THE FRENCH MUSKOKA FUND (FMF)

Key results:

1. *Effective and quality obstetric and neonatal care*
2. *Increased equitable access to enough competent health care work force through regional coordination and capacity building.*
3. *Improved access to quality essential drugs and commodities for mothers, new-born, children and adolescents.*
4. *Improved quality of care for women of reproductive age, mothers, children under five, new-born and adolescents and youth.*
5. *A health monitoring system for maternal and new-born mortality.*
6. *Increased access to and uptake of modern methods of contraception/family planning, including emergency contraception and post-partum contraception/family planning, in particular for youth and adolescent women.*

Justification for support:

The countries supported by the FMF are amongst the poorest in the world and the population amongst the most vulnerable. There is high food insecurity accompanied by malnutrition in addition to high maternal, new-born and child mortality, most of which are preventable. 29,000 women die of causes related to pregnancies and delivery and 160,000 new-born die within the first 28 days of their lives every year. Gender inequality is high and access to sexual and reproductive health and rights is limited. The region is experiencing significant instability with a high number of refugees and internally displaced people. The countries are part of the Sahel region and the Sahel is a Danish priority.

Major risks and challenges:

1. Involvement of civil society to ensure accountability. It is being considered if and how to engage civil society in the management mechanism to increase sustainability and transparency. 2. Corruption remains a risk and is mitigated by strong financial controls and audits which appears to be in place.3. Government commitment and ability to mobilise national resources in a conflict-ridden region. This is mitigated by building resilience and addressing the root causes for the instability. 4. Collaboration between the four UN agencies. The results are developed on the assumption that the collaboration between the four UN agencies is functioning. If the one or more of the agencies fail to work together, the desired results may not be achieved. It will be monitored closely by the steering committee and FMF.

File No.	2018-38737				
Country	The Sahel				
Responsible Unit	UPF				
Sector	Reproductive Health Care				
Partner	The French Government				
DKK mill.	**2018**	**2019**	**2020**	**2021**	**Tot.**
Commitment	23				23
Projected ann. disb.		12	11		23
Duration	3 years				
Previous grants	n/a				
Finance Act code	06.36.03.11				
Head of unit	Lotte Machon				
Desk officer	Birgitte Mossin Brønden				
Financial officer	Jesper Clausen				

Relevant SDGs *[Maximum 5 – highlight with grey]*

No Poverty	No Hunger	Good Health, Wellbeing	Quality Education	Gender Equality	Clean Water, Sanitation
Affordable Clean Energy	Decent Jobs, Econ. Growth	Industry, Innovation, Infrastructure	Reduced Inequalities	Sustainable Cities, Communities	Responsible Consumption &
Climate Action	Life below Water	Life on Land	Peace & Justice, strong Inst.	Partnerships for Goals	

Strategic objectives:

1. Improved sexual, reproductive, maternal, new-born, child and adolescent health and nutrition through a trans-sectoral approach to health systems strengthening. 2. Regional harmonisation and coordination to sexual, reproductive, maternal, new-born, child and adolescent health and nutrition and 3. Coordination, monitoring, evaluation and external communication.

Justification for choice of partner:

The French Government is a like-minded European development partner, committed to the implementation of the SDGs. The FMF contributes to most of the SDGs prioritised by Denmark. The contribution will leverage SRHR results and is an opportunity to leverage existing Danish contributions to the implementing UN agencies.

Summary:

The FMF aims to contribute to the reduction of maternal, neonatal and infant-juvenile mortality and morbidity in countries through the implementation of high-impact interventions within the framework of the continuity of care[1]. It's main objective is to contribute to the strengthening of health systems in Francophones countries in sub-Saharan Africa to fight maternal, neonatal and infant mortality and the promotion of access to quality SRHR and nutrition services. As part of the FMF governance structure, an inter-agency mechanism for coordination, technical support and implementation has been put in place at regional and country levels.

Budget:

The French Muskoka Fund	DKK 23 mill
Total	**DKK 23 mill.**

[1] Overall, the key areas supported by the French Muskoka Fund include Maternal and newborn health, Child health, Young and adolescent's sexual and reproductive health, Family Planning; cross-cutting areas of health system strengthening and Gender human rights-based approach.

