

USAID/Senegal Health Project 2016-2021:

Redacted Project Appraisal Document (PAD)

I. Introduction

Despite serious health constraints, Senegal has achieved notable results over the last two decades, largely due to improved health interventions. Between 1997 and 2014, there has been a 61% decrease in under-five child mortality (U5MR), among the fastest reductions in sub-Saharan Africa, and Senegal is on track to meet Millennium Development Goal (MDG 4), a two-thirds reduction in child mortality between 1990 and 2015. Most recently, Senegal successfully avoided widespread cases of Ebola virus with only one imported case detected, although neighboring countries have experienced serious outbreaks.

Although it currently ranks 163 out of 187 countries on the Human Development Index, Senegal is

Figure 1: Project Purpose: Improved Health Status of the Senegalese Population

Coverage: Seven regions (Diourbel, Kedougou, Kolda, Matam, Saint Louis, Sedhiou, Tambacounda) with a package of priority, high-impact reproductive, maternal, neonatal, and child health (RMNCH) services; 7 regions with targeted direct funding to maintain and increase gains in RMNCH; and national coverage for malaria, family planning and select health system strengthening activities.

Priority Populations

Children under five
Women of reproductive age (15-49)
Young adolescent girls (10-14)
Youth (10-24)
Most At-Risk Populations for HIV

Methods

Provision of high-impact RMNCH services
Strategic use of direct funding to Ministry of Health at central level and in seven regions
Emphasis on individuals and communities
Social and behavior change activities addressing gender, youth issues, service demand, and community health financing
Strengthening of select national health systems

Impact/Expected Results

Access to quality, priority health services increased for targeted populations
Performance of health systems strengthened
Positive health behaviors adopted
Communities more able to meet health needs

classified as lower middle income (LMIC), and is a stable, democratic country. Over 40% of its estimated 13.5 million people live in urban areas; the proportion living below the poverty line is 57% in rural areas and 26% in the capital, Dakar. Approximately 30% of the population lives on less than \$1 USD per day, and average life expectancy is 64 years. With an annual growth rate of 2.7%, the population is projected to increase to approximately 19 million by 2025, challenging Senegal's attempts to provide quality health, education, and other services for the well-being of its people and environment.

In comparison to other countries in West Africa, Senegal has a lower level of child mortality. However, Senegal's overall performance masks wide disparities, both regionally and among urban and rural populations. The mortality rate for children under five years of age is 44 in urban areas versus 77 in rural areas, per 1,000 live births. Senegal's elevated infant mortality rate, 33 per 1,000 live births, and maternal mortality ratio, 392 per 100,000 live births, are largely due to inadequate access to quality health services, including insufficient emphasis on disease prevention. Fertility has slowly and consistently decreased but remains high, at 5.0 children per woman. Only about 20% of married women of reproductive age use modern methods of contraception, and the unmet need for family

planning is high at 25%. Malnutrition, a significant contributor to child mortality, remains a persistent problem with 19% of children classified as stunted. Adult HIV prevalence is low, estimated at 0.7% for 15 to 49 years of age, with 56,000 adults and 5,000 children estimated to be living with the disease. Despite the low prevalence in the general population, key populations have high rates of HIV infection,

including commercial sex workers (CSW) estimated at 18% and men who have sex with men (MSM) at 22%. Like other countries in the sub-region, Senegal has confronted a confirmed case of Ebola as part of the 2014 outbreak, and—while effectively containing any further spread—significant gaps in pandemic preparedness exist.

The USAID/Senegal Health Project is a robust and strategic response to these challenges, designed to improve health status in regions most in-need while providing targeted assistance to higher-performing regions in terms of maternal and neonatal mortality. Project activities align with USAID/Senegal’s Country Development Cooperation Strategy (CDCS)¹ and address Senegal’s socioeconomic and cultural contexts, as well as core contributors to the national disease burden. The Project’s development objective (DO2) is to improve the health status of the Senegalese population, as USAID/Senegal’s development hypothesis states:

If strategic investments are made to strengthen the performance of the health system, increase access to high quality priority health services and products, and increase commitment of individuals and communities in the management of their own health and health services, **then** the health status of women, children, and other vulnerable populations will be improved.

