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EVALUATION OF AFRICA'S HEALTH IN 2010

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Lenni W. Kangas, Team Leader

ACRONYMS

ACD	Advocacy, Communications, and Dissemination
ACSM	Advocacy, Communications, and Social Mobilization
AED	Academy for Educational Development
AFR	USAID Bureau for Africa
AFR/SD	Bureau for Africa, Office of Sustainable Development
AGOA	African Growth and Opportunities Act
AHA	African Humanitarian Action
AMP	Alliance for Malaria Prevention
AMTSL	Active management of the third stage of labor
ANECCA	African Network for the Care of Children Affected by AIDS
AWARE II	Action for West Africa Region (phase II)
BCC	Behavior change communication
BRIDGE	Bringing Information to Decision-makers for Global Effectiveness
CAFS	Centre for African Family Studies, Nairobi
CCM	Community case management
CEFOREP	Centre de Formation et de Recherche en Santé de la Reproduction
CESAG	Centre Africain d'Etudes Superieures en Administration et Gestion
CILSS	Committee for the Fight Against Drought in the Sahel
COTR	Contract Officer's Technical Representative
CS	Child survival
CSA	Child sexual abuse
DHS	Demographic Health Surveys
ECOWAS	Economic Community of West African States
ECSA-HC	Eastern, Central and Southern Africa Health Community (Arusha)
ENA	Essential nutrition actions
ESAMI	East and Southern Africa Management Institute
FANC	Focused antenatal care
FP	Family planning
GBV	Gender-based violence
GH	USAID Bureau for Global Health
GH Tech	Global Health Technical Assistance Project
HKI	Helen Keller International
HMIS	Health management information systems
IBP	Implementing best practices
IDP	Internally displaced person
IMCI	Integrated management of childhood illnesses
IR	Intermediate result (leading to achievement of a strategic objective)
LIPHEA	Leadership Initiative for Public Health in East Africa

LLIN	Long-lasting insecticide nets
M&E	Monitoring and evaluation
MCHIP	Maternal and Child Health Integrated Program
MDG	Millennium Development Goal
MNCH	Maternal, newborn, and child health
MNH	Maternal and newborn health
MOH	Ministry of Health
MUCHS	Muhimbili University College of Health Sciences
MUSPH	Makerere University School of Public Health
NHA	National Health Accounts
ORT	Oral rehydration therapy
OVC	Orphans and vulnerable children
PAC	Post-abortion care
PBF	Performance-based financing
PEPFAR	President's Emergency Plan for AIDS Relief
PHN	Population, Health, and Nutrition
PLWHA	People Living with HIV and AIDS
PMI	President's Malaria Initiative
POPPHI	Prevention of Postpartum Hemorrhage Initiative
PRB	Population Reference Bureau
RCQHC	Regional Center for the Quality of Health Care, Makerere, Uganda
RH	Reproductive health
ROADS	Regional Outreach for Addressing AIDS Through Development Strategies
SADC	Southern Africa Development Community
SARA	Support for Analysis and Research in Africa
SO	Strategic objective
SOTA	State of the art
TB	Tuberculosis
TB-CAP	Tuberculosis Control Assistance Program
UNICEF	United Nations Children's Fund
UNFPA	United Nations Fund for Population Activities
USAID	United States Agency for International Development
WAHO	West Africa Health Organization
WHO/AFRO	World Health Organization Regional Office for Africa (Brazzaville)

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EXECUTIVE SUMMARY

Africa Health in 2010 (Africa 2010) is the third in a succession of USAID projects designed to (1) improve national health policies in Africa through work to strengthen and utilize African regional and sub-regional health organizations, and (2) support the Health Team in the USAID Bureau for Africa, Office of Sustainable Development (AFR/SD) to help it take the lead on African health issues. Africa 2010 is a five-year project that has now completed its fourth year. The AFR/SD Health Team commissioned Global Health Tech (GH Tech) to assess the project's accomplishments to date, point the way to a successor project, and advise on whether it should be similar, modified, or radically structure. The evaluation was conducted between November 2009 and January 2010.

As this report documents, the evaluation team found that Africa 2010 significantly assisted African institutions in adopting new policies and initiating and upgrading multiple interventions in health delivery. In general it has been a positive force in technically equipping regional and sub-regional health organizations. Moreover, its assistance has been well-received by African counterparts and their institutions.

However Africa 2010's mandate is so broad—provide technical support to AFR/SD and multiple African sub-regional institutions covering virtually all the public health areas that USAID covers—that its input into any particular activity or institution can often be limited.

The evaluation team assessed eight technical areas and two cross-cutting activities of Africa 2010 and reviewed project management. These eleven areas are so broad that it is not practical to summarize all the findings in this section (see Section II, Findings, for full details).

CONCLUSIONS AND LESSONS LEARNED

- The contractor did a commendable job and has achieved notable results.
- Africa 2010 has promoted the introduction of improved practices at the national level in Africa.
- Country-level changes resulting from the project's efforts often are fragile and require reinforcement with repeated training or technical assistance.
- Africa 2010's experience shows that channeling technical assistance to African governments through sub-regional health institutions, besides having beneficial effects on national health systems, strengthens the institutions themselves. However, in most cases they are still weak. To achieve their potential, they will require increased technical support from donors and financial support from their governments.
- USAID's numerous programs of support for sub-regional health organizations and its bilateral programs may pursue the same health goals, but their activities are not well-coordinated.
- Although the great majority of technical support to national health systems still comes from outside the region, African sub-regional health organizations are beginning to act as outside experts advising national health systems. This promising development deserves continued support.
- Africa 2010 might achieve greater impact on countries and the sub-regional organizations it assists by narrowing its activities to fewer technical areas.

- Electronic communications cannot substitute for face-to-face interaction. Staff at African institutions said assistance from Africa 2010 staff was very helpful but that the distance in the relationship limited its impact.
- Africa 2010 would likely have more impact if it were based in the field rather than in Washington so that its professional staff could have more frequent face-to-face interaction with the staff of sub-regional organizations and their clients.
- Project support to AFR/SD was generally of good quality and felt to be useful.
- Communication between AFR/SD and field Missions is not adequate to assure optimal use of resources for developing sub-regional institutions. Multiple USAID offices support the same institutions but without a shared strategy to build capacity in key areas.
- USAID has a key role in influencing health policy at the sub-regional level that is not being adequately filled.

RECOMMENDATIONS:

- Increase Africa 2010's interaction with USAID Missions.
- Do more monitoring of activities after training.
- Increase the use of assessments and models to influence policy.
- Increase efforts to assess the impact of capacity-strengthening activities on the sub-regional institutions.
- Improve the monitoring of Africa's health trends so as to better guide AFR/SD decision-making.
- Conduct more meta-analyses and special studies.
- Capitalize on healthy competition between countries within a sub-region to encourage improvements in health policies and programs.
- Formulate an exit strategy to ensure that sub-regional organizations have the skills and materials they require to continue activities begun under the project.

I. INTRODUCTION

This section gives essential background on Africa's Health in 2010 and to this evaluation, describes the methodology used for the assessment, and clarifies terms used in this report. Section II, Findings, assesses each of the project's eight technical areas, the two cross-cutting areas, and project design and management. Section III presents the team's conclusions and lessons learned. Section IV sets out recommendations for the term of the current project. The recommendations related to future programming are considered to be procurement-sensitive and will be transmitted separately. Annexes to this report provide the evaluation scope of work and additional supporting information.

A. BACKGROUND

Africa's Health in 2010 is a five-year project (2005-2010) managed by the Academy for Educational Development (AED) under a contract issued by the Office of Sustainable Development of USAID's Bureau for Africa (AFR/SD). It is a successor to the Support for Analysis and Research in Africa (SARA) 1 and 2 projects. AED's core partners in Africa 2010 are Abt Associates, Heartlands International Ltd., the Population Reference Bureau (PRB), and Tulane University School of Public Health and Tropical Medicine.

Africa 2010[1] aims to provide strategic, analytical, communications and advocacy, and monitoring and evaluation (M&E) technical assistance to African public and private institutions and networks and to AFR/SD and its sub-regional programs (e.g., USAID/West Africa and USAID/East Africa) in order to help improve the health status of Africans. Africa 2010 focuses its activities in the following program areas: (1) family planning (FP) and reproductive health (RH); (2) maternal and newborn health (MNH); (3) child survival (CS); (4) gender-based violence (GBV); (5) infectious diseases; (6) health systems; (7) multisectoral support to improving health outcomes, especially for HIV/AIDS; and (8) nutrition. Africa 2010 also provides assistance with strategy development, policy analysis, communication, advocacy, and M&E. This report treats the following as cross-cutting areas: (9) advocacy, communication, dissemination (ACD); and (10) M&E.

The project has established technical partnerships with several African institutions, among them the West African Health Organization (WAHO); the East, Central and Southern African Health Community (ECSA-HC); the Regional Center for the Quality of Health Care at Makerere University (RCQHC); the Center for African and Family Studies/African Humanitarian Association (CAFS/AHA); the Centre d'Etudes Superieures en Administration et Gestion (CESAG); and the World Health Organization Regional Office for Africa (WHO/AFRO). Working with these organizations or in support of AFR/SD, the project, as mandated, gives the following types of support:

- Provides quality analysis and synthesis of information on health trends, promising practices, and program results.
- Helps engage USAID field offices and selected African experts in shaping the AFR analytic agenda.
- Packages and disseminates new information and lessons from the field, using best practices in knowledge management, information technology, and formats tailored to the needs of a variety of audiences.

[1] This is how the project is commonly known.

- Applies systematic analysis of policy environments and target audiences to shape advocacy on priority issues, building the coalitions necessary to champion and shepherd policy and program change.
- Influences global, regional, sub-regional, and country policies and programs by participating in technical working groups, drafting guidelines, and testing and sharing new approaches.
- Creates a learning environment, using M&E results, consultative processes, and strategic reviews to feed into programming.
- Over its five years (2005 – 2010) the project is expected to achieve the following results:
- Improved policies, increased resources, and scaled-up programs to improve maternal and child health and nutrition and to mitigate the consequences of HIV/AIDS, malaria, tuberculosis (TB), and emerging diseases in Africa
- Targeted documentation and dissemination, based on evidence and use in programming, of lessons and best practices (for example, for increased coverage and quality of priority health services, community approaches, and strengthened health systems)
- Increased analytic, communications, and advocacy capacity of African institutions and networks, including increased advocacy for multisectoral approaches to health improvement and gender-sensitive programming
- USAID's contract with Africa 2010 sets a funding ceiling of $26.2 million. At the time of this evaluation, $20.7 million had been obligated to AED, which had expended 79% of the resources obligated (62% of expected total project resources); 80% of the total time had elapsed.

B. EVALUATION METHODOLOGY

This evaluation was conducted at the request of AFR/SD. As required by the scope of work stated (Annex A), the focus of this evaluation was two-fold: (1) assessing programmatic, technical, and managerial aspects of Africa 2010 activities to identify accomplishments, performance issues, constraints, and lessons learned during the project; and (2) making recommendations on activities to be continued, modified, or enhanced in future AFR/SD programming.

This evaluation was conducted and managed by the Global Health Technical Assistance Project (GH Tech), a USAID contract with QED International. Evaluation activities were carried out between November 2009 and January 2010by a team of two external consultants and two USAID contract staff. Participants were Lenni Kangas, former USAID health and population officer and team leader for this evaluation; Karen Fogg, AFR/SD health advisor serving under the Global Health Fellows contract; Lungi Okoko, measurement and evaluation advisor under contract with USAID's West Africa Regional Office; and Gerald Wein, former USAID senior foreign service officer.

1. Methods for Data Collection and Analysis

The evaluation team reviewed more than 47 documents (Annex D) and interviewed 66 stakeholders (Annex C). The work proceeded in the following steps.

Initial team planning. Team planning took place November 7–9, 2010, in Washington, DC With the aid of a facilitator, the team reviewed the scope of work and drafted a schedule for Washington interviews, an interview protocol, a tentative travel schedule, and an outline with assignments for report preparation.

***Interviews with USAID/Washington staff*.** Interviews with USAID health staff and management representatives followed. The AFR/SD Health Team provided insights into the project and its history and emphasized that both the contractor and USAID management were interested in an independent appraisal of the project. The team was encouraged also to make recommendations for options to achieve project objectives in the future. The team also interviewed representatives of the USAID Bureau for Global Health (GH) and its Bureau for Management's Office of Management Policy, Budget and Performance and two USAID cooperating agencies.

***Interviews with Africa 2010 contractor staff*.** Interviews with staff of AED and its several subcontractors took place November 11–18. Principals responsible for each of the 10 strategic areas of project intervention were interviewed and additional meetings were held with the project director, Dr. Doyin Oluwole, and her senior staff. During this period the evaluation team was given complete access to records and documents. The team later interviewed a manager of one of the U.S. subcontractors.

Document review. Africa 2010 made project documents available to the evaluation team in both electronic and hard copy form, among them the request for application, technical proposal, initial agreement, amendments, yearly work plans, financial documents, progress reports, publications, and other materials documenting management, the implementation process, and results. Review of the documents greatly facilitated the team's understanding of this complex project. The team also reviewed other documents, such as reports from similar sub-regional health projects, to gain a better understanding of strategies employed for strengthening sub-regional institutions. Document review continued throughout the evaluation.

***Development of the evaluation work plan*.** The work plan included the assignments of individual team members, interview protocols for different stakeholders, the team's travel plan, and a schedule of activities. (See Annex B.)

Interviews in the field. Team members Okoko and Wein traveled December 4–13 to Dakar, Senegal, and Bobo Dioulasso, Burkina Faso. The Dakar visit was timed to allow the team members to attend the launch of the Action for West Africa Region II (AWARE II) project, where they were able to interview senior project staff, USAID Mission officers, and representatives of regional organizations. They also visited the headquarters of CESAG and CEFOREP and interviewed key staff. In Burkina Faso, they met with technical and managerial staff of the WAHO. Team members Fogg and Kangas traveled to Nairobi, Kenya, and Arusha, Tanzania, December 7–18. They interviewed USAID/East Africa staff in Nairobi and technical staff at ECSA-HC headquarters in Arusha.

Data analysis. On returning from travel the team reassembled for two days in Washington, with Mr. Okoko participating by phone from Abuja, to review findings and draw up conclusions and recommendations. Data analysis focused on answering both the specific questions outlined in the evaluation's scope of work and other questions that had come up during data collection. All team members participated in the analysis and contributed to the interpretation and triangulation of the data based on their areas of expertise. Special attention was given to determining the most appropriate future programming options.

Drafting and review of the report. The team submitted its draft report to AFR/SD on January 15, 2010, and conducted oral briefings for AFR/SD on January 19 and for other USAID staff and the contractor on January 20. After incorporating comments from USAID and the contractor, the team submitted the final report to USAID early in March.

2. Limitations of the Evaluation

Several limitations need to be acknowledged. Some relate to the Africa 2010 project design and its expected outcomes, others to such factors as time and money. The evaluation team's findings

should be considered with the following limitations in mind because they affect both the quality of information collected and the analysis.

- ***Time and human resource constraints related to the scope of the project.*** The design of Africa 2010 is extremely broad: technically, it incorporates efforts to improve eight major areas of health policy and service delivery; geographically, it covers almost all of sub-Saharan Africa; institutionally, it targets at least eight regional or sub-regional health organizations; and it also provides technical expertise and carries out studies as requested by AFR/SD. Given the time and financial limitations, the four-member evaluation team obviously needed to select only a sample of countries and institutions to visit, informants to interview, and documents to review.

- ***Data source limitations.*** Key informants constituted the primary source of information. While the team did attempt to corroborate as much of the data collected in interviews as possible, all the data captured from interviews were self-reported and thus subject to personal biases, opinions, and recollection. Further, because Africa 2010 was often one of several projects or donors assisting a sub-regional organization, it was often difficult to separate the project's contributions from those of the others.

