring that all deliverables are met in a timely manner; serving as a liaison between USAID and the team; and leading briefings and presentations.

Qualifications:

- A minimum of a master's degree in development studies, health management, public health, applied research, or related fields.
- At least seven years progressive international experience in designing and implementing malaria control programs in Africa or similar settings
- Must have played a significant role designing, managing, or executing evaluations.
- Should have been team leader in previous health activities evaluations.
- Knowledge and understanding of decentralized health systems in similar contexts
- Experience with health systems strengthening
- Familiarity with implementing and or evaluating PMI programs is highly desirable.
- Skills in quantitative and qualitative evaluation design and methods.
- Proficient in both English and French
- This individual will be a good writer and possess strong organizational and leadership skills.
- Excellent skills in planning, facilitation, and consensus building

- Excellent interpersonal skills, including experience successfully interacting with host government officials, civil society partners, and other stakeholders
- Excellent skills in project management
- Excellent organizational skills and ability to keep to a timeline
- Familiarity with USAID
- Familiarity with USAID policies and practices including:
 - Evaluation policy
 - Results frameworks
 - Performance monitoring plans

2. Local Malaria Expert (Key Staff 2)

Roles & Responsibilities: This consultant serves as a member of the Evaluation Team, providing quality assurance on analytic issues, including methods, development of data collection instruments, protocols for data collection, data management, and data analysis. S/He will oversee the training of all engaged in data collection, ensuring highest level of reliability and validity of data being collected. S/He is the lead analyst, responsible for all data analysis, and will coordinate the analysis of all data, assuring all quantitative and qualitative data analyses are done to meet the needs for this evaluation. S/He will participate in all aspects of the assignment, from planning, data collection, and data analysis to report writing.

Qualifications:

- A minimum of a master's degree in, health management, public health, applied research, or related fields.
- At least five years progressive experience in designing and implementing malaria control programs in Africa or similar settings
- Significant expertise in conducting evaluations with a minimum of five years' experience in evaluating malaria control and management program
- Experience with implementing and or evaluating PMI programs is highly desirable.
- Knowledge and understanding of decentralized health systems in Guinea.
- Strong knowledge, skills, and experience in qualitative and quantitative analytic tools
- Experience in data management
- Able to analyze quantitative data, which will be primarily descriptive statistics and cross-tabulations
- Able to analyze qualitative data
- Experience using analytic software
- Demonstrated experience using qualitative evaluation methodologies, and triangulating with quantitative data
- Experience conducting secondary analysis of existing quantitative datasets
- Able to review, interpret, and reanalyze, as needed, existing data pertinent to the evaluation
- Strong data interpretation and presentation skills
- Proficient in written and spoken English and [list other language(s) required or desirable]
- Good writing skills, including experience writing evaluation and/or assessment reports
- Familiarity with USAID health programs/projects, particularly in the area of [insert topic(s) related to specific assignment]
- Familiarity with USAID and/or PEPFAR M&E policies and practices including
 - Evaluation policies
 - Results frameworks
 - Performance monitoring plans

3. Local Evaluation Specialist (Key Staff 3):

Responsibilities: The Local Evaluation Specialist will provide quality assurance on evaluation issues, data collection, analysis, and data interpretation. They will have basic familiarity with health topics, as well as experience conducting surveys, interviews, and focus group discussions, both facilitating and note taking. Furthermore, they will assist in translation of data collection tools and transcripts, as needed. The Local Evaluators will have a good command of English and French. They will report to the TL.

Qualifications:

- An advanced degree in social sciences, statistics, evaluation, or research or related field
- Experience in design and implementation of evaluations in different sectors including health
- Strong knowledge, skills, and experience in qualitative and quantitative evaluation tools
- Experience implementing and coordinating others to implement surveys, key informant interviews, focus groups, observations, and other evaluation methods that assure reliability and validity of the data.
- Able to analyze qualitative data
- Demonstrated experience using qualitative evaluation methodologies, and triangulating with quantitative data
- Strong data interpretation and presentation skills
- Proficient in English and French

4. Local Logistics Coordinator (One Local Staff) will support the Evaluation Team with all logistics and administration to allow them to carry out this evaluation. The Logistics Coordinator will have a good command of English and the local languages in Guinea. S/He will have knowledge of key actors in the health sector and their locations including MOH, donors, and other stakeholders. To support the Evaluation Team, s/he will be able to efficiently liaise with hotel staff, arrange in-country transportation (ground and air), arrange meeting and workspace as needed, and ensure business center support, e. g. copying, internet, and printing. S/He will work under the guidance of the TL to make preparations and arrange meetings and appointments. S/He will conduct programmatic administrative and support tasks as assigned and ensure the process moves forward smoothly. S/He may also be asked to assist in translation of data collection tools and transcripts, if needed.

Following award, no changes to key personnel shall be made without approval from USAID. All Evaluation Team members will be required to provide a written disclosure of conflicts of interest (COI) as part of the proposal and final contract.

5. USAID Participation

Will USAID participate as an active team member or designate other key stakeholders to serve as an active team member? This will require full time commitment during the evaluation or assessment assignment.

☐ Full member of the Team (including planning, data collection, analysis, and report development)
– If yes, specify who: _____

☐ Some Involvement anticipated – If yes, specify who: _____

☒ No

B. STAFFING LEVEL OF EFFORT (LOE) MATRIX AND ANTICIPATED TRAVEL

I. LOE Chart

Instructions: The LOE Matrix below will help you estimate the LOE needed to implement this assignment. If you are unsure, GH EvalS can assist you to complete this table. Please note:

- For each column, replace the label "Position Title" with the actual position title of staff needed for this assignment.
- Immediately below each staff title enter the anticipated number of people for each titled position.
- Enter row labels for each activity, task, or deliverable needed to implement this assignment.
- Then enter the LOE (estimated number of days) for each activity/task/deliverable corresponding to each titled position.
- At the bottom of the table total the LOE days for each consultant title in the 'Sub-Total' cell, then multiply the subtotals in each column by the number of individuals that will hold this title.

The following is an **illustrative** LOE Chart. Please edit to meet the requirements of this assignment. The level of effort is in **days** for each Team member.

Tasks/Deliverables		Evaluation Team			
		Team Lead/Public Health Specialist (Key Staff 1)	Local Malaria Expert (Key Staff 2)	Local Evaluation Specialist (Key Staff 3)	Local Logistics Coordinator
Number of persons ☐		1	1	1	1
1	Launch/In-brief with USAID (including Evaluation Team introductions and evaluation launch preparation time)	2	2	2	
2	CTAT Training	1			
3	Desk review	4	4	4	
4	Travel to country	2			
5	In-brief with the Guinea Mission	0.5	0.5	0.5	0.5
6	Team Planning Meeting (TPM)	3	3	3	
7	Workplan and methodology briefing with USAID	0.5	0.5	0.5	
8	Draft workplan submission (includes assignment questions, methods, timeline, data	0.5	0.5	0.5	

	analysis plan, and data collection instruments)				
9	Incorporating USAID's feedback on workplan, the targeted stakeholder groups/individuals who will participate in the evaluation, and data collection tools; Workplan and data collection tool finalization	2	1	1	
10	In-brief with target activity Implementing Partners	0.5	0.5	0.5	0.5
11	Preparation/logistics for site visits and data collection	1	1	1	2
12	Fieldwork: site visits and Data collection (including travel to sites)	15	15	15	20
13	Data Analysis	8	6	6	
14	Debrief with USAID with PowerPoint presentation on progress of the evaluation and preliminary findings (including preparatory work)	2	2	2	1
15	IP & stakeholders review workshop with PowerPoint presentation (including preparatory work)	1	1	1	1
16	Depart country	2			
17	Report writing (Draft Report)	10	7	7	
18	Incorporate USAID's comments and prepare Final Report	5	5	5	
19	Evaluation Summary	2	1	1	
	Total LOE per person	62	50	50	25

A 6-day workweek permitted

6-day workweek approved for travel to/from work locations

☐ Yes

☒ Yes

☐ No

☐ No

2. Anticipated Travel

Please list international and local travel anticipated and by what team members.