The Project will build on USAID’s legacy of programming in the health sector over the last several decades and will be implemented through complementary activities and implementing mechanisms. One of the key findings from the 2014 midterm evaluation² highlighted the need to improve collaboration at the community level between service delivery and behavior change communication efforts. The report also suggests that USAID define an essential package of services in an integrated continuum of care approach that will enable future programs to more closely integrate community- and facility-based services. As a result, support for integrated service delivery under this new Project will include community health, in addition to behavior change communications activities, that are currently implemented under separate mechanisms.

In addition, as USAID Senegal seeks to strengthen local systems across all development sectors, this Project focuses more robustly on deepening the engagement of individuals and local communities in the governance and financing of health services and community management of health. Interventions will directly support civil society to ensure accountability of service providers and raise community awareness about the importance of taking ownership of and responsibility for their own health. The new Project will also maintain an emphasis on health systems strengthening to sustain and further enhance improvements in the management of human resources for health, data for decision-making, commodities management, and health care financing.

A large direct government financing component to the Ministry of Health (MOH) and Social Action builds on the significant progress made in Government-to-Government (G2G) programming and indicates a major shift towards increased government ownership and stewardship, enhancing sustainability. The new Project will build on this approach by consolidating G2G assistance at the central level, while still targeting specific regions for tailored direct financing. The Project will continue close collaboration with

¹ <http://www.usaid.gov/sites/default/files/documents/1860/SenegalCDCS.pdf>

² http://pdf.usaid.gov/pdf_docs/pa00kd87.pdf

USAID development activities in other sectors such as Food Security (Feed the Future), Education (Equitable Access to Education in Southern Senegal) and Governance and Democracy.

The Project interventions will strengthen regional and national capacity to provide sustainable, quality health services. Key areas of intervention include the delivery of a basic package of high-impact Reproductive, Maternal, Neonatal, and Child Health (RMNCH) services, the planning and management of Human Resources (HR) and pharmaceutical and equipment supply chain and logistics, and the management of data and health management information systems (HMIS). These interventions will advance the Government of Senegal (GOS) and Agency goals to end preventable child and maternal mortality. The Project will advance Senegal's goal of Universal Health Coverage (UHC), expand access to health services, and reduce future disease burden, while increasing Senegal's preparedness to combat emerging pandemic diseases. Increasing support to improve community level health services and strengthening local community and governance structures will build, finance, and sustain improved services. USAID will leverage its investments to increase GOS health sector contributions. Key results by the end of the project period include:

- Reduced Maternal Mortality Ratio (per 100,000) from 392 to 211;
- Reduced Under Five Mortality Rate (per 1000 live births) from 54 to 33;
- Reduced Newborn Mortality Rate (per 1,000) from 19 to 12;
- Reduced Prevalence of Under Five Stunting from 18% to 10%;
- Reduced Total Fertility Rate from 5.0 to 3;
- Percent increase in GOS budget allocations for health from 11% to 15%.