- ***Limitations on assessing technical approaches.*** The evaluation team was not able to assess strategies and approaches in all the technical areas covered by Africa 2010. Considering the range of technical issues included in the project, an in-depth assessment of the technical merit of activities in each area would have required a considerably larger team. However, the evaluation team did apply its expertise to review in broad terms achievements and potential for impact in each area.

- ***Too early to assess impact.*** The impact of a project focused on policy reform and the dissemination of best practices is more difficult to evaluate than the impact of a direct service-delivery program. For most Africa 2010 activities not enough time has passed to assess impact. An assessment of the transformational impact of USAID's investment should take into account the fact that the time between intervention (input) and population-level impact is long.

3. Clarification of Terms Used in this Report

Africa 2010 deals with WHO/AFRO, an organization that covers all of sub-Saharan Africa, and with ECSA, WAHO, and other organizations that cover smaller groups of countries. Both types of organization are commonly referred to as "regional" and both use that term to describe their activities. In this report, the authors will apply the term "regional" to programs and activities like those of WHO/AFRO that cover all of sub-Saharan Africa and "sub-regional" to describe the programs and activities of smaller groups like ECSA and WAHO. However, this is not always possible. According to the definitions used here, organizations like the USAID Regional Mission for East Africa, would be called a "sub-regional Mission."

II. FINDINGS

In what follows, Section A summarizes the team's review of each technical area, and Section B gives the team's assessment of project design and management characteristics that affected implementation and results.

A. ACTIVITIES AND RESULTS BY TECHNICAL AREA

This section presents the evaluation teams findings in the project's eight technical areas:

1. Family Planning and Reproductive Health (FP/RH)
2. Maternal and Newborn Health (MNH)
3. Child Survival (CS)
4. Gender-based Violence (GBV)
5. Infectious Diseases (ID)
6. Health Systems
7. HIV Multisectoral Development and Programming
8. Nutrition and its two cross-cutting areas:
9. Advocacy, Communications, and Dissemination (ACD)
10. Monitoring and Evaluation (M&E).

Table 1 shows project expenditures through Year 4 by technical area. For purposes of this analysis, M&E and ACD were considered cross-cutting activities, as were project activities that fell across three or more sectors.

TABLE 1. AFRICA'S HEALTH IN 2010 SPENDING BY STRATEGIC AREA, YEARS 1–4

Strategic Area	Amount	Percent	Ranking
Gender-based violence	488,068	3.1	8
Health systems management	944,647	6.0	7
HIV/AIDS	1,133,577	7.2	6
Reproductive health/family planning	1,385,483	8.8	5
Child survival	1,747,597	11.1	4
Infectious disease	1,905,039	12.1	3
Nutrition	2,597,780	16.5	2
Maternal and newborn health	2,692,245	17.1	1
Cross-cutting	2,833,942	18.0	
Totals	**15,728,376**	100.0	

Source: Africa 2010
Note: The figures are actual rather than accrued expenditures

The team summarizes what it views as the project's most important activities in each of those areas; a compendium of all activities is readily available in Africa 2010 reports. The team also attempts to assess the importance of those activities to achievement of project objectives and, since almost all Africa 2010 activities are done in collaboration with other organizations, the importance of Africa 2010's contribution to those combined efforts. The latter is very difficult and not always possible.

1. Family Planning and Reproductive Health

Sub-Saharan Africa has the highest fertility rate in the world, averaging 5.5 births per woman.[2] As a result, despite high mortality rates in many countries, the region's population, 836 million in mid-2009, is projected to increase to 1.2 billion by 2025[3] and to 1.75 billion by 2050, slightly more than double today's number.[4] A major factor in the rapid population growth is low use of modern contraception: only 17% of married women in sub-Saharan Africa use modern FP methods, compared to 60% in Asia and 70% in Western Europe.[5]

In this challenging environment Africa 2010 is working to improve policy and advocacy for successful implementation of FP programs; its work has been directed to improving the profile of FP in national programs and raising awareness of it as a development intervention. As shown in Table 1, previous page, FP/RH activities through project Year 4 received $1.4 million, making it the fifth-largest of Africa 2010's program areas. FP/RH is staffed by a single person who is also responsible for the MNH portfolio, though FP/RH activities also receive support from the project director and cross-cutting teams, including the ACD and M&E teams.

Family Planning. In an effort to revitalize FP programs, in 2004 46 African Ministries of Health adopted the *Repositioning Family Planning Framework 2005–2015*. With the framework in place, WHO/AFRO, assisted by USAID, the USAID-funded BRIDGE[6] project, and Africa 2010, developed the *Repositioning Family Planning Toolkit* to assist advocates, including policy makers, service delivery personnel and community leaders, to draw attention to FP. Africa 2010 played a major role in disseminating the toolkit, printing the document in both English and French, making the toolkit available both on a CD and online, and supporting training for FP advocates in Africa (in West Africa through WAHO and in partnership with WHO/AFRO). As a result, 16 countries[7] have developed their own materials to promote FP, including press releases and action plans. Benin used the toolkit in planning a repositioning initiative, and Nigeria used the module on "Engaging Community Leaders" in three states to start discussions on early marriage and equity. The document continues to be in high demand, and the evaluation team considers it to be an excellent resource and an important output of the project.

Africa 2010, through ECSA-HC and in collaboration with the Capacity[8] Project and the ECSA College of Nursing, has also provided technical updates on FP to midwifery tutors in East and Southern Africa so that the tutors can upgrade the FP teaching curriculum at their institutions. To

[2] Population Reference Bureau. 2009. *2009 World Population Datasheet*. Washington, DC: Population Reference Bureau.
[3] Ibid.
[4] Ibid.
[5] Ibid.
[6] BRIDGE (Bringing Information to Decision-makers for Global Effectiveness) is a USAID-funded project that aims to improve policy on key population and health issues in developing countries.
[7] Botswana, Cape Verde, Côte d'Ivoire, DRC, Ethiopia, Gambia, Ghana, Guinea, Liberia, Mali, Mauritius, Niger, Nigeria, Senegal, Sierra Leone, and Togo.
[8] The Capacity Project is a global USAID-funded initiative to improve the quality and use of priority health care services in developing countries by improving workforce education, training, planning and leadership and by strengthening systems to support workforce performance.

date, 48 tutors from 42 institutions in 4 countries have been trained; 3,123 pre-service midwifery students and 996 in-service providers from five countries have received updated training; and one center of excellence, at the Kenya Medical Training College, is being established. The FP/RH team at ECSA-HC felt that the assistance from Africa 2010 was critical to the success of this activity. Africa 2010 also put the FP training curriculum on a CD so that ECSA-HC can disseminate it to countries and institutions that did not receive the previous training, which expands ECSA-HC's ability to serve its member states. Finally, Africa 2010 gave financial and technical support for monitoring the results of the midwifery tutors training, which enabled ECSA-HC to report accurate results on the training's usefulness and on knowledge retention.[9] The ECSA-HC team identified this as a major enhancement of their skills and noted that M&E is now part of the team's thought process when it plans other activities.

ECSA-HC plans follow-on activities in this area, including additional training in 2010, if funds are available. To further improve the quality of midwifery education, ECSA-HC's College of Nursing would like to conduct a sub-regional review of nursing curricula and create a standardized curriculum, as WAHO has done (see Maternal and Newborn Health section).

Reproductive Health. Africa 2010's work on RH issues, conducted in collaboration with the CEFOREP, has centered on postabortion care (PAC) in West Africa. These efforts, also supported by the Population Council and Implementing Best Practices (IBP), included a seminal assessment of PAC in six West African Francophone countries. In 2008 USAID, Africa 2010, IBP, and CEFOREP organized a workshop to present the findings to 47 participants from those countries and help them draft national PAC action plans. Through the PAC working group Africa 2010 continues to provide technical assistance to GH and USAID Missions that are assisting countries to implement the action plans created. This activity exemplifies the potential of Africa 2010's intended partnership model. With limited resources Africa 2010 helped to catalyze strategic actions at a sub-regional institution that were then disseminated to countries, leading to national action plans that ultimately received implementation assistance from other partners, in this case USAID-funded partners.

Support to the Africa Bureau. Africa 2010's support to AFR has been primarily as a technical resource, for instance assisting FP efforts with data for presentations and support to the recent 11-country FP review. Africa 2010 also convenes the meeting of the cooperating agencies receiving FP/RH funds from AFR/SD, which includes PRB and AED, to ensure that work plans are coordinated and complementary.

Conclusions. The evaluation team found these Africa 2010 initiatives to be well-targeted. The document review and interviews with sub-regional organizations indicated that the project activities contributed to changing national policies (or initiating a path leading to change) and to building capacity in the organizations. Feedback about the level and quality of technical work from both USAID and sub-regional institutions was positive. But Africa 2010's FP/RH activities were extremely modest considering the magnitude of the work to be done to address the gross underutilization of FP and the need for better quality RH services.[10]

2. Maternal and Newborn Health

The African continent has the highest rates of maternal mortality in the world. African women have a 1 in 26 chance of dying during childbirth—a risk that is 300 times greater than in

[9] The monitoring activity yielded results such as how many trained midwifery tutors actively used the FP knowledge in their work and how many students were reached in those classes.

[10] Given the need for improved FP/RH services in most sub-Saharan African countries, substantial technical assistance will be needed in future to ensure that FP/RH has a prominent place on national agendas.

developed nations. Babies whose mothers have died during childbirth themselves have a much higher chance of dying.[11] To address this health issue, Africa 2010's MNH portfolio has focused on promoting integration of newborns into existing health strategies and improving the quality of MNH care. MNH is the largest of the strategic areas in the project, receiving almost $2.7 million (17% of the project's budget) in the first four years. It is staffed by one position shared with FP/RH; the project director, who is an expert in MNH, handles technical oversight.

Advocacy for achievement of Millennium Development Goals (MDGs) 4 and 5. Africa 2010 assisted in the roll-out and implementation of The Road Map for Accelerating the Attainment of the MDGs Related to Maternal and Newborn Health in Africa (the Road Map), participating in several key meetings and consultations . It also

- Supported a workshop to train Lusophone facilitators for the Road Map process.
- Supported roll-out of the Road Map in the countries of the Economic Community of West African States (ECOWAS).
- Provided feedback to countries on their Road Maps.
- Drafted guidelines for operationalizing the Road Map in districts that were adopted by WHO/AFRO, the United Nations Fund for Population Activities (UNFPA), and other partners.

According to UNFPA, 33 African countries have adopted the Road Map approach and 26 of them have a costed plan. Africa 2010 collaborated closely with WHO/AFRO on many of these activities even though the project's planned subcontract to that organization did not materialize.

Africa 2010 also updated *REDUCE-ALIVE,* an advocacy modeling tool designed to convince policymakers that investments in MNH are critical. With varying levels of support from Africa 2010, the tool was applied in Tanzania, Zambia, Cameroon, Mali, and Burkina Faso; the results were introduction of subsidized c-sections in Burkina Faso and Mali, increased budgets for health, and resource mobilization activities.

***Integration of the newborn into maternal and child health policies*.** To encourage coverage of newborns by existing maternal and child health policies and programs, African 2010

- Participated in the drafting, translation, and dissemination of the seminal publication *Opportunities for African Newborns.*
- Held issue identification meetings to encourage integration of newborns into maternal and child health and community case management (CCM) programs.
- Trained 25 country teams on integration of newborn into MCH activities in four intercountry workshops in 2006-2008.

With the assistance of Africa 2010, WAHO harmonized the preservice training curricula for midwives, nurses, and medical students to include emergency obstetric and newborn care (EmONC). Africa 2010 and WAHO together prepared the framework for the harmonization process and supported finalization of the curriculum. As a result, at least five schools in five ECOWAS countries have updated their curricula. The evaluation team found that WAHO highly valued this activity and the collaboration improved WAHO's program design capacity. ECSA-HC has expressed interest in a similar activity.

[11] UNICEF, State of the World's Children 2009.

Improved MNH care at the country level. Africa 2010, ECSA-HC, and WHO/AFRO collaborated in 2007 on a workshop for decision-makers and program implementers on the focused antenatal care (FANC) package. After the workshop each of the eight participating countries created an action plan, and Africa 2010 created a monitoring tool for ECSA-HC and WHO/AFRO to track country implementation. ECSA-HC and WHO/AFRO held a follow-up meeting in 2009 using USAID/East Africa Mission funds.

In collaboration with the USAID-funded POPPHI[12] project, Africa 2010 supported ECSA-HC to advocate for adoption in its region of active management of the third stage of labor (AMTSL). The ECSA-HC health ministers' conference adopted the use of AMTSL as a strategy to address postpartum hemorrhage. With Africa 2010 and POPPHI, ECSA-HC surveyed Uganda, Tanzania, and Ethiopia's use of AMTSL and disseminated the information at the country level. ECSA-HC then conducted a sub-regional workshop with six countries to advocate use of AMTSL, which resulted in country action plans. Ethiopia, Uganda, and Tanzania continue to make progress in implementing national postpartum hemorrhage guidelines consistent with AMTSL and scaling up the practice in health facilities. This activity was the first time ECSA-HC's Family and Reproductive Health Team analyzed country guidelines, which then provided a baseline for further follow-up and evaluation of progress. This activity yielded policy impact in several countries and reinforced ECSA-HC's skills.

Support to the Africa Bureau. To provide direct support to the work of AFR/SD, the Africa 2010 MNH team participated in discussions of studies, new technologies, and technical working groups that informed AFR/SD's health team about emerging issues and partnerships. The project also assisted USAID Liberia and the Liberian Ministry of Health (MOH) in assessing the status of its maternal, newborn, and child health (MNCH) programs, which informed the development of the new USAID health program in Liberia. Africa 2010's director, who is valued as an expert in this area, is often called upon to provide technical guidance to USAID at the global and regional level and to other partners, including WHO, UNFPA, and UNICEF.

At the request of AFR, Africa 2010 wrote a concept paper on scaling-up evidence-based interventions in Africa to make an impact on maternal mortality. This paper, written quickly in collaboration with the AFR/SD Health Team, was fed into important USAID processes as new strategic directions for the agency were discussed.

Conclusions. Africa 2010's MNH activities made progress toward improving the health status of Africans and the capacity of African institutions. With the funds available, the MNH team at Africa 2010 has done catalytic work to spread life-saving approaches widely and has been an advocate for emerging issues like newborn health.

3. Child Survival

Currently, although declines in under-5 mortality have been documented in many African countries, few if any are on track to meet MDG 4. Africa 2010's child survival program was designed to work in a limited number of strategic areas. As shown on Table 1 on page five, child survival activities have utilized approximately $1.7 million, 11% of Africa 2010 funds expended through project Year 4, fourth largest among the eight technical program areas. This element of the project is staffed by one full-time staff backed by the project leadership, the ACD team, and the MNH team. Key activities included supporting the scale-up of community case management and revitalizing the use of oral rehydration therapy (ORT).

Scaling-up community case management in West Africa. Africa 2010's child survival activities have primarily focused on CCM of childhood illness, especially malaria, pneumonia, and

[12] The Prevention of Postpartum Hemorrhage Initiative (POPPHI) is a USAID-funded project to reduce postpartum hemorrhage, the single most important cause of maternal deaths worldwide.

diarrhea, and are concentrated in West Africa. The project advocated inclusion of newborn care into CCM strategies, particularly as a point of entry. An initial advocacy effort was to convince WAHO's director general that CCM was an effective strategy; it led to WAHO supporting two stakeholders' meetings on expansion of CCM. After the meetings, ECOWAS through WAHO supported implementation at sites in Nigeria, Burkina Faso, The Gambia, and Mali, with technical assistance from Africa 2010. Africa 2010 also assessed the opportunities for closer collaboration with private drug sellers in Ghana, and contributed to the *CCM Essentials Guide* published by the CORE Group and other partners.

Additional child survival activities are cross-referenced in the sections no Infectious Disease (with the Alliance for Malaria Prevention) and MNH care (integration of the newborn).

In the original project design, most of the child survival activities were planned in collaboration with WHO/AFRO, including a direct grant from Africa 2010 to fund a joint work plan. However, due to contractual issues, this did not come to fruition, and the project shifted from addressing integrated management of childhood illnesses (IMCI) with WHO/AFRO to the CCM activities that it has completed.