The Team Lead will travel to Guinea for 4 weeks
Local travel will be undertaken to the StopPalu+ Activity sites for data collection.

C. LOGISTICS

1. Work week

Billing up to seven (7) days in any consecutive seven (7)-day period is approved when traveling to or from the consultant's home of record ☒ Yes ☐ No

2. Visa Requirements

List any specific Visa requirements or considerations for entry to countries that will be visited by consultant(s):

List recommended/required type of visa for entry into counties where consultant(s) will work:

Name of Country	Type of Visa		
	☐ Tourist	☐ Business	☐ No preference
	☐ Tourist	☐ Business	☐ No preference
	☐ Tourist	☐ Business	☐ No preference
	☐ Tourist	☐ Business	☐ No preference

3. Clearances & Other Requirements

Check all that the consultant will need to perform this assignment, including USAID Facility Access, GH EvalS workspace, and travel (other than to and from post).

☐ USAID Facility Access (FA)

Specify who will require Facility Access: The chief of the evaluation will send an email to Mamadou and he will work to assistant administrative to send an access request.

☐ Electronic Country Clearance (ECC) (International travelers only)

☐ Counter Threat Awareness Training (CTAT, previously HTSOS) (required in most countries with ECC)

☐ Foreign Affairs Counter Threat (FACT) (for consultants working on country more than 45 consecutive days)

☐ GH EvalS workspace

Specify who will require workspace at GH EvalS: _____

☐ Travel, other than posting (specify): _____

☐ Other (specify): _____

Specify any country-specific security concerns and/or requirements:

Note on Workspace and Clearances

Most Teams arrange their own workspace, often in conference rooms at their hotels. However, if a security clearance or facility access is preferred, GH EvalS can submit an application for it on the consultant's behalf.

GH EvalS can obtain **Facility Access (FA)** and transfer existing **Secret Security Clearance** for our consultants, but please note these requests, processed through AMS at USAID/GH (Washington, DC), can take 4-6 months to be granted. If you are in a Mission and the RSO is able to grant a temporary FA locally, this can expedite the process. FAs for non-US citizens or Green Card holders must be obtained through the RSO. If FA or Security Clearance is granted through Washington, DC, the consultant must pick up his/her badge in person at the Office of Security in Washington, DC, regardless of where the consultant resides or will work.

If **Electronic Country Clearance (eCC)** is required prior to the consultant's travel, the consultant is also required to complete the **Counter Threat Awareness Training (CTAT)** (previously **High Threat Security Overseas Seminar/HTSOS**). CTAT is an interactive e-Learning (online) course designed to provide participants with threat and situational awareness training against criminal and terrorist attacks while working in high threat regions. There is a small fee required to register for this course. *[Note: The course is not required for employees who have taken FACT training within the past five years or have taken CTAT within the same calendar year.]*

If eCC is required, and the consultant is expected to work in country more than 45 consecutive days, the consultant may be required complete the one-week **Foreign Affairs Counter Threat (FACT) course** offered by FSI in West Virginia. This course provides participants with the knowledge and skills to better prepare themselves for living and working in critical and high threat overseas environments. Registration for this course is complicated by high demand (consultants must register approximately 3-4 months in advance). Additionally, there will be the cost for additional lodging and M&IE to take this course.

X. GH EvalS ROLES AND RESPONSIBILITIES

GH EvalS will coordinate and manage the team and provide quality assurance oversight, including:

- Review SOW and recommend revisions as needed
- Provide technical assistance on methodology, as needed
- Develop budget for assignment
- Recruit and hire the team, with USAID POC approval
- Arrange international travel and lodging for international consultants
- Request for country clearance and/or facility access (if needed)
- Review and assist with development of methods, workplan, evaluation/analytical instruments, reports, and other deliverables as part of the quality assurance oversight, as appropriate
- Report production - If the report is public, then coordination of draft and finalization steps, editing/formatting, 508ing required, submitting to the DEC, and posting on GH EvalS website. If the report is internal, then copy editing/formatting for internal distribution.

XI. USAID ROLES AND RESPONSIBILITIES

Below is the standard list of USAID's roles and responsibilities. Add other roles and responsibilities as appropriate.

Sample:

The USAID Guinea Program Office will have primary responsibility for managing the evaluation process, with substantial input from the malaria team to validate technical aspects of the evaluation. This also includes making the necessary arrangements for USAID inputs and briefings and clarification of USAID requirements and standards for maintaining effective communication on what is to be learned. USAID will also ensure the Evaluation Team has access to relevant documents and will facilitate Evaluation Team's contacts with in-country stakeholders. **USAID** will provide overall technical leadership and direction for the analytic team throughout the assignment and will provide assistance with the following tasks:

Before Field Work

- SOW
 - Develop SOW
 - Peer Review SOW
 - Respond to queries about the SOW and/or the assignment at large
- Consultant Conflict of Interest (COI). To avoid conflicts of interest or the appearance of a COI, review previous employers listed on the CVs for proposed consultants and provide additional information regarding potential COI with the project contractors evaluated/assessed and information regarding their affiliates.
- Documents. Identify and prioritize background materials for the consultants and provide them to GH EvalS, preferably in electronic form, at least one week prior to the inception of the assignment.
- Local Consultants. Assist with identification of potential local consultants, including contact information.
- Site Visit Preparations. Provide a list of site visit locations, key contacts, and suggested length of visit for use in planning in-country travel and accurate estimation of country travel line items costs.
- Lodgings and Travel. Provide guidance on recommended secure hotels and methods of in-country travel (i.e., car rental companies and other means of transportation).

During Field Work

- Mission Point of Contact. Throughout the in-country work, ensure constant availability of the Point of Contact person and provide technical leadership and direction for the team's work.
- Meeting Space. Provide guidance on the team's selection of a meeting space for interviews and/or focus group discussions (i.e., USAID space if available, or other known office/hotel meeting space).
- Meeting Arrangements. Assist the team in arranging and coordinating meetings with stakeholders.
- Facilitate Contact with Implementing Partners. Introduce the analytic team to implementing partners and other stakeholders, and where applicable and appropriate prepare and send out an introduction letter for team's arrival and/or anticipated meetings.

After Field Work

- Timely Reviews. Provide timely review of draft/final reports and approval of deliverables.

XII. FINAL REPORT

Provide any desired guidance or specifications for Final Report. (See [How-To Note: Preparing Evaluation Reports](#).)

The **Final Report** must follow USAID's Criteria to Ensure the Quality of the Evaluation Report (found in Appendix I of the [USAID Evaluation Policy](#)).

- The report must not exceed 25-30 pages (excluding executive summary, table of contents, acronym list, and annexes).
- The structure of the report should follow the Evaluation Report template, including branding found [here](#) or [here](#).
- Draft reports must be provided electronically, in English, to GH EvalS who will then submit it to USAID.

For additional guidance, please see the Evaluation Reports in the How-To Note on preparing Evaluation Draft Reports found [here](#).

USAID Criteria to Ensure the Quality of the Evaluation Report (USAID ADS 201):

- Evaluation/Assessment reports should be readily understood and should identify key points clearly, distinctly, and succinctly.
- The Executive Summary of an evaluation/assessment report should present a concise and accurate statement of the most critical elements of the report.
- Evaluation/Assessment reports should adequately address all assignment questions included in the SOW, or the assignment questions subsequently revised and documented in consultation and agreement with USAID.
- Evaluation methodology should be explained in detail and sources of information properly identified.
- Limitations of the assignment should be adequately disclosed in the report, with particular attention to the limitations associated with the methodology (selection bias, recall bias, unobservable differences between comparator groups, etc.).
- Findings and conclusions should be specific, concise, and supported by strong quantitative or qualitative evidence.
- If assignment findings assess person-level outcomes or impact, they should also be separately assessed for both males and females.
- If recommendations are included, they should be supported by a specific set of findings and should be action-oriented, practical, and specific.

