TERMS OF REFERENCE

For the final external evaluation of the

Programme for strengthening health systems and services in Côte d'Ivoire, Liberia and Sierra Leone (PROSSAN 2 - West Africa)

Summary table

Programme name	Programme for strengthening health systems and services in Ivory Coast, Liberia and Sierra Leone (PROSSAN 2 - West Africa)
Contract number	CZZ3459 01 J - PROSSAN 2
Sector/s	Key sectors: Health & Nutrition, Mental Health and Psychosocial Secondary sectors: Livelihoods, Advocacy
Partners (if applicable)	1 international partner SOLTHIS (Sierra Leone) 5 national partners (1 Ivory Coast, 1 Liberia, 3 Sierra Leone) Health authorities in the 3 countries
Location (country, region/s)	Ivory Coast, Liberia, Sierra Leone
Duration	3 years
Start date	15 May 2022
End date	14 May 2025
Programme language	French and English
Donor(s) & contribution(s)	Main financial partner: AFD Financial contributors: ACF, Irish Aid, United Nations, private foundations
Mission responsible for the programme/project	Sylvain DUPONT, Regional Programme Coordinator
Responsible ACF headquarters	Aurélie FERIAL, Deputy Regional Operations Director
Type of evaluation	External final
Evaluation dates	December 2024 - March 2025

ACRONYMS

See project documents (Project proposal - NIONG, interim report)

1. PROGRAMME DETAILS

1.1. Map of the programme's area of operation

1.2. Programme justification

- **Analysis of the context :**

Since the 1980s, Côte d'Ivoire, Liberia and Sierra Leone have been affected by violent conflicts (civil war, political violence), natural disasters (floods) and large-scale epidemics (cholera, Ebola, COVID19). Although the three countries have enjoyed a degree of stability since the end of the Ebola epidemic (2014-2016), the many crises and shocks have put a strain on public services, which are still struggling to meet people's needs. External factors such as the global economic crisis (inflation, energy crisis, shortages of goods and raw materials) and the spread of the Sahelian crisis in the coastal countries of the Gulf of Guinea (particularly Côte d'Ivoire) have a direct impact on the household economy and food security.

The lack of financial autonomy in healthcare remains a major obstacle for countries that are still far from achieving the Sustainable Development Goals. For example, according to a gap analysis, Liberia will reach the maternal mortality target in 2038 and the neonatal mortality target in 2043[1] . In 2019, Liberia and Sierra Leone spent 8.47% and 8.75% respectively of their gross domestic product on health, while Côte d'Ivoire spent only 3.3%[2] . While Côte d'Ivoire benefits from higher economic growth than other West African countries, its health profile is still similar to that of low-income countries. In all three countries, governance systems are still too centralised/concentrated, leaving regional and district authorities with little autonomy or resources. Although the health crisis linked to the COVID19 pandemic saw an attempt to delegate the response to the health districts, the means and financial resources were not up to the challenge. Health districts generally have little or no influence over the budget and resources allocated to them. What's more, disparities in access between urban and rural areas are significant in all three countries. Some rural areas suffer particularly from a lack of public services, especially health services. The quality of services and poor governance in these countries are leading to a loss of confidence on the part of the local population in the public health services on offer, who often still rely on traditional health care systems. The project will seek to address the issue of governance, in particular through activities to improve the accountability of public services. It should be noted that most of the health

[1] https://www.frontiersin.org/articles/10.3389/fpubh.2019.00386/full
[2] https://data.worldbank.org/indicator/SH.XPD.CHEX.GD.ZS?locations=LR-SL-CI

policies and strategies in the 3 countries are due to expire in 2020/21 and that PROSSAN 2 will have to fit in with these new strategies: Côte d'Ivoire's National Health Development Plan 2021-2025, Sierra Leone National Health Sector Strategic Plan 2017-2021 (completed), Liberia National Health Policy Plan 2011-2021 (completed).

The prevalence of stunting is estimated to be "medium" in Côte d'Ivoire at 17.8% and "high" in Liberia at 28% in 2020 (UNICEF) and in Sierra Leone at 26.2% in 2021[3] . This situation can be explained by poor dietary diversity and nutritional deficiencies (particularly among adolescent girls), poor care and feeding practices for infants and pregnant and breastfeeding women, high morbidity (diarrhoea, malaria, etc.), an unhealthy environment, insufficient activities to stimulate the development of young children and a high rate of early pregnancies. The three countries have the highest maternal mortality prevalences in the world: 617 deaths per 100,000 live births (Côte d'Ivoire), 661/100,000 (Liberia) and 1,120/100,000 (Sierra Leone) according to 2017 WHO data[4] . The training of midwives and pre- and post-natal care are crucial to saving the lives of mothers and their children. In Liberia, 13% of women aged between 15 and 49 who have had a live pregnancy have not received the minimum 4 prenatal consultations required[5] , 21% in Sierra Leone[6] and 48.7% in Côte d'Ivoire[7] .

Early pregnancy is an aggravating factor, accounting for a large proportion of maternal deaths in all three countries (14.8% in Côte d'Ivoire, 31% in Liberia and 40% in Sierra Leone). According to the UNFPA, the percentage of women aged between 20 and 24 who have had a child before the age of 18 and before the age of 15 is 31.1% and 5.8% in Côte d'Ivoire, 37% and 5.9% in Liberia, and 36.4% and 9.7% in Sierra Leone. These worrying figures reflect the still very low levels of contraceptive prevalence, particularly among young girls: 13.9% in Côte d'Ivoire (PNLS, 2017), 21% among 15-19 year-old girls and 29.9% for 20-24 year-old women in Sierra Leone (DHS Sierra Leone, 2019), 18.1% among 15-19 year-olds and 34% among 20-24 year-olds in Liberia (DHS Liberia, 2019-20). In terms of sexually transmitted infections, despite significant investment, HIV/AIDS continues to affect 495,000 people in 2020[8] in the 3 countries, with a higher prevalence among women: 2.9% in Côte d'Ivoire compared with 1.3% for men, 1.4% in Liberia compared with 0.8% and 2% in Sierra Leone compared with 1.1%.

Despite past but still recent periods of extreme violence and traumatic events (civil wars, political violence, the 2014-16 Ebola crisis) in all three countries and gender-based violence (rape, genital mutilation, forced marriage, etc.) that is deeply rooted in society, care for psychological and psychiatric disorders is extremely poor and often stigmatising. In Sierra Leone, there are just 27 mental health professionals for the whole country, including three psychiatrists and 24 mental health nurses (Mental Health Atlas 2020). Liberia has 483 mental health professionals, including 4 psychiatrists, 2 psychologists and 443 mental health nurses (Mental Health Atlas 2020), while Côte d'Ivoire has 23 mental health professionals, including 3 psychiatrists and 10 psychologists (Mental Health Atlas 2020) and around 50 psychiatrists.

- **Precursor programmes which are at the origin of the first phase of this programme:**

Country	Project title	Dates	Main lenders	Budget
Ivory Coast	Strengthening the organisation and operation of twelve first-level community-based urban health establishments, in line with the tasks assigned to them by the Ministry of Health and the Fight against AIDS (MSLS).	21/11/2014 - 20/11/2017	European Union	951 644 €
Ivory Coast	Strengthening the organisation and operation of twelve first-level community-based urban health facilities in Côte d'Ivoire (PARSSI)	01/01/2017 - 31/12/2018	AFD	600 000 €
Liberia	Ebola Response in Montserrado	01/09/2014 - 31/03/2016	OFDA	2 741 242 USD

[3] Sierra Leone National SMART Survey (SLNSS 2021)

[4] https://apps.who.int/iris/bitstream/handle/10665/332962/WHO-RHR-19.23-fre.pdf?ua=1

[5] 2019-20 Liberia Demographic and Health Survey (LDHS)

[6] 2019 Sierra Leone Demographic and Health Survey (SLDHS)

[7] MICS Ivory Coast 2016

[8] UNAIDS 2020: 380,000 PLHIV in CI, 35,000 in LB, 80,000 in SL

Sierra Leone	Strengthening Infection Prevention and Control (IPC) in Government Health Facilities in Sierra Leone	01/05/2016 - 31/01/2017	OFDA	371,208 USD
Sierra Leone	Reinforcing Institutional Capacity for treatment of acute malnutrition, Prevention of Malnutrition and National Sensitisation for Nutrition Security in Western Area, Sierra Leone	01/06/2017 - 31/05/2018	IrishAid	693,087 EUR

- **Additional programmes completed or underway since the first phase of this programme :**

Country	Project title	Dates	Main lenders	Budget
Ivory Coast	Meeting Nutrition Targets in West Africa Through Increased Investments and Sustained Political Will	01/09/2019 - 29/02/2022	Bill & Melinda gates foundation	EUR 173,000
Liberia	Better Health Outcomes for Liberians (BEHOL)	01/01/2024 - 31/12/2026	AFD	EUR 5,000,000
Liberia	Multi-sectoral response aiming to improve nutritional status of children under 5 years of age in two counties of Liberia	01/12/2020 - 30/09/2024	Irish Aid	14 944750 EUR
Liberia	Working to Improve Nutrition at Scale (WINS Project 2)	15/07/2022 - 30/06/2023	UNICEF	895,580.59 USD
Sierra Leone	Multisectorial Community-led approach to improve Nutrition in Bonthe district	01/08/2022 - 31/07/2025	Irish Aid	EUR 2,911,660
Sierra Leone	Rehabilitation of the Kissy Town and Newton centres in Sierra Leone	25/09/2023 - 31/03/2024	HAAS Foundation	EUR 150,000

1.3. Objectives of the programme

- **General and specific objectives :**

General objective: to help improve the health of vulnerable populations in Côte d'Ivoire, Sierra Leone and Liberia, particularly women, children under the age of five and young people, by providing high-quality healthcare tailored to their specific needs.

Specific objective: to improve the quality of and access to healthcare services and ensure the active participation of communities, particularly women and young people, in national health issues.

Expected Outcome 1: Health services and community health workers offer quality Minimum Health Package (MHP) activities and services in line with Ministry of Health standards.

Expected Outcome 2: Target populations, particularly women and young people, improve their health practices and behaviours.

Expected result 3: The active participation of community bodies for the management of health structures and of women's and young people's civil society in the field of health is ensured at national and decentralised level.

The revised logical framework for the programme is attached in **Annex I.**

- **Geographical scope of the programme :**

The programme was implemented in the urban and peri-urban areas of Abidjan, Monrovia and Freetown. Changes were made when the project was reviewed at the end of the first year of implementation.