Revitalizing oral rehydration therapy. Recognizing the low and declining use of ORT and the high mortality from diarrhea in many African countries, Africa 2010 partnered with WHO/AFRO, UNICEF, and RCQHC to assess ORT utilization in Benin, Ethiopia, Mali, Senegal, and Zambia. The study has been completed and a paper on the findings is being drafted. The hope is that the findings will be used to catalyze action from international partners, regional and sub-regional institutions, and national governments to improve ORT distribution and use.

Support to the USAID Mission and AFR/SD. Africa 2010 works closely with the child health advisory team in AFR/SD on CCM, participating in a variety of committees and technical working groups. Through this work, the child health team has tapped into the expertise in the Africa 2010 ACD team to assist with work on malaria. Africa 2010 also provides AFR/SD with the capability to execute special studies, like the ORT revitalization study, that will impact future USAID programming. However, AFR/SD would like to see more in-depth analyses of child health issues, such as meta-analyses and assistance in identifying questions for future research.

Conclusions. The project's child health activities have centered on CCM. Working in collaboration with other groups, Africa 2010 has helped to move CCM policies forward in many countries, especially in West Africa. It has not been able to realize similar gains in East Africa because ECSA-HC does not have a child survival program.

4. Gender-based Violence

GBV is endemic throughout Africa,[13] but Africa 2010's investment in GBV activities has been very limited. In terms of expenditures, GBV ranks last among the project's technical areas. Expenditures through October 2009 were just under $0.5 million, about 3% of total expenditures. Though the project's GBV work experienced personnel change during 2008, the transition was seamless. The work is currently staffed by one full-time employee backed by the project leadership and the ACD and RH/FP teams.

Raising Awareness of Gender-Based Violence

Africa 2010 published and disseminated a report showing that GBV in the region ranged from a low of 30% of women in Malawi, Rwanda, and Zimbabwe to about 50% in Cameroon, Kenya, and Zambia and as high as 60% in Uganda.

[13] V. Rumbold and J. Keesbury, "Sexual and Gender-based Violence in Africa: Literature. Review." February 2008. Nairobi: The Population Council.

Activities in East and Southern Africa. Despite the modest investment, Africa 2010's activities in East and Southern Africa have met with considerable success in increasing awareness of GBV and getting countries to initiate efforts to address it. The project first analyzed Demographic Health Surveys (DHS) data from seven countries[14] that documented the severity of the problem.[15] The publication has been widely disseminated globally as well as regionally, such as at the Woodrow Wilson Center in Washington, an international conference on gender in India, and the African Union Conference in Ethiopia. That analysis in turn led to ECSA's formulation of a *Sub-regional Implementation Framework for GBV Prevention and Control,* which was disseminated to 10 member states and to key stakeholders in the region. These resulted in GBV being put on the agenda for the Council of ECSA-HC Health Ministers, which passed a resolution[16] seeking to end GBV and child sexual abuse (CSA) in the region. The resolution called on member countries to develop/review GBV legislation, policies, and strategies by 2010 and on ECSA-HC to support three countries in implementing the ECSA-HC sub-regional GBV framework. (Africa 2010 expects to work with ECSA-HC on implementing the framework in Zambia.) The project also worked with ECSA-HC to develop a tool to monitor these efforts.

Africa 2010 also carried out a number of activities to build the capacity of African organizations to recognize and deal with GBV in post-conflict settings. It partnered with and funded the Centre for African Family Studies (CAFS) to design a course entitled *Strengthening Multi-sectoral Prevention and Response Interventions to Sexual and Gender-Based Violence*. The course was piloted to train African Humanitarian Action (AHA) staff. To date, AHA has trained16 health workers deployed in its refugee camps in Burundi, the Democratic Republic of Congo (DRC), Ethiopia, Liberia, Namibia, Rwanda, and Uganda in the prevention and response to GBV. The new GBV course adopted by CAFS is to be offered independent of Africa 2010 technical assistance.

Activities in West Africa. Because GBV has not been a priority for WAHO, project activities in West Africa have been limited to participation at meetings, input on training, and collaboration with WHO/AFRO on clinical guidelines for dealing with CSA. A literature review on CSA in sub-Saharan Africa is in process as part of a four-step strategy to address GBV there.

Conclusion. Africa 2010's success in documenting the GBV problem in East and Southern Africa, raising awareness, and effectively bringing Health Ministers to agree on an initial course of action is a particularly noteworthy achievement and demonstrates the potential of sub-regional health organizations to influence policy. If the governments of the region and ECSA-HC follow up as the ministers decreed, there is hope that GBV might be addressed throughout the region. Africa 2010 points out that Tanzania and Swaziland already begun to recruit staff for GBV offices in their MOHs. It will be important for Africa 2010 to continue to encourage and assist ECSA-HC in maintaining momentum.

5. Infectious Diseases

The project's work on infectious diseases received $1.9 million, about 12% of total resources expended in the first four years, making it the third largest of the technical areas. This work featured malaria prevention and control, TB prevention and control, and strengthening disease surveillance and response systems. While the lead technical advisor for infectious diseases is also the project's technical director, many other staff members from ACD and child health have contributed to this work.

[14] Cameroon, Kenya, Malawi, Rwanda, Uganda, Zambia, and Zimbabwe.
[15] Reena Borwankar and Elisabeth Sommerfelt, *Gender-based Violence in sub-Saharan Africa: A Review of Demographic and Health Survey Findings and Their Use in National Planning.*
[16] ECSA-HC/HMC48/R6 March 2009

Malaria prevention and control. Africa 2010 worked with the Alliance for Malaria Prevention (AMP) to develop a toolkit for integrated campaigns to distribute and promote use of long-lasting insecticide-treated nets (LLINs). By the end of 2009 the toolkit had been used in 20 countries, contributing to effective organization of mass distribution of LLINs in many countries. Africa 2010 conducted other activities to encourage increased attention to malaria control and prevention within its child survival CCM activities.

Advocacy, communication, and social mobilization to prevent and control TB. The project has used the limited resources available for TB to fill a gap in most national programs and strategies: advocacy, communication, and social mobilization (ACSM). Africa 2010 worked with the Program for Appropriate Technology in Health (PATH) to adapt its TB ACSM training manual to the African context and enlisted partners ECSA-HC, TB-CAP,[17] the Stop TB Partnership Secretariat, and WHO/AFRO to train four East African country teams. With financial support from the Global Fund, those countries used the action plans developed from this training to scale up ACSM interventions. Africa 2010 also developed a tool for ECSA-HC to monitor implementation of the plans.

Africa 2010 has taken the lead in drawing attention to the issues of pediatric TB. In concert with numerous organizations, it acted as a catalyzing agent in East Africa by conducting a literature review, calling an expert consultative meeting, and identifying priority research questions on diagnosis and management of pediatric TB. As a result, Kenya has created a pediatric TB working group, the pediatric TB guidelines are being revised in Uganda, and WHO/AFRO has stepped up efforts to assist African countries to update pediatric aspects of TB prevention and control policies.

Strengthening integrated disease surveillance and response. In 2008 Africa 2010 was called upon to assist with avian influenza preparedness plans in Burkina Faso, Cameroon, Niger, Nigeria, and Mozambique, particularly with development and implementation of avian/pandemic flu communication and surveillance plans. The project cosponsored several meetings, prepared panel discussions at USAID partners' meetings, participated in multi-agency country visits, and joined WHO/AFRO and other partners in preparing a series of papers on the first decade of integrated disease surveillance and response implementation.

With the assistance of Africa 2010,WAHO is working to improve epidemic outbreak preparedness and response by creating a sub-regional plan for prevention and response and an advocacy tool for the creation of sub-regional and national funds for epidemic prevention and control. Africa 2010 is on the steering committee for these activities and is providing valuable feedback during the development phases. Its ACD team is also planning to train country personnel in use of the advocacy tool. It is expected that this activity will result in country prevention and response plans based on the sub-regional plan and will help ensure that national and sub-regional funds are available to implement the plans. Harmonization of disease surveillance efforts and creation of sub-regional and national funds would be major achievements; attaining them is likely to require sustained effort from WAHO and may need additional support from Africa 2010.

Support to AFR/SD. The technical director has proven to be a valuable asset to AFR/SD by providing top-quality leadership on infectious diseases and working with sub-regional organizations.

[17] The Tuberculosis Control Assistance Program (TB-CAP) is a USAID-funded project that aims to decrease morbidity and mortality by increasing case detection and treatment success of pulmonary TB patients in USAID priority countries.

Conclusions. As with other technical subsectors, it is difficult to assess the importance of Africa 2010's infectious disease work because much of it was done in conjunction with other actors and in most cases will require considerably more monitoring to generate information on its impact on policies and programs**.** However, the flexibility, responsiveness, and technical skill the Africa 2010 team has shown are critical to advancing key activities, and the project is able to react quickly as technical needs emerge.

6. Health Systems

In countries with very limited resources for health, efficient use of those resources is doubly important. Yet health systems in Africa, always notoriously weak, have become more so due to poor resource allocation and major shortages of financial and human resources. Although it contains only 12% of the world's population, Africa accounts for 22% of the total global disease burden and more than 68% of the people living with HIV and AIDS (PLWHA), yet it has only 2% of the world's health workforce and benefits from only 1% of the world's health expenditures. USAID has worked to address systemic weaknesses through a variety of mechanisms, including GH, bilateral, and regional and sub-regional projects like Africa 2010.

Africa 2010's strategic approach to strengthening health systems has covered health financing, human resources for the health sector, and governance. Its activity on health systems has been modest: less than $1 million, about 6% of project resources.[18] Only the GBV area received fewer dollars. This area was initially staffed with a full-time person assisted by the technical director. In 2008, due to budget constraints and at the request of the US subcontractor, staff time was reduced to 50%. The technical director and project director continue to assist this area.

Health care financing. Africa 2010 has emphasized efforts to increase appreciation for and utilization of National Health Accounts (NHAs). The NHA is an analytical tool that helps decision-makers to measure the sources and uses of resources utilized in the health sector and thus, hopefully, to make better decisions. NHA analyses in some countries, for instance, have shown out-of-pocket expenditures to be the largest source of financing for the sector, a disturbing fact that might convince finance ministers to allocate more resources to health.

Africa 2010 has worked primarily with sub-regional organizations to raise awareness of NHAs and train practitioners from interested African governments. The project helped AFR/SD to promote the tool in an address to the African Union Health Ministers' Conference in 2006. As a result, the ECSA-HC ministers passed a resolution calling for their governments to carry out NHA analyses. Subsequent advocacy and training efforts were more technical. In West Africa, Africa 2010 worked with WAHO to encourage the use of NHA and collaborated with WAHO and CESAG[19] to train 26 officials to carry out NHA analyses.[20] Trainees used the knowledge and skills they acquired in CESAG's workshop to successfully mobilize resources and implement a first round of analysis using the NHA methodology. In East Africa, Africa 2010 provided training materials and financial support that allowed ECSA-HC to train 11 officials from five countries[21] to carry out NHA analyses and act as NHA trainers. While these are noteworthy accomplishments, the sub-regional organizations have little capacity to follow up the training with technical assistance during NHA implementation.

[18] See Table 2 (page 22).
[19] CESAG developed a capacity to do training in NHA thanks in large part to previous USAID projects. Africa 2010 should be applauded for utilizing that capacity.
[20] Africa 2010 also provided a consultant to WHO/AFRO to conduct a training workshop for West and Central African countries.
[21] Kenya, Malawi, Tanzania, Uganda. and Zimbabwe.

Although numerous projects, international organizations, and donors have advocated for the use of NHAs, it is evident that Africa 2010 has contributed to increased interest and capacity to utilize this tool. More African countries are in fact using NHAs, and Africa 2010 indicates that NHA results have aided MOHs to get higher appropriations (e.g., in Benin and Mali) and to make better decisions about investing their resources. While Africa 2010's work appears to have been useful, however, it should be recognized that the World Bank and USAID through the Health Systems 2020 project offer much more intensive support and expertise in this area.

In addition to its work on NHA, Africa 2010 has participated in meetings and offered presentations to raise awareness about other health financing strategies, particularly performance-based financing (PBF) and community-based health insurance schemes. In 2007 the project ECSA-HC to organize a PBF workshop to train participants from 10 countries, including several from West Africa, but the evaluation team is not aware of any follow-up by ECSA-HC or WAHO, making it difficult to determine results. On these and a number of other initiatives in the area of health financing, the project appears to have provided useful advice, increased awareness of effective practices and helped enhance the technical and advocacy capacity of collaborating African institutions. In none of these areas, however, is there evidence of continued advocacy, training, follow-up, and assistance to sub-regional organizations that would help achieve a sustained impact on them or on country practices.

Human resources for health. Although the USAID-funded CAPACITY project[22] takes the lead on most human resource development issues, Africa 2010 has undertaken a number of initiatives. Many of the project's activities have been directed to increasing awareness of and the capacity to utilize best practices in its technical areas; those efforts are described in the technical sections of this report. The project also assessed public health training institutions in two countries as a foundation for human resource development programs. It helped to organize consultative meetings that informed the development and launch of the Leadership Initiative for Public Health in East Africa (LIPHEA). LIPHEA is funded by GB Global to strengthen the capacity of Makerere University School of Public Health (MUSPH) and Muhimbili University College of Health Sciences (MUCHS) to not only provide effective public health leadership for Uganda and Tanzania but also to catalyze the training of public health leaders in the whole region. With technical assistance from Johns Hopkins University and Tulane School of Public Health and Tropical Medicine, LIPHEA has evolved into an Alliance for Public Health Leadership that brings together eight schools in East and Central Africa. Continued Africa 2010 involvement was limited by resource constraints. However, in early 2007 the project assisted the Liberian MOH conduct an assessment of both public and private health training institutions so as to identify changes in training needed to implement a new package of basic health services.

Support to USAID. Africa 2010 drafted a number of useful papers and conducted analyses for AFR/SD and Missions. Particularly noteworthy is Stephen Musau's paper, *Impact of the Global Economic Crisis on Health in Africa.* Considerable effort was also expended on another paper on health financing that AFR/SD did not accept.

Conclusions. The Africa 2010 work on health systems was carried out competently and was appreciated. Results were positive but limited by the modest investment; the wide range of activities, topics, and practices on the agenda; the limited financial and human resources of some collaborating institutions; and the very large geographic target area that the activities sought to reach.

[22] The Capacity Project is a global initiative to improve the quality and use of priority health care services in developing countries by improving workforce education, training, planning, and leadership and by strengthening systems to support workforce performance.

7. HIV Multisectoral Development and Programming

The impact of HIV/AIDS extends beyond health into every sector; for Africa 2010 this strategic area was intended to analyze information, build capacity, and promote the scale-up of successful multisectoral approaches to HIV/AIDS prevention. Although AFR/SD was unable to use HIV/AIDS funds for Africa 2010, the project was able to utilize child survival monies for activities linked to children and mothers affected by HIV/AIDS, such as those on pediatric AIDS or orphans and vulnerable children (OVC). Through project Year 4, HIV/AIDS multisectoral programming spent $1.3 million, about 7% of the total. This strategic area ranked sixth of eight technical areas in terms of budgetary resources and was staffed by one full-time technical advisor, but that person passed away in early 2009. Responsibility for this area is now shared between the project director, the technical director, and the nutrition team.

Improving pediatric HIV care. The project's most significant work on pediatric HIV/AIDS was to help validate WHO clinical criteria for diagnosing severe HIV in infants and children under 18 months. The preferred diagnostic tool, virologic testing, is often not available in low-resource settings. Africa 2010 provided assistance to the African Network for Care of Children with HIV/AIDS (ANECCA), an arm of RCQHC, to validate the WHO clinical criteria for a "presumptive diagnosis" that permits physicians to begin treatment with antiretroviral therapy.