II. Project Statement & Project Description

A. Problem Statement

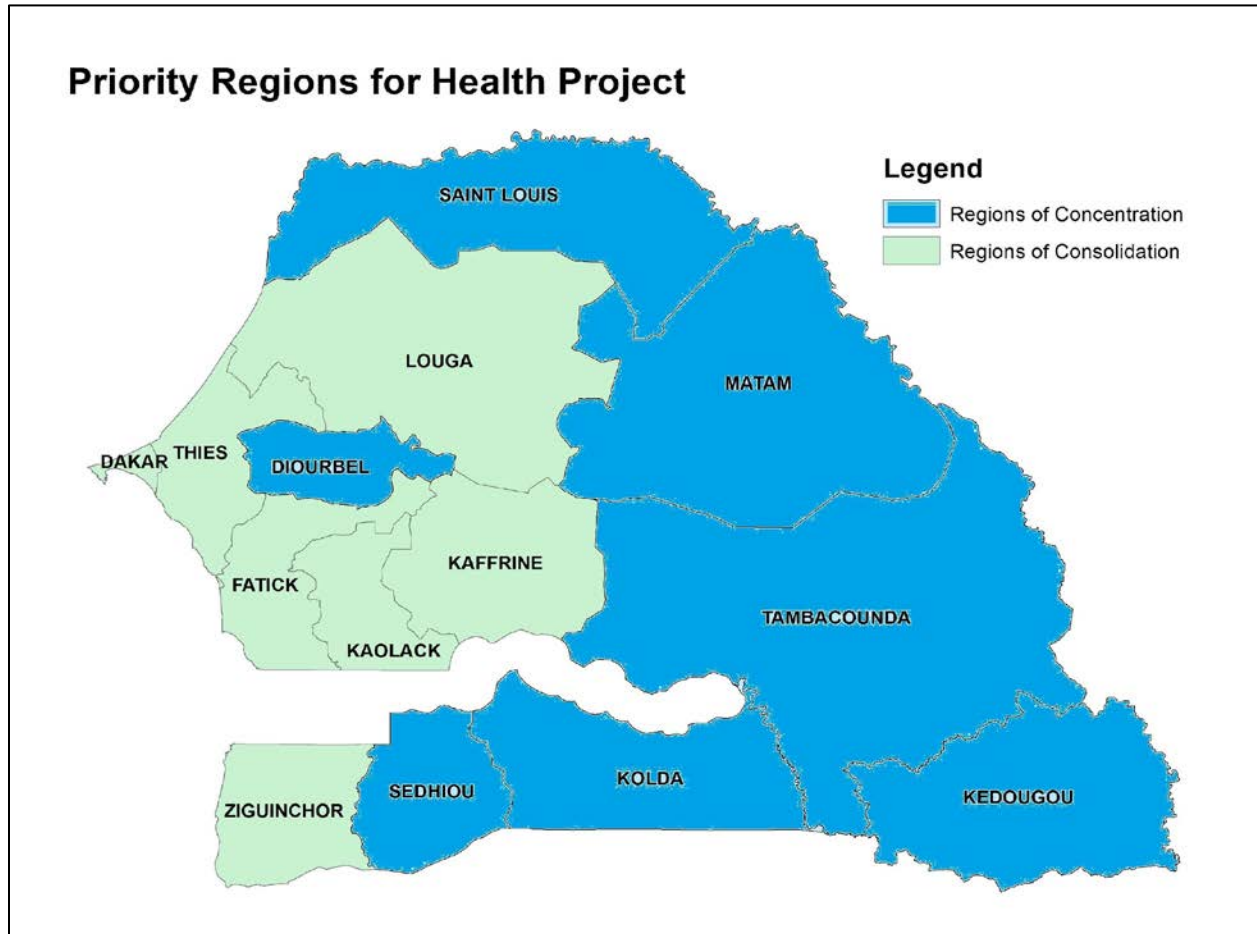
Due to limited access to quality health services, suboptimal engagement by individuals and communities in the management of their health and health services, and an underperforming health system, Senegal's population continues to suffer from high rates of infectious disease and preventable child and maternal deaths.

B. Project Description

1. Geographic Focus

Historically, USAID has provided technical assistance, training, and commodities and equipment in every region of the country. As the capacity of local health providers, the rates of maternal mortality, and the indicators for under-five child health have improved in specific higher-performing regions, USAID has the opportunity to provide targeted investments in these parts of the country, referred to as regions of consolidation, to ensure continued gains. Regions of consolidation encompass Dakar, Fatick, Kaffrine, Kaolack, Louga, Thies, and Ziguinchor. In lower-performing regions, USAID has an opportunity to concentrate its investments to significantly impact the key drivers of child and maternal mortality. These regions of concentration include Diourbel, Kedougou, Kolda, Matam, St. Louis, Sediou, and Tambacounda (Figure 2).

Figure 2: Map of Priority Regions



Based on the consolidated or concentrated category, the Project will implement key program areas with different levels of emphasis. Activities in family planning and malaria will be implemented nationwide, although the modality will vary between the regions of concentration and regions of consolidation. This is due to the fact that--while recent efforts in family planning are showing results--overall Modern Contraceptive Prevalence Rate (MCP) remains low, and that major, nationwide efforts are still needed. By contrast, HIV activities will target key populations in hotspot areas throughout the country, and private sector activities will focus on larger urban areas. The following section further explains the geographic focus of the program areas according to national level and regional levels of concentration and consolidation.

National Level: USAID will continue to provide strong support and Technical Assistance (TA) to the MOH at the national level, where the Project will continue to second staff. All program areas will further develop and refine national policies, guidelines, and standards and participate in technical working

groups (TWG). HSS activities will focus at the national level but also capitalize on USAID’s presence in regions of concentration to pilot new interventions.