Reporting Guidelines: The draft report should be a comprehensive, analytical, evidence-based evaluation/assessment report. It should detail and describe results, effects, constraints, and lessons learned, and provide recommendations and identify key questions for future consideration. The report shall follow USAID branding procedures. *The report will be edited/formatted and made 508 compliant as required by USAID for public reports and will be posted to the USAID/DEC.*

The findings from the final report will be presented in a draft report at a full briefing with USAID and at a follow-up meeting with key stakeholders. The report should use the following format:

- Abstract: briefly describing what was evaluated, questions, methods, and key findings or conclusions (not more than 250 words)
- Executive Summary: summarizes key points, including the purpose, background,

questions, methods, limitations, findings, conclusions, and most salient recommendations (2-5 pages)

- Table of Contents (1 page)
- Table of Figures
- Acronyms
- Assignment Purpose and Questions: state purpose of, audience for, and anticipated use(s) of the assignment (1-2 pages)
- Project [or Program] Background: describe the project/program and the background, including country and sector context, and how the project/program addresses a problem or opportunity (1-3 pages)
- Methods and Limitations: data collection, sampling, data analysis, and limitations (1-3 pages)
- Findings (organized by Assignment questions): substantiate findings with evidence/data
- Conclusions
- Recommendations
- Annexes
 - Annex I: Assignment Statement of Work
 - Annex II: Methods and Limitations (if not described in full in the main body of the final report)
 - Annex III: Data Collection Instruments
 - Annex IV: Sources of Information
 - List of Persons Interviewed
 - Bibliography of Documents Reviewed
 - Databases
 - [etc.]
 - Annex V: Statement of Differences (if applicable)
 - Annex VI: Disclosure of Any Conflicts of Interest
 - Annex VII: Summary information about Team members, including qualifications, experience, and role on the team.

The assignment methodology and report will be compliant with the [USAID Evaluation Policy](#) and [Checklist for Assessing USAID Evaluation Reports](#).

The final report should **exclude** any **potentially procurement-sensitive information**. As needed, any procurement sensitive information or other sensitive but unclassified (SBU) information will be submitted in a memo to USAID separate from the report.

All data instruments, data sets (if appropriate), presentations, meeting notes, and report for this evaluation/analysis will be submitted electronically to the GH EvalS Project Manager. All datasets developed as part of this assignment will be submitted to GH EvalS in an unlocked machine-readable format (CSV or XML). The datasets must not include any identifying or confidential information. The datasets must also be accompanied by a data dictionary that includes a codebook and any other information needed for others to use these data.

Qualitative data included in this submission should not contain identifying or confidential information. Category of respondent is acceptable, but names, addresses, and other confidential information that can easily lead to identifying the respondent should not be included in any quantitative or qualitative data submitted.

XIII. USAID CONTACTS

	Primary Contact	Alternate Contact 1	Alternate Contact 2
Name:	Mamadou Lamaranah Tamba Bah	Lamine Bangoura	Eliane Nboumga
Title:	M&E specialist	Malaria Specialist	PMI resident Advisor
USAID Office/Mission	Program Office	Health office	health Office
Email:	mabah@usaid.gov	lbangoura@usaid.gov	eboumga@usaid.gov
Telephone:	+224628188234	+224628189504	+224628189139
Cell Phone:		+224628189504	

List other contacts who will be supporting the Requesting/Funder Team with technical support, such as reviewing SOW and final report (such as USAID/W GH EvalS management team staff):

	Technical Support Contact 1	Technical Support Contact 2
Name:	Alphonse Bigirimana	Anne Griggs
Title:	Senior Monitoring and Evaluation Advisor	PMI/CDC Resident Advisor
USAID Office/Mission	USAID/AFR/DP	Health Office
Email:	abigirimana@usaid.gov	agriggs@usaid.gov
Telephone:	202-712-1934	+224629000547
Cell Phone:		

	Technical Support Contact 3	Technical Support Contact 4
Name:	Bridget Higginbotham	Lia Florey
Title:	Malaria Technical Advisor U.S. President's Malaria Initiative Bureau for Global Health, Office of Infectious Disease, Malaria Division Washington, D	Malaria Technical Advisor for USAID/PMI
USAID Office/Mission	USAID Contractor	Social Solutions International, Inc.
Email:	bhigginbotham@usaid.gov	lflorey@usaid.gov
Telephone:	+1-571-217-3028	+1-571-242-1290
Cell Phone:		+1-202-916-2117

	Technical Support Contact 5	Technical Support Contact 6
Name:	Virginia Lamprecht	
Title:	Sr. Monitoring, Evaluation, and Learning (MEL) Advisor USAID	
USAID Office/Mission	Bureau for Global Health, Office of Policy, Program, and Planning (P3), Strategy Analysis and Evaluation Outreach (SAEO) Division	
Email:	vlamprecht@usaid.gov	
Telephone:	+1-571-216-9580	
Cell Phone:		

XIV. OTHER REFERENCE MATERIALS

Documents and materials needed and/or useful for consultant assignment, that are not listed above.

Activity Documents - StopPalu+

- RFA / Solicitation document
- Project M&E Plan
- Annual work plans
- Annual and quarterly progress report
- HRH2030 reports
- Stop Palu+'s Knowledge, Attitude and Practice Survey reports
- PSM-GHSC reports

USAID

- Health Systems Assessment
- Gender Assessment 2020
- Local Systems Assessment Framework
- USAID Health Systems Strengthening Framework

- Malaria Operational Plans (MOPs) and New Funding Model of Global Funds (NFM) -
- Assessment of long-term technical assistance advisors to NMCP (SOW and reports)

National Documents

- National Malaria Strategy, protocols and SOPs
- National community health workers strategy
- National Health Development Plan 2015-2024
- National Ebola Recovery Strategy 2015-2017
- Service Continuity Plan for COVID19
- Monthly malaria bulletin
- DHS 2018 report
- SARA 2017 report
- MICS 2016 report

XV. ADJUSTMENTS MADE IN CARRYING OUT THIS SOW AFTER APPROVAL OF THE SOW

To be completed after assignment implementation by GH EvalS.

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Annex I: Additional Roles

The Evaluation Team will liaise closely with the Agreement Officer's Representatives (AOR) for StopPalu+ and other members of the malaria health team. All draft and final deliverables must be reviewed and approved by USAID.

StopPalu+ will avail copies of relevant documents, participate in the oral presentation, and review the draft and final reports.

The Government of Guinea (GoG), through the National Malaria Control Program, will participate in the oral presentation and review of the draft and final reports. Other USAID implementing partners may be invited to the presentations.

Implementing Partners, USAID, and other stakeholders will not interfere with the Evaluation Team's capability to collect objective information and to conduct independent investigation relevant for this evaluation, analyze data and make inferences, conclusions, and recommendations.

ANNEX 2: EVALUATION DESIGN MATRIX

Evaluation Questions	Sub questions to help answer the main question	Type of Answer Needed	Data Collection Method(s)	Data Source(s)	Sampling or Selection Criteria	Data Analysis Method(s)

ANNEX 3: USAID EVALUATION STANDARDS

- The evaluation report should represent a thoughtful, well-researched and well-organized effort to objectively evaluate what worked in the project, what did not and why.
- Evaluation reports shall address all evaluation questions included in the scope of work.
- The evaluation report should include the scope of work as an annex. All modifications to the scope of work, whether in technical requirements, evaluation questions, evaluation team composition, methodology or timeline need to be agreed upon in writing by the Contracting Officer Representative in this evaluation, who is the USAID staff member responsible for administrative role.
- Evaluation methodology shall be explained in detail and all tools used in conducting the evaluation such as questionnaires, checklists and discussion guides will be included as Annexes in the final report.
- Evaluation findings will be gender sensitive. I.e. assess outcomes and impact on males and females.
- Limitations to the evaluation shall be disclosed in the report, with particular attention to the limitations associated with the evaluation methodology (selection bias, recall bias, unobservable differences between comparison groups, etc.).
- Evaluation findings should be presented as analyzed facts, evidence and data and not based on anecdotes, hearsay, or the compilation of people's opinions. Findings should be specific, concise, and supported by strong quantitative or qualitative evidence.
- Sources of information need to be properly identified and listed in an annex.
- Conclusions need to be supported by a specific set of findings.
- Recommendations should be action-oriented, practical, and specific, with defined responsibility for the action.