Africa 2010 provided support to ANECCA on the design and process of the three country study, forming a study team, protocols, internal review board approvals, management of the study, and analysis and dissemination of results. The study evaluated symptomatic and HIV-exposed infants and validated that the clinical criteria are appropriate for use in low-resource settings. The results have been disseminated at several global HIV meetings and are currently being incorporated into WHO guidelines. This ground-breaking study should indirectly help reduce infant mortality due to HIV.

Support to USAID Missions and AFR/SD. Africa 2010 provided limited support to USAID Missions and AFR/SD. In Mozambique, the project worked with a technical team to analyze the strengths, gaps and opportunities in partners' OVC service delivery and capacity. It followed up the analysis with a paper on identifying constraints on quality multisectoral OVC programming. Finally, the project provided support to USAID's Bureau for Democracy by studying community action and the mobilization of resources to benefit vulnerable children in Malawi and Zambia.

Conclusions. These examples, particularly the validation of the algorithm for the presumptive diagnosis of HIV among infants, are useful contributions to the broad field of HIV/AIDS care and treatment. However, plans for activities within the manageable interest of AFR/SD were not fully implemented due to budget constraints, the illness and death of the technical advisor, and difficulties in hiring a replacement.

8. Nutrition

In sub-Saharan Africa malnutrition is by far the largest contributor to child mortality. Africa 2010 has allocated considerable funding to addressing this multifaceted public health problem, to date expending approximately $2.6 million, 17% of total expenditures, making it the second largest technical focus of the project. Working on nutrition are a full-time senior nutrition and food security advisor and a part-time nutrition specialist.

Advocacy and Action for Nutrition in West Africa

In West Africa, five countries have now adopted the ENA framework as the central strategy for their national response to malnutrition among vulnerable populations. WAHO's advocacy for nutrition and the integration of ENAs—supported by Africa 2010, Helen Keller International, and USAID/West Africa—resulted in 15 Ministers of Health adopting a nutrition action resolution.

The project has sought to (1) strengthen the capacity of regional and sub-regional inter-governmental bodies and their member states to scale up implementation of the Essential Nutrition Actions (ENA)[23]; (2) foster collaboration between nutrition and agriculture sectors and among governments and donors in West Africa; and (3) facilitate incorporation of nutritional support into other health programs. This section will discuss the actions taken in these three areas and their impact, point out several weaknesses and gaps in the program and offer the team's overall conclusions.

Capacity strengthening for the implementation of ENA. To help countries develop and implement integrated approaches, Africa 2010 expanded the dissemination and coverage of the ENA framework, which has been proven to significantly reduce both mortality and malnutrition.[24] ENA's seven interventions promote optimal nutritional practices at key times during the life cycle—spanning infant and young child feeding, micronutrients, and women's nutrition.

In collaboration with ECSA-HC and WAHO, the project conducted four sub-regional training-of-trainers workshops. The workshops provided 94 health and program managers with knowledge and skills in ENA-related behavior change communication (BCC), programming, and M&E, and resulted in 14 country action plans to guide integration of ENA into national maternal and child health and other programs.

In West Africa, five countries[25] have now adopted the ENA framework as the central strategy for their national response to malnutrition among vulnerable populations. WAHO's advocacy for nutrition and the integration of ENAs (supported by Africa 2010, Helen Keller International [HKI], and USAID/West Africa) resulted in 15 Ministers of Health adopting a resolution on Action for Nutrition. Once implemented, this resolution has the potential to improve the health and nutritional status of 117 million women and children in the ECOWAS region.[26] Africa 2010 also supported country-level implementation and monitoring of ENA in three countries in the ECSA sub-region and two West African countries, leveraging resources from UNICEF, USAID/East Africa, WHO, WAHO, and HKI.

These efforts contributed to the following national impacts:

- **Niger** adopted the ENA framework as its core strategy to address malnutrition among vulnerable populations. Also, the MOH mobilized additional resources from its own government and $27,000 from WAHO for implementing the ENA-based strategy.
- **Mali** established a new budget line item—totaling CFAF 4 million—in its national health budget for management of malnutrition using the ENA approach.
- **Lesotho** began implementing its country action plan nationwide with funding leveraged from WHO, conducting cascade training for 64 health workers in 9 out of 10 districts.
- ***Fostering collaboration among governments and donors in West Africa and linkages between the nutrition and agriculture sectors.*** Since addressing malnutrition and food insecurity requires a multisectoral response, Africa 2010 promoted an innovative strategy of forging sub-regional partnerships to incorporate nutrition into nonhealth sectors.

[23] The seven ENAs are **(**1) optimal breastfeeding; (2) complementary feeding with continued breastfeeding; (3) nutritional care of sick and malnourished children; (4) women's nutrition; (5) control of vitamin A deficiency; (6) control of anemia; and (7) control of iodine deficiency disorders.
[24] Z. Buttha , T. Ahmed, R.E. Black, S. Cousens, K. Dewey, E. Giugliani, et al., What works? Interventions for maternal and child undernutrition and survival. *Lancet* 2008;371:417–40.
[25] Niger, Mali, Guinea, Burkina Faso, and Côte d'Ivoire.
[26] Buttha et al., op. cit., n. 24.

To improve collaboration among stakeholders in West Africa, Africa 2010 supported the ECOWAS Regional Nutrition Forum. Created with assistance from the SARA project, this network brings together national directors of nutrition divisions and partners, and other nutrition actors. At annual meetings forum members share best practices, agree on initiatives to be implemented in their own countries, and make recommendations for MOH policies and approaches that should be adopted in the sub-region. The forum also promotes healthy competition between countries, because directors of nutrition invariably weigh their national programs against those other countries, and sets the stage for greater inter-country accountability for nutrition programming. While other donors contribute funding, WAHO considers AFR/SD—first through SARA, then Africa 2010—to have been the earliest, most consistent contributor to the forum.

Through the forum, Africa 2010 fostered linkages between the Committee for the Fight Against Drought in the Sahel (CILSS) and WAHO to integrate nutrition indicators into early warning systems for food insecurity. In a region where approximately 10% of children under 5 suffer from acute malnutrition (wasting),[27] integrating nutrition indicators into the established CILSS surveillance system will help decrease response time when malnutrition cases spike; in turn, faster response time will contribute to helping countries reduce child mortality. Complete integration of nutrition indicators into the CILSS early warning system has not been possible because of the project's funding constraints. Still, WAHO and CILSS have tested the nutrition surveillance component of the early warning system in Senegal and Gambia, and WAHO is compiling findings from this pilot to share with the other CILSS member countries.

Facilitating incorporation of nutritional support into other health programs. Malnutrition weakens the immune system and increases susceptibility to opportunistic infections in patients with active TB and PLWHA. To improve global and national policies and programs, Africa 2010 conducted assessments and created training materials and issues papers addressing the nutritional needs of OVC, persons with active TB, and PLWHA. The project's analytical work on TB, pediatric HIV, and prevention of mother-to-child transmission of HIV has the potential to improve the care and treatment of OVC and people living with these diseases.

Conclusions. The significant results Africa 2010 has achieved in the area of nutrition have the potential to help countries reduce malnutrition rates among vulnerable populations. WAHO and ECSA-HC managers expressed great appreciation for the project's technical and financial support for nutrition activities. At the same time, better collaboration with USAID missions and more follow-ups and assessments, especially an in-depth assessment of how partners and trainees roll out ENAs in specific countries, could render Africa 2010's nutrition interventions more effective. It may also want to consider systematically helping countries apply the PROFILES[28] nutrition advocacy tool in conjunction with ENA based on successes with the tool in Niger and other countries and also investigating ways to capitalize on the existing health competition to accelerate ENA roll-out.

[27] UNICEF, State of the World's Children 2009 Report (NCHS/WHO 200-2007). Global acute malnutrition rate is a population indicator that counts cases of moderate acute plus severe acute malnutrition in a population. ("Acute" is used in the medical sense of recent or current.) Technically, global acute malnutrition comprises all cases with weight- for- height z-score <-2 or with bilateral edema present.

[28] Developed by AED, PROFILES is a process of nutrition policy and advocacy that uses current scientific knowledge and interactive computer-based models to project the functional consequences of poor nutrition on important development outcomes such as mortality, morbidity, fertility, school performance, and labor productivity. PROFILES also estimates the costs and benefits of nutrition programs in a given country. http://www.aed.org/Projects/PROFILES.cfm

9. Advocacy, Communications, and Dissemination

Advocacy and communications cut across all areas of public health. Accordingly, the ACD team supports all the technical teams within Africa 2010, and its costs are attributed to each technical area according to the amount of resources expended.

Africa 2010 project documents reveal a strikingly large number of ACD activities in each of the 10 technical areas the project covers: The project has produced and disseminated 40 documents, developed and maintains a project website, and assists in development of resources (toolkits, training manuals, strategies, and messages) in collaboration with the technical teams.

Key activities with ECSA-HC. Africa 2010 provided technical and financial assistance for developing a branding strategy for ECSA-HC. The plan included two main elements: (1) an advocacy plan organized by technical areas of ECSA-HC; and (2) a media relations plan to view media as an important ally. Central to this work was building the capacity of ECSA-HC's manager for research information and advocacy through a short course in advocacy and participation in the development and institutionalization of the communications strategy. ECSA-HC staff members were extremely appreciative of Africa 2010's assistance and felt it had helped them to implement the strategy. However, the evaluation team saw little evidence confirming the impact of the strategy to date. [29]

Increased public awareness of health issues often leads to increased pressure on governments to increase budgetary allocations to health or to improve the quality of services. In collaboration with Africa 2010 and the PRB, at its Directors Joint Consultative Committee meeting in 2009, ECSA-HC trained journalists from Kenya, Tanzania, and Uganda in reporting on GBV and maternal and child health. In 2007 the project had trained a core group of the journalists who attended the 2009 training, but the earlier training did not have the same thematic focus. Since 2007, journalists trained have produced over 130 articles and broadcasts. ECSA-HC believes that this number represents an increase over previous periods and that the quality of reporting has improved, although there has been no independent confirmation of these hypotheses.

The 2009 training also produced the first conference newsletter, the *ECSA-HC Bulletin*. ECSA-HC plans to use this newsletter as a channel to disseminate news and technical information in the region to both MOHs and the general public. The evaluation team found the *Bulletin* to be attractive and potentially useful to health officials in the region, although, taking into account similar publications, ECSA-HC needs to clarify its role and the planned dissemination strategy.

Support for USAID Missions and AFR/SD. Africa 2010 provided technical support to the USAID Missions in Burkina Faso, Nigeria, and Mozambique by developing country ACD plans on preparedness and response to the avian influenza threat. The ACD team also translated and printed copies of avian influenza information, education, and communication materials which were distributed to Missions and other partners.

The ACD team also responded to requests from AFR/SD to assist with presentation and materials for conferences, such as one on the African Growth and Opportunities Act (AGOA) and the

[29] Africa 2010 staff believes that the research information and communication manager acquired the skills he needed to understand, prioritize, and implement advocacy and communication activities in the strategy. ECSA is also rebranding itself internally by documenting its history and redesigning its website. There are pictorial depictions of the history in the ECSA office. Externally, ECSA is now linking journalists with news sources in the region.

USAID Africa Bureau's Population, Health and Nutrition (PHN) Officers State of the Art (SOTA) meeting.[30]

Conclusions. Activities with ECSA-HC would not have taken place without Africa 2010 collaboration—sometimes its initiation and always its support. On the whole, the cumulative impact has been broad dissemination of best practices and important policy documents. Without exhaustive analyses of Africa 2010's contributions to these efforts, however, it is difficult to identify causal relationships between activities and impact on health status in Africa or sustainable capacity in sub-regional organizations. It is suggested that Africa 2010 explore including BCC in its work with sub-regional organizations.

As with many Africa 2010-assisted interventions, more follow-up and sustained support of sub-regional institutions are necessary. Once again, the very limited availability of technical staff in those organizations emerges as a key constraint.

10. Monitoring and Evaluation

M&E is vital to ensure the effective planning, management, and accountability of any health program. Africa 2010's M&E unit consists of one full-time M&E advisor and the GBV advisor, who also plays a key role in monitoring the project results and contract deliverables. To date the project has expended approximately $1.1 million on M&E activities. The following two sub-sections, respectively, discuss the principal project activities to support the sub-regional health organizations' activities and USAID activities.

Strengthening performance and information management capacity of key sub-regional institutions. Africa 2010 has made considerable progress toward instituting an M&E culture at WAHO and ECSA-HC. Before partnering with Africa 2010, both lacked M&E capacity and systems. Through targeted technical assistance, the project enhanced their understanding of the role of M&E systems in facilitating learning and program improvements and ensuring accountability to donors and member states. Key Africa 2010 accomplishments in strengthening the M&E capacity of African institutions were:

- *Assessing the sub-regional health organizations' implementation of their strategic plans.* Recommendations from Africa 2010's assessment of how WAHO and ECSA-HC were implementing their strategic plans[31] were incorporated into their new strategic plans,[32] which now address newly identified managerial and technical issues. Both organizations also hired M&E officers and began the development of M&E systems.

Assessments Lead to M&E Actions

Assessments of how WAHO and ECSA-HC were implementing their strategic plans led to new plans that addressed newly - recognized managerial and technical issues. Both organizations also hired M&E officers and began to put in place M&E systems.

- *Improving country-level monitoring and reporting.* In collaboration with the sub-regional institutions, Africa 2010 designed reporting tools for country-level implementers to track specific activities. Sub-regional institutions have begun to use the tools to follow up on action plans, health ministers' resolutions, trainings, and other outputs. When regular reports are available, the sub-regional organizations will be better able to track progress.

[30] The African Growth and Opportunity Act is a U.S. law that significantly enhances duty-free access to U.S. markets for 39 sub-Saharan African countries.
[31] The strategic plans evaluated cover 2003–07 for WAHO and 2004–07 for ECSA-HC.
[32] The new strategic plans cover 2009–13 for WAHO and 2008–12 for ECSA-HC.

- *Transforming WAHO into a sub-regional hub for health information:* Africa 2010 is assisting WAHO to establish an online data repository to collect, manage, and disseminate health information on key health statistics, research, best practices, and consultants available for technical assistance. The project helped draft the implementation plan and facilitated WAHO's access to and use of online data management technology. When it is operational in early 2010, WAHO's online repository should be a valuable source of up-to-date health information by country, increasing WAHO's visibility and value to its members.

- *Strengthening ECSA-HC's management capacity.* The project provided technical and financial support for drafting ECSA-HC's business plan, which outlined a clear strategy for ensuring institutional efficiency and sustainability

Technical support to USAID operating units. Africa 2010 conducts regional program reviews and evaluations and participates in country assessments as requested, giving expert advice on evaluation methodologies and tool development. The project involves African consultants as team members in analyses and assessments, which provides a field perspective and increases learning in the region. Moreover, its packaging of evaluation results for different audiences, using summary publications, briefs, and presentations, facilitates information use.

Africa 2010 produced the following key M&E technical assistance outputs for USAID operating units:

- *East Africa ROADS program assessment.* Africa 2010 provided technical support to the USAID/East Africa Mission to assess the Regional Outreach for Addressing AIDS through Development Strategies (ROADS) program. The results guided the drafting of the request for proposal for ROADS II.

- *Zimbabwe health system assessment.* Upon request from the USAID/Zimbabwe Mission, Africa 2010 provided M&E expertise to conduct a rapid assessment of the national health system. USAID used its recommendations to engage key stakeholders in a dialogue on priority areas for health sector investment.

- *West Africa program assessment.* At the request of AFR/SD, Africa 2010 provided technical and managerial support for a mid-term assessment of USAID/West Africa's sub-regional health program. The Mission used the findings and recommendations to design the follow-on to its flagship sub-regional health project, Action for the West Africa Region (AWARE).

- *Evaluation of the USAID grant to WHO/AFRO for disease control and reproductive health programs*. At the request of AFR/SD, Africa 2010 provided technical and managerial support for a joint USAID–WHO/AFRO mid-term assessment in 2007 and a final evaluation in 2009 of the USAID grant to WHO/AFRO for 2005-2009. The two organizations used the findings and recommendations to inform their continued partnership on health development in Africa.