- For **Côte d'Ivoire**, the strategy was to continue in the same 17 health areas as for PROSSAN 1 for all the components. At the time of the review, however, the project was limited to 10 health areas: Abidjan 1-

Grands Ponts and Abidjan 2 regions, Cocody-Bingerville health districts (Anono, Palmeraie, Akouédo-attié, Colombie, Gabgba), Abobo-Est (Abobo Baoulé), Abobo-West (Bocabo), Port-Bouet Vridi (Bloc 500, Gonzagueville, Vridi 3).

- In **Liberia**, the project continues its activities in the urban and peri-urban areas of the health districts of Bushrod Island (Slipway Clinic), Commonwealth (Rehab), St. Paul River (Kpallah), Todee (Gobah Town), Greater Monrovia (Soniwein) and Benson Street (B. W. Payne School Clinic) in central Monrovia. PROSSAN 1 covered little of the rural areas of Montserrado, however ACF was already present there via other funding and gaps in mental health and psychosocial support/protection were identified. As a result, 2 health areas in the Todee Health District were added (Nyehn and Zannah Tawn).
- In **Sierra Leone**, the project is still being implemented in the districts of the Western Area Urban (Wilberforce, Hill Station, Calaba Town, Susan's Bay and Kroobay) and the Western Area Rural (Newton, Kissi Town, Songo, Lakka, Campbell town), but the number of health areas covered has been reduced to ten, compared with 22 in phase 1. When the project was revised, 24 additional health areas were added for co-financing purposes.

- **Target beneficiaries :**

The programme proposes to meet the most important health needs of women, children and young people, by supporting the countries' health systems at three levels: 1) health authority 2) health services and 3) community/service users. The project's target population groups will therefore be :

- ✓ The populations of the health areas where the supported health structures are located (indirect beneficiaries),
- ✓ Women of childbearing age (15-49),
- ✓ Young men and women aged 15 to 29,
- ✓ Health facility staff and community health workers.

- **The implementing partners**

Country	Partners	Role
Ivory Coast	MESSI - National NGO	Implementing partner for community mobilisation, community health, youth health
Liberia	CHI - National NGO (only during the first 10 months of the project)	Implementation of part of the community health activities
Sierra Leone	SOLTHIS - International NGO	Technical assistance to ACF, partners and health authorities on HIV/AIDS and implementing partner on HIV/AIDS activities
	CAWEC - National NGO	Partner for implementing part of the community health activities
	CAPS - National NGO	Implementing partner for the psychosocial part of community health activities (Service contract)

- **Brief description of how the programme fits into national strategic frameworks**

For **Côte d'Ivoire,** the project **will** contribute in particular to :

- The National Development Plan (NDP) 2020-2025, which aims to reduce maternal mortality as a government priority, and the continued implementation of the policy of targeted free care to guarantee access to healthcare for vulnerable groups (pregnant women and children under five) and the introduction of universal health cover.
- The National Multisectoral Programme for Nutrition and Early Childhood Development (PNMNDPE) 2018-2023, which is working to reduce maternal mortality - a priority for the Ivorian Ministry of Health and government.
- The National Adolescent and Youth Health Policy and Strategic Plan 2016-2020 (expired), one of the expected outcomes of which was to improve information access points.

- The National Mental Health Programme, which works to involve adolescents and young people in the issue of mental health in Côte d'Ivoire.

For **Liberia**, the project will contribute in particular to:

- To the President's Pro-Poor Agenda for Prosperity and Development 2018-2023: transforming health by strengthening the sector's humanitarian and community capacities, reducing gender inequalities and social and economic vulnerabilities, and empowering young people through social inclusion as a potential driver of growth.
- The Ministry of Education's school health guidelines: empower adolescents and young people to improve their knowledge of their sexual and reproductive health rights (SRHR), nutrition, EAH, social protection and SMPS-protection linked to their well-being).
- The national nutrition policy, which proposes to focus on concerted, multi-sectoral approaches to tackle the immediate and underlying determinants of undernutrition.
- The Sexual, Reproductive, Maternal, Newborn, Child and Adolescent Health (SRMNIA) policy, which ensures the provision of essential SRMNIA services and rights by improving the quality of emergency obstetric and newborn care (EmONC), antenatal care (ANC) and postnatal care (PNC), increasing IMCI and community participation in maternal and child health management, as well as supporting school health programmes, providing family planning and adolescent sexual and reproductive health (ASRH) services.

For **Sierra Leone**, the project will contribute in particular to :

- A number of the objectives of the national strategic health plan, particularly in terms of reducing maternal mortality, supporting health facility management committees (FMCs), supporting district health teams (DHMTs), prioritising SRMNIA activities, and so on.
- A number of points in the SRMNIA strategy call for action on adolescent health and mental health, including the prevention of teenage pregnancy, the elimination of forced and early marriage and gender-based violence, as well as psychosocial care for adolescents. The strategy also encourages the strengthening of primary health care units (PHU) and hospitals (so that they can offer services adapted to adolescents), health programmes in schools and the development of programmes for young people who have dropped out of school. This strategy also enables PMSC services to be integrated into health centres through adolescent spaces and psychosocial care (mhGAP) by health workers.
- Improve the national community health worker programme to achieve universal public health and sustainable development goals.
- The National Youth Policy of December 2021, entitled "Youth Empowerment Leading Sierra Leone's Development"; this policy includes the reduction of early pregnancies and school dropouts among young girls.
- The national HIV/AIDS strategy.

- **Brief description of programme management**

ACF headquarters: Coordination with SOLTHIS headquarters and communication with donors. Seeking co-funding for the project. Project management and multi-country reporting. Supporting the Health & Nutrition and Mental Health and Psychosocial Support technical referents.

Tasks: A programme manager in each mission in charge of the project at country level and coordination with country partners. A technical coordination and support team in each country to support the project teams.

- **Reference to a previous evaluation**

An evaluation of phase 1 of PROSSAN (15 May 2019 - 14 May 2022) has been carried out in the three countries and will form part of the shared documents.

1.4. Current programme status

The PROSSAN 2 programme has encountered difficulties in finding the 40% co-financing requested. In order to achieve this, the project was revised in the 3 countries during 2023 (ANO validated in June 2023). As a result, some of the activities initially planned have been cancelled, the area of implementation has been reduced (in Côte d'Ivoire and Liberia) and the area of implementation has been extended to include an additional rural district in Sierra Leone. Some of the activities and the logical framework (including targets and indicators) were also revised when the interim report was submitted, to ensure coordination with the health authorities and other technical partners in the three countries. The PROSSAN 2 programme has also suffered from turnover of

technical and programme teams in its first phase of implementation (2022-2023). However, this has slightly altered the programme's activities and approaches, and has had an impact on the programme's progress**.**

2. PURPOSE AND OBJECTIVES OF THE EVALUATION

2.1. Justification of the evaluation

According to ACF's evaluation policy, an external evaluation is required for multi-annual projects. Furthermore, as there are no plans for phase 3 of the PROSSAN programme, ACF and its partners would like to be able to benefit from this evaluation to feed into the adjustments to be proposed for the exit strategy in the three countries.

2.2. Evaluation objective(s)

The main aim of the evaluation is to assess the programme's performance and propose adjustments to the PROSSAN 2 exit strategy.

More specifically, the evaluation will look at quality according to the OECD's DAC criteria (see Annex V), as well as gender and youth mainstreaming for the following activities:

- Health-related activities for young people and adolescents
- Supervision and training activities for health centres
- HIV/AIDS prevention and/or treatment mainstreaming activities
- Community health activities and the ability to encourage behaviour change
- Activities in partnership with health authorities and local organisations
- Advocacy and the rights-based approach to health
- Project monitoring and accountability
- Gender mainstreaming

2.3. Users targeted by the evaluation

- Direct users: Action Contre la Faim field teams and its partners, ACF headquarters.
- Indirect users: the Action Contre la Faim network, AFD and other financial contributors to the project, partner organisations, national governments, ministries, UN organisations, NGOs and NGO groups, as well as learning platforms, such as ALNAP (Active Learning Network for Accountability and Performance), or ACF's KnowledgeHub.

2.4. Use of evaluation

The final evaluation will be used :

- To learn from experiences to develop new health strategies for ACF, collect lessons learned and good practices, tangible evidence of the success of the project in the field to support the preparation of content for advocacy, communication and learning;
- Suggest ways of improving the project's exit strategy in the 3 countries.

3. SCOPE OF THE EVALUATION

3.1. Elements covered by the evaluation

The final evaluation will cover the whole of PROSSAN 2 according to the OECD DAC evaluation criteria, with a focus on the following components:

- Health of young people and adolescents
- Capacity-building approaches (training and supervision/monitoring of healthcare staff)

- Community health and behaviour change
- HIV/AIDS mainstreaming
- Partnership approach with health authorities and local and international partner organisations
- Advocacy approach, health through rights (Côte d'Ivoire, Sierra Leone)
- Project monitoring and accountability
- Gender mainstreaming

3.2. Specific questions

- **Health of young people and adolescents**: to what extent has the project brought health services closer to young people and/or adolescents and vice versa, and has it improved access, quality and use of health services by young people and/or adolescents? What is the relevance of the mechanisms used (Classes des jeunes / School Health Club, Adolescents Friendly Space, E.santé Jeunes)? What types of services in particular? What recommendations does the evaluator have to ensure that the approaches are sustainable and reproducible? See also the specific questions on gender.
- **Capacity-building approaches for healthcare workers (health authorities, health centre staff, community health workers)**: the project has developed several training approaches (face-to-face/distance training, on-site training via coaching/mentoring by the programme teams or via the health authorities, training of trainers, use of certified trainers). To what extent do healthcare workers who have benefited from training really benefit from it in their day-to-day work (learning new information/techniques, motivation linked to their work, better patient management, etc.)? Which capacity-building approaches have the most benefits for professionals and patients, and which have the least? To what extent have the capacity-building initiatives been planned and coordinated with the health authorities and other healthcare stakeholders? What are the recommendations for future similar interventions and for the sustainability of the approaches?
- **Community approaches**: according to the evaluator's analysis, what community approaches have helped to change the behaviour of the target populations by gender and age group? What are the best community practices for delivering quality PMS activities? To what extent has the project had an impact on the participation of community management bodies in health facilities and women's civil society? What resources have been put in place to monitor and evaluate community approaches? What relations/difficulties have arisen between the community players and the health centres and staff? What improvements could be made? How can we ensure the continuity of activities after the project has come to an end?
- **Integration of HIV/AIDS**: specifically for Sierra Leone, to what extent have ACF teams and national partners integrated this issue into their activities? What changes has the integration of HIV/AIDS into the activity package brought about in terms of prevention, screening and care provision? What is the exit strategy?
- **Partnership approach with the health authorities**: What is the added value of PROSSAN 2 (activities of ACF and the implementing partners) as a health partner vis-à-vis the health authorities? To what extent have the health authorities been involved in the overall management of the project (writing, implementation, but also quality monitoring and evaluation), particularly in terms of capacity building? Is the technical support provided by PROSSAN 2 for the implementation of national health policies sufficient for the health authorities? What could be improved?
- **Advocacy approach/Health through rights:** Is PROSSAN 2's advocacy strategy consistent with the most important shortcomings at country level and consistent with national advocacy dynamics? How have ACF and its partners collaborated with other actors (internal or external to the project) to carry out their advocacy actions? Were advocacy actions deployed at several levels (local, regional, national) using a bottom-up approach? Have the advocacy actions produced significant results? What recommendations can be made to improve the PROSSAN rights-based approach to health or the advocacy strategies of ACF and its partners? What are the exit strategies?
- **Monitoring and accountability to beneficiaries:** The evaluator should assess the quality of activity monitoring (functionality, frequency, reporting, etc.) and the quality of the accountability systems set up at community and health centre level. What are the best practices and recommendations for improving the monitoring and accountability system?
- **Gender:** To what extent has the project proposed gender-transformative approaches that have enabled and empowered women and girls to make decisions about their sexual and reproductive health and

rights? To what extent has the project better targeted young girls, young men or both? What are the points of improvement and success?