Concentrating Efforts in Key Regions: USAID identified seven regions that require concentrated support over 2016-2021 (Diourbel, Kedougou, Kolda, Matam, Saint Louis, Sedhiou and Tambacounda). In these “regions of concentration,” the Project will focus on increasing the availability of and access to quality, high-impact interventions in RMNCH and nutrition. USAID will also strengthen community engagement in health system management in these regions, with a particular emphasis at the community level.

Consolidating Support to Higher-Performing Regions: USAID will consolidate support to seven higher-performing regions (Dakar, Fatick, Kaffrine, Kaolack, Louga, Thies, and Ziguinchor), using Government-to-Government (G2G) programming to drive RMNCH improvements. These “regions of consolidation” will receive limited, customized technical assistance to tackle persistent problems related to RMNCH services, including malaria. All regions will receive technical support and updates, but regions of consolidation that have successfully solved health challenges will share their lessons learned with regions of concentration on a peer-to-peer basis. The Project will strengthen and expand private sector service delivery, particularly in urban areas, with an emphasis on family planning, malaria, and social marketing.

2. Policy Goals and Priorities

As part of its interventions, USAID will address a range of policy goals and priorities, as outlined in Table 1. These goals will be integrated into the Project’s implementing mechanisms and also conveyed directly by USAID in meetings with government counterparts, as part of donor coordination fora, and in Embassy-led advocacy.

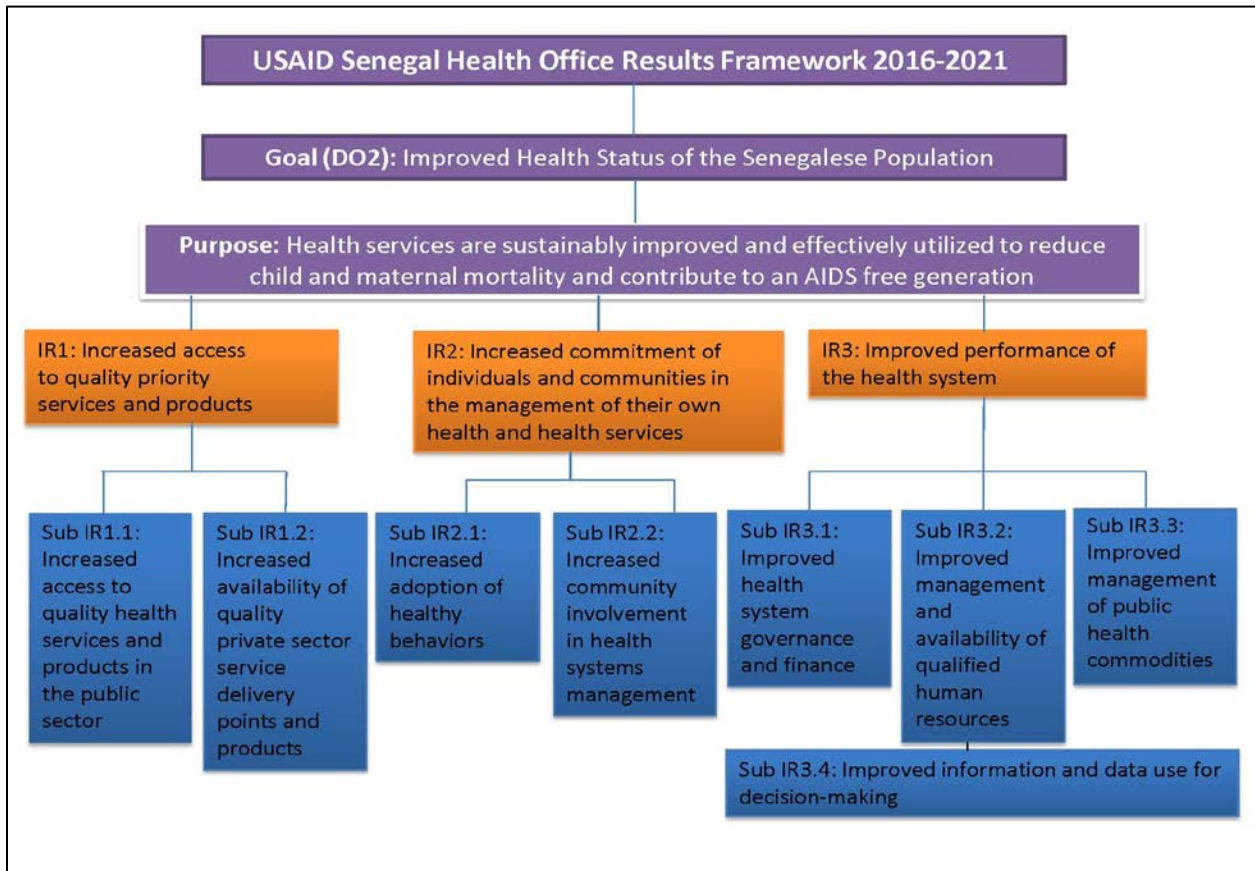
Table 1: Policy Challenges and USAID’s Goals