ANNEX 4: USAID HEALTH ACTIVITIES 2015-2019

ANNEX 5: STOP PALU+ ACTIVITY RESULTS FRAMEWORK

ANNEX 2. SOURCES OF INFORMATION

Activity Documents: StopPalu+

- Request for Application/solicitation document
- Activity Monitoring and Evaluation Plan
- Annual work plans
- Annual and quarterly progress reports
 - *StopPalu+* PMI Program Component Annual Report, (FY 2020). October 1–September 30, 2020
 - *StopPalu+* PMI Program Component Quarterly Report, April 1–June 30, 2021
 - *StopPalu+* PMI Program Component Quarterly Report, January 1–March 31, 2019
- HRH2030 reports
- *StopPalu+*’s Knowledge, Attitude, and Practice Survey reports
- Global Health Supply Chain Program Procurement and Supply Management reports

USAID

- Health Systems Assessment
- Gender Assessment 2020
- Local Systems Assessment Framework
- USAID Health Systems Strengthening Framework
- Malaria Operational Plans and New Funding Model of Global Funds
- Assessment of long-term technical assistance advisors to NMCP (SOW and reports)
- PMI Annual Report of Entomological Surveillance Activities 2018–2021

Guinea Documents

- National Malaria Strategy, protocols, and standard operating procedures
- National Community Health Workers Strategy
- National Health Development Plan 2015–2024
- National Ebola Recovery Strategy 2015–2017
- Service Continuity Plan for COVID-19
- Monthly malaria bulletins
- 2018 Demographic and Health Survey report
- 2017 Service Availability and Readiness Assessment report
- 2016 MICS report
- Global Health Supply Chain Program Procurement and Supply Management reports

ANNEX 3. DATA COLLECTION TOOLS

3A. Informed Consent Statement

StopPalu+ Performance Evaluation

CONSENT STATEMENT

The Assignment Team, prior to any data collection, must develop protocols and create an informed consent process in collaboration with GH EvaLS to ensure that there are adequate provisions to protect the privacy of subjects and to maintain the confidentiality of the data.

Abstracting Data from Existing Reports and Materials:

- During the process of this assignment, if data are abstracted from existing documents that include unique identifiers, data can only be abstracted without this identifying information, unless the identifiers are referencing a public figure.

Collecting Data from Participants in KIs and Group Interviews

- An informed consent process is required to ensure that participants have the information they need to determine whether or not they wish to participate.
- Informed consent may be obtained in writing or verbally, depending upon the nature of the information being collected, but consent must be documented.
- If using a written informed consent (preferred), the following elements are to be included:
 - Introduction of facilitator/note-taker
 - A statement that explains the purpose of the Assignment including:
 - The expected duration of the subject's participation
 - A description of the procedures to be followed (if applicable), and
 - Identification of any procedures that are experimental (if applicable)
 - A description of any reasonably foreseeable risks or discomforts to the subject
 - A description of any benefits to the subject
 - A statement that participation is voluntary, refusal to participate will involve no penalty or loss of benefits to which the subject is otherwise entitled, and the subject may discontinue participation at any time
 - A statement describing the extent to which confidentiality of records identifying the subject will be maintained
 - A statement that all information provided is confidential and information provided will not be connected to the individual in published reports, unless the respondent is designated as a key informant and provides permission to be named in published reports
 - A statement that identifiers might be removed from the identifiable private information and that, after such removal, the information may be used for future research studies or distributed to another investigator for future research studies without additional informed consent
 - An explanation of whom to contact for answers to questions about the assignment

Note: Only adults can consent as part of this assignment. **Minors cannot be respondents to any interview or survey and cannot participate in a focus group discussion without going through an Institutional Review Board.** The only time minors can be observed as part of this assignment is as

part of a large community-wide public event, when they are part of a family and community in the public setting.

INFORMED CONSENT

Introduction

Thank you for the opportunity to speak with you. My name is _____, and I represent the USAID-supported Global Health Evaluation and Learning Support (GH EvaLS) Activity as a consultant. USAID has contracted GH EvaLS to conduct a performance evaluation of the StopPalu+ Activity implemented by RTI International as prime. This evaluation aims to help identify promising practices and lessons learned, along with weaknesses and gaps that hinder effective malaria service delivery. It will inform the Government of Guinea's National Malaria Control Program (NMCP) and future program design and implementation for malaria control in the country.

Purpose of the KII/FGD/survey

You were suggested as a key individual to inform this evaluation. We greatly appreciate your perspectives, experiences, and expertise on the effectiveness and outcomes of the StopPalu+ in reducing the burden of malaria in Guinea by working with the National Malaria Control Program and other agencies.

We seek your expertise and experience to provide your perspectives on the effectiveness and outcomes of the activity, "SSBH, or System Strengthening for Better Health." We want you to share your thoughts, based on your experience and your involvement with the project. Your participation is entirely voluntary; you can withdraw at any time during the process. The interview is voluntary; you can withdraw at any time during the process. The interview may take 60 minutes.

Please know that anything you say during the interview will be kept confidential and that in our report we will not be attributing specific comments to any specific individual. In order to ensure accuracy, we would like to record the interview so we may refer back to it. After entering the information into a database, we will erase the recording, and remove all information such as your name, and comments that could link any responses to you.

You have the right to not participate in this interview/discussion/survey and you may stop participation at any time.

The information that you provide will be kept confidential. Any information that you provide that will contribute to any reports or publications will not be associated with your name, unless you are considered to be a public figure and tell us that you would be willing to have your responses to be either quoted in the report, or otherwise attributed to you.

In the future, your de-identified information may be used by other researchers for other studies. In this case, we will not be seeking additional consent from you. Before we begin, do you have any questions about this interview?

_____ [Interviewer/Recorder initials]

Request for consent prior to initiating data collection

Our interview will take about one hour.

Do I have your permission to begin?

Yes _____ (Proceed with interview) No _____ (End the interview)

A separate consent for recording the interview/discussion (as necessary)

Optional: I would like to record this interview to ensure that I do not miss any important points. Do I have your permission?

Yes, record _____ No, don't record _____

Note: *Only adults can consent as part of this assignment. **Minors cannot be respondents to any interview or survey and cannot participate in a focus group discussion without going through an Institutional Review Board.** The only time minors can be observed as part of this assignment is as part of a large community-wide public event when they are part of a family and community in a public setting.*

3B. Key Informant Interview Guides

STOPPALU+ PERFORMANCE EVALUATION

KEY INFORMANT INTERVIEW GUIDE

3.B.1 USAID Guinea Mission

	Questions	Responses
	Interviewer :	
	Interview Date :	____ / ____ /2021
	Interview time :	Start Time :
	Interviewee's Name :	Last Name : First Name :
	Current Position :	
	Contact e-mail :	
	Contact Phone :	
	Has the KI affirmed Informed Consent? (Interviewer's initials)	Y____ N____
	Has the KI consented to recording the interview?	Y____ N____
	Respondent's Unique ID	ID: _____

N°	Questions/Topics	Responses
I. Background information		
1	What activities are you responsible for in the Mission?	
2	How long have you worked at the mission?	
3	What have been your or the mission's roles or involvement in the design and implementation of StopPalu+ in Guinea?	