- **Partnership**: How should each partnership relationship be described? What organisation has been put in place to facilitate the coordination and management of partnerships (MESSI, CAPS, CAWEC, SOLTHIS, CHI)? How did these relationships evolve over the course of the project? What were the positive or negative influences of the partnership dynamics? What capacity-building/mutual learning has the project enabled for each partner (have the capacity-building plans been implemented and monitored)? What are the best models to promote in order to better integrate local partners? To what extent do the partners involved in the project contribute to the sustainability of the project's effects and to the ownership of the project's results?
- **Exit strategy**: How is the end of the project organised? What exit strategy is envisaged for each activity and country? How is the exit strategy organised in each country, with the implementation and institutional partners? How can the project's existing exit strategy be improved (a strategy has been written, and the evaluators will need to make recommendations to make the project's exit strategy more effective)?

4. EVALUATION CRITERIA AND QUESTIONS

In accordance with Action Contre la Faim's evaluation policy and guidelines[9] , ACF subscribes to the criteria of the Development Assistance Committee (DAC) of the Organisation for Economic Co-operation and Development (OECD) for the evaluation of its programmes. All external evaluations must therefore use the DAC criteria of the Organisation for Economic Co-operation and Development (OECD) for data analysis and the final report.

More specifically, ACF uses the following criteria: design, relevance, coherence, coverage, efficiency, effectiveness, sustainability and potential for impact.[10] In particular, the evaluator must complete the CAD evaluation criteria table and present it in an annex (based on the model of the table attached in Annex V).

Evaluation questions have been developed to help the evaluator assess the programme against these evaluation criteria (see Appendix V). The evaluator may adapt the evaluation criteria and questions, however any fundamental changes must be approved by the Evaluation Learning and Accountability (ELA) department of Action Contre la Faim-UK and included in the inception report.

5. EVALUATION METHODOLOGY

This evaluation uses **the "single group" method**. It examines a single intervention without including a comparison with other elements (people, communities, etc.) who did not take part in the intervention.

This section presents the methodological approach suggested to the evaluator for collecting quantitative and qualitative data. As far as possible, the evaluator should develop data collection tools and methods that enable data to be collected broken down by gender and age group. These tools should make it possible to triangulate the data as far as possible.

5.1. Interviews with Action Contre la Faim and SOLTHIS headquarters

As part of the evaluation, the evaluator will interview stakeholders at Action Contre la Faim and SOLTHIS headquarters to obtain prior information about the programme being evaluated. Briefings by Skype/Teams should be agreed in advance with each of the two headquarters.

ACF focal point: Aurélie FERIAL, Deputy Regional Director of Operations. Email: aferial@actioncontrelafaim.org

SOLTHIS Focal Point: Sandrine BOUILLE, Desk Manager Guinea, Niger and Sierra Leone. Email: sandrine.bouille@solthis.org

[9] http://www.alnap.org/resource/23638

[10] As a thorough assessment of impact is linked to the estimation of attribution, which can only be measured by experimental or quasi-experimental evaluation models, the criterion has been reworded from "impact" to "potential for impact".

5.2. Documentary study

The evaluator will conduct a desk review of the key programme documents listed in Appendix III: programme documents and proposals, progress and outcome reports (such as publications, communication materials, videos, recordings, etc.), results of any internal planning process and relevant materials from secondary sources.

5.3. Sampling

The evaluator must propose the method and sample size in the technical offer and then adjust or refine the method proposed in the initial report.

5.4. Initial report

At the end of the desk study phase and prior to the field visit, the evaluator will prepare a brief inception report based on the template provided. This document will be written in French and English, and will include the following elements:

- Key elements of the Terms of Reference (ToR) to demonstrate that the evaluator will adhere to the ToR;
- The methodological approach to the evaluation (including an appended evaluation matrix to specify how he/she plans to collect the data needed to answer the evaluation questions) and to highlight any limitations of the methodology;
- A detailed work plan and ;
- A presentation of the main points of the evaluation report.

The initial report will be discussed and approved by Action Contre la Faim.

5.5. Mission in the field

Primary data collection techniques

As part of the evaluation, the evaluator will conduct interviews with key programme stakeholders (expatriate/national project staff, local/national representatives, local authorities, humanitarian agencies, or donor representatives) listed in Annex IV. The evaluator will use the most appropriate format for these interviews, which will be specified in the initial report. As implementation of the project is due to end earlier in Liberia (end of December 2024) and for the partner Solthis in Sierra Leone (end of September 2024), the project plans to anticipate the interviews of their staff. ACF will carry out interviews with Solthis field staff, which will then be passed on to the consultant responsible for carrying out the final evaluation. The consultancy team will also carry out remote interviews with ACF teams in Liberia. The evaluator is also expected to gather information directly from the beneficiaries. To enrich the triangulation, **if the budget and timetable allow,** the evaluator may organise thematic group discussions (beneficiaries, non-beneficiaries, key informants - health workers, teachers and managers) and questionnaires.

Field visits

The evaluator will visit the operating sites in the three programme countries and the facilities provided to beneficiaries.

Techniques for collecting secondary data: literature review

The evaluator will continue to collect project monitoring data or any relevant statistical data.

Debriefing and workshop with stakeholders

The evaluator will facilitate a distance learning workshop to present preliminary findings to stakeholders (and local, national actors); gather feedback on findings and build consensus on recommendations; develop a succinct action-oriented workshop report on lessons learned, suggested improvements for further empowerment in view of project closure. Due to the language, two learning workshops can be organised: 1 in English and 1 in French.

6. Evaluation report

The evaluation report must comply with the following format and be written in French and English:

- Cover page ;
- **Summary table** according to the model supplied ;
- Table of contents ;
- List of acronyms ;
- **Executive summary** should be an "independent summary", describing the programme, the main findings of the evaluation, the conclusions and recommendations. It should be no longer than 2 pages;
- **General information** relating to the context and the project ;
- **Methodology** Describe the methodology used, provide evidence of data triangulation and outline the limitations of this methodology;
- **Findings** includes the overall analysis of the project according to the evaluation criteria, answers to the evaluation questions, all findings are based on tangible evidence, cross-cutting issues are integrated in a systematic way and; unintended or unforeseen results are also discussed;
- **Conclusions** the conclusions are formulated by summarising the main findings in terms of merit and value, the judgements are fair, impartial and consistent with the findings ;
- **Lessons learned and good practice** presents lessons that can be applied elsewhere to improve the performance, results or impact of programmes/projects/missions, and ; identifies good practice: successful practices arising from these lessons that are worth replicating ; develops a specific good practice in more detail in the form proposed in Annex VI ;
- **Recommendations and an exit strategy** should be as realistic, operational and pragmatic as possible; they should carefully take into account the current circumstances of the action context and the resources available for local implementation. They should flow logically from the conclusions, lessons learned and good practice. The report should specify who should take action and when, with a view to project closure and exit strategy. Recommendations should also be presented by country and in order of priority;
- **Annexes :** These must be listed and numbered and must include the following elements: the good practice forms provided in Annex VI, the POWERPOINT presentation of the main findings and recommendations, the evaluation criteria table (Annex V), the updated list of documents for the desk study (updated Annex III), the updated list of interviewees (updated Annex IV), the data collection instruments, the evaluation ToRs, a proposed exit strategy adapted to the contexts and specificities of the project in each country.

The evaluation report should not exceed 30 pages excluding appendices. The interim report must be sent within 10 calendar days of leaving the field. The final report must be sent before the end date of the evaluation contract in WORD format. Appendices to the report are accepted in English and French. A WORD version is necessary for ACF to share with all partners.

6.1. Debriefing with Action Contre la Faim headquarters

The evaluator should conduct a debriefing with Action Contre la Faim Paris headquarters and representatives from each country on his/her preliminary report, the main findings, conclusions and recommendations of the evaluation. Relevant feedback and comments should be included in the final report.

7. KEY VALUATION PRODUCTS

The list below includes the products that the evaluator will deliver to Action Contre la Faim-UK:

Products	**Deadline**
Initial report	20/12/2024
Workshops with stakeholders (remote)	23/01/2024
Interim evaluation report	11/03/2025
Final evaluation report and appendices (see chapter 6)	Week of 24 February 2025

All products must be submitted in French and English and in Word, Excel or Powerpoint format.

The quality of the preliminary report and the evaluation report will be controlled by Action Contre la Faim. **The evaluator must follow the format and structure specified in section 5.4. and chapter 6.**

8. MANAGEMENT METHODS AND WORK PLAN

These evaluation TORs were developed in a participatory manner by Action Contre la Faim on the basis of consultations with stakeholders.

The evaluator will be in direct contact with the Action Contre la Faim project coordinator. The evaluator will send all evaluation products directly and only to the project coordinator. Action Contre la Faim will carry out a quality check (ensuring that the necessary elements are present) and decide whether the report is ready to be shared. ACF will send a copy to key stakeholders so that they can comment on factual data and provide clarifications. ACF will compile the comments and send them to the evaluator by a date agreed with the evaluator or as soon as all comments have been received from stakeholders. The evaluator will take the comments into account in order to finalise the report and will send it to the project coordinator, who will then officially transmit it to the relevant stakeholders.

Once the evaluation has been completed, Action Contre la Faim will take into account and follow up the recommendations of the evaluation for a possible new phase of the project or for any other health project that ACF may carry out if relevant.

8.1. Provisional calendar of activities

NOTE: Consultants are expected to work 5 days a week (Monday to Friday, days when the offices are closed, the evaluator will not be paid) during their contract. Travel days are not paid, nor are periods during which ACF and its partners review the documents produced, as these are not days worked as such.