Policy Challenge	Policy Goal	Relationship to Results Framework
Significant barriers to access for private sector providers	Improved and streamlined regulations for private sector providers	IR1.2
Financial barriers to access services for vulnerable populations	Improved financial access (through reduced out of pocket expenditures) to high quality health services	IR1, IR2, IR3
Limited incentives to maintain stocks of free commodities at all levels of the health system	Eliminating stock-outs of life-saving commodities at all service delivery points	IR3.3
Inefficient human resource management system	Improved retention and capacity of health providers	IR1, IR3
Limited community engagement in and management of health services	Improved community commitment to manage health services	IR2, IR3
Limited government ownership of previous USAID interventions	Increased government ownership of health investments	IR2, IR3

3. Components of the PAD

The 2016-2021 Health Program seeks to improve the health status of Senegal’s population and make strategic investments to build country capacity and have a sustainable impact on maternal, neonatal, and child mortality and public health priorities. The long-term goal focuses on three key objectives: 1) increasing access to quality services, 2) increasing the commitment of individuals and communities in the management of their own health and health systems, and 3) improving the management and performance of the health system. These objectives will contribute to achieving the GOS MOH National Health Development Plan goals to: 1) reduce maternal mortality, 2) reduce under-five mortality, 3) reduce neonatal mortality, 4) increase the M CPR, 5) reduce unmet need for contraception, and 6) reduce the prevalence of underweight children under-five. These goals also include improved performance of the health system for prevention and disease control plus improved sustainability and governance of the health system. The Project’s three objectives strategically support the MOH’s national goals and are laid out below as Intermediate Results (IRs) in a Results Framework.

Figure3: Results Framework



Intermediate Result 1 (IR1): Increased access to quality priority services and products

The Project will increase central MOH capacity to develop and improve policy, procedures, and standards of practice for a priority services package to reduce maternal, neonatal, and child mortality, malaria, and HIV. The Project will support quality improvement processes focused on health centers and health posts, designing services to meet the needs of mothers, young children, and youth. As a result, the Project will improve access to and integration of high-quality priority services available at both MOH facilities and the community level in the seven regions of concentration. By reducing barriers to care, especially in areas with little or no transportation, access will improve in remote and underserved communities. Financial barriers to care will be addressed in IR 2.2, which relates to increasing the awareness of and demand for mutuelles (UHC) and IR 3.1, which supports domestic resource mobilization and assists with the expansion, efficiency, and effectiveness of UHC. The Project will also address low-quality services that lead beneficiaries to delay seeking care.

This integrated approach to services delivery will be accompanied by gender-based considerations and sociocultural and age-appropriate interventions. Some suggestions from USAID's Gender Assessment include work with mother's groups, integration with existing men's groups, engagement with moderate religious leaders, creation of gender related PBF indicators, and development of gender related HR policies in the MOH. While the main focus is improving health services in regions of concentration, the other seven regions of consolidation will have access to customized technical assistance to address RMNCH-related issues. The Project will also support these seven regions of consolidation with G2G assistance, including subawards for RMCNH-related improvements, and all regions will be included in technical updates for RMNCH, malaria and HIV.