4	Would you say you are more involved with the management aspects or the technical/policy/strategy aspects of the StopPalu+ process? <i>Probe: Why? Why not?</i> <i>(This is a screening question)</i>	
II. Core Questions		
5	How do you think StopPalu+ objectives align with those of the PNDS?	
6	How do you think StopPalu+ objectives align with those of the Ministry of Health malaria program?	
7	What were the mission's expectations of the StopPalu+ process and the resulting activities? As implemented, is the project meeting those expectations? Why? Why not?	
8	To your opinion, how well StopPalu+ is strengthening the skills of partner structures including those of the NMCP, and government and NGO health structures?	
9	What are some of the improvements in the Guinean overall health system (health policy, capacity for health leadership and inter-sectoral collaboration) you have noted that you could attribute to StopPalu+?	
10	In your opinion, what are some distinguishing aspects or features of the StopPalu+ projects, both positive and negative?	
11	Do you see those characteristics as linked to the StopPalu+ processes through which they were created? Or to other things? <i>(Probe for specifics)</i>	

III. Questions tailored for different stakeholder groups		
12	Was the StopPalu+ process sufficiently understood by all stakeholders at its initiation? If not, what were the biggest knowledge gaps?	
13	Do you believe that expectations (management and technical) were clearly understood by all stakeholders (MOH, IPs and communities) prior to award signing? If not, what were some of the gaps?	
IV. Challenges		
14	What have been the primary successes and challenges of the StopPalu+ project implementation? How have M&E and project oversight worked? Are you satisfied with the information you have? Can you make informed decisions? How attributable are those successes and challenges to StopPalu+ process? What else worked well and what didn't? What makes you say so?	
V. Gender inequalities		
15	What efforts have you noted in this project to increase the involvement of women and girls in leading and benefiting from malaria care services in the country due to the project?	
16	What progress is being made, or is needed, to address the gender inequalities that influence the nation's health?	

VI. Sustainability		
17	What do you think of the sustainability of project activities? <u>Probe:</u> For example, what steps do you think were taken for supported activities to continue after the project's end?	
VII. Recommendations		
18	What are your recommendations to correct weaknesses of the project and to ensure sustainability? (list the 5 major ones) <u>Probe:</u> For example, do you think of other activities that the project should add? (If yes, list them)	
Other comments:		
Time at End of Interview:		
Interviewer's observations or interpretations:		

StopPalu+ Performance Evaluation

Key Informant Interview Guide

3.B.2. MOH (Central and Periphery) and Other Institutions Involved

	Questions	Responses
	Interviewer:	
	Interview Date:	____ / ____ /2021
	Interview time:	Start Time:
	Interviewee's Name:	Last Name: First Name:
	Current Position:	
	Contact e-mail:	
	Contact Phone:	
	Has the KI affirmed Informed Consent? (Interviewer's initials)	Y____ N____
	Has the KI consented to recording the interview?	Y____ N____
	Respondent's Unique ID	ID: _____

N°	Questions / Topics	Responses
I. Background information		
1	What activities are you responsible for in your structure?	
2	How long have you worked in this structure?	
3	What have been your or your structure's roles or involvement in the design and implementation of StopPalu+ in Guinea? (Examples: social mobilization, supervision, capacity building, etc.)	

4	Would you say you are more involved with the management aspects or the technical/policy/strategy aspects of the StopPalu+ process? <i>Probe: Why? Or Why not?</i> <i>(This is a screening question)</i>	
II. Core Questions		
5	What do you think of the relevance of the StopPalu+ project (objectives, services offered, adequacy of the services offered to the needs of the populations, etc.)?	
6	How do you think StopPalu+ objectives align with those of the PNDS?	
7	How do you think StopPalu+ objectives align with those of the Ministry of Health malaria program?	
8	What were your expectations of the StopPalu+ process and the resulting activities? As implemented, is the project meeting your expectations? Why? Why not?	
9	In your opinion, how well is StopPalu+ strengthening the skills of partner structures, including yours, those of the NMCP, and government and NGO health structures?	
10	What are some of the improvements in the Guinean overall health system (health policy, capacity for health leadership and inter-sectoral collaboration) you have noted that you could attribute to StopPalu+?	
11	In your opinion, what are some distinguishing aspects or features of the StopPalu+ projects, both positive and negative?	

12	Do you see those characteristics as linked to the StopPalu+ processes through which they were created? Or to other things? (<i>Probe for specifics</i>)	
III. Questions tailored for different stakeholder groups		
13	How do you assess the effectiveness of StopPalu+ communication strategies in the fight against malaria? (List 3 determining success factors)	
14	Tell us about the effectiveness of the StopPalu+ participatory management strategy and how it has facilitated implementing partners' adherence to the technical standard of excellence guidelines. <i>Probe: What are the technical standards that IPs followed? Was there any effect on the pace and quality of the intervention?</i>	
15	What do you think of the StopPalu+ coordination with your organization and others? <i>Probe: What were the communication mechanisms between the organizations?</i> <i>Provide examples of coordinated activities implemented. What worked well and what was challenging?</i>	
16	What do you think of the use of LLIN distributed by StopPalu+ in Guinea?	
17	What is most satisfying in your work with StopPalu+?	

IV. Challenges		
18	What have been the main challenges you have faced with the StopPalu+ process or activities (of the two)? <i>What is working well and what needs improvements?</i>	
V. Gender inequalities		
19	What efforts have you noted in this project to increase the involvement of women and girls in leading and benefiting from malaria care services in the country due to the project?	
20	What progress is being made, or is needed, to address the gender inequalities that influence the nation's health?	
VI. Sustainability		
21	What do you think of the sustainability of project activities? <i>Probe:</i> For example, what steps were taken for supported activities to continue after the project's end?	
VII. Recommendations		
22	What are your recommendations to correct weaknesses of the project and to ensure sustainability? (list the 5 major ones) <i>Probe:</i> For example, can you think of other activities that the project should add? (If yes, list them)	
Other comments:		

Time at End of Interview:
Interviewer's observations or interpretations:

StopPalu+ Performance Evaluation

Key Informant Interview Guide

3.B.3. Implementing Partners (RTI and Others)

	Questions	Responses
	Interviewer :	
	Interview Date :	____ / ____ /2021
	Interview time :	Start Time :
	Interviewee's Name :	Last Name : First Name :
	Current Position :	
	Contact e-mail :	
	Contact Phone :	
	Has the KI affirmed Informed Consent? (Interviewer's initials)	Y____ N____
	Has the KI consented to recording the interview?	Y____ N____
	Respondent's Unique ID	ID: _____

N°	Questions/Topics	Responses
I. Background information		
1	What activities are you responsible for in your organization?	
2	How long have you worked in this organization?	
3	What have been your or your organization's roles or involvement in the design and implementation of StopPalu+ in Guinea?	

4	Would you say you are more involved with the management aspects or the technical/policy/strategy aspects of the StopPalu+ process? <i>Probe: Why? Why not?</i> <i>(This is a screening question)</i>	
II. Core Questions		
5	How do you think StopPalu+ objectives align with those of the PNDS?	
6	How do you think StopPalu+ objectives align with those of the Ministry of Health malaria program?	
7	What were your expectations of the StopPalu+ process and the resulting activities? As implemented, is the project meeting your expectations? Why? Why not?	
8	In your opinion, how well is StopPalu+ strengthening the skills of partner structures, including those of the NMCP, and government and NGO health structures?	
9	What are some of the improvements in the overall Guinean health system (health policy, capacity for health leadership and inter-sectoral collaboration) you have noted that you could attribute to StopPalu+?	
10	In your opinion, what are some distinguishing aspects or features of the StopPalu+ projects, both positive and negative?	
11	Do you see those characteristics as linked to the StopPalu+ processes through which they were created? Or to other things? (<i>Probe for specifics</i>)	

III. Questions tailored for different stakeholder groups		
12	How do you assess the effectiveness StopPalu+ communication strategies in the fight against malaria in Guinea? (list 3 determining success factors)	
13	Tell us about the effectiveness of the StopPalu+ participatory management strategy and how it has facilitated implementing partners' adherence to the technical standard of excellence guidelines. <i>Probe: what are the technical standards that IPs followed? Was there any effect on the pace and quality of the intervention?</i>	
14	What do you think of the StopPalu+ coordination with your organization and others? <i>Probe: What were the communication mechanisms between the organizations?</i> <i>Provide examples of coordinated activities implemented. What worked well and what was challenging?</i>	
15	What is the level of completeness of the periodic activity reports?	
16	What is the level of achievement of specific project objectives (related/planned activities)	
17	What do you think of the use of LLIN distributed by StopPalu+ in Guinea?	
18	What is most satisfying in your work with StopPalu+?	