The durations/number of working days proposed are an estimate. They may be subject to proposed modifications by the tenderers.

Activities	**Evaluator working days**	**Dates**
Briefing with ACF headquarters	0.5	16/12/2024
Briefing with SOLTHIS headquarters	0.5	16/12/2024
Desk study, development of tools/questionnaires, preparation of fieldwork and preparation of **Preliminary Report and revised work plan**	4	20/12/2024
Travel to **Liberia (air)**	1 (unpaid)	13/01/2025
In-country interviews with MEAL and coordination team staff	1	14/01/2025
Field visit, data collection and analysis of primary data and meetings with stakeholders (partner, health authorities, beneficiaries)	6	15/01 to 22/01/2025
Feedback workshops with stakeholders in the country	0.5	23/01/2025
Travel to **Sierra Leone (plane or car)**	1 (unpaid)	24/01/2025
In-country interviews with programme staff/RDDs/MEAL	0.5	27/01/2025
Field visit, data collection and analysis of primary data and meeting with stakeholders (partners, health authorities, beneficiaries)	8	27/01 to 07/02/2025
Feedback workshops with stakeholders in the country	0.5	10/02/2025
Travel to **Côte d'Ivoire (air)**	1 - 1.5 (unpaid)	11/02/2025

In-country interviews with programme staff, RDDs and MEALs	0.5	12/02/2025
Field visit, data collection and analysis of primary data and meeting with stakeholders (partners, health authorities, beneficiaries)	5	12/02 to 19/02/2025
Feedback workshops with stakeholders in the country	0.5	19/02/2025
Return journey	1 (unpaid)	19/02/2025 (evening flight)
Debriefing of the evaluation with ACF Paris head office	0.5	21/02/2025
Interim report	5	28/02/2025
Action Contre la Faim: Quality control and initial review by ELA, circulate draft report to stakeholders, summarise comments and send to evaluator.	Min. 8 (unpaid)	12/03/2025
Final report based on comments from stakeholders, the mission, partners and head office,	Min. 2	14/03/2025
Webinar to present the final results in the presence of ACF, partners and AFD.	0.5	18/03/2025
Total (excluding international travel, weekends and ACF review time)	**35.5 days**	

9. LOGISTICAL AND FINANCIAL CONSIDERATIONS

The budget for this evaluation is €41,000. This budget will have to cover the costs of human resources, international travel (flights, transport by boat to Freetown airport, visa and any airport taxes, etc.), accommodation, per diems and any insurance or medical costs for the consultants who will be carrying out the field visits.

ACF will be responsible for organising transport to the field and may provide working space in its country offices for consultants.

10. CONSULTANT PROFILE

The evaluation will be carried out by an international evaluation consultant with the following profile:

- In-depth knowledge of public health, strengthening maternal and child health services, adolescent health, psychosocial support and protection, community health, partnership management.
- Significant experience in evaluating development projects;
- Relevant degree or equivalent experience related to the evaluation to be undertaken ;
- Considerable experience in the coordination, design, implementation, monitoring and evaluation of programmes;
- Communication skills and experience in facilitating workshops;
- Ability to write concise, clear and useful reports (examples of previous work may be requested);
- Fluency in English and French ;
- Understanding of donor requirements and AFD's health strategy in particular;
- Ability to manage time and resources and work to tight deadlines;
- Independence from the parties involved.

11. LEGAL AND ETHICAL ISSUES

All documents related to the evaluation (whether or not they are part of the evaluator's tasks) remain the sole property of Action Contre la Faim.

The document, or any publication relating to it, will not be shared with anyone other than Action Contre la Faim until Action Contre la Faim has delivered the final document to the donor(s).

For external evaluations, it is important that the consultant has no links with the project management, or any other conflict of interest that could interfere with the independence of the evaluation.

12. LIST OF APPENDICES TO THE TORs

I. Logical framework of the programme
II. Evaluation criteria and detailed questions
III. List of programme documents for the desk study (to be handed over when the contract is signed)
IV. List of people to be interviewed
V. Table of evaluation criteria
VI. Good Practice Model

Annex I: Programme logical framework

Note: this is the Logical Framework amended following revisions to the project. This Logical Framework is therefore different from the initial version.

	Intervention logic	Objectively verifiable indicators, quantified where possible	**Baseline (PROSSAN 2)**	**Target / Cible (PROSSAN 2**	***Sources and means of verification - Measurement methods***
Overall objective	To help improve the health of vulnerable populations in Côte d'Ivoire, Sierra Leone and Liberia, particularly women, children under the age of five and adolescents, by providing high-quality healthcare tailored to their specific needs.	1. *at the end of the project, the number of maternal deaths recorded by the health structures decreases in each targeted health area (Sierra Leone and Ivory Coast only)* 2 *At the end of the project, the number of deaths of children under 5 recorded by the health structures decreases in each targeted health area.* 3 *At the end of the project, the number of teenage pregnancies had fallen in each targeted health area.*			*Secondary sources :* *National surveys (e.g. EDS, UNFPA, UNICEF) Maternal and infant mortality reports (e.g. MDSR, IDSR), ministry databases (DHSSII, etc.), reports from health districts and health centres.* *Measurement methods :* *Collection and analysis of monthly reports from health centres*
Specific objective(s) (and specific sub-objectives)	To improve the quality of and access to healthcare services and to ensure the active participation of civil society players and communities, particularly women and young people, in national healthcare issues.	1. *At the end of the project, the % of pregnant women who underwent at least 4 ANC during their pregnancy in the health areas concerned increased*	*CI: 54* *SL: 45*	*CI: 65* *SL: 60%.*	*Secondary sources: data from health facility registers and health district reports, ministry databases (DHSSII, etc.).* *Measurement methods: Monthly supervision of health centres, collection and analysis of monthly reports from health centres.*
		2. *the rate of births attended by qualified health personnel in the health areas concerned increased at the end of the project*	*CI: 74* *SL:34*	*CI: 85%.* *SL: 50%.*	*Secondary sources: Data collected from health districts and health centres* *Measurement methods: Monthly supervision of health centres, collection and analysis of monthly reports from health centres.*

	Intervention logic	Objectively verifiable indicators, quantified where possible	**Baseline (PROSSAN 2)**	**Target / Cible (PROSSAN 2**	***Sources and means of verification - Measurement methods***
		3 Average rate of availability of tracer drugs at health district/health centre level (Ivory Coast and Sierra Leone only)	*CI: 60%.* *SL:65%%.*	*CI: 65* *SL: 70%.*	*Primary and secondary sources: Activity reports / Ministry of Health survey / DHIS2, Health centre reports* *Measurement methods: Monthly supervision of health centres, collection and analysis of monthly reports from health centres.*
		4. 80% of health centres supported have a PMTCT and VCT quality of care score above 70% at the end of the project (Sierra Leone only)	*SL: 50%.*	*SL: 80%.*	*Primary source: SOLTHIS Care Quality Score*
		***5.** The % of men, women, boys and girls benefiting from psychosocial activities who improved their well-being increased at the end of the project (only in Sierra Leone).*	*SL : N/A*	*SL: 70%.*	*Primary source: WHO-5 well-being index/Visual scale for the perception of suffering* *Measurement methods: Collection and analysis of patient care and follow-up records*
		6. Number of national and sub-national strategic frameworks and budgets commented on by ACF or women and youth-led civil society organisations and community actors in formal decision-making processes.	*CI: N/A* *LB : N/A* *SL : N/A*	*CI:1* *LB:1* *SL:1*	*Primary source: Activity reports / Attendance sheets / Positioning documents / Media statements*
Expected results	**Expected Outcome 1**: Health services and community health workers offer quality activities (PMS) and services that comply with the standards of the Ministries of Health.	~~*The drop-out rate for antenatal consultations fell at the end of the project (Targets: CI<20%, SL<45% and LB<40%)*~~		~~*CI: <20*~~ ~~*LB <40%*~~ ~~*SL <45*~~	~~*Secondary sources: Health district reports, national health data management system, health centre reports*~~
		***1.1.** 80% of targeted antiretroviral treatment (ART) sites had a quality of care score above 75% at the end of the project (Sierra Leone only)*	*SL: 50%.*	*SL: 80%.*	*Primary source: SOLTHIS quality of care score*

	Intervention logic	Objectively verifiable indicators, quantified where possible	**Baseline (PROSSAN 2)**	**Target / Cible (PROSSAN 2**	***Sources and means of verification - Measurement methods***
		1.2. *The rate of participants trained in Mental Health Care and Protection Practices who improved their knowledge increased at the end of the project.*	*LB : N/A* *SL : N/A*	*LB : 70* *SL: 70%.*	*Primary and secondary sources: CAP surveys, pre/post* training tests
		1.3. *The % of health facilities submitting complete monthly reports to the health district on time increased at the end of the* project.	*CI: N/A* *LB : N/A* *SL : N/A*	*CI: >80* *LB : N/A* *SL: >85*	*Secondary source: Health district reports, DHIS2* *Measurement methods: Monthly monitoring of health centres*
		1.4. The % of users who felt they had been treated with respect by healthcare staff (dignity, confidentiality, autonomy and waiting time) increased at the end of the project.	*CI: 81* *LB: 84* *SL: 95%.*	*CI: 85%.* *LB : 90* *SL :> 96%.*	*Primary source: Satisfaction survey, analysis and report on complaints and feedback management systems*
	Expected Outcome 2: Target populations, particularly women and young people, improve their health practices and behaviours.	*2.1. The attendance rate of women, young people and adolescents at health centres increased at the end of the project*	*CI: 30%.* *LB : N/A* *SL :N/A*	*CI: >10* *LB: >10* *SL: >20*	*Primary source: Health centre monthly reports, consultation register* *Measurement methods: Monthly supervision*
		2.2. Women, men and young people attending the community discussion groups supported improved their knowledge of sexual and reproductive health at the end of the project.	*CI:N/A* *LB :N/A* *SL : N/A*	*CI:85%.* *LB:85* *SL: 95%.*	*Primary source: Reference surveys/CAP/Activity report and pre- and post-test training courses*
	Expected result 3. The active participation of community management bodies in health structures and of women's and young people's civil society in the field of health is ensured at	*3.1 Number of existing advocacy plans for improving sexual and reproductive health, targeted free healthcare, nutrition and mental health, implemented by civil society or ACF.*	*CI: N/A* *LB : N/A* *SL : N/A*	*CI: 4* *LB : 1* *SL : 2 at community level*	*Primary sources: Strategic advocacy plan, advocacy progress reports, activity reports*