Sub-IR 1.1: Increased access to quality health services and products in the public sector: USAID will support the public sector to improve the provision of life-saving products and services along the community-to-facility continuum to ensure quality service delivery at all levels of the health system. The Project will support the MOH to address barriers to care that affect beneficiaries' willingness to seek health care products and services, including but not limited to geographical access and transport availability and costs, limited staff and insufficient staff capacity, lack of private spaces, essential medication stock-outs, and long wait times. Activities will focus on high-impact interventions to reduce maternal, newborn, and child morbidity and mortality. The definitions of these priority services are under discussion with the MOH and will follow the USAID's Ending Preventable Child and Maternal Deaths (EPCMD) Guidelines and consultations with USAID Senegal.

Sub-IR 1.2: Increased availability of quality private sector delivery points and products: The Project will actively engage the private sector, whether sales points or service providers, to socially market USAID Senegal-funded products with the proven potential to reduce maternal and child mortality. Using a proven and adapted "on the job" mentoring-approach, targeted training will increase private sector competencies in the provision and quality of priority health services. USAID will continue to expand the successful social franchise network of private health providers to increase coverage of family planning services. Private sector providers who are targeted borrowers via the Mission's Development Credit Authority will receive technical assistance through training and seminars, designed to address their administrative, financial and management needs. In mid-2015, USAID and the World Bank are

conducting a Private Sector Assessment to determine the extent and depth of private sector health services in Senegal and identify opportunities for further partnership around priority services.

Intermediate Result 2 (IR2): Increased commitment of individuals and communities in the management of their own health and health services

In recognition of communities' critical role to demand, engage, govern and benefit from improved quality health services, USAID is renewing emphasis on support to communities and districts within the seven regions of concentration. The Project will use evidence-based SBCC programs to positively influence social dimensions of health and well-being, focusing on behaviors that reduce maternal and neonatal mortality through the support of community-level activities, mass media and new media, interpersonal communication, and information and communication technologies (ICT). The Project will improve community response to the prevention and treatment of childhood illness as well as provide increased access to family planning, nutrition, malaria, HIV/AIDS and WASH knowledge and services, and increase local community capacity to address sociocultural norms that inhibit health-seeking behavior. The Project will also enhance community involvement by strengthening the capacity of facility health management committees in which community members are represented.

Sub-IR 2.1: Increased adoption of healthy behaviors: To increase demand for and adoption of behaviors to decrease maternal, newborn and child mortality, malaria, HIV, and the spread of pandemic disease, the Project will support activities that are strategic, evidence-based, targeted, and sensitive to Senegal's sociocultural contexts and changing demographics. Because sociocultural and structural issues restrict the adoption of health-seeking behaviors, including the use of health services, the Project will support a number of diverse, evidence-based activities at the national and community-levels, including advocacy and SBCC. Central MOH support will improve implementation, coordination, and harmonization of SBCC programs. The Project will build upon successful approaches to carry out, scale up or, as needed, develop new evidence-based interventions that encourage positive health behaviors in households and communities, including the uptake of key health services and ensuring the consistency of health messages from the national level to the region, district, community and household levels. Gender considerations will be mainstreamed into all activities and the private sector will be supported to innovatively expand the availability of socially marketed priority health products and services.

Sub-IR 2.2: Increased community involvement in health systems management: To address key challenges, including insufficient human, financial and health provider resources at the local level, poor management, and lack of community participation, support to local health governance will focus on three areas: community engagement, support to UHC and mutuelles, and local governance strengthening, while integrating a gender-sensitive approach to ensure gender equality in all activities. In regions of concentration, the project will be the lead partner around improving community involvement in health system governance and will collaborate with other projects to leverage resources and expertise. Tools and technical assistance will be provided to expand multi-sectorial coordination mechanisms at the regional and district levels while building capacity with local government and civil society. By strengthening financial and organizational capacity at the local level, health system management and finance will improve, resulting in increased access to and quality of care.

Intermediate Result 3 (IR 3): Improved performance of the health system

The Project will address key health systems constraints that impede access to quality health service delivery, supporting inter-related and synergistic improvements in health system governance and finance, HR, management of public sector health commodities, and data for decision-making. The GOS MOH goal to decentralize health services, management, and financing will be supported with activities that improve health systems management and the HMIS to ensure that data for decision-making is accurate and timely. Activities will also focus on supply chain management, particularly around the provision of essential medications with the goal of reducing stock-outs. HR staffing procedures and incentives will be another area of focus, particularly to improve staffing of trained and skilled personnel in geographically remote areas. All of these activities will help build resilience and responsiveness of the health system to withstand emerging diseases and other unexpected health events.