TABLE OF CONTENTS

ABBREVIATIONS

DKK	Danish Kroner
FFM	The French Muskoka Fund
GBV	Gender-Based Violence
MEFA	Ministry of Europe and Foreign Affairs
ORS	Oral Rehydration Salts
RMNCAH	Reproductive, maternal, new-born, child and adolescent health
SDG	Sustainable Development Goals
SRHR	Sexual and Reproductive Health and Rights
SRH	Sexual and Reproductive Health
UN	United Nations
UNDAF	United Nations Development Assistance Framework
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNISS	United Nations Integrated Support Strategy
WHO	World Health Organization

1. Introduction

The French Muskoka Fund (FMF) was set up in 2010 in response to an urgent call for action to improve the health of mothers, new-born, children, and adolescents in the African region. FMF was part of a 500-million euros pledge made by the French Government to reduce maternal, new-born and child mortality in francophone African countries over a five-year period. Since 2016, it has included access to reproductive health services and working with youth and it was decided to strategically include sexual and reproductive health and adolescents and youth as a specific strategic target group.

Nearly 115 million euros of these funds have been distributed among four specialized agencies working on Reproductive, Maternal, New-born, Child and Adolescent Health, namely UNICEF, WHO, UNFPA and UNWOMEN. The operational implementation of support from the FMF is entrusted to these four United Nations agencies, which collaborate in a complementary and synergetic manner and use a common reference framework at regional and country level.

The FMF is aligned to the Sustainable Development Goals (SDGs), and committed to ending poverty, fight inequality between men and women and ensure universal access to sexual and reproductive health services. This is a monumental task that can only be successful if the potential of women and girls together with youth and adolescents is released and they have the possibility to participate equally. The health, including the sexual and reproductive health, of women and girls, new-born and children under five and young and adolescents is critical in releasing this potential and to the achievement of the SDGs.

2. Brief summary of issues to be addressed and institutional context

West and Central Africa, the Sahel and the Lake Chad Basin, is home to one of the world's most serious protracted crisis caused by mutually reinforcing factors of vulnerability, instability and insecurity. The risks are intensified by political and governance crisis, unequal distribution of wealth and lack of access to resources, opportunities and basic services, such as health services, including sexual and reproductive health services. Just as sexual and reproductive rights are lacking to a large extent. The huge demographic bulge, with more than 65% of the population being under 24 years of age, and climate change add to the complexity of the situation and can worsen a situation characterised by violence and conflict and lead to displacement and migration.

The FMF addresses obstacles to gender equality and access to health, including sexual and reproductive health services, new-born and child mortality, with adolescents and youth being a cross-cutting target group alongside women and girls.

The FMF is managed by the French Ministry of Europe and Foreign Affairs, who is also the founder of the fund. The FMF support to the four agencies is guided by a common framework to ensure regional and national coordination and harmonisation in target countries in relation to integrated management of childhood deceases, mother-child nutrition, ante- and post-natal care together with post-partum follow-up, sexual and reproductive health, especially access to contraception/family planning, and adolescent health. Progress is reported on annually in a consolidated report.

UNICEF is the coordinating agency and hosts the secretariat. The programme is overseen by a Steering Committee, providing the strategic direction and supported by a technical committee who provides technical advice within each area.

The programme is implemented in alignment with national strategies for development, poverty reduction and SDG priorities.

3. Strategic considerations and justification

The Sahel is characterized by instability caused by crisis, conflict and extreme weather condition related to climate change. The Lake Chad Basin and the countries Chad, Mali, Niger and Senegal are amongst the most affected. This has led to a situation where there is limited access to social services, especially health and sexual and reproductive health services, where there is widespread sexual and gender-based violence with women, girls and youth being the most vulnerable and most at risk.

Women and girls are at disadvantage due to culture, tradition and social norms. In many communities they are not empowered to make decisions about their own well-being and or make their own choices about the life they want to live, including choosing their own spouse. Child marriage is high in the region, as is early pregnancies and gender-based violence (GBV). Consequently, they are denied their right to access quality health care services for reasons such as:

- Gender inequality preventing women to claim their equal rights.
- Social norms and legal frameworks that prevents them from education and gainful livelihood.
- Social norms that defines the role of a women to be reproduction.
- Legal frameworks and social norms that accepts violence against women and girls

Children are suffering from malnutrition, which impacts on their growth and development and the new-born are particularly vulnerable. While breastfeeding will continue to be beneficial, it is also important that nutrition in general (including among breastfeeding mothers) is improved. This will sustain any progress made, as it is well known that adequate and correct nutrition improves health outcomes, contributes to building resilience, and underpins long term development.