	Intervention logic	Objectively verifiable indicators, quantified where possible	**Baseline (PROSSAN 2)**	**Target / Cible (PROSSAN 2**	***Sources and means of verification - Measurement methods***
	national and decentralised level.				
		3.2. Number of commitments announced by national and decentralised authorities following advocacy actions carried out by CSOs and ACF	*CI: N/A* *LB : N/A* *SL : N/A*	*CI: At decentralised level: 2, at national level 2* *LB : 2* *SL : 2 at district level and 2 at community level*	*Primary and secondary sources: Meeting minutes, Official Journal, Copies of newspaper articles, Press releases, Strategy and revised policies, Activity reports.*
Activities	**Activities contributing to outcome 1:** **1.1. Strengthening clinical and organisational skills through formative supervision of health personnel and support for the integrated management of health services** **Ivory Coast** Activity 1.1.1: Support for the functioning of the drug committees integrating the monitoring of tracer drugs in the 10 supported health centres, Activity 1.1.2: Support for supervision by the 2 regional and 4 departmental health directorates, particularly with regard to the effectiveness of targeted free health care		**Activity contributing to result 1:** **1.1. Strengthening clinical and organisational skills through training supervision of healthcare staff and support for the integrated management of healthcare services** **Côte d'Ivoire :** Activity 1.1.1: Support for the functioning of medicines committees integrating the monitoring of marker medicines in the 10 CoS supported, Activity 1.1.2: Support for supervision by the 2 regional and 4 departmental health directorates, particularly on the effectiveness of targeted free healthcare Activity 1.1.3: Support the 4 health districts in analysing and validating health data		

	Intervention logic	Objectively verifiable indicators, quantified where possible	**Baseline (PROSSAN 2)**	**Target / Cible (PROSSAN 2**	***Sources and means of verification - Measurement methods***
	Activity 1.1.3: Support for the 4 health districts in the analysis and validation of health data Activity 1.1.4: Support for the certification of 2 ISSAB health centres (Gonzagueville and Abobo Baoulé) Activity 1.1.5: Training of 10 members of CECom on the community monitoring of underweight children **Liberia :** Activity 1.1.1: Training to 2 staff per 8 PHU on MHGap, SRHR, MIYCF and referral pathway Activity 1.1.2: Support in distribution of health, nutrition, MHPSS-P, MIYCF and SRHR material and tools to 8 PHUs Activity 1.1.3: Mentoring/coaching and quarterly supervisions for MHPSS-P, MIYCF and SRHR Activity 1.1.4: Support quarterly of district and county coordination meetings and data collection Activity 1.1.5: Support referral pathway (mapping, referral forms, identification of focal points, coordination and follow-up) for boys, girls, men and women survival or at risk of protection concerns and follow-up of persons in emotional distress in the targeted communities Activity 1.1.6: Support training to 16 CHW/CHV on national CHW/MH program (on basis of MHPSS and protection, identification signs of				Activity 1.1.4: Support for the certification of 2 ISSAB CoS[11] (Gonzagueville and Abobo Baoulé) Activity 1.1.5: Training of 10 CECom members[12] on community monitoring of underweight children **Liberia :** Activity 1.1.1: Training of 2 people by 8 public health units on the MHGap, AMNJE, DSSR[13] and the referral pathway Activity 1.1.2: Support for the dissemination of health and nutrition materials and tools, MHPSS-P, AMNJE and DSSR for 8 public health units. Activity 1.1.3: Mentoring/coaching and quarterly joint supervisions for MHPSS-P, AMNJE and DSSR Activity 1.1.4: Support quarterly district and county coordination meetings and data collection Activity 1.1.5: Support the referral pathway (mapping, referral forms, identification of focal points, coordination and monitoring) for boys, girls, men and women who are surviving or at risk of protection issues, and monitor people in emotional distress in targeted communities.

[11] ISSAB: Initiative Structures de Santé Amis des Bébés (Baby-Friendly Health Structures Initiative)

[12] CeCOM: Cercles Communautaires (joint committee of community volunteers and healthcare staff)

[13] MHGap: Mental Health Gap

	Intervention logic	Objectively verifiable indicators, quantified where possible	**Baseline (PROSSAN 2)**	**Target / Cible (PROSSAN 2**	***Sources and means of verification - Measurement methods***
	distress, PFA and referral pathway) and community based Nutrition and SRHR activities. Activity 1.1.7: Support quarterly coordination meetings between CHW/CHV and PHU staff Activity 1.1.8: Support 16 community health workers to carry out nutrition, SRHR, MHPSS and protection activities **Sierra Leone:** Activity 1.1.1: Support quarterly monitoring and supervision sessions of PHUs by DHMT (including HMIS, stock management, MHgap and protection supervision) in Freetown and Bonthe Activity 1.1.2: Refresher training to DHMT and 10 health facility staffs on leadership and management skills (training focused on HMIS on completeness and timeliness, stock and HR management, work organization) Activity 1.1.3: Support 6 DHMT members for mentoring and coaching of Health care workers in freetown and Bonthe Activity 1.1.4: Support 1 induction training to 30 CHWs in Freetown and in Bonthe and 8 CWC in Freetown on national program (Maternal				Activity 1.1.6: Support the training of 16 CHWs/CSVs[14] on the national CHW/MCH programme (based on MHPSS[15] and protection, identifying signs of distress, PFA[16] and the referral pathway) and on community nutrition and SRHR activities. Activity 1.1.7: Support quarterly coordination meetings between CHWs/CHVs and health centre staff. Activity 1.1.8: Support 16 CHWs/CSVs to carry out nutrition, MCHW, MHPSS and protection activities. **Sierra Leone :** Activity 1.1.1: Support quarterly monitoring and supervision sessions for PHUs[17] by the DHMT[18] (including HMIS[19] , stock management, MHgap and protection supervision) in Freetown and Bonthe. Activity 1.1.2: Refresher training for the DHMT and 10 health facility staff in leadership and management (training focused on HMIS completeness and punctuality, stock and human resources management, work organisation). Activity 1.1.3: Support 6 members of the health management team to mentor and coach health workers in Freetown and Bonthe. Activity 1.1.4: Support 1 induction training for 30 CHWs in Freetown and Bonthe and 8 CWCs in Freetown on the national programme (maternal and child health, MHPSS and protection, including PFA training and referral pathways). 1.1.5: Acquisition and supply of medical equipment and materials (delivery kits, nutritional screening tools, medical consumables, etc.) in Freetown and Bonthe

[14] CHV / CHW: Community Health Volunteers or Community Health Workers

[15] MHPSS: Mental Health and Psychosocial Support

[16] PFA: Psychological First Aid.

[17] PHU: Primary Health Units

[18] DHMT: District Health Management Team

[19] HMIS: Health Management Information System

	Intervention logic	Objectively verifiable indicators, quantified where possible	**Baseline (PROSSAN 2)**	**Target / Cible (PROSSAN 2**	***Sources and means of verification - Measurement methods***
	and Child health, MHPSS & Protection, including PFA training and referral pathways) 1.1.5 Procurement and supply of medical equipment and materials (Birthing kits, nutrition screening tools, medical consumables, etc.) in Freetown and Bonthe Activity 1.1.6: Support 1 training and 1 refresher to 30 PHU staff on IMAM, SRH, MHPSS and protection (including identifying signs of distress and protection issues, MHGap and referrals to specialised services in Freetown and IMNCI,in Bonthe Activity 1.1.7 Set up referral pathway for boys, girls, men and women survivors or at risk of protection concerns in Freetown and Bonthe Activity 1.1.8: Support nutrition, health and mental health stakeholder coordination meetings in Freetown and Bonthe Activity 1.1.9: Support quarterly coordination meetings between CHW and PHU staff in Bonthe Activity 1.1.10: Train ACF Staffs on Basic HIV services (including stigma related) for inclusion of HIV services in their routine monitoring activities. (Solthis) Activity 1.1.10: Capacitate ACF/ DHMT staff on capacity building approaches (Mentorship, participatory assessment, Training, supportive supervision) (Solthis) Activity 1.1.10: Strengthen the capacity of health care workers from 5 supported sites, on HIV services according to National Guidelines (Solthis) Activity 1.1.11: Conduct joint mentorship with ACF/DHMT teams to ensure proper monitoring of HIV activities integration. (Solthis)				Activity 1.1.6: Support 1 training and 1 refresher course for 30 PHU staff on IMAM[20] , DSSR, MHPSS and protection (including identification of signs of distress and protection issues, MHGap and referral to specialist services in Freetown and IMNCI, Bonthe). Activity 1.1.7: Set up a referral system for boys, girls, men and women who have survived or are at risk of protection problems in Freetown and Bonthe. Activity 1.1.8: Support coordination meetings between nutrition, health and mental health stakeholders in Freetown and Bonthe. Activity 1.1.9: Support quarterly coordination meetings between CHWs and public health unit staff in Bonthe. Activity 1.1.10: Train ACF staff on basic HIV-related services (including stigma) in order to include HIV-related services in their routine monitoring activities (Solthis). Activity 1.1.10: Train ACF/ DHMT staff in capacity building approaches (mentoring, participatory evaluation, training, supportive supervision) (Solthis) Activity 1.1.10: Build the capacity of healthcare workers at 5 supported sites to provide HIV services in accordance with national guidelines (Solthis) Activity 1.1.11: Conduct joint mentoring with ACF/DHMT teams to ensure adequate monitoring of the integration of HIV activities. (Solthis) Activity 1.1.12: Carry out a participatory evaluation in the PHUs in terms of integrating HIV services into other health services within health establishments (Solthis) Activity 1.1.13: Carry out a participatory on-site monitoring evaluation (Solthis) Activity 1.1.14: Ensure that HIV units have basic equipment (Solthis) Activity 1.1.15: Ensure that data relating to HIV/AIDS is communicated via the household information system (HMIS) (Solthis) Activity 1.1.16: Train Solthis staff in psychological first aid

[20] IMAM = Integrated Management of Acute Malnutrition.