Conclusions. Africa 2010's technical support in performance tracking and assessment added substantial value to USAID operating units and to African institutions, improving their capacity to manage performance and to learn from programs. The project set a solid foundation for establishing a culture of monitoring at ECSA-HC and WAHO and improved their capacity for M&E of their health programs. Key informants expressed satisfaction with the quality of M&E training and analytical work and saw the need for continued M&E capacity-building assistance from USAID projects like Africa 2010.

Africa 2010's M&E results have the potential to improve the quality of health programs by increasing accountability and improving strategic planning and resource allocation, but in order to realize this potential the institutions will need to adopt system-wide cultures of M&E performance and emphasize both maintaining data quality and using data to inform decision-

making. Also, to make its technical support to AFR/SD more effective, Africa 2010's M&E unit may want to consider giving more importance to monitoring health trends closely and assessing the impact of its regional activities.

B. PROJECT DESIGN AND MANAGEMENT

This section of the report reviews Africa 2010's financial performance, agenda setting, internal project management, and USAID oversight. It then discusses areas of project design and management that the evaluation team believes have affected results achieved.

1. Financial Performance

Africa 2010 was created and has been solely funded by USAID AFR. Unlike Washington-based USAID health projects funded and housed in GH, Africa 2010 does not seek nor receive field support buy-ins. The evaluation believes this constraint results in more limited project interaction with regional and country USAID Missions then would otherwise be the case.

As of the end of FY 2009 (the end of the 47th month of this 60-month contract), the project had accrued expenditures of $16.3 million, which amounted to 79% of obligations ($20.7 million) and 62% of the planned five-year project budget ($26.2 million). The evaluation team considers this, compared with most USAID projects, to be quite satisfactory. The Africa 2010 team has given considerable attention to using the project to leverage other donor resources, at which it has done exceptionally well.[33]

Financial performance would have been stronger had it not been for an unexpected shortfall in USAID funding for the project in FY 2009 (corresponding closely to Year 4 of the project). Expenditures, which had risen steadily to reach $5.1 million in Year 3, were expected to reach $5.5 million in Year 4; instead Year 4 expenditures were cut to $4.4 million,[34] 18% below the expected level and 12% below Year 3.

To cope with this budget situation, which both USAID and the contractor thought would be short-lived, the contractor clearly had to adjust its plans. Its strategy seems to have been to hold on to its most important asset, an experienced staff, so that momentum could be restored once the budget problem was resolved.[35] As Table 2 shows, expenditures on staff declined only slightly (2.4 percent), mainly because of attrition and a partial hiring freeze that affected both professional and support staff.[36] Almost 89% of the expenditure decline from Year 3 to Year 4 was absorbed in three line items: travel and transportation, indirect costs, and consultants. The drop in the first (73%) was particularly drastic; concerns expressed about the limited presence of Africa 2010

[33] Africa 2010 data show leveraging in FY 08 of 290% and in FY 09 of 150%, respectively. Africa 2010 collaborated on most of its activities with other donor organizations that provided a large element of the required technical assistance and financing.

[34] The Year 4 expenditure figures discussed and presented in Table 2 are actual expenditures for the first 10 months of the year and estimated for the last two.

[35] The project also found creative ways of leveraging level of effort and funding from AED's special program, the AED STAR internship. This made it possible to document results in ECSA and to facilitate a culture of follow-up in that institution.

[36] AFR/SD staff believes the reduction was limited to technical rather than support staff, with adverse implications for the project's work. Africa 2010 staff point out, however, that the reduction in staff affected both groups: one technical staff position (regional advisor) and one support staff position (electronic applications specialist, whose duties were absorbed by the publications coordinator) were frozen due to budget constraints. Africa 2010 points out further that these decisions were made in consultation with AFR/SD and implemented only if approved. The HIV multisectoral position was not frozen, but the difficulties the project experienced in hiring a replacement may have given the impression that desired cuts in technical staff were greater than they were.

staff in the field were very likely in part a reflection of the plunge in travel in the year preceding the evaluation.

TABLE 2. AFRICA 2010 YEAR 3 AND YEAR 4 EXPENDITURES BY CATEGORY AND TOTAL EXPENDITURES COMPARED TO CONTRACT TARGETS (U.S. $)

Budget Category	Actual Year 3 11/01/07–10/31/08	Estimated Year 4 11/01/08–10/31/09	Change Year 4 less Year 3	Change as a % of Year 3
Salaries & wages	1,269,878	1,240,031	(29,847)	-2.4%
Fringe benefits	455,965	442,252	(13,713)	-3.0%
Consultants	47,900	1,528	(46,372)	-96.8%
Travel & transportation	431,295	116,990	(314,305)	-72.9%
Other direct costs	228,929	180,020	(48,909)	-21.4%
Indirect costs	909,825	713,769	(196,057)	-21.5%
Subcontractors	1,644,090	1,658,694	14,603	0.9%
G&A	70,469	58,837	(11,632)	-16.5%
Allowances	1,305	0	(1,305)	-100.0%
Fee	45,299	66,169	20,870	46.1%
Total	**5,104,955**	**4,478,289**	**(626,666)**	**-12.3%**
Contract target	**5,291,225**	**5,522,804**	**231,579**	**4.4%**
Actual as % of target	**96.5%**	**86.0%**		

Source: Evaluation team calculations based on Africa 2010 data.

The pipeline of obligated funds that have not been expended and are thus available for the final year (actually 13 months) of the project was $4.4 million, slightly higher than the $4.2 million average annual burn rate for the first four years. However, expenditures in the final 13 months of the project are expected to exceed that rate, and USAID will need to obligate some additional funds to carry the project to its end date. Projected expenditures at that time are likely to be about $21 million, about $5 million below the project ceiling. Thus, if USAID should decide to extend Africa 2010, the unused $5 million should be adequate to cover an additional year of activity.

Subcontracts to African regional and sub-regional health organizations. Africa 2010 has signed subcontracts totaling $2.2 million with six regional health organizations, which are, in descending order of commitment, ECSA-HC, WAHO, RCQHC/ANECCA, CESAG, CAFS and WHO/AFRO. The subcontract to WHO/AFRO was much smaller than Africa 2010 had planned because it proved impossible for WHO to accept some standard USAID provisions (e.g., with respect to auditing). Although this was a setback, Africa 2010 found creative ways to collaborate with WHO/AFRO on such important activities as integrated disease surveillance and response, polio, the ORT study, and the ANECCA study on the diagnosis of pediatric AIDS.

To date, 63% of promised subcontract resources have been obligated, almost exactly the percentage of total project resources expended. (Table E.1 in Annex E shows the type and level of each subcontract.) This financing enhances the capacity of these African institutions, at least in the short run.

Africa 2010 established disbursement mechanisms designed to meet the needs of African partners while protecting the project from having advances outstanding that were difficult to clear. In general this has worked well. ECSA-HC, however, has cash-flow problems and needs cash upfront for activities. Africa 2010 has made accommodations for that.

2. Africa 2010's Agenda-Setting Processes

Africa 2010 is highly unusual in that it finances activities in a number of the technical health areas in which USAID works; other USAID health projects work in at most two areas. Because the contract did not establish specific achievements to be reached in each area, the project expended considerable effort to draft a strategic plan and work plans.[37] Drafting the strategic plan began with a review of AFR strategic objectives in health. Africa 2010 then reviewed the capacity and interests of African regional and sub-regional health institutions and, collaboratively with USAID and those institutions, developed its *Framework for the Selection of African Institutions and Networks for Capacity Strengthening.*

That plan, which called for the project to work collaboratively with 12 African regional and sub-regional institutions, has been the basis of Africa 2010's work. However, it has had to be considerably adjusted for a variety of reasons, most of them outside the contractor's control. For example, the project's subcontract with WAHO outlines a set of activities quite different from those in the *Framework.* The *Framework* also provided for a considerable quantity of work through a subcontract with WHO/AFRO, but WHO determined that it could not accept several standard contract provisions that USAID was unwilling or unable to waive, so the subcontract and much of the planned work with WHO/AFRO did not materialize.

Perhaps the largest factor causing diversions from the plan was the Africa Bureau itself, which utilized the project as a think tank and research arm for AFR/SD, allowing it to respond to crises, provide better leadership and guidance to Missions, and deal more effectively with other donors. Africa 2010 management has worked to be responsive to AFR/SD needs, and by all reports its efforts have been successful. Particularly noteworthy were its responses to outbreaks of avian flu, H1N1, and food shortages and its ability to quickly help AFR/SD prepare for meetings, do research, and prepare briefs. Resources used for these useful and appreciated efforts were substantial: an Africa 2010 staff analysis of project resource utilization through most of the first two years calculated that about 26% of staff time and about 10% of nonstaff expenditures went to meet USAID requests not anticipated in the *Framework.*

There has been considerable variation in the funding allocated to different technical or strategic areas.

3. Internal Project Management

AED seems to have succeeded in putting in place a team of competent health professionals that draws on the strengths of its partners. The leadership team is fully engaged, providing both management and technical guidance. The contractor seems to have made good use of its subcontractors, with Abt Associates providing expertise on health finance, Tulane on infectious diseases, PRB on FP/RH and MNH, and Heartlands on M&E—all by contractual agreement

An important indicator of internal management performance is the ability to effectively monitor performance and meet contract deliverables, as the following explains.

Performance monitoring. Africa 2010 designed and used a variety of tools and methods to track and analyze project data for reporting and as guides to decision making. Key components are its information management system and performance measurement and reporting system.

[37] Africa 2010 staff point out that the project assisted AFR/SD to develop action plan for each of the 11 technical areas. The project work plan consisted of a subset of activities from the AFR/SD action plans.

Africa 2010's innovative information system allows it to track resource utilization and measure performance against targets. Using the project's COTR letters as its core variable, the system tracks activities, results, financial data, and other variables. To improve the quality of data fed into the system, Africa 2010's M&E unit gave African implementing partners standard reporting templates. The project's M&E unit analyzes data to inform project management and technical teams on issues concerning not only performance indicator results but also such other issues as the frequency of issues-identification meetings with AFR/SD counterparts, whether USAID or Africa 2010 initiated meetings, and the distribution of capacity-strengthening activities by technical area or African institution. These data and analyses greatly aided the evaluation team, as demonstrated throughout this report.

For measuring performance and reporting results to USAID, Africa 2010 employs both standard U.S. foreign assistance indicators and indicators customized specifically for the project. (See following section on Deliverables)

Africa 2010 also identified and is using, in limited capacity, indicators linked with activities supporting the development of African institutions. These indicators are based on the project's publication and planning tool, *Capacity Strengthening of African Institutions and Networks: A Strategy*, and are to be used for measuring the outcome of institutional capacity-strengthening activities. At the start of the project, seven organizations were identified as partners to be targeted by activities related to these indicators. However, Africa 2010 has worked primarily with just four (ECSA, WAHO, CAFS, and ANECCA) for reasons already mentioned (e.g., funding constraints, contracting challenges with WHO, etc). Table 3 presents results so far achieved on the project's institutional capacity development indicators.

TABLE 3. AFRICA 2010'S INSTITUTIONAL CAPACITY DEVELOPMENT INDICATORS

Indicators	Results as of Sept 2009	Examples
Number of partner institutions with sustainable changes in the institutional environment (e.g., management systems, human resources, financial health)	4	Based on Africa 2010 assessments and recommendations, ECSA hired an M&E officer, a communications officer, and consultants to lead follow-up at country level, and an AED financial advisor conducted a week-long training on USAID regulations and reporting for ECSA's financial manager and his team.
Number of African institutions adopting improved approaches to health programming at country or regional level as a result of technical assistance from Africa 2010	4	Numerous examples listed under the technical areas in this report.
Number of institutions with strategic plans that respond to AFR/SD priorities and number using improved financial, technical, and management tools	2	ECSA: Strategic Plan 2008– 2012 WAHO: Strategic Plan 2009– 2013
Number of institutions using improved financial, technical, and management tools	4	Management tools: WAHO's operational plan. Technical tool: CAFS' GBV curriculum.

Source: Africa 2010.

Most of the reporting on institutional capacity building indicators is parsed through quarterly reports. Since the indicators were not part of its agreement with USAID, Africa 2010 does not seem to grant them as much importance as it does to performance measures in the contract and to standard U.S. foreign assistance indicators. Still, these indicators will facilitate the work of future evaluation teams seeking to assess "improved capacity of African institutions to plan, manage, and evaluate health programs."

Despite Africa 2010's many strengths, the evaluation team found several deficiencies:

1. Although it conducted special studies to assess the effect of selected activities and two internal assessments of problems and progress, there was no rigorous mid-term exercise to identify internal strengths and weaknesses and guide the way forward.

2. The evaluation team could find no evidence of formal data quality assessments. Not verifying or cross-checking the documentation implementing partners and subpartners keep to support the data they report increases vulnerability to use of inaccurate or unsupported data for project-related decisions.

3. Finally, the project lacks a results framework showing clear linkages between the project's strategic objective, intermediate results, and the associated performance indicators. This limits Africa 2010's ability to support the validity of implied cause-effect relationships (the development hypothesis) during project reviews, strategic planning exercises, and evaluations.

Deliverables. Africa 2010 has been outstanding in meeting contract deliverable targets (see Table 4). The project has already reached or exceeded 11 of 13 targets, and many were exceeded by large margins.

TABLE 4. AFRICA 2010 DELIVERABLES THROUGH YEAR 4

Contract Deliverable	Life of Project Target	Progress to Date[38]	Percent Achieved
1. # of issues-identification meetings	15	36	240%
2. # of consultative group meetings	15	84	560%
3. # of literature reviews/analysis and synthesis documents completed	17	21	124%
4. # of literature reviews/analysis and synthesis results published/disseminated	17	16	94%
5. # of analysis agenda-setting processes developed and tested that capture field inputs, including African institutions, USAID Missions and regional programs, and other donors	8	8	100%
6. # of dissemination and advocacy strategies designed	12	35	292%
7. # of dissemination and advocacy strategies tested and proven effective utilizing African institutions	8	8	100%
8. # of major documents produced	25	25	100%
9. # of special bulletins, brochures, and packets produced	25	32	128%

[38] All deliverables include those carried out through African partner institutions.

TABLE 4. AFRICA 2010 DELIVERABLES THROUGH YEAR 4			
Contract Deliverable	**Life of Project Target**	**Progress to Date[38]**	**Percent Achieved**
10. # of documents translated	15	16	107%
11. # of evaluations, assessments, and special studies conducted/supported	25	22	88%
12. # of collaborative arrangements established with African networks or organizations	7	7	100%
13. # of recommended approaches adopted at the country level	15	21	147%
Totals	204	331	162%

Source: Africa 2010.

Although these indicators do not measure project impact, they do reflect the project's ability to move African health systems gradually toward policies and programs that will yield better health for Africans.

4. USAID Management of the Project

Africa 2010 is managed by the head of the AFR/SD health team, who serves as the Contract Officer's Technical Representative (COTR). The COTR team of 14 direct-hire and contract staff are involved with the management and technical work of the contract. AFR/SD has established a management system for Africa 2010 that includes

- Reviewing and approving key documents, such as work plans
- Participating on strategic teams for each Africa 2010 technical area
- Reviewing and approving strategic plans, subcontracts, and quarterly and annual reports
- Reviewing and approving activities through COTR letters.

The strategic teams are composed of technical staff from AFR/SD and Africa 2010. At times a technical person from GH also participates. Teams meet periodically to discuss developments in their field as they pertain to Africa and to review the project's current and prospective activities. Africa 2010 typically takes the lead in organizing the meeting and proposing an agenda, although USAID often raises issues of concern and does participate actively. USAID and Africa 2010 staffs indicate that these meetings have generally been useful, although the effectiveness of some teams has been diminished by heavy workloads that kept them from meeting as often as intended.

Proposed new activities are typically discussed informally between project and USAID staff. When there is general agreement, Africa 2010 drafts a CTO letter summarizing planned activities, outputs, and budget. This draft is submitted to AFR/SD for review and approval. Through the first four years there were about 262 COTR letters approving $8.2 million in nonstaff expenditures.