Sub-IR 3.1: Improved health system governance and finance: Approaches to strengthening health governance will be guided by the GOS' National Plan for Health Development 2009-2018, which represents stakeholder consensus from the MOH, Ministry of Finance, development partners, academia and elected local government. The Project will support development and implementation of key health policy reforms and strategic plans in one or more of the following areas according to prioritized need: decentralization, health finance, HR, community health, commodity and supply chain management, private sector service delivery, gender, BCC, family planning, and emergency obstetric and newborn care. Activities will occur mainly at the central MOH level with opportunities to pilot new interventions in regions of concentration.

The Project will support development and implementation of a comprehensive strategy for health finance, including domestic resource mobilization, and assist with expanding and improving the efficiency and effectiveness of UHC. UHC offers sustained population access to health services but also increased operations-level finances for health. The Mutuelle Health Organization's (MHO) coverage to the informal and rural sector for UHC remains the country's strategic priority for progressing toward wider health coverage. The successful implementation of the various UHC components will likely result in a considerable increase in the use of health services and will reduce out of pocket spending for vulnerable populations. Performance-based financing will also continue to be supported, as it offers promising possibilities to expand quality health services and motivate health workers.

Sub-IR 3.2: Improved management and availability of qualified human resources: The Project will increase the health care capacity of the MOH workforce, strengthen HR capacity to review and improve policies and procedures, and explore innovative ways to improve management skills. Improvements will focus on the recruitment and retention of critical personnel, performance management systems, and workforce capacity and distribution, including assignment incentives for rural areas. Pre-service and in-service training curricula for midwives and nurses will focus on priority services that reduce maternal and child mortality and malaria. At the facility level, support will focus on training and incentive packages for Community Health Workers (CHWs), an orientation program for new employees at district and health posts, quality improvement, and supportive supervision. Existing supervisory and quality improvement tools will be reviewed, adapted as needed, and taken to scale in regions of concentration. The Project will also help scale-up of the electronic Human Resource for Health Information Software for supplying health managers and practitioners with information to assess human resource constraints and to plan and evaluate interventions.

The Project will support MOH reforms in HRH management and further efforts towards decentralization to the regional level for HR recruitment and staffing. Health personnel training and continuing education

will be monitored and based on MOH guidelines as well as regional and local-level needs articulated by community beneficiaries and multi-sectorial stakeholders.

Sub-IR 3.3: Improved management of public sector health commodities: Strengthening supply chain and pharmaceutical systems increases accountability and improves the availability and reliability of quality RMNCH commodities at the National Supply Pharmacy, the Regional Supply Pharmacies, districts and service delivery points. The challenge of providing real-time accountability for public sector health commodities will be met by expanding the use of available management tools and by attracting qualified HR expertise to the sector. The Project will strengthen the MOH commodity management system to address serious constraints, including the limited capacity of drug procurement, commodity forecasting and management personnel, the lack of reliable facility-level commodity transportation and storage, and weak logistics information reporting. The Project will also engage private sector capacity to improve processes and systems of forecasting, procuring, storing, and distributing health commodities, as well as improving product registration and the regulatory environment. As recommended in the Mid-Term Evaluation, technical assistance from a supply chain field support partner would focus mainly on resolving supply chain issues affecting USAID Senegal Health Programs. Direct assistance would be provided to the Central Medical Stores (PNA) and Regional Medical Stores for capacity building and systems improvement.

The project would support the improvement of the commodity management system to address weaknesses in supply chain management and pervasive stock-outs of essential medicines and treatment, particularly for RMNCH products.

Sub-IR 3.4: Improved information and data use for decision-making: The Project will improve the capacity of the MOH to have timely, accurate and targeted data for decision-making. A key focus will be use and interpretation of health data especially relating to USAID Health Programs and the MOH's ability to use surveillance data to build resilience in responding to unforeseen events, including pandemic threats. The Project will support an overall strategy for health information as well as information system requirements. The DHS/C-DHS remains the most viable, statistically representative, national survey providing RMNCH morbidity, mortality, and behavioral data for the country and regions. Over the years, the MOH with USAID TA has had a key role in the design, implementation, use, and dissemination of the results of the DHS. During this five-year period, the Project will support the transfer of the DHS to the MOH. The Project will also help Senegal develop approaches to meet new information needs of a decentralized health system with both public and private providers and with growing membership in mutuelles.