	Intervention logic	Objectively verifiable indicators, quantified where possible	Baseline (PROSSAN 2)	Target / Cible (PROSSAN 2	*Sources and means of verification - Measurement methods*
	Activity 1.1.12: Conduct participatory assessment in PHUs in terms of HIV services integration into other Health services within the Health Facilities (Solthis) Activity 1.1.13: Conduct On-site follow up Participatory Assessment (Solthis) Activity 1.1.14: Ensure basic equipment are available for HIV units (Solthis) Activity 1.1.15: Ensure HIV/AIDS related data are reported through the HMIS (Solthis) Activity 1.1.16: Train Solthis staff on Psychological First Aid Activity 1.1.17: Training session to frontline Solthis staff on psychosocial component (psychological consequences on patients, identifying cases in distress, referral pathways) **1.2. Improvement of the provision of care for youth and adolescents in Sexual and Reproductive Health, Child Health, HIV/AIDS, Mental Health, Psychosocial Support and Protection** **Sierra Leone:** Activity 1.2.1: Engaging stakeholders in strengthening 4 already existing AFS Activity 1.2.2: Rehabilitation and provision of material for the adolescents' friendly spaces Activity 1.2.3: Training to Social workers from MoSW with CAPS participation Activity 1.2.4: Orientation meeting with PHU staff and MoSW staff on the management of AFS Activity 1.2.5: Social worker integration workshop				Activity 1.1.17: Training session for Solthis front-line staff on the psychosocial component (psychological impact on patients, identification of cases of distress, referral channels). **1.2. Improving care for young people and adolescents in the areas of sexual and reproductive health, child health, HIV/AIDS, mental health, psychosocial support and protection.** **Sierra Leone :** Activity 1.2.1: Involve stakeholders in strengthening 4 existing youth-friendly spaces for young people and adolescents Activity 1.2.2: Refurbishment and supply of equipment for adolescent-friendly spaces Activity 1.2.3: Training of social workers from the Ministry of Health and Social Services (MoSW) with the participation of CAPS Activity 1.2.4: Orientation meeting with PHU and MoSW staff on AFS management Activity 1.2.5: Integration workshop for social workers Activity 1.2.6: Provide technical (CAPS and ACF) and financial (ACF) support to social workers for the management of AFS **1.3. Improving the management of malfunctions and the accountability of health services to communities** **Côte d'Ivoire :** Activity 1.3.1: Equip four (4) new health centres with the electronic complaints collection system Activity 1.3.2: Support the organisation of accountability committee meetings in the targeted health centres

	Intervention logic	Objectively verifiable indicators, quantified where possible	Baseline (PROSSAN 2)	Target / Cible (PROSSAN 2	*Sources and means of verification - Measurement methods*
	Activity 1.2.6: Provide technical (CAPS and ACF) and financial (ACF) support to social workers to run AFS **1.3. Improving the management of dysfunctions and the accountability of health services to communities** **Ivory Coast:** Activity 1.3.1: Equip four (4) new health centres with the electronic complaint collection system Activity 1.3.2: Support the organization of accountability committee meetings in the targeted health centers Activity 1.3.3: Support the analysis and dissemination of information on complaint management mechanisms to the communities (posting in the health centres, dissemination via the CECom, etc.). **Liberia :** Activity 1.3.1: Conduct annual beneficiary feedback survey **Sierra Leone:** Activity 1.3.1: Support on Feedback and Complaint Mechanism (FCM): organize training (DHMT/CAWeC) to old/new FMC members on roles, responsibility and functions. Activity 1.3.2: Support monthly meetings and continuous collection of complaints, analysis and feedback to the community and individuals for Facility Management Committees (FMCs) Activity 1.3.3: Implement Quality of Care Improvement Approach in 10 PROSSAN Supported Sites (Solthis)				Activity 1.3.3: Support the analysis and dissemination of information on complaint management mechanisms to communities (posters in health centres, dissemination via CECom, etc.). **Liberia :** Activity 1.3.1: Carry out an annual survey of feedback from beneficiaries **Sierra Leone :** Activity 1.3.1: Support for the feedback and complaints mechanism (FCM): organise training (DHMT/CAWeC) for former/new members of the FCM on roles, responsibilities and functions. Activity 1.3.2: Support monthly meetings and ongoing collection of complaints, analysis and feedback to the community and individuals for Facilities Management Committees (FMCs). Activity 1.3.3: Implement the quality of care improvement approach in 10 sites supported by PROSSAN (Solthis). **Activities contributing to result 2:** **2.1. Continued support for health activities for young people and teenagers (Class / Support group for teenagers and young people, School Health Clubs, Espaces Jeunes, E-Santé Jeune)** **Côte d'Ivoire :** Activity 2.1.1: Promotion of the E-Santé Jeunes digital application and training of facilitators in the use of version 2 (E-learning and streaming). Activity 2.1.2: Support awareness campaigns to increase the number of young people using the E-Santé Jeunes application: 3,000 Activity 2.1.3: Support the MESSI partner in organising youth class sessions in the community in collaboration with the CECOMs.

	Intervention logic	Objectively verifiable indicators, quantified where possible	**Baseline (PROSSAN 2)**	**Target / Cible (PROSSAN 2**	***Sources and means of verification - Measurement methods***
	Activities contributing to outcome 2: **2.1. Continuation of support for health activities for youth and adolescents (Adolescent Classes, School Health Clubs, Youth Spaces, Youth E-Health)** **Cote d'Ivoire :** Activity 2.1.1: Promotion of E-Santé Young digital application and training animators in the use of version 2 (E-learning and streaming) Activity 2.1.2: Support awareness raising to increase the number of young people using the E-Santé Jeunes application: 3,000 Activity 2.1.3: Support MESSI in the organization of youth class sessions in the community in collaboration with the CECOMs Activity 2.1.4: Support MESSI in organizing youth class sessions in schools through PNSSU-SAJ Activity 2.1.5: Support MESSI in the realization of mass sensitization activities on SRH and Nutrition for youth and adolescents **Liberia:** Activity 2.1.1: In collaboration with the Ministry of Education and schools administration, support the establishment of 3 additional School Health Clubs in addition to the 5 School Health Clubs already established, refurbish and provide materials needed Activity 2.1.2: Support 1 Training and formative supervision for 56 members from the 8 school health clubs on National guidelines on SRH and School Mental Health and on protection. Activity 2.1.3: Support awareness-raising activity during Mental Health, Health and Nutrition Days in 8 schools				Activity 2.1.4: Support MESSI in organising youth class sessions in schools through PNSSU-SAJ Activity 2.1.5: Support MESSI in carrying out mass awareness-raising activities on SRH and nutrition for young people and adolescents **Liberia :** Activity 2.1.1: In collaboration with the Ministry of Education and the school administration, support the creation of 3 additional school health clubs in addition to the 5 school health clubs already established, refurbish and provide the necessary equipment. Activity 2.1.2: Support 1 training course and formative supervision for 56 members of the 8 school health clubs on the national guidelines on sexual and reproductive health and mental health in schools, as well as on protection. Activity 2.1.3: Support an awareness-raising activity during mental health, health and nutrition days in 8 schools. Activity 2.1.4: Support health, nutrition and MHPSS activities/initiatives carried out by CHS members[21] in the communities. Activity 2.1.5: Support 8 school visits between school health clubs to exchange experiences. **Sierra Leone :** Activity 2.1.1: Support 1 training on adolescent SRH, MHPSS and protection, including referral pathways, for 6 CHS focal teachers, 6 CHS advisors, 24 CHS managers, and 3 CAWeC staff. Activity 2.1.2: Support CAWEC and CAPS to organise monthly sessions in 6 SHCs on ASRH, MHPSS and protection referral pathways.

[21] SHC: School Health Club

	Intervention logic	Objectively verifiable indicators, quantified where possible	Baseline (PROSSAN 2)	Target / Cible (PROSSAN 2	*Sources and means of verification - Measurement methods*
	Activity 2.1.4: Support Health, nutrition and MHPSS activities/initiatives done by SHC members in the communities Activity 2.1.5: Support 8 school visits between school health clubs to exchange experiences **Sierra Leone**: Activity 2.1.1: Support 1 training on ASHR, MHPSS and protection including referral pathways for 6 SHC Focal Teachers, 6 SHC counsellors, 24 SHC leaders, 3 CAWeC staff Activity 2.1.2: Support CAWEC and CAPS to provide monthly sessions in 6 SHCs on ASRH, MHPSS and Protections referral pathways **2.2. Continue to support community health groups (Mother/Father Classes, Mother/ Support Groups, HIV/AIDS Support Groups)** **Ivory Coast:** Activity 2.2.1: Evaluate and revitalize the IGAs of the 10 CECom in order to support the organization of community activities (classes and sensitizations) **Liberia:** Activity 2.2.1: Training and support to 23 Mother Support Groups (MSGs) on health and nutrition,		**2.2. Continued support for community health groups (mother/father classes, mother/father support groups, HIV/AIDS support groups).** **Côte d'Ivoire :** Activity 2.2.1: Evaluate and revitalise the IGAs of the 10 CEComs with a view to supporting the organisation of community activities (classes and awareness-raising). **Liberia :** Activity 2.2.1: Training and support for 23 mother support groups (MSG) on health and nutrition, Activity 2.2.2: Training of 24 traditional healers, healthcare providers and religious leaders on the basics of MHPSS and protection and on the path to referral. Activity 2.2.3: ACF, in collaboration with the Ministry of Health, will organise awareness-raising sessions on health, nutrition, MHPSS (World Mental Health Day) and protection. **Sierra Leone** Activity 2.2.1: Support the training and support of 100 MSG mothers on nutrition, AMNJE, DSSR and SMSPS in Freetown. Activity 2.2.2: Support 10 MSGs to establish Village Savings and Loans Associations (VSLAs) in Freetown and Bonthe Activity 2.2.3: Organise street theatre in 10 communities to raise awareness of SRHR, nutrition, MHPSS and protection in Freetown. Activity 2.2.4: Support awareness-raising through monthly radio discussions, production and broadcasting of jingles in local languages on nutrition, AMNJE, DSSR and MHPSS and protection activities in Freetown and Bonthe. Activity 2.2.5: Support national events on nutrition, health and mental health in Freetown and Bonthe		

	Intervention logic	Objectively verifiable indicators, quantified where possible	Baseline (PROSSAN 2)	Target / Cible (PROSSAN 2	*Sources and means of verification - Measurement methods*
	Activity 2.2.2: Training to 24 traditional healers, health providers and religious leaders on basis of MHPSS and protection and on referral pathway. Activity 2.2.3: ACF in collaboration with MOH will conduct awareness raising sessions on health, nutrition, MHPSS (WMHD) and protection **Sierra Leone :** Activity 2.2.1: Support training and support to 100 mothers from MSGs on Nutrition, MIYCF, SRH and MHPSS in Freetown Activity 2.2.2: Support 10 MSGs to establish Village Saving and Loans Associations (VSLAs) in Freetown and Bonthe Activity 2.2.3: Conduct street theatre in 10 communities for SRH, Nutrition and MHPSS and protection awareness in Freetown Activity 2.2.4: Support awareness raising via monthly radio discussion, production and airing of jingles in local languages on nutrition, MIYCF, SRH and MHPSS and protection activity in Freetown and Bonthe Activity 2.2.5: Support national nutrition, health and mental health events in Freetown and Bonthe **Activities contributing to outcome 3:** **3.1. Advocacy in favour of an enabling legal and regulatory framework for women and adolescent health in strategic collaboration with civil society** **Ivory Coast**				**Activities contributing to profit 3** **3.1. Advocacy for a legal and regulatory framework favourable to the health of women and adolescents, in strategic collaboration with civil society.** **Côte d'Ivoire :** Activity 3.1.1: Capitalising on project innovations/approaches Activity 3.1.2: Support for the development and dissemination of the strategy document and the national mental health plan Activity 3.1.3: Strengthen the technical and organisational capacities of CSO members of the platform of CSOs committed to the SRPF, the network of young nutrition leaders, the Fédération Nationale des OSCs pour la Sante en Côte d'Ivoire (FENOSCI) and the Mindfull Change Foundation CSO in Côte d'Ivoire (MCF-CI): associative and administrative management, advocacy techniques, thematic training (family planning, gender, health and nutrition). Activity 3.1.4: Organise workshops to draw up action plans and support the formulation of advocacy messages for CSOs on the themes (RH/FP, Nutrition, CSU[22] and Mental Health). Activity 3.1.5: Support the development and implementation of 4 advocacy plans (Nutrition, SRPF, CSU and Mental Health) led by civil society networks. Activity 3.1.6: Support the production of communication materials to improve the visibility of CSO networks **Liberia :**