The USAID review seems to be rigorous: it is not unusual for a letter to be sent back for revisions, and not all proposed COTR letters are approved. Turn-around time is typically less than a week.

The technical staffs of AFR/SD and the project are also in frequent informal contact. Clearly, AFR/SD has been overseeing the project closely, as would be expected under a contract.

5. Areas of Concern

Despite the numerous positive results already highlighted, there are several design and management issues that merit attention.

The technical scope of the project. Africa 2010 may be unique in its breadth; whereas most other USAID health projects focus on just one or two technical areas,[39] Africa 2010 covers nearly all of the health areas with which USAID deals—and it also covers all of sub-Saharan Africa.

Africa 2010's broad technical scope, it might be argued, reflects the range of health issues in Africa, and therefore the responsibility of the institutions it is intended to strengthen. While the comprehensiveness of this goal is admirable, in actual practice it spreads project resources so broadly that they have less impact. With a total annual budget of about $5 million, of which as much as a quarter is spent in responding to AFR/SD needs, the amount available for work in each of the 8–10 project technical areas averages well under $0.5 million annually. This level of resources, typically allocated for activities with several sub-regional organizations servicing different areas, is inadequate to fund programs of any significant size and scope. With resources spread so thinly, it is difficult to achieve sustained impact either on sub-regional institutions or on country policies and programs.

The breadth of Africa 2010 also makes it difficult to recruit and retain outstanding professionals in each field. Africa 2010 can afford at best to hire only one or two professionals per field, which is not sufficient to adequately address the issues or to provide the level of expertise AFR/SD desires. Additionally, top professionals seek opportunities to work collaboratively with other professionals in their own field as well as to manage other talented professionals. Although the Africa 2010 contractor has put together a solid staff, this feature limits its ability to access cutting-edge thinkers who can provide leadership in their fields. The evaluation team believes that even with the strong contract team AED has assembled, Africa 2010 cannot recruit and retain star performers in all the fields the project is intended to cover.

Africa 2010's physical and financial venue. By "financial venue" the evaluation team means where the project is located within the USAID bureaucracy. Africa 2010 is solely funded by AFR. It receives no Mission funding. Were Africa 2010 to receive buy-ins, there would clearly be closer communication between the project and Missions.[40] Of course, such communications could occur even without buy-ins, but they do not. This is explained in part by what Africa 2010 staff understands to be a prohibition against its initiating contact with Missions. Contact is possible with AFR/SD concurrence, and once established can continue as the parties deem it to be useful. Since the bulk of Africa 2010 activities take place in the field and complement Mission-financed and managed activities, limiting Africa 2010 communication with Missions makes it impossible to harmonize program activities to increase cost-effectiveness.

AFR funding and the Washington base of Africa 2010 have also contributed to confusion about roles within USAID for sub-regional organizations, and perhaps to a lack of a coordinated approach to them. Responsibility for the development of African sub-regional organizations falls to both AFR/SD and the three USAID sub-regional field offices. As a result, USAID support for WAHO now includes assistance from AFR-financed Africa 2010, from the USAID/West Africa-financed AWARE project, and from a USAID/West Africa grant. The fact

[39] In an effort "to reduce the number of management units," USAID has moved in recent years to fewer and much larger projects. However, even health sector contracts that total hundreds of millions of dollars and employ very large numbers of technical experts do not have nearly the technical breadth of Africa 2010.

[40] According to one interviewee, the fact that Africa 2010 is solely funded by AFR/SD and does not take funding from either GH or Missions means that this project is not seen by other USAID projects as a competitor for funds. This may have contributed to Africa 2010's ability to work collaboratively with those projects.

that neither AFR/SD nor Africa 2010 was present at the recent joint WAHO-AWARE II sub-regional agenda-setting meeting in Dakar is indicative of the difficulty in coordinating inputs from different USAID offices.

The project's physical venue in Washington, DC facilitates communications with its principal client, AFR/SD, but it is less than ideal for its primary role: strengthening African sub-regional health organizations and bringing about policy and programmatic changes in African countries. A number of interviewees, particularly but not exclusively those in the field, noted that Africa 2010 staff members rarely visit their African counterparts, working instead through the Internet. E-mail communications are very helpful, the team was told, but do not fully substitute for face-to-face dialogue.

Aside from the effect on client organizations, the fact that Africa 2010 staff members spend most of their time in Washington also reduces the project's visibility and ability to collaborate with other projects and donors. Field-based USAID officers and personnel of other health projects with whom the evaluation team met generally had little or no knowledge of Africa 2010 activities.

III. CONCLUSIONS AND LESSONS LEARNED

1. ***The contractor has done a commendable job and achieved notable results.*** AED has hired technically competent staff and leaders; utilized its subcontractors effectively; established good systems for technical and financial management; established and maintains good relationships with numerous international, national, and country organizations; provides high-quality technical assistance; established an effective system to measure and report results; and has met almost all its contract deliverables within only four years and having spent only 62 percent of its planned budget. The results discussed throughout this report should contribute to better health services in many African countries.

2. ***Africa 2010 has contributed to the introduction of improved national practices.*** There are numerous examples of project work with sub-regional health organizations that introduced improved policies and practices to national policy-makers and health professionals. There are also examples of countries actually using the tools that have been introduced. Africa 2010's experience thus demonstrates the catalytic role in improving national policies and programs that African sub-regional health organizations can play. However, the information available does not permit the evaluation team to reach any conclusion about how cost-effective this type of support is.

3. ***Country-level changes resulting from the project's efforts are fragile and need to be reinforced.*** Because sub-regional organizations do not implement health policies or programs, projects like Africa 2010 can at best help those institutions to introduce and advocate for new ideas and better methods, train national officials, provide tools and technical assistance, and monitor the extent to which changes are introduced and have impact. Indeed, the majority of Africa 2010 "successes" in introducing new policies and tools at the country-level are at an early stage of acceptance and implementation. To ensure their sustainability and scale-up, follow-up from the sub-regional organizations and support at the national level through bilateral projects would be highly beneficial.

4. ***Africa 2010's experience shows that channeling technical assistance to African governments through sub-regional health institutions not only has beneficial effects on national health systems but also strengthens the participating sub-regional institutions. However, most sub-regional organizations remain weak. To achieve their potential, they will require increased technical support from donors and financial support from their member governments.*** The work of Africa 2010 demonstrates that countries pay attention to their sub-regional organizations when they provide high-quality advocacy and training. The financial and technical support of Africa 2010 has made it possible for sub-regional organizations to offer quality programs and often subsidizes the participation of member countries. However, the organizations are thinly staffed and often financially weak. These are problems that individual projects are not well equipped to address; USAID can address them by lobbying governments to increase their support for those organizations.

5. ***USAID's multiple programs of support for sub-regional health organizations and its bilateral programs pursue the same health goals, but these investments are not well coordinated.*** Although all USAID projects are expected to follow the AFR regional health development strategy, not all work collaboratively to leverage each other's efforts. The evaluation team saw little evidence of real collaboration between projects that support sub-regional organizations or between sub-regional and bilateral projects. This creates considerable risk of duplication of efforts.

6. ***Although the bulk of technical support to national health systems still comes from outside the region, African sub-regional health organizations are beginning to function as outside experts to national health systems.*** These organizations are providing new ideas, best practices, and technical assistance to their member countries—a role that international organizations and USAID cooperating agencies have tended to monopolize for the past half century. This south-to-south technical assistance is significant because it puts Africans instead of foreigners in the position of advocates for change. However, because this is a nascent development in most sub-regional organizations, it will require further encouragement and support.

7. ***Africa 2010 might achieve greater impact in countries and on sub-regional organizations if it narrowed its focus to fewer technical areas.*** The project is spread over so many technical areas in such a large and diverse geographic area that the amount of staff time and financial resources that can be devoted to any one area is necessarily small. For instance, Africa 2010 typically can assign only one professional staff member to each area, which restricts the number of activities that can be effectively assisted and managed. Further, although the project worked to establish strategic plans with each of its major African partners, the interventions supported in any particular technical area, even though well-chosen and successful, are isolated changes. Generally, its breadth of activities and resource constraints have limited Africa 2010's ability to undertake interventions or do adequate follow-up on its current activities. There might well be synergies and economies of scale were the project strategy to be to implement a more comprehensive set of activities in a few focused technical areas.

8. ***Electronic communications cannot substitute fully for face-to-face interaction.*** Key staff at African institutions indicated that assistance from Africa 2010 staff was very helpful but that the relationship was too distant, limiting the impact. At the beginning of the project Africa 2010 managers traveled to Africa and conducted joint planning sessions with key African institutions. However, for most key informants interviewed, this was one of only a few times they physically met with someone from the project. Most of the communication since the initial planning has been via e-mail and telephone. Some technical officers at African institutions who were hired within the previous year have never met their Africa 2010 counterpart.

9. ***Africa 2010 would probably have more impact if it were field-based rather than Washington-based so that project professional staff would have more frequent face-to-face interaction with the staff of sub-regional organizations and their clients.*** Fifty years of USAID experience testify to the benefits of field-based projects. Interviews the team conducted suggest that the quality of interaction between the staff of Africa 2010 and the myriad clients and collaborating institutions would very likely be greater if the project were field-based. Such interaction would increase the productivity of staff, facilitate collaboration with other organizations and complementary projects, and thus increase impact. However, the costs of this alternative approach also need to be considered. Maintaining project staff overseas is far more expensive, and those costs would probably negate any travel savings. Further, a field-based project to work with and through African sub-regional institutions would be less able to meet AFR/SD needs for counsel and research, probably making it necessary for AFR/SD to find another mechanism to fulfill that requirement.

10. ***Africa 2010 support to AFR/SD was overall of good quality and considered useful.*** The opinion of the AFR/SD team is that AED's support to AFR/SD yielded positive results that enhanced the work of its health team. Africa 2010 staff was flexible and very responsive to AFR/SD's diverse needs, technically strong in many areas, and provided some capabilities not possessed by the AFR/SD health team, e.g., in publications. However, the evaluation

team found a considerable range of views on the quality and effectiveness of the project's work, some considering it excellent and others not up to the standard established by predecessor projects.

11. ***Communication between Washington and Missions is inadequate.*** Communication and coordination of both AFR and Africa 2010 with Missions appear to be deficient in some respects: (1) The multiple USAID offices supporting the same institutions do not seem to have a shared strategy for those institutions or to collaborate on work plans. (2) Missions' lack of familiarity with Africa 2010 suggests that opportunities for synergy are often missed.

12 ***USAID has a key role in influencing health policy at the sub-regional level that is not being adequately fulfilled.*** As the largest provider of development assistance for health, USAID has a considerable comparative advantage in influencing health policies in Africa. Although AFR/SD actively promotes USAID's views on policy and best practices to WHO/AFRO, it relies almost exclusively on implementing partners to act on its behalf with respect to the sub-regional institutions. Contractors may be respected for their technical ability, but they do not have the legitimacy or carry the same weight as donors. USAID staff could play a strong leadership role in helping to leverage and sustain governmental support for improved health policies and services.

IV. RECOMMENDATIONS

The evaluation team believes that the following recommendations would increase Africa 2010's impact in its final year.

1. ***Increase Africa 2010's interaction with USAID Missions.*** Staff in USAID Missions in Africa seem to know very little about the project's activities and did not receive valuable information the project had produced. For instance, most Missions would greatly benefit from information on the project's work on ENAs, NHAs and repositioning family planning, and nutrition surveillance. In addition to staff turnover (particularly in USAID), Africa 2010's limited ability to contact Missions directly may have contributed to this lack of communication. Increasing its interaction with Missions would require authorization from AFR/SD.

2. ***Increase monitoring the implementation of activities after training.*** Site visits, both in collaboration with and in addition to monitoring by sub-regional organizations, would make it possible to verify data quality and gather information on country-level impact—unforeseen as well as expected. Additional field visits would also increase interaction and collaboration with USAID bilateral programs.

3. ***Use assessments and models to influence policy.*** More could be done to advocate for policy change and greater investment in the technical areas covered by Africa 2010. The project has yet to conduct a comprehensive assessment of how ENAs and NHAs are being implemented by partners and trainees once they return to their own countries. Once an assessment is completed, lessons learned from it and recommendations should be disseminated widely in order to influence policy. Based on Africa 2010's successes with increasing funding for nutrition in Niger, the PROFILES model and other advocacy tools could be used together with assessment results to engage other governments in policy dialogue about raising their investment in nutrition.

4. ***Increase efforts to assess the impact of capacity-strengthening activities in sub-regional institutions***. Measuring the impact of capacity-strengthening activities, particularly the impact of sub-regional programs, is not easy, but it is extremely important. In-depth baseline assessments of the institutional capacity of sub-regional organizations would facilitate future monitoring and help member countries and donors to see whether their investments are bearing fruit. To measure Africa 2010's contribution to regional capacity strengthening, however, might require more costly means of data collection and triangulation, such as research and special studies.

5. ***Improve the monitoring of Africa's health trends in order to better guide AFR/SD decision-making.*** The utility of Africa 2010 to AFR/SD would be enhanced if it were to provide in-depth analysis of health statistics, alerting USAID to significant changes and allowing it to better measure the impact of project activities on the health of Africans. Routine monitoring and analysis of trends for key indicators, based on surveillance and other data from sources such as Demographic and Health Surveys, would facilitate data triangulation for impact assessments and help elicit implications for USAID programming.[41]

6. ***Conduct more meta-analyses and special studies***. Several AFR/SD team members interviewed mentioned the need for significantly more meta-analysis, including more in-

[41] Africa 2010 might collaborate with AIM to disseminate the online Data Online for Population, Health and Nutrition[41] system not only to USAID Missions but to subregional institutions that are trying to build their own databases and health data monitoring tools.

depth analyses and special studies. Examples would be assessing the combined results of several studies on GBV interventions, food fortification, and regional advocacy for policy changes. Given their increased focus on research, regional institutions like WAHO, CEFOREP and RCQHC might be ideal implementing partners for those types of studies. Such partnerships would reinforce the linkages between Africa 2010's two components—strengthening African institutions and serving as a think-tank-like organization for AFR/SD.

7. ***Capitalize on existing productive competition.*** Working with ECSA-HC and WAHO, the project could do more to stimulate friendly competition with respect to specific programs and policies. One innovative alternative would be to work with regional inter-governmental institutions like WAHO and ECSA-HC to put in place a composite indicator (index) that would rank countries based on measures agreed upon by the countries and reported annually. Typical indicators in such a regional health index might be the amount of each country's financial investment in health, the extent to which new policies adopted are implemented, and improvements in key health statistics. In reporting results it would be politically important not only to emphasize absolute scores and rankings but also progress on indicators, so that countries that start out with very low scores can take pride in improvements.

8. ***Formulate an exit strategy to withdraw the project from the existing activities at sub-regional organizations***. It will be important to ensure that sub-regional organizations have the skills and materials they require to continue implementing activities (e.g., training, data gathering, and management and dissemination of information) begun under Africa 2010. An effort to think through, activity by activity, what project inputs are particularly critical would help to ensure that activities are not left unfinished.

APPENDIX A. SCOPE OF WORK

Scope of Work
Evaluation of the Africa's Health in 2010 Project
October 2005 – September 2010
(Revised 11-06-09)

I. PURPOSE

The purpose of this Scope of Work (SOW) is to conduct an evaluation of the Africa's Health in 2010 project (Africa 2010) funded by USAID/AFR/SD from October 2005 to September 2010. The evaluation will review the performance of the project, including project outputs, outcomes, impact, and lessons learned in project implementation, to inform future USAID/AFR/SD programming directions and decisions.

II. BACKGROUND

Africa's Health in 2010 is a five-year project (2005–-2010) managed by the Academy for Educational Development (AED) under a contract issued by the Office of Sustainable Development of USAID's Bureau for Africa (AFR). It is a successor to the Support for Analysis and Research in Africa (SARA) 1 and 2 projects. AED's core partners in Africa 2010 are (1) Abt Associates, (2) Heartlands International Ltd., (3) the Population Reference Bureau, and (4) Tulane University School of Public Health and Tropical Medicine.