The Project will support activities for improved surveillance and reporting systems to yield timely and accurate data for decision-making, including epidemic disease reporting, and revive the public sector's culture of reporting and analysis. The HMIS system will be strategically strengthened to support information flow within an increasingly decentralized system, with the GOS taking responsibility for the continuous DHS. Improved HRH capacity will help to support staffing and training needs around information/data recording and reporting and data for decision-making.

III. Implementation Mechanisms, Participating Institutions and Management Plan

A. Implementation Mechanisms

The Project will employ multiple implementing mechanisms including the G2G approach, bilateral mechanisms, and field support. All bilateral mechanisms and G2G will collaborate closely and possibly co-locate, when and where it makes sense to do so.

Table 2 below summarizes the planned bilateral activities, length of project and relation to the Mission’s results framework.. The information presented below is available publicly in the USAID Business Forecast.

Table 2: Preliminary Integrated Health Project Plan

Program	Projected Life of Activity	IR
Integrated Service Delivery and SBCC (ISD-HB)	5 Years	IR 1, IR 2
Health Systems Strengthening & Local Health Governance (HSS-LHG)	5 Years	IR2, IR 3
Private Sector Support (PSS)	5 Years	IR 1, IR 3
Technical Assistance Provider (TAP)	5 Years	IR 3

Integrated Service Delivery and SBCC (ISD-HB): The flagship service delivery mechanism will ensure high impact interventions are implemented at scale in seven regions of concentrated investment. This mechanism will directly support the achievement of IR 1 (increased access to health services), and sub-IR 2.1 on SBCC to change norms and behaviors essential to sustainable improvements in health. This mechanism will also contribute to other key outputs in IRs 2 and 3, and will collaborate with programs in other sectors, including education, agriculture, water, sanitation and hygiene, and democracy and governance. The ISD-HB mechanism will also provide targeted assistance such as HIV prevention, care and treatment activities to the seven regions in which USAID support is being consolidated.

Health Systems Strengthening & Local Health Governance (HSS-LHG): The Health Systems Strengthening and Local Health Governance (HSS-LHG) mechanism will address several key aspects of the health system, focusing on governance, finance and direct financing to Government of Senegal (GOS) regional entities. The HSS-LHG will directly support the achievement of IR 3 (improved performance of the health system), and will play a key role in contributing to the achievement of IRs 1 and 3. The HSS-LHG mechanism will work primarily at the central level and will apply broadly to all regions of Senegal. Where appropriate, the HSS-LHG project will seek to apply some of the key policy developments in the seven regions receiving concentrated investment from USAID. The HSS-LHG will collaborate closely with the Integrated Service Delivery and Healthy Behaviors (ISD-HB) implementing mechanism (IM), drawing upon the technical expertise and field experience to inform the development of policies and standards. Complementing the ISD-HB IM, HSS-LHG will strengthen community involvement in the management of health services and improve accountability within the system.

Private Sector Support (PSS): The Private Sector Support implementing mechanism will support the social marketing of key health products and seek to improve the regulatory environment, including access to mutuelles for private sector providers. These efforts will target larger population centers, primarily in regions receiving consolidated support.

Technical Assistance Provider (TAP): The Technical Assistance Provider (TAP) implementing mechanism will provide important and mutually reinforcing services. TAP will support the Ministry of Health to meet USAID G2G contractual and reporting requirements. The TAP mechanism will provide “on-demand” technical assistance, drawn from public health experts affiliated with the ISD-HB IM, to address specific technical and programmatic issues affecting the achievement of the G2G objectives.

Sustainable, transformative change can only occur through profound collaboration by the implementing mechanisms, the GOS and other stakeholders. USAID has developed a suite of mechanisms that together will seek to achieve sustainable, transformative change. More specifically, USAID values country ownership in creating collaboration and partnerships that involve and empower various stakeholders at all level of the health system and the community, including in the private sector as well as civil society organizations. The mechanisms are expected to work closely to achieve the broader vision and support the attainment of the goals of the GOS.