[22] CSU: Couverture Universelle de Santé UHC: Universal Health Coverage

	Intervention logic	Objectively verifiable indicators, quantified where possible	**Baseline (PROSSAN 2)**	**Target / Cible (PROSSAN 2**	***Sources and means of verification - Measurement methods***
	Activity 3.1.1: Capitalization (Learning) on project innovations/approaches Activity 3.1.2: Support for the development and dissemination of the strategy document and the national mental health plan Activity 3.1.3: Strengthen the capacities (technical and organizational) of CSO members of the platform of CSOs committed to the SRPF, the network of young leaders for nutrition, the National Federation of CSOs for Health in Côte d'Ivoire (FENOSCI) and the CSO Mindfull Change Foundation in Côte d'Ivoire (MCF-CI): associative and administrative management, advocacy techniques, thematic training (family planning, gender, health and nutrition,). Activity 3.1.4: Organize workshops to develop action plans and support the formulation of advocacy messages for the CSOs on the themes (RH/FP, Nutrition, UHC and mental health) Activity 3.1.5: Support the development and implementation of 4 advocacy plans (Nutrition, SRPF, CSU and mental health) carried out by civil society networks. Activity 3.1.6: Support the production of communication materials to improve the visibility of CSO networks **Liberia :** Activity 3.1.1: Capitalization on school health club, and mother support group and PHU Mental health **Sierra Leone :**				Activity 3.1.1: Capitalise on the school health club, the mothers' support group and the public health unit's mental health. **Sierra Leone :** Activity 3.1.1: Capitalise on support groups for mothers and adolescent-friendly spaces, SHCs Activity 3.1.2: Contribute to the review/evaluation of national SRH and mental health policies Activity 3.1.3: Support relevant working groups, platforms and pillars (NSRTP[23] , COP-GBV[24] , etc.) at local, national and district level (community of practice) in Freetown and Bonthe. **3.2. Supporting civil society organisations in their lobbying to ensure that the authorities make and implement (at least partially) financial commitments in favour of equitable, high-quality healthcare for women and adolescents.** **Côte d'Ivoire :** Activity 3.2.1: Strengthen CSO expertise through the production of advocacy materials and the sharing of experience on the key themes of the PRSF, nutrition, the CSU and mental health. Activity 3.2.2: Support CSO networks in monitoring the authorities' commitments on RH/FP, nutrition, CSU and mental health. **Liberia :**

[23] National Secretariat for the Reduction of Teenage Pregnancy

[24] COP-GBV: Community of Practices - Gender Based Violence

	Intervention logic	Objectively verifiable indicators, quantified where possible	Baseline (PROSSAN 2)	Target / Cible (PROSSAN 2	*Sources and means of verification - Measurement methods*
	Activity 3.1.1: Capitalization on Mother support group, and Adolescent Friendly space, SHCs Activity 3.1.2: Contribute to the review / assessment of SRH and mental health national policies Activity 3.1.3: Support the relevant working group, platforms and pillars (NSRTP, COP-GBV, etc.) at local and National and District levels (Community of Practice) in Freetown and Bonthe **3.2. Support civil society organisations in their advocacy to get authorities to make and fulfil (at least partially) financial commitment for equitable and quality women and adolescent health** **Ivory Coast** Activity 3.2.1: Strengthen CSO expertise through the production of advocacy materials and experience sharing on the key themes of RH/FP, nutrition, UHC and mental health Activity 3.2.2: Support CSO networks to follow up on the authorities' commitments on SRH/FP, nutrition, UHC and mental health **Liberia:** Activity 3.2.1: Support Advocacy platforms (SUNCSAL) to follow up on advocacy action plans at national levels. Activity 3.2.2: Support the completion and validation of the National Multisector Costed Strategic Plan **Sierra Leone:** Activity 3.2.1: Support 10 community (5 In Freetown and 5 in Bonthe) groups to follow up on advocacy action plan				Activity 3.2.1: Support advocacy platforms (SUNCSAL) to monitor advocacy action plans at national level. Activity 3.2.2: Support the completion and validation of the costed national multi-sector strategic plan. **Sierra Leone:** Activity 3.2.1: Support 10 community groups (5 in Freetown and 5 in Bonthe) to monitor the advocacy action plan. Activity 3.2.2: Support dialogue and influencing meetings on key advocacy and law enforcement issues between community advocacy groups and leaders in Bonthe and Freetown. Activity 3.2.3: Support for community advocacy events in 5 communities in Freetown and Bonthe **SERA activities:** Basic and final data survey Project launch workshop with partners Project review meetings with partners Joint on-site inspections Steering committee meetings External workshop on project closure and lessons learned Final external evaluation

	Intervention logic	Objectively verifiable indicators, quantified where possible	**Baseline (PROSSAN 2)**	**Target / Cible (PROSSAN 2**	***Sources and means of verification - Measurement methods***
	Activity 3.2.2: Support dialogue and influence meeting on key advocacy issues and law enforcement between community advocacy groups and leaders in Bonthe and Freetown Activity 3.2.3: Support to advocacy events at community level in 5 communities in Freetown and Bonthe **MEAL Activities :** Baseline/End line survey Project' kick-off workshop with Partners Review meetings with partners Joint monitoring field visits Steering committee meeting Project closure and lessons learnt external workshop Final external evaluation				

Annex II: Evaluation criteria

In order to assess the programme/project/mission according to each evaluation criterion, the evaluator will answer the following questions:

Design:

- To what extent is the design logical, allows for results-based management (RBM) (activities and indicators respond to results) and includes a sustainability strategy involving national partners (NGOs and authorities) and beneficiaries?

Relevance:

- To what extent do the objectives of the development action correspond to the expectations of the beneficiaries, the needs of the country, changes in the context, global priorities and the policies of partners and donors?

Consistency :

- To what extent are interventions consistent with each other, with existing interventions, and with global and national policies and strategies to ensure coherence, optimise synergies and minimise duplication?

Front cover:

- To what extent do the interventions meet the need to reach the main population groups considered vulnerable, wherever they are. Is the geographical coverage appropriate or sufficient?

Efficiency:

- To what extent are resources (funds, expertise, time, human resources, logistics, etc.) converted into results economically and appropriately?

Effective:

- To what extent have the objectives of the programme been achieved, or are they in the process of being achieved, taking into account their relative importance?

Durability :

- To what extent will the benefits of the programme continue after the end of the intervention? Are we in a situation where the net benefits are likely to outweigh the risks? Are the interventions carried out in the countries replicable? What recommendations does the evaluator have to ensure sustainability if a second phase is possible? Are the proposed exit strategies viable?

Potential Impact:

- The first signs of positive and negative, primary and secondary, short, medium and long-term effects produced by the intervention, directly or indirectly, intentionally or unintentionally.
- ***Replicability***: To what extent can activities be replicated (nationally or across countries)? On what scale and in what context?

Integration of gender and youth issues (additional criterion)

- To what extent has the programme taken into account and responded to the specific problems of men, women, girls and boys and the specific problems of young people and adolescents? What recommendations does the evaluator have for a possible second phase of the programme?

Accountability to beneficiaries, partners and authorities

- To what extent has the programme ensured transparency in the selection of sites to be supported (health centres), the selection of beneficiaries (health workers to be trained, beneficiaries of community health activities), communication on project activities, and the feedback and complaints system?

Annex III: List of programme documents for the documentary study

The following documents will be examined by the evaluator during the documentary review phase[25] :

Document	Description
Final evaluation of the PROSSAN 1 project in Côte d'Ivoire, Sierra Leone and Liberia	Independent external evaluation of the PROSSAN project (previous phase of PROSSAN 2)
NIONG_Project Land_PROSSAN 2	Last project document sent to AFD
Annex to the NIONG - Appendix 1 - External budget	Initial external budget
Annex to the NIONG - Appendices 2, 5, 6 and 7	2) Initial logical framework 5) Initial country files 7) Initial intervention zones
Provisional Programme of Activities for Tranche 1	
Amended logical framework	Logical framework amended and validated by AFD following project review in June 2023
Amended budget	Budget amended and validated by AFD following review of project in June 2023
List of beneficiaries (partners)	List of beneficiaries amended and validated by AFD following the June 2023 project review
Performance report for Tranche 1 - Amendment	
Annexes to the Tranche 1 performance report	
Amended logical framework	Logical framework amended and validated by AFD following the implementation report for tranche 1
Provisional Programme of Activities for Tranche 2	
Presentation of the mid-term review with AFD	Presentation given at AFD in the presence of PROSSAN 2 implementation partners
Quantitative and narrative RPAs for Côte d'Ivoire	ACF activity monitoring tools
Quantitative and narrative RPAs for Liberia	ACF activity monitoring tools
Quantitative and narrative RPAs for Sierra Leone	ACF activity monitoring tools
Côte d'Ivoire partner activity reports	Tools for monitoring activities by the partner
Liberia partner activity reports	Tools for monitoring activities by the partner
Partner activity reports Sierra Leone	Tools for monitoring activities by partners
Baseline Ivory Coast	Endline from PROSSAN 1 used as a baseline for PROSSAN 2
Baseline Sierra Leone	

[25] This list is not exhaustive and may be subject to change, especially as the teams are in the process of developing or supporting the development of new national or project strategies.