Africa 2010 aims to provide strategic, analytical, communications and advocacy, and monitoring and evaluation support to African institutions and networks and to the USAID Bureau for Africa and its regional programs (e.g. USAID/West Africa and USAID/East Africa) to improve the health status of Africans. Africa 2010 focuses its activities in the following program areas: (1) Maternal and newborn health; (2) Child survival; (3) Infectious diseases; (4) Reproductive health; (5) Nutrition; (6) Multi-sectoral support to improving health outcomes including HIV/AIDS, (7) Gender-based violence; and (8) Health system financing.

The project has identified and established technical partnerships with several African institutions. These include the West African Health Organization (WAHO); the East, Central and Southern African Health Community (ECSA-HC); the Regional Center for the Quality of Health Care at Makerere University (RCQHC); the Center for African and Family Studies/African Humanitarian Association (CAFS/AHA); the Centre d'Etudes Superieures en Administration et Gestion (CESAG); and the World Health Organization Regional Office for Africa (WHO/AFRO). Working primarily with these organizations, the project, per its design and mandate, performs the following:

1. provides quality analysis and synthesis of information on health trends, promising practices, and program results;

2. helps engage USAID field offices and selected African experts in shaping the AFR analytic agenda;

3. packages and disseminates new information and lessons from the field, using best practices in knowledge management and information technology and formats tailored to the needs of different audiences at multiple levels;

4. applies systematic analyses of policy environments and target audiences to shape advocacy on priority issues, building the coalitions necessary to champion and shepherd policy and program change;

5. influences policy and programs at the global, regional, and country levels by participating in technical working groups, developing guidelines, and testing and sharing new tools and approaches; and

6. creates a learning environment, using results of monitoring and evaluation, consultative processes, and strategic reviews to feed into programming.

Overall, during the five years of implementation (2005– 2010), the project is expected to achieve the following results:

1. Improved policies, increased resources, and scaled-up programs to improve maternal and child health and nutrition and to mitigate the consequences of HIV/AIDS, malaria, TB, and emerging diseases in Africa

2. Targeted documentation and dissemination, based on evidence, and use in programming of lessons and best practices (for example, for increased coverage and quality of priority health services, community approaches, and strengthened health systems)

3. Increased analytic, communications, and advocacy capacity of African institutions and networks, including increased advocacy for multisectoral approaches to health improvement and gender sensitive programming

As the Africa 2010 contract is coming to an end, USAID/AFR proposes to conduct an evaluation of the project activities that have been undertaken since 2005 to determine the extent to which the goals and objectives were achieved and identify lessons for future programming directions and decisions on implementing mechanisms of a similar nature.

III. OBJECTIVES

The evaluation is expected to accomplish the following objectives:

1. Assess and document the accomplishments and lessons learned over the last four years of project implementation.

2. Review activities of the project over the last four years and determine the extent to which contract deliverables were achieved.

3. Review the contract financial and management processes, and determine the effectiveness and efficiency of project operations.

4. Determine the extent to which the Africa 2010 project has strengthened the technical and management capacity of African partners to implementing health programs.

IV. STATEMENT OF WORK

The evaluation will focus on a programmatic, technical, and managerial assessment of Africa 2010 activities implemented to date. The evaluation will identify accomplishments, performance issues, and constraints in the implementation of the project. It will identify results and lessons learned and make recommendations on activities to be continued, modified, or enhanced in any future USAID/AFR/SD programming decisions.

The evaluation will answer four overarching questions:

1. What results have been realized at both country and regional level during the first four years of Africa 2010?

2. What lessons can be learned from the Africa 2010 effort to strengthen regional institutions and, in the process, to improve country programs as a result of the work with those institutions?

3. What are the contributions to date of Africa 2010 to USAID/AFR/SD regional health development goals?

4. What strategies should USAID/AFR/SD pursue in future programming directions to address regional priority health issues in Africa?

Other specific questions to be answered by the evaluation will include the following:

Technical and Programmatic

1. To what extent has Africa 2010 achieved the technical and programmatic objectives described in the contract agreement? These include

    a. Issue identification (meetings and dissemination)

    b. Consultative group meetings and results disseminated

    c. Literature reviews

    d. Development of an analysis agenda-setting process

    e. Dissemination and advocacy strategies designed, tested and proven effective

    f. Production of 4–5 major documents annually

    g. Production of 25 special bulletins, brochures, and packets over the life of the project

    h. French translations of key documents

    i. Establish collaborative arrangements with at least 4 African institutions

    j. Countries adopt at least 15 recommended approaches.

2. To what extent has Africa 2010 been innovative and creative in its approach to addressing regional health issues related to Maternal, Newborn and Child Health; Infectious Diseases; Reproductive Health; Nutrition; Multisectoral HIV/AIDS; Gender-Based Violence; Health System Financing; Advocacy, Communication, and Dissemination; and Monitoring and Evaluation?

3. What is the perceived impact (value added) of Africa 2010 on stakeholders working in the technical areas addressed by the project?

Management

1. Has Africa 2010 met the staffing requirements articulated in the RFP?

    a. Technical staff hired and in place on schedule

    b. Capability to work in English-, French-, and Portuguese-speaking African countries

2. Has Africa 2010 developed a monitoring and tracking system?

3. Does Africa 2010 have adequate office space, equipment, and managerial staff?

4. How has USAID/AFR/SD's oversight and management aided or hindered Africa 2010 in accomplishing the project results?

5. To what extent has Africa 2010 met the management functions outlined in the project contract including planning, allocation of funds, and coordination of subagreements?
6. How has Africa 2010's monitoring and evaluation system effectively captured and informed project and AFR/SD's results?
7. In light of the available funding, what are some more cost-efficient and effective approaches for achieving the results (evaluate from both a short and long-term perspective)?

V. METHODOLOGY

The evaluation will be conducted by a team to be identified by USAID/AFR/SD in consultation with the Africa 2010 Project, and data will be collected using primary and secondary sources. This will include

1. review of relevant documents,
2. review and analysis of Africa 2010 project output monitoring data
3. in-depth interviews with key informants.

Issues related to project management, implementation, and attainment of results will be addressed in the documents reviewed and interviews. Data will be collected in Washington, with limited country visits to Africa 2010 partners. A brief description of each data source is provided below.

1. Review of Documents and Their Utilization

USAID/AFR/SD and Africa 2010 will provide the evaluation team with historical project documents before the team planning meeting. These documents will include the request for application (RFA), technical proposal, contract agreement, yearly work plans, financial documents, progress reports, publications, and any other relevant materials documenting the implementation process and results. The evaluation team will be responsible for collecting and reviewing any other relevant documents throughout the evaluation. These include tools, technical reports, meeting reports, and dissemination strategies. The team will review all available materials prior to conducting key informant interviews and as necessary throughout the course of the assessment to be able to determine the extent and nature of their use.

2. Review and Analysis of Africa 2010 Project Output Monitoring Data

A significant difference between Africa 2010 and the predecessor projects (SARA I & SARA II), is the strengthening of the monitoring and evaluation component. In the previous projects, limited resources were allocated to M&E. A key output of the monitoring and evaluation unit of the project has been the creation of a database that routinely tracks project inputs through CTO letters and other sources and monitors project outputs or deliverables for each of the technical areas in which Africa 2010 works.

The evaluation team, with support from the Africa 2010 M&E unit, will review and analyze the data contained in this system. Among other things, this analysis will provide the team with answers that will allow them to determine the extent to which project deliverables were achieved, the mix of activities implemented in the key technical areas over the last four years, and the budgetary distribution across the activities implemented across the project technical areas. The data derived from this analysis will supplement the data that the team will collect through the literature review and in-depth interviews with key informants.

3. In-depth Interviews with key Informants

The evaluation team will conduct in-depth interviews with key stakeholders and partners of Africa 2010. The evaluation team will develop a structured interview guide that will be used to

conduct the interviews. The interviews should be loosely structured but follow the list of questions in the guide. The interviewer will probe for additional information related to each question and document the responses. Interviews will be conducted through face-to-face contact or by telephone as necessary, subject to the availability of the respondent for a face-to-face interview, which could be determined by time or space.

Respondents to the interviews will be identified by USAID/AFR/SD and Africa 2010. A list of potential respondents will be developed prior to the start of the evaluation process. Potential respondents will include but not be limited to

- USAID/AFR/SD staff
- USAID regional mission staff
- other USAID staff from offices or bureaus and missions that have knowledge of Africa 2010 project activities
- staff of Africa 2010 partner organizations
- participants in Africa 2010 activities e.g. trainings
- Africa 2010 program and support staff

4. Country Visits

Selected members of the evaluation team or the team leader may make a limited number of visits to countries where Africa 2010's regional partners are located. Decisions on the institutions to be visited will be made jointly by USAID/AFR/SD and Africa 2010 prior to the start of the evaluation process.

In addition to interviews with representatives of the regional institutions, interviews may be conducted with key informants that have participated in activities supported through Africa 2010. Also, additional literature related to Africa 2010 that might not have been available in Washington DC will be collected during these visits.

5. Data Analysis

The evaluation team leader will be responsible for coordinating the data analysis at the end of the data collection process. The analysis will focus on answering the overarching and specific questions outlined above, as well as any other questions that might come up during the data collection process. Each team member will participate in the analysis and contribute to the interpretation of the data, as their area of specialty allows.

VI. DELIVERABLES

Draft Report

At the end of the data analysis process, a draft report will be produced by the team leader; based on the data collected and the analysis conducted. The draft report will include all the components that will be in the final report. Each member of the evaluation team should receive a hard copy of the report for review. The team leader should also provide at least one electronic copy of the draft report to USAID/AFR/SD and Africa 2010 for review and feedback. USAID/AFR/SD and Africa 2010 will provide comments on the draft report to the team leader within 10 working days of receiving the document.

Final Report

The team leader should submit a final report within 10 working days after receiving feedback from both USAID/AFR/SD and Africa 2010. The report will provide a comprehensive assessment of the strengths and weaknesses of the Africa 2010 project; identify successes and achievements, including what worked and what did not work. The report should also include recommendations that will provide guidance for USAID/AFR/SD to make decisions on future programming directions. The final report is to be submitted to USAID/AFR/SD in both hard copy (6 copies) and electronic form.

Once the report is reviewed and accepted, a print-ready version will be reviewed in final before publication**.** Any procurement-sensitive information or future directions recommendations will be removed from the public report and provided to the Mission as an Internal Memo for USAID Use Only.

GH Tech will provide 6 hard copies of the final, USAID/AFR/SD-approved published document within 30 days. In addition, USAID/AFR/SD requires an electronic final version of the report in locked PDF format. The report will be a public document. GH Tech will post the electronic version of the final report on the GH Tech website (www.ghtechproject.com) and submit it to USAID's Development Experience Clearinghouse (dec.usaid.gov).

Debriefing

A debriefing will be organized by USAID/AFR/SD for the team leader and the team to present key highlights of the evaluation findings to USAID staff. The team leader is expected to be available to lead the debriefing on the date and time agreed to by USAID/AFR/SD and Africa 2010.

VII. DURATION, TIMING, AND SCHEDULE

It is anticipated that the period of performance of this evaluation will be 41 days, including the 10 days during which USAID/AFR/SD and Africa 2010 will provide comments on the draft report. The team leader's level of effort (LOE) will constitute 26 of these 41 days. The assessment must be concluded and a final report made available no later than November 30, 2009.

Task/Deliverable	Team Leader LOE	Team member LOE
1. Review background documents (contract, work plans, progress reports) and offshore prep work	4	3
2. Travel to DC for the team planning meeting (TPM)	1	1
3. Participate in the TPM in Washington DC (meet team members; discuss SOW and evaluation strategy; discuss preliminary report outline and assignments; plan meeting with USAID and Africa 2010 team)	2	2
4. Draft interview protocols and circulate to team members	2	2
5. Meet with USAID/AFR/SD and Africa 2010 team	2	2
6. Travel to Tanzania/Burkina Faso	2	2
7. Information and data collection, including interviews with key informants in Tanzania/Burkina Faso (possible stopover in Senegal)	7	7
8. Team departs Tanzania/Burkina Faso to Washington DC	2	2
9. Report preparation in DC: discussion, analysis of data, and	4	4

Task/Deliverable	Team Leader LOE	Team member LOE
preparation of the draft report		
10. Debrief key evaluation findings to USAID/AFR/SD and the Africa 2010 Project (separately)	1	1
11. Team departs Washington, DC/returns to residence	1	1
12. Incorporate feedback received during the debriefings into the draft report	3	1
13. Submit draft report to USAID/AFR/SD and Africa 2010	0	0
14. USAID/AFR/SD and Africa 2010 provide comments on draft report	0	0
15. Finalize evaluation report based on comments	4	2
16. Submit final report to USAID/AFR/SD for final sign-off and approval	0	0
17. GH Tech edits/formats final version of evaluation report (30 days)	0	0
Total # days	**35**	**30**

VIII. TEAM COMPOSITION

In the proposal, the team will be comprised of two consultants and two USAID staff (depending on availability and time). The team should have the following skills mix:

1. Public health expertise in two or more of the following areas:
   - Maternal, Newborn, and Child Health
   - Nutrition
   - Health Care Financing, Logistics, and Drug Management
   - Reproductive Health
   - HIV/AIDS
   - Infectious Diseases
2. Financial/grants management
3. Organizational development and institutional capacity building
4. Understanding and hands-on knowledge of USAID/AFR/SD and USAID regional missions and programs
5. Knowledge and experience in design, implementation, and monitoring and evaluation of international health programs in Africa

Each team member should have at minimum

- An advanced degree in health sciences or social sciences
- Eight to ten years' experience working in Africa-related health issues (experience at regional level will be an asset

In addition, the team leader must have excellent English language skills (both written and verbal) as s/he will have the overall responsibility for the final report. French skills will also be an asset as interviews will have to be conducted with Africa 2010 French- speaking partners. The proposed team leader is expected to provide a sample of a report s/he has written for consideration by USAID/AFR/SD.

APPENDIX B. EVALUATION WORK PLAN

GH TECH
EVALUATION WORKPLAN: AFRICA'S HEALTH IN 2010

GH TECH is pleased to submit this Evaluation Work Plan as Deliverable #1.

The GH TECH evaluation team consists of four members, including two independent consultants and two USAID staff members assigned to assist the team. These are

- Lenni Kangas, team leader, former senior USAID Health and Population Officer
- Gerald Wein, international consultant, former senior USAID manager
- Karen Fogg, Child Survival and Infectious Diseases Fellow, on loan from AFR/SD
- Lungi Okoko, Monitoring and Evaluation Officer, on loan from USAID's West Africa Regional Health Office

The Work Plan includes the following key information:

- Proposed methodology for the evaluation (Section I)
- Evaluation timeline, including data-gathering in Washington and overseas (Section II)
- Responsibilities of each team member (Section III)
- Outline of the draft report (Section IV)
- Draft interview protocols (Annex A)

I. METHODOLOGY

The evaluation will be conducted by a team of two USAID staff and two outside contractors, both of whom will possess extensive USAID and relevant development experience. Data will be collected from primary and secondary sources including

1. Team meetings to review the scope of work and plan the evaluation strategy
2. Review of relevant documents
3. Review and analysis of Africa 2010 project and output monitoring data, and
4. In-depth interviews in Washington with key informants,
5. In-depth interviews in West Africa (Senegal and Burkina Faso) and East Africa (Kenya and Tanzania) with staff at key African regional health institutions that have collaborated with or have been beneficiaries of Africa 2010 support and, as possible, with USAID regional and country Health Officers and MOH personnel

The team has prepared separate interview protocols for each of the principal groups of interviewees. These are provided as Annex A.