IV. Challenges		
19	What have been the main challenges you have faced with the StopPalu+ process or activities (of the two)? <i>Probe: What is working well and what needs improvements?</i>	
V. Gender inequalities		
20	What efforts have you noted in this project to increase the involvement of women and girls in leading and benefiting from malaria care services in the country due to the project?	
21	What progress is being made, or is needed, to address the gender inequalities that influence the nation's health?	
VI. Sustainability		
22	What do you think of the sustainability of project activities? <i>Probe: For example, what steps were taken for supported activities to continue after the project's end?</i>	
VII. Recommendations		
23	What are your recommendations to correct weaknesses of the project and to ensure sustainability? (list the 5 major ones) <i>Probe: For example, do you think of other activities that the project should add? (If yes, list them)</i>	
Other comments:		

Time at End of Interview:
Interviewer's observations or interpretations:

StopPalu+ Performance Evaluation

Key Informant Interview Guide

3.B.4. Community Leaders/Health Workers

	Questions	Responses
	Interviewer :	
	Interview Date :	____ / ____ /2021
	Interview time :	Start Time :
	Interviewee's Name :	Last Name : First Name :
	Current Position :	
	Contact e-mail :	
	Contact Phone :	
	Has the KI affirmed Informed Consent? (Interviewer's initials)	Y____ N____
	Has the KI consented to recording the interview?	Y____ N____
	Respondent's Unique ID	ID: _____

N°	Questions/Topics	Responses
I. Background information		
1	What activities are you responsible for in the community?	
2	How long have you worked in this capacity?	
3	What are the main health problems encountered in your community?	
4	Do you know the StopPalu+ project? What specifically do you know?	

5	What roles do you (or your institution) play in the implementation of the StopPalu+ project? (Examples: social mobilization, supervision, capacity building, etc.)	
II. Core Questions		
6	What significant changes (positive or negative) regarding good practices in the fight against malaria have occurred in your community as a result of the StopPalu+ activities?	
7	What were your expectations of the StopPalu+ process and the resulting activities? As implemented, is the project meeting your expectations? Why? Why not?	
8	What is your level of satisfaction with StopPalu+ activities regarding the fight against malaria in your communities?	
III. Questions tailored for different stakeholder groups		
3.1. Information, Education, and Communication (IEC)/Behavior Change Communication (BCC)		
9	What are your sources of health information (list at least 3)?	
10	What did you take away from the content of messages delivered through malaria awareness campaigns conducted by the project?	
11	How have these messages had an impact on attitudes of people in your community towards malaria?	

12	Is there anything in these messages that bothered you with respect to socio-cultural norms? • The form and nature of the messages and • The behavior of educators Why?	
13	What other message do you think should be added to improve your understanding of malaria in your communities (list a maximum of five)?	
3.2. LLINs		
14	Which organizations gave distributed LLINs in your community? (list 3 organizations in order)	
15	In your opinion, what are the reasons that would prevent the use of LLINs against malaria? (List 5 organizations in order)	
16	List 5 ways to fight malaria that you recommend in your communities.	
17	In your opinion, how could the project better support your community in the fight against malaria, especially for children under 5?	
IV. Gender inequalities		
18	What efforts have you noted in this project to increase the involvement of women and girls in leading and benefiting from malaria care services in the country due to the project?	
19	What progress is being made, or is needed, to address the gender inequalities that influence the nation's health?	

V. Challenges/Recommendations		
20	In your opinion: • What worked most in the implementation of the project (list 4)? • What should we improve or change (list 4)? • What is needed for the sustainability of the achievements of the project (list 4)?	
Other comments:		
Time at End of Interview:		
Interviewer's observations or interpretations:		

StopPalu+ Performance Evaluation

Mothers of Children Under the Age of 5 Years

3.B.5. Focus Group Discussion Guide

	Questions	Responses
	Region:	
	Health District	
	Sub-Division (Sous-Prefecture):	
	Interviewer:	
	Discussion Date:	____ / ____ /2021
	Discussion time:	Start Time :
	Has the Group affirmed Informed Consent? (Interviewer's initials)	Y____ N____
	Has the Group consented to recording the interview?	Y____ N____
	Group's Unique ID	ID: _____

N°	Questions/Topics	Responses
I. Background information		
3	What are the main health problems encountered in your community?	
4	Do you know the StopPalu+ project? What specifically do you know?	
II. Core Questions		
5	What significant changes (positive or negative) regarding good practices in the fight against malaria have occurred in your community as a result of StopPalu+ activities?	

6	What were your expectations of the StopPalu+ process and the resulting activities? As implemented, is the project meeting your expectations? Why? Why not?	
7	What is your level of satisfaction with StopPalu+ activities regarding the fight against malaria in your communities?	
III. IEC/BCC		
8	What are your sources of health information (list at least 3)?	
9	What did you take away from the content of messages delivered through malaria awareness campaigns conducted by the project?	
10	How have these messages had an impact on your attitudes towards malaria?	
11	Is there anything in these messages that bothered you with respect to socio-cultural norms? • The form and nature of the messages and • The behavior of educators Why?	
12	What other messages do you think should be added to improve your understanding of malaria in your communities (list a maximum of five)?	
IV. LLINs		
13	Which organizations gave you LLINs? (list 3 organizations in order)	
14	In your opinion, what are the reasons that would prevent the use of LLINs against malaria? (list 5 organizations in order)	

15	List 5 ways to fight malaria that you recommend in your communities.	
16	In your opinion, how could the project better support your community in the fight against malaria, especially for children under age 5?	
V. Gender inequalities		
17	What efforts have you noted in this project to increase the involvement of women and girls in leading and benefiting from malaria care services in the country due to the project?	
18	What progress is being made, or is needed, to address the gender inequalities that influence the nation's health?	
VII. Challenges and Recommendations		
19	In your opinion: • What worked most in the implementation of the project (list 4)? • What should we improve or change (list 4)? • What is needed for the sustainability of the achievements of the project (list 4)?	
20	In your opinion, how could the project better support your community in the fight against malaria, especially children under age 5?	
Other comments:		
Time at End of the Discussion:		

Interviewer's observations or interpretations:

StopPalu+ Performance Evaluation

3.B.6. Review of the IEC/BCC Strategy and Materials

N°	Questions	Summary responses
1	Could you show us your communication plan (strategy) in use for the implementation of the StopPalu+ project, please? (RTI and NGO partners)	
2	What are the IEC/BCC tools used by the project (disaggregated by type/site)?	
3	Have the IEC/BCC tools used in the project been pre-tested (see report)?	
4	What are the contents of the messages conveyed to the target population (appreciate clarity, objectivity and comprehension)?	
5	What are the communication channels used in the project for each target (disaggregated by type/site)?	
6	What are the strengths and weaknesses of the IEC/BCC tools used in the life of the Project?	
Summary and comments of quality of the IEC/BCC approaches used by the project		

StopPalu+ Performance Evaluation

3.B.7. Health Facility Observation Checklist

Questions	Responses
Region:	
Health District	
Sub-Division (Sous-Prefecture):	
Interviewer:	
Interview Date:	____ / ____ / 2021
Interview time:	Start Time :
Facility Name:	Type _____ / Code: _____

Ask a health worker to show you around the facility. Look and ask to complete the following questions.