Baseline Liberia	
Strategy for implementing youth classes	A tool that describes the steps to be taken to set up classes for young people, from training leaders to setting up classes and running them.
IGA management strategy	It outlines the methodology for implementing IGAs, from identification to management of the funds generated to support community activities.
FECECOM and CECOM diagnostic report - DSC PS	Highlights the approach adopted to carry out these activities compared with the national reference framework for implementing community activities.
Elements of capitalisation carried out or in progress in Côte d'Ivoire	
Capitalisation elements completed or in progress in Sierra Leone	
Elements of capitalisation completed or in progress in Liberia	
National policies and guidelines in Côte d'Ivoire	
National policies and guidelines in Sierra Leone	
National policies and guidelines in Liberia	
Partnership framework agreement with MoSW in Sierra Leone	
Framework partnership agreement with IOM in Sierra Leone	
Statutes and internal regulations of the CECom in Côte d'Ivoire	
Quality scores achieved by Solthis in Sierra Leone	

Appendix IV: List of people to be interviewed

The Evaluator will hold interviews with the following stakeholders[26] :

Internal			
Name	**Location**	**Position and organisation (ACF)**	**Contact**
Sylvain Dupont	Côte d'Ivoire, Sierra Leone, Liberia	PROSSAN Programme Coordinator,	coordoreg@ci-actioncontrelafaim.org
Aurélie Férial	France	Deputy Regional Operations Director (Head Office)	aferial@actioncontrelafaim.org
Léana Brielles	France	Programme Support Officer (Head Office)	lbrielles@actioncontrelafaim.org
Fabienne Rousseau	France	Regional Health & Nutrition Officer for Liberia (HQ)	frousseau@actioncontrelafaim.org
Angélique Muller	France	Regional Health & Nutrition Officer for Sierra Leone and Côte d'Ivoire (HQ)	amuller@actioncontrelafaim.org
Xuan Phan	France	Regional Mental Health and Psychosocial Coordinator for the 3 countries (Head Office)	xphan@actioncontrelafaim.org
Sofia Rodriguez Gomez	Côte d'Ivoire, Sierra Leone, Liberia	Head of Department SMPS-P flying (3 countries)	sgomez@actioncontrelafaim.org
Yannick Pouchalan	Ivory Coast	Country Manager Ivory Coast	dp@ci-actioncontrelafaim.org
Jean-Pierre Kouamé	Ivory Coast	Deputy Country Manager Ivory Coast,	dpadjoint@ci-actioncontrelafaim.org
Agbo Pierre Adou	Ivory Coast	Head of Health & Nutrition Department, Côte d'Ivoire	rddnutsante@ci-actioncontrelafaim.org
Taly Marie Conforte Koudou Epse Koffi	Ivory Coast	Deputy Head of SMPS-P Department, Ivory Coast	rddasmps@ci-actioncontrelafaim.org
Placide Kolleti	Ivory Coast	Monitoring and evaluation officer, Côte d'Ivoire	chargesuivieval@ci-actioncontrelafaim.org
Roger Konan	Ivory Coast	PROSSAN Programme Manager, Ivory Coast	rpnutsante@ci-actioncontrelafaim.org
Kouaka Michel Kepo	Ivory Coast	Deputy Programme Manager	rpanutsante@ci-actioncontrelafaim.org
Sukhdev Sharma	Liberia	Country Director, Liberia	cd@lr-actionagainsthunger.org
Jacob F Tengbey	Liberia	Program coordinator, Liberia	pc@lr-actionagainsthunger.org

[26] This list is not exhaustive. The people in orange will be interviewed in advance by ACF, those in green will be interviewed remotely by the consultancy team in December 2024.

Tekar Jallah Bundor	Liberia	Health & Nutrition Head of Department, Liberia	nhhod@lr-actionagainsthunger.org
Florence Boffa Washington	Liberia	MHPSS Deputy Head of Department, Liberia	mhpss-deputy-hod@lr-actionagainsthunger.org
Olive Brenda Cisco	Liberia	Gender and protection manager, Liberia	genderprotect-mgr@lr-actionagainsthunger.org
Alvin B Menyon II	Liberia	MEAL Manager, Liberia	mealmanager@lr-actionagainsthunger.org
Poka Koffi Brown	Liberia	MHPSS PM (PROSSAN focal point), Liberia	mhpspm@lr-actionagainsthunger.org
David Jallah	Liberia	MHPSS Officer	mhpss-officer2@lr-actionagainsthunger.org
Albertha Caroline Gonwah-Ketter	Liberia	MHPSS Officer	mhpss-officer@lr-actionagainsthunger.org
Timothy Murungi	Sierra Leone	Country Director Sierra Leone	cd@sl-actionagainsthunger.org
Abu Desmond Kamara	Sierra Leone	Health & Nutrition Head of Department, Sierra Leone	hnhod@sl-actionagainsthunger.org
Ambrose Momoh	Sierra Leone	PROSSAN Deputy Program Manager, Sierra Leone	nutdeputymgr@sl-actionagainsthunger.org
Sallieu Kamara	Sierra Leone	MEAL Manager	mealm@sl-actionagainsthunger.org
Massah Fatmata Bintu	Sierra Leone	Mental Health and Psychosocial Support Head of Project	mhpsshop-ft@sl-actionagainsthunger.org
Alimatu Bah	Sierra Leone	Midwife	midwife-ft@sl-actionagainsthunger.org
External			
Name	**Location**	**Position and organisation**	**Contact**
Sylvie Blum	France	AFD Project Manager Civil Society Organisations Division (DPA/OSC)	blums@afd.fr
Sandrine Bouille	France	SOLTHIS Desk Manager (head office)	sandrine.bouille@solthis.org
Maurice KWITE	Sierra Leone	SOLTHIS, Head of Mission Sierra Leone	headofmission.sl@solthis.org dirpays.sl@solthis.org
Lawson MBOLUEH	Sierra Leone	Project Coordinator, SOLTHIS Sierra Leone	programcoordinator.sl@solthis.org
Feremusu Kamara[27]	Sierra Leone	EMTCT Officer, SOLTHIS Sierra Leone	emtct.prossan@solthis.org
George Kouadio Koffi	Ivory Coast	Executive Director MESSI	ong_lemessi@yahoo.fr presigeorges@yahoo.fr

[27] Feremusu will be interviewed in advance by the ACF teams, as her position runs until the end of September 2024.

Tougma Diana	Ivory Coast	Deputy Programme Manager	dianetougma@gmail.com
Takutchié Verone	Ivory Coast	Administrative and Financial Manager	verone_takutchie@yahoo.fr
Dr Ouattara Seydou	Ivory Coast	Director PNSSU-SAJ coordinators	seydouxfr@yahoo.fr
Dr Kouamé Oka	Ivory Coast	Coordinating Director of PNN	reneoka@gmail.com
Dr Gnon Tanoh	Ivory Coast	Coordinating Director of the NESP	pnsme12@gmail.com
Dr Kadja Françoise	Ivory Coast	DSC Director	kadja.francoise@dsccom-ci.org
Dr KOULOU Edmond	Ivory Coast	Director, Abidjan 1 Health Region, Côte d'Ivoire	koulou_edmond@yahoo.fr
Dr OURA Christine	Ivory Coast	Abobo West Health District Director, Côte d'Ivoire	ourachristine@yahoo.fr
Dr ADINON Philomène	Ivory Coast	Director, Cocody Bingerville Health District, Côte d'Ivoire	kacouphilo@yahoo.fr
Naomi Tulay Solanke	Liberia	Executive Director, CHI	naomi.tsolanke@gmail.com
Ansatue Siryon	Liberia	County Mental Health Coordinator	siryonyansatue@gmail.com
Nancy T. Bonner	Liberia	County Reproductive Health Coordinator	nancy2007china@yahoo.com
Vicky Bundor	Liberia	County Nutrition Coordinator	bundorvicky@gmail.com
Benedict Nyae	Liberia	Montserrado County Gender Coordinator	benedictnyae@gmail.com
Mercy Johnson	Liberia	Program Coordinator (SRHR), School Health Division, Ministry of Education	mercymason75@gmail.com
Zoe Kanneh	Liberia	Program Coordinator (WASH), School Health Division, Ministry of Education	zoekanneh4@gmail.com
Dr Foday Sesay	Sierra Leone	DHMT WAU	fsesay27@yahoo.com
Dr. Sylvia Fasuluku-Wusman	Sierra Leone	DHMT WAR	wusman@dhmt-war-sl.org
Foday Sesay	Sierra Leone	Project Manager, CAWEC	cawec172007@yahoo.com
Edward Bockarie	Sierra Leone	Programme Director, CAPS	ebockarie@capssl.org

Annex V: Table of evaluation criteria

The evaluator should use the following table to rate the overall performance of the intervention using the CAD criteria. The table should be included either in the executive summary or in the body of the report.

Criteria	Rating (1 poor, 5 high)					Justification
	1	2	3	4	5	
Design						
Relevance						
Coherence						
Cover						
Efficiency						
Efficiency						
Durability and reproducibility						
Potential impact						
Gender and youth mainstreaming						
Liability						

Evaluation criteria scoring guide:

Note	Definition
1. Unsatisfactory	Performance was **consistently below expectations** in most areas of study related to the evaluation criteria. **Overall performance** for the evaluation criteria **is unsatisfactory** due to serious shortcomings in some of the areas. Considerable improvements are needed. The evaluation report contains recommendations to improve performance and Action contre la Faim will monitor progress in these areas.
2. Improvement needed	Performance **did not always meet expectations in some areas of the evaluation** - performance did not meet expectations in one or more key areas of study. Improvements need to be made in one or more of these areas. The evaluation report contains recommendations for improving performance and Action contre la Faim will monitor progress in these key areas.
3. Overall, meets expectations	Overall, performance **met expectations** in all key areas of the evaluation and the overall **quality of the work was acceptable**. Any recommendations on areas for improvement can be found in the evaluation report.
4. Meets expectations	**Performance consistently met expectations** in all key areas of the evaluation and the overall **quality of the work was quite good**. The most important expectations were met.
5. Exceptional	The performance consistently met expectations thanks to the high quality of the work delivered in all the key areas of the evaluation, and the overall quality of the work was therefore outstanding.

Annex VI: Good Practice Model

The evaluation should provide one (1) key example of good practice from the programme for each of the 3 countries. This example should relate to the technical area of the intervention, either in terms of processes or systems, and should be potentially applicable in other contexts where Action Contre la Faim operates. This example of good practice should be presented in the executive summary and in the body of the report.

Title of the good practice
(Max. 30 words)
Innovative element & key features
(What makes selected good practice different?)
Context of good practice
(What was the rationale for this good practice? What factors/ideas/developments/events led to the adoption of this good practice? Why and how was it preferable to other alternatives?)
Additional explanation of the good practice chosen
(Elaborate on the key characteristics of the good practice chosen. How does it work in reality? What does it involve? How was it received by local communities? What were some of its most important/relevant features? What made it unique?)
Practical/specific recommendations for reproduction
(How can the selected practice be replicated more widely? Can this practice be replicated (partially or fully) by other Action Against Hunger programmes? What would this require at a practical level? What would this require at the policy level?)
How can good practice be developed in the future?
(Present the steps to be taken to improve the practice and ensure that the mission can benefit even more from this good practice)