Following the data-gathering phase, the evaluation team will meet in Washington (with Mr. Okoko participating on Skype) to discuss their findings and to reach conclusions and recommendations. Team members will then write their assigned drafts for submission to the team leader. The team leader will collate the pieces and edit the draft to produce a final report. The

team leader will ask the team members to comment on the draft prior to its submission to AFR/SD o/a January 15, 2010.

II. TIMELINE

1. Team planning in Washington, DC, Nov. 9–11
2. Interviews with key informants at USAID, AED, Abt Associates, Population Reference Bureau, and Heartland, Nov. 11–18
3. Follow-up interviews in Washington and travel planning, Nov. 18–Dec. 4
4. Travel to Dakar, Senegal, and Burkina Faso (West Africa team), Dec. 5–17
5. Travel to Kenya and Tanzania (East Africa team), Dec. 7–Dec. 18
6. Team regroups, Washington, DC, Dec. 21–22, 2009
7. Report preparation, D.C., Dec. 28–Jan. 15; transmittal to USAID, Jan. 15
8. Receive feedback from USAID, Jan. 22
9. Incorporate USAID comments into report, Jan. 23–29
10. Submit final report to USAID and Africa 2010, Jan. 29

III. TECHNICAL RESPONSIBILITY OF TEAM MEMBERS

- Family Planning: Lenni Kangas
- Reproductive Health and Maternal-Newborn Health: Karen Fog
- Monitoring and Evaluation: Lungi Okoko with Jerry Wein
- Child Survival: Karen Fogg, Lead; Lenni Kangas
- Gender-Based Violence: Jerry Wein, Lead; Karen Fogg
- Infectious Diseases: Karen Fogg, Lead; Lenni Kangas
- Advocacy, Communication, Dissemination: Lenni Kangas and Karen Fogg
- Health Systems: Jerry Wein, Lead; Lenni Kangas
- HIV Multisectoral Development & Programming: Lenni Kangas and Jerry Wein
- Nutrition: Lungi Okoko
- Operations and Financing: Jerry Wein

IV. REPORT OUTLINE

1. Acknowledgements
2. List of Acronyms
3. Executive Summary (Lenni)
4. Background (Lenni)
5. Methodology (Lenni)
6. Findings and Conclusions (Significant Outputs and Results)
   - Outputs and Results by Technical Area (team by specialty, as shown above)
     - Principal Outputs
     - Impact on Changing Health Policies and Programs (Lenni with other inputs)
     - Gaps and challenges
   - Contributions to AFR/SD Effectiveness in Pursuing its Strategic Objectives (Karen)
   - Impact on Strengthening African Institutions (Jerry with other inputs)
   - Continuing Challenges: Programmatic and Management (Lenni, Jerry)
   - Lessons Learned (team)
7. Recommendations
   - Recommendations for Africa 2010
   - Recommendations for future AFR/SD programming (These recommendations will be provided in a separate memorandum if sensitive procurement information might be included.)

Annexes

1. Evaluation Scope of Work
2. Work Plan
3. Contact List/ Persons Interviewed
4. Interview Protocol
5. Key Documents Reviewed
6. Contract Deliverables (Jerry)

WORK PLAN ANNEX A. INTERVIEW PROTOCOLS

A-1. INTERVIEW PROTOCOL FOR AFRICA 2010 PROJECT TEAM

Name of Key Informant:

Relationship to the Africa 2010 project:

1. What is your relationship to the project?
2. How long have you been associated with the project?
3. What is your overall impression of the project?

Activities and Results of Project 2010:

(Customized questions, from this list on pg 3 of the SOW):

1. What do you see as the most significant results that have been realized at the country and regional levels during the first four years of the project?
2. What lessons can be learned from the Africa 2010 effort to strengthen regional institutions, and in the process to improve country programs as a result of the work with these institutions?
3. To what extent has Africa 2010 been innovative and creative in its approach to addressing regional health issues related to:
   - Maternal, newborn, and child health
   - Child survival
   - Infectious diseases
   - Reproductive health
   - Nutrition
   - Multisectoral HIV/AIDS
   - Gender-based violence
   - Health systems
   - Monitoring and evaluation
4. What are the most important outputs of the project? Is there evidence that the project had an impact?
5. How has USAID/AFR/SD oversight and management aided or hindered Africa 2010 in accomplishing results?
6. What have been the contributions to date of Africa 2010 to USAID/AFR/SD regional health development goals?

Future Directions:

1. What strategies should USAID/AFR/SD pursue in future programming directions to address regional priority health issues in Africa?
2. If you were redesigning the project, what suggestions would you have? Would you extend it as it is, revise it moderately, or overhaul it radically?

A-2. INTERVIEW PROTOCOL FOR PARTICIPATING AFRICAN REGIONAL HEALTH ORGANIZATIONS

Knowledge and relationship to the Africa's Health in 2010 project

- **What is your relationship to the Africa 2010 project?** (Is that role technical as well as managerial? Do you have a direct counterpart at the 2010 project? Is the person familiar with the work products that have been produced? How long have you served in your current position?)

- **Could you briefly describe the project's technical work with which you are most familiar?** (We are particularly interested in the role of the project in conceptualizing the work, in ensuring its quality, or in some other important area, e.g., financing it.)

Agenda Setting

- **How did your organization and Africa 2010 decide to work on that/those problem(s)? (**Was it a collaborative process with which you and your colleagues were comfortable? Would you have preferred to see a different emphasis? If so, why?)

- **From your perspective, does the project respond well to the region's priority health problems?**

Project impact on strengthening regional health organizations

- **Did the work that you described contribute to the strengthening of this regional health organization?** If so, how?

- **Are there other ways in which Africa 2010 built your capacity or the capacity of this organization?**

- **What has been** the impact of the effort to strengthen your organization?

Project impact on health policies and programs

- **Did that work lead to action in participating countries? Might that action lead to improved health policies or programs?**

Recommendations for the future

- **In building regional health institutions, how could USAID assistance be more effective?** (Would it be better to deliver assistance though an Africa-based project, a regional-based project, direct grants, or some other mechanism? Should there be a specific technical focus?)

- **How might this project or future USAID projects be improved to make a greater contribution to improving African health policies and programs?**

Revised: 11/25/09

A-3. INTERVIEW PROTOCOL FOR AFRICAN MOH OFFICIALS

Interviewee's knowledge of Africa 2010

Are you familiar with the work of the Africa 2010 project in conjunction with African regional health organizations?

- Can you mention any specific Africa 2010 activities with which you are familiar and the African regional institution involved?

- From your perspective, does the Africa 2010 project respond well to the region's priority health programs?

Importance of Africa 2010

- Did that work address a priority health problem in your country?

- Did it complement work that your Ministry is doing?

- To address that problem, does the MOH receive other assistance from USAID or other donors? If so, is the Africa 2010 assistance fully complementary?

- Did the work that Africa 2010 completed lead to action in participating countries? Might that action lead to improved health policies or programs?

The role of regional health organizations

- How important are regional health organizations in Africa to your efforts?

- What are the most important contributions regional organizations make to the improvement of health policies and programs at the national level?

- Did the Africa 2010 project work that you described contribute to the strengthening of a regional health organization? If so, how?

- Do you think that strengthening African regional health organizations should be a priority for USAID?

Recommendations for the future

- Do you think that USAID and other donors should continue to invest in strengthening regional health organizations? How important is the contribution of those organizations? Is it likely to become more important in the future?

- How might this project or future Africa Bureau regional projects be improved to make a greater contribution to improving African health policies and programs?

REVISED: 11/25/09

A-4. INTERVIEW PROTOCOL FOR USAID HEALTH OFFICERS

Familiarity with the Africa's Health in 2010 project

- **How familiar are you with the work of the Africa 2010 project?** (Can you mention any specific Africa 2010 activities with which you are familiar?)

Importance/impact of the Africa 2010 project in your country

- **Did that work address a priority health problem?**

- **Did it complement work that USAID is doing at the country level?**

- **Did that work lead to action in participating countries?** Might that action lead to improved health policies or programs?

Importance/impact of the Africa 2010 project in strengthening regional organizations

- **Do you think that strengthening African regional health organizations should be a priority for USAID?** (Is it appropriate to have funding from the central level carrying out this activity?)

- **Did the work that you described contribute to the strengthening of this regional health organization?** If so, how?

- **From your perspective, does the Africa 2010 project respond well to the region's priority health programs?**

Recommendations for the future

- **Do you think that USAID and other donors should continue to invest in strengthening regional health organizations?** (How important is the contribution of those organizations? Is it likely to become more important in the future?)

- **How might this project or future Africa Bureau regional projects be improved to make a greater contribution to improving African health policies and programs?** (Is Africa's Health in 2010 a good model for programming USAID funds? Are there other methods to build the capacity of regional organizations that might be more effective?)

APPENDIX C. PERSONS CONTACTED

BOBO-DIOULASSO, BURKINA FASO – INTERVIEWS

West Africa Health Organization (WAHO)

- Dr. Aissa Bouwaye Ado, Professional Officer for Maternal Health
- Dr. Johanna Austin, Director of Primary Health Care and Disease Control
- Dr. Placido Cardoso, Director General
- Dr. Felicité H. Chokki-Laleye, Professional Officer for Epidemics and Emergency Preparedness
- Dr. Ibnou Deme, Professional in Communicable Diseases
- Dr. Medessi Yves Armand Mongbo, Professional Officer for Child Health
- Mr. Stephen Anyemi Narty, Director of Administration and Finance
- Mr. Felicién Nezzi, Professional Officer, CIB Manager for Coordinated Informed Buying
- Mr. Ali Sani, Professional Officer for Planning
- Dr. Issiaka Sombie, MD, PhD, Professional Officer for Research
- Dr. Kozolo Clementine Sorho-Silue, Professional Officer for Monitoring and Evaluation
- Dr. Ismaila Thiam, Professional Officer for Nutrition

DAKAR, SENEGAL – INTERVIEWS

World Health Organization (WHO/AFRO Inter-country Support Team—West Africa)

- Dr. Seipati Mothebesoane-Anoh, Regional Advisor, Maternal Health and Safe Motherhood

USAID West Africa

- Ms. Aissatou "Aida" Lo, Senior Capacity Development Advisor and COTR of the AWARE II Project and Institutional Capacity Strengthening Grant to WAHO
- Ms. Fatimata Sy, Senior Regional Global Fund Liaison and former AWARE-HIV Project Director
- Ms. Anne Busaka, Senior Acquisition and Assistance Specialist

USAID Senegal

- Ms. Akua Kwateng-Addo, Health Office Director

Ms. Izetta Simmons, Health Officer and former CTO for AWARE I Action for West Africa Region (AWARE) II—Management Sciences for Health

- Dr. Issakha Diallo, Director, AWARE II Project
- Mr. Steve Redding, Director of Health Services Delivery and AWARE II Backstop

Centre Africain d'Etudes Superieures en Gestion (CESAG)

- Dr. Amani Koffi, Director, Institut Superieur de Management de la Santé (ISMS)

Centre de Formation et de Recherche en Santé de la Reproduction (CEFOREP)

- Mr. Amadou Hassame Sylla, Coordinator, Senegalese Association for Reproductive Health

NAIROBI, KENYA – INTERVIEWS

USAID East Africa

- Mr. Victor Masbayi, Nutrition and Child Health Specialist
- Mr. Moses Mukuna, Health Care Financing and Planning Specialist
- Mr. Peter Arimi, Senior Regional Health, Care and Treatment Specialist
- Ms. Connie Davis**,** Senior Technical Advisor TB & HIV/AIDS
- Mr. Wairimu Gakuo, Strategic Information Specialist

ARUSHA, TANZANIA – INTERVIEWS

East, Central, and Southern Africa Health Community

- Mr. Allie Kibwika-Muyinda, Director, Operations and Institutional Development
- Dr. Odongo Odiyo, Manager, Family and Reproductive Health
- Mr. Edward Kataika, Manager, Health Systems and Services Development
- Ms. Mofota Somari, Manager, Food and Nutrition
- De. Egbert Moustache, Director of Finance
- Ms. Sheillah Matinhure, Program Officer, ECSA College of Nursing
- Ms. Doreen Marandu, Program Officer, Family and Reproductive Health
- Mr. Sibusiso Sibandze, Manager, Monitoring and Evaluation
- Ms. Upendo Letawo, Program Officer, Monitoring and Evaluation
- Ms. Antonite Chisela, Administrative Officer, College of Surgeons ECSA
- Ms. Jane Maghingina, Program Office, HIV/AIDS, TB & STIs
- Mr. Timothy Mushi, Program Assistant, HIV/AIDS, TB & STIs
- Mr. James Watiti, Manager, Research, Information and Advocacy
- Mr. Adam Msilaji, Information Documentation Officer

WASHINGTON, DC (USA) – INTERVIEWS

Abt Associates

- Ms. Nancy Pielemeier, Vice President for International Health

Africa 2010 Project Staff

(AED staff unless otherwise indicated)

- Dr. Doyin Oluwole, Project Director/Child and Newborn Health Specialist
- Dr. Sambe Duale, Technical Director/Infectious Disease Specialist (Tulane)
- Dr. Winston Allen, Monitoring and Evaluation Advisor (Heartlands)
- Ms. Reena Borwankar, Gender, GBV Advisor
- Ms. Laura Copenhaver, Operations Director
- Mr. Ekong Emah, Sr. Technical Advisor, ACD—Advocacy, Communication, and Dissemination
- Ms. Julienne Hayford-Winful, Sr. Program Associate for Operations
- Ms. Novalina Kusdarman, Sr. Program Associate for Operations
- Dr. Kathleen Kurz, Sr. Advisor Nutrition & Food Security
- Ms. Dorcas Lwanga, M.Sc., Nutrition Specialist
- Mr. José Molina, Program Officer for Operations
- Mr. Stephen Musau, FCA, Health Systems Advisor (Abt)
- Dr. Magdalena Serpa, Sr. Technical Advisor, CS & ID
- Ms. Holley Stewart, Sr. Maternal-Newborn and Reproductive Health Advisor (PRB)
- Ms. Antonia Wolff, Communications and Advocacy Program Officer

Academy for Educational Development (AED)

- Ms. Margaret Parlato, Senior Vice President and Director, Global Health, Population and Nutrition Group

US Agency for International Development

- Mr. George Greer, Senior Advisor, Child Survival and Infectious Diseases
- Ms. Mary Harvey, Health Officer
- Mr. Ishrat Husain, Senior Public Health Advisor
- Mr. Subhi Mehdi, Division Chief, Office of Management Policy, Budget and Performance
- Mr. Roy Miller, Senior Health Advisor for Strategic Information and Technical Advisor for Africa 2010
- Ms. Hope Sukin, AFR/SD Health Team Leader and CTO for Africa 2010

Other

- Mr. Koki Agarwal, Project Director, MCHIP (also former director for ACCESS of Jhipiego)
- Dr. Kabba Joiner, former Director General, WAHO

TELEPHONE INTERVIEWS

PEPFAR Côte d'Ivoire

- Mr. Felix Awantang, USAID Representative to Côte d'Ivoire and former USAID/West Africa Deputy Mission Director

International Consultant

- Prof. Angela Okolo, MPH, former WAHO Program Officer for Maternal and Perinatal Health

APPENDIX D. REFERENCES

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APPENDIX E. TABLES

TABLE E-1. AFRICA 2010 FINANCIAL SUPPORT FOR REGIONAL AND SUB-REGIONAL HEALTH INSTITUTIONS			
Type of Contract and Recipient	**Planned Amount**	**Amount Now Obligated**	**Percent Obligated**
Cost Reimbursable			
• ECSA	904,497	500,839	55.4%
• WAHO	581,300	246,000	42.3%
• RCQHC/ANECCA	519,361	355,000	68.4%
Total Reimbursable	2,005,158	1,101,839	55.0%
Fixed Cost			
• WHO/AFRO	58,995	58,995	100.0%
• CAFS	99,354	99,354	100,0%
• CESAG	102,552	102,552	100.0%
Total Fixed Cost	260,901	260,901	100.0%
Total all Subcontracts	**2,166,059**	**1,362,740**	**63.1%**

Source: Africa's Health in 2010

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