N	Questions	Responses	
1	Characteristics of health workers with case management responsibilities for children	Qualification	Number
		Physician _____	_____
		Nurse _____	_____
		Midwife _____	_____
		Health Assistant _____	_____
		Others _____	_____
		Total _____	_____
2	Does the facility have the following equipment and materials?	a. Accessible and working adult scale? (1) Yes (2) No b. Accessible and working baby scale? (1) Yes (2) No c. Working watch/timing device available to every health worker managing children? (1) Yes (2) No d. Supplies to mix ORS, cups and spoons (1) Yes (2) No e. Source of clean water (1) Yes (2) No f. Stock cards/drug logbook (1) Yes (2) No g. Child vaccination cards (1) Yes (2) No h. A functioning fridge? i. Mothers' counseling cards? (1) Yes (2) No j. Waste disposal equipment? (1) Yes (2) No k. Other (1) Yes (2) No	

3	Does the facility have the following drugs available the day of visit? <i>(Check the drug stocks. Answer the following questions based on what you see).</i>	a. Recommended antimalarial: (1) Yes (2) No c. Vitamin A (1) Yes (2) No d. Iron (1) Yes (2) No e. Paracetamol/aspirin (1) Yes (2) No f. Quinine IM (1) Yes (2) No g. Sterile water for injection (1) Yes (2) No h. Needles and syringes for injectable drugs (1) Yes (2) No f. Recommended IV fluid for severe dehydration (1) Yes (2) No g. Other..... (1) Yes (2) No
Other comments:		
Interviewer's observations or interpretations:		

StopPalu+ Performance Evaluation

3.B.8. Exit interview

Mothers of Children Age 2 Months–5 Years Who Received Malaria Care Services at the Facility

	Questions	Responses
	Region:	
	Health District	
	Sub-Division (Sous-Prefecture):	
	Interviewer:	
	Interview Date:	____ / ____ /2021
	Interview time:	Start Time :
	Has the Group affirmed Informed Consent? (Interviewer's initials)	Y____ N____
	Has the Group consented to recording the interview?	Y____ N____
	Facility Name:	Type _____ / Code: _____
	Child Name:	ID: _____ / Age: _____ /

N	Questions	Responses
1	What brought you to the health facility today?	
2	Take a look at the health card and note: • The diagnosis • Was temperature taken? • Was the weight recorded?	
3	What do you think of services for your sick child at this facility? Read all options to the mother.	(1) Good as they are (2) Should improve What should improve:
4	Did the health worker give you or prescribe any oral medicines for <CHILD> at the health facility today?	1) Yes _____ (2) No _____ If No, Skip to # 8
5	Does the oral treatment given or prescribed by the health worker include an antimalarial?	1) Yes _____ (2) No _____ If No, Skip to # 8

6	If the oral treatment includes an antimalarial, record what health worker says:	a. First antimalarial name: b. Formulation: c. Amount each time: d. number of times per day: e. total days: f. Second antimalarial name: g. Formulation: h. Amount each time: i. # Times per day: j. Total days:
7	Did the health worker explain how to administer the oral treatment for malaria prescribed?	(1) Yes _____ (2) No _____ NA _____
9	Did the health worker give or ask the mother to give the first dose of the oral drug at the facility?	(1) Yes _____ (2) No _____ NA _____
9	Sometimes children's condition may worsen and they should be taken immediately to a health facility. What types of symptoms would cause you to take your child to a health facility right away? <i>Do not prompt—keep asking for more signs/symptoms until the caretaker cannot recall any additional ones.</i>	a. Child not able to drink or breastfeed (1) Mentioned (2) Not mentioned b. Child becomes sicker (1) Mentioned (2) Not mentioned c. Child develops a fever (1) Mentioned (2) Not mentioned d. Child has fast breathing (1) Mentioned (2) Not mentioned e. Child has difficulty breathing/pneumonia (1) Mentioned (2) Not mentioned f. Child has blood in the stools (1) Mentioned (2) Not mentioned g. Child is drinking poorly (1) Mentioned (2) Not mentioned h. Other, specify i. Other, specify

10	Do you and your child sleep under a bed net at home? If yes, was it received from the project?	(1) Yes _____ (2) No _____ If Yes: Source: _____
11	Did you receive medicine to prevent malaria during your pregnancy?	(1) Yes _____ (2) No _____ NA _____
12	Did the health worker ask at least one question about the mother's health (ask about her own health, access to malaria prevention services, family planning or vaccination status)?	(1) Yes _____ (2) No _____ NA _____
Other comments:		
Time at End of the Discussion:		
Interviewer's observations or interpretations:		

End of Exit interview: Thank the mother for answering your questions and ask if she has any questions. Be sure that she knows how to give the prescribed medications, and when to return if the child becomes worse at home.

StopPalu+ Performance Evaluation

3.B.9. Document Data Extraction Sheet

DATE REVIEWED:	
REVIEWER:	
TITLE:	
AUTHORS (APA FORMAT):	
CITATION (APA FORMAT):	
QUOTES FOR THE REPORT WITH PAGE LOCATION FOR CITING	

This document contains data supporting or not supporting the following Evaluation Questions	Pages with info (Supporting)	Pages with info (Not Supporting)
1.1.a To what extent have the program activities/interventions been implemented as planned?		
1.1.b Were the programs implemented according to schedule and quality standards?		
1.1.c Are the specific objectives of the project relevant and consistent with national malaria orientations, objectives, and strategies?		
1.1.d. How have socio-political and cultural factors hampered and/or facilitated the implementation of the program?		
1.2.a What are the main factors that can influence the sustainability of the malaria program in Guinea that have facilitated or not the implementation of this project?		
1.2.b To what extent did beneficiaries take ownership of the project approach?		
1.2.c Who are the main actors to be more involved for the sustainability of the project?		
2.a To what extent have the capacity building activities of this project improved the financial management, organizational planning and procurement capacity of the NMCP?		
2.b What support has the project provided to the NMCP in achieving its objectives of coordinating malaria prevention and treatment activities?		
3.a To what extent did the resources allocated to the project allow the implementation of activities?		
3.b What are the communication channels used to reach the target populations (Preference)?		
3.c What is the level of satisfaction of the stakeholders and beneficiaries of the project?		
3.d What are the effects derived from project activities that have enabled the strengthening or not of the health system in Guinea?		
4.a To what extent has the promotion of gender equality been integrated into the activities carried out?		
4.b To what extent has the project improved the factors associated with intermittent treatment in pregnant women?		
4.c To what extent has the project improved the factors associated with intermittent treatment in children under age 5?		

ANNEX 4. DISCLOSURE OF CONFLICTS OF INTEREST

CONFLICT OF INTEREST (COI) VERIFICATION

(please fill/sign/date the form below)

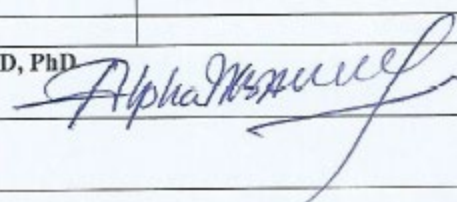
Name:	Joseph Inungu
Title:	Team Lead
Organization:	ME&A, Inc.
Evaluation Position:	
Evaluation Award Number: (or RFTOP or other appropriate instrument number)	GH EvalS GS-10F-154BA/ 7200AA20M00003
Project(s) Evaluated: (Include project name(s), implementer name(s) and award number(s), if applicable)	
I have real or potential conflict of interest to disclose:	☐ YES ☒ NO ☐ NOT APPLICABLE
If yes answered above, I disclose the following facts: Real or potential conflicts of interest may include, but are not limited to: 1. Close family member who is an employee of the DoS operating unit managing the project(s) being evaluated or the implementing organization(s) whose project(s) are being evaluated. 2. Financial interest that is direct, or is significant though indirect, in the implementing organization(s) whose projects are being evaluated or in the outcome of the evaluation. 3. Current or previous direct or significant though indirect experience with the project(s) being evaluated, including involvement in the project design or previous iterations of the project. 4. Current or previous work experience or seeking employment with the DoS operating unit managing the evaluation or the implementing organization(s) whose project(s) are being evaluated. 5. Current or previous work experience with an organization that may be seen as an industry competitor with the implementing organization(s) whose project(s) are being evaluated. 6. Preconceived ideas toward individuals, groups, organizations, or objectives of the particular projects and organizations being evaluated that could bias the evaluation.	
Name and Signature: Joseph Inungu	<i>Joseph Inungu</i>
Date: 04/21/2021	

APPENDIX D: CONFLICT OF INTEREST (COI) (please fill/sign/date the form below)

Name	Dr Sidibe Sidikiba
Title	Consultant – Local Malaria Specialist
Organization	ME&A, Inc.
Evaluation Position	Local Malaria Specialist
Evaluation Award Number (or RFTOP or other appropriate instrument number)	GS-10F-154BA/7200AA20M00003
Project(s) Evaluated (Include project name(s), implementer name(s) and award number(s), if applicable)	GH EvalS 013 Performance Evaluation of USAID/Guinea StopPalu activity
I have real or potential conflict of interest to disclose.	☐ Yes ☒ No ☐ N/A
If yes answered above, I disclose the following facts: Real or potential conflicts of interest may include, but are not limited to: 1. Close family member who is an employee of the USAID operating unit managing the project(s) being evaluated or the implementing organization(s) whose project(s) are being evaluated. 2. Financial interest that is direct, or is significant though indirect, in the implementing organization(s) whose projects are being evaluated or in the outcome of the evaluation. 3. Current or previous direct or significant though indirect experience with the project(s) being evaluated, including involvement in the project design or previous iterations of the project. 4. Current or previous work experience or seeking employment with the DoS operating unit managing the evaluation or the implementing organization(s) whose project(s) are being evaluated. 5. Current or previous work experience with an organization that may be seen as an industry competitor with the implementing organization(s) whose project(s) are being evaluated. 6. Preconceived ideas toward individuals, groups, organizations, or objectives of the particular projects and organizations being evaluated that could bias the evaluation.	
Signature	
Date	10/20/2021

CONFLICT OF INTEREST (COI) VERIFICATION

(please fill/sign/date the form below)

Name:	Dr BARRY Alpha Mahmoud MD PhD
Title:	Consultant
Organization:	ME&A, Inc.
Evaluation Position:	
Evaluation Award Number: (or RFTOP or other appropriate instrument number)	GH EvaLS GS-10F-154BA/ 7200AA20M00003
Project(s) Evaluated: (Include project name(s), implementer name(s) and award number(s), if applicable)	
I have real or potential conflict of interest to disclose:	☐ YES ☒ NO ☐ NOT APPLICABLE
If yes answered above, I disclose the following facts: Real or potential conflicts of interest may include, but are not limited to: 1. Close family member who is an employee of the DoS operating unit managing the project(s) being evaluated or the implementing organization(s) whose project(s) are being evaluated. 2. Financial interest that is direct, or is significant though indirect, in the implementing organization(s) whose projects are being evaluated or in the outcome of the evaluation. 3. Current or previous direct or significant though indirect experience with the project(s) being evaluated, including involvement in the project design or previous iterations of the project. 4. Current or previous work experience or seeking employment with the DoS operating unit managing the evaluation or the implementing organization(s) whose project(s) are being evaluated. 5. Current or previous work experience with an organization that may be seen as an industry competitor with the implementing organization(s) whose project(s) are being evaluated. 6. Preconceived ideas toward individuals, groups, organizations, or objectives of the particular projects and organizations being evaluated that could bias the evaluation.	
Name and Signature: Dr BARRY Alpha Mahmoud MD, PhD	
Date: 26/07/2021	

CONFLICT OF INTEREST (COI) VERIFICATION

(please fill/sign/date the form below)

Name:	Roger Millimono
Title:	Consultant
Organization:	ME&A, Inc.
Evaluation Position:	Local Evaluation Specialist
Evaluation Award Number: (or RFTOP or other appropriate instrument number)	GH EvaLS GS-10F-154BA/ 7200AA20M00003
Project(s) Evaluated: (Include project name(s), implementer name(s) and award number(s), if applicable)	
I have real or potential conflict of interest to disclose:	☐ YES ☒ NO ☐ NOT ☐ APPLICABLE
If yes answered above, I disclose the following facts: <i>Real or potential conflicts of interest may include, but are not limited to:</i> 1. Close family member who is an employee of the DoS operating unit managing the project(s) being evaluated or the implementing organization(s) whose project(s) are being evaluated. 2. Financial interest that is direct, or is significant though indirect, in the implementing organization(s) whose projects are being evaluated or in the outcome of the evaluation. 3. Current or previous direct or significant though indirect experience with the project(s) being evaluated, including involvement in the project design or previous iterations of the project. 4. Current or previous work experience or seeking employment with the DoS operating unit managing the evaluation or the implementing organization(s) whose project(s) are being evaluated. 5. Current or previous work experience with an organization that may be seen as an industry competitor with the implementing organization(s) whose project(s) are being evaluated. 6. Preconceived ideas toward individuals, groups, organizations, or objectives of the particular projects and organizations being evaluated that could bias the evaluation.	
Name and Signature:	
Date:	06/22/2021

ANNEX 5. EVALUATION TEAM MEMBERS

Joseph Inungu—Team Lead

Dr. Joseph Inungu is a professor of global health in the School of Health Sciences at Central Michigan University and the founding Director of the Master of Public Health Program at the university. Previously he served as the director of socio-behavioral research for the International AIDS Vaccine Initiative in Southern Africa, a New York-based NGO that specializes in HIV vaccine research. Prior to joining the initiative, he was the Regional Researcher for Population Services International in West and Central Africa. In this role, he provided technical assistance and oversaw the design and implementation of social marketing research in Benin, Burkina Faso, the Democratic Republic of Congo, Liberia, Nigeria, and Senegal, dealing with the prevention of HIV/AIDS and malaria, reproductive health, water, and sanitation and hygiene. Dr. Inungu conducted program evaluations and built capacity to conduct research in participating countries. He has authored more than 40 articles in peer-reviewed journals and presented several papers at national and international conferences. He co-authored the textbook *Foundation of Rural Public Health in America*, published by Jones & Barlett's Learning in 2022. He holds master's and doctoral degrees in public health from Tulane University School of Public Health and an MD degree from the University of Kinshasa in the Democratic Republic of Congo.

Sidikiba Sidibé—Local Malaria Specialist

Dr. Sidikiba Sidibé is a multilingual public health professional with 21 years of national, regional, and global experience (including 13 years with Africare). He has a track record of success as an independent international and national consultant; country director/chief of party, project coordinator, study coordinator and M&E director for the malaria program at RTI; research and M&E director for HC3; M&E advisor for JSI/APC/USAID; and senior program manager for IMC Guinea. Dr. Sidibé has excellent partnership building skills at the national and international levels, and extensive experience in Guinea, Burkina Faso, Burundi, Chad, Mali, and Rwanda. He earned his MD degree in 1995 and has since earned diplomas in research methods and epidemiology, an MPH, and a PhD in public health epidemiology.

For this assignment, Dr. Sidibé provided expert knowledge of the local malaria environment in Guinea.

Alpha Barry—Evaluation Specialist

Alpha Barry has more than 20 years of experience in public health performance program management and community health interventions mainly with USAID health projects. He has strong expertise in public health project monitoring and evaluation, performance indicators, development, quantitative and qualitative research methods, and data analysis. He also has relevant expertise in the use of mobile android technology to improve data collection and

epidemic surveillance, as well as skills in behavior change communication to improve awareness and practices. He currently is a research methodology professor.

On this assignment, Dr. Barry was the evaluation specialist, leading research methodology and data collection and analysis.

Roger Millimono—Logistics Coordinator

Roger Millimono is a monitoring and evaluation research coordinator with more than eight years of experience in management, M&E, translation, advocacy, community mobilization/awareness, and entrepreneurship. His international experience spans Africa, Europe, and the United States, including Guinea, Sierra Leone, and Spain. He has worked with USAID, UNICEF, Action contre la Faim, the U.S. Office of Foreign Disaster Assistance, American Friends of Guinea, and other donors and organizations.

As the logistics coordinator for this assignment, Mr. Millimono arranged meetings with key informants, made travel and transportation arrangements, assisted with the final data analysis, and performed other tasks.