Adolescents are an overlooked group and they are often underserved, especially regarding accessing comprehensive sexual and reproductive health services. Married youth does not have knowledge nor access to contraception and early pregnancies are rampant with high maternal mortality and/or morbidity as a consequence. Many diseases and deaths related to early pregnancies and complications during deliveries are preventable. These include fistula, post-partum haemorrhage and unsafe abortions. In addition, adolescents often do not have access to adequate nutrition which impact on their right to have a healthy life as many of the illnesses experienced in adulthood emerges from behaviours established in the adolescent years.

The Sahel is a region that offers many opportunities and has a huge potential given its natural, demographic and cultural assets. The macro economic conditions in the Sahel have been more stable and stronger than the continental average in the past decade. Overall the Sahel countries improved their rating in the Mo Ibrahim Governance index between 2012 and 2016 and six of the countries improved their rating in the human development index in terms of access to health, education and incomes, all of which are contributing factors in achieving the demographic dividend.

The collaboration with the French Muskoka Fund is a new relation for the Danish government.

3.1 Brief summary of the strategic framework and overall strategic objectives

The overall strategic objectives of the programme are to contribute to strengthening the capacity in the national health systems to accelerate access to quality sexual and reproductive health services and to reduce maternal, new-born, child and adolescent and youth mortality as means to improve gender equality and empower women.

The target countries are eight countries in West and Central Africa: Benin, Cote d'Ivoire, Guinea, Mali, Niger, Senegal, Chad and Togo, all of which are either part of the Sahel or the Lake Chad Basin.

The FMF takes a multisectoral approach and the implementation is guided by a global strategic framework. There is no overall updated results framework with corresponding outcomes and indicators developed and currently the results are measured through the strategic objectives. It is recognised as a weakness and it is agreed that a framework will be developed for 2019 and 2020[2].

[2] The original results framework ending 2014 is included in annex 3a.

The FMF support has been divided between four UN agencies based on the respective areas of expertise and mandate.

UNICEF is working to reduce new-born and child mortality, with a strong focus on nutrition, breastfeeding and increasing the uptake Oral Rehydration Salts (ORS) and Zinc, to reduce and treat childhood diarrhoea. This is underpinned by interventions to increase access to essential commodities, by building capacity of health care workers and midwives, to improve the quality and equitable access to quality obstetric and neo natal services and by the development of a monitoring system for the reporting and monitoring of maternal, new-born and child deaths.

UNFPA is particularly focusing on ensuring access to all modern methods of contraception and that all has the right to choose. They support health systems strengthening through capacity building of providers and advocating for equitable access to services. There is a special focus on the access for youth and adolescents and advocating for innovation in the effort to reach youth in and out of school.

UN Women leads the interventions to inform young women and girls about sexual and reproductive health with a focus on survivors of sexual and reproductive violence. They are also responsible for engaging the support of men, boys and traditional leaders to abandon harmful practises and ensure their access to sexual and reproductive health services. UN Women also advocates for non-discrimination and equal rights for women and girls.

WHO is leading the overall interventions to strengthen the national health systems and coordinate and support a regional approach to health systems strengthening. The interventions cover review of policies, potential additions to the essential drugs lists and the development and exchange of best practises.

UNICEF coordinates the partnership and is responsible for the harmonisation and coordination of the technical support as well as ensuring communication about the programme, internally and externally. Each of the UN agencies are responsible to ensure coordination and harmonisation between their country offices in the region.

3.2 Key stakeholders

The French government is the key stakeholder together with the national government in the countries that are receiving support from the FMF. The four UN agencies who are critical stakeholders in their roles to deliver results.

3.3 Aid-Effectiveness

FMF is adhering to the aid effectiveness agenda, which includes national ownership and alignment to national strategies supported by collaboration with development partners and multilaterals.

The UN agencies are also adhering to the aid effectiveness agenda, which is an integral part of the mode of operation in all the UN agencies. The governments in the programme countries have ownership of their own strategies and the respective UN agencies align their support with the national plan in collaboration with the national government.

The Danish contribution to the FMF is harmonising and coordinating support between the two bilateral donors, France and Denmark. As the fund is supporting UN agencies it is harmonised with the overall UNDAF in the countries and with the United Nations Integrated Support Strategy (UNISS) for the Sahel.

Women, girls, youth and adolescents have a vital role to play to stabilize the region and they are a prioritised target group in the programme. The supported initiatives are complementary to each other and to the UNISS, which promotes an integrated approach to address the humanitarian-security-development nexus as a strategy to achieve the SDGs. While the FMF is not supporting humanitarian assistance, the activities address some of the root cause to instability and builds resilience in the target countries.

3.4 Considerations about Danish strengths, interest and opportunities for engaging Danish public, private and civil society actors.

Denmark has a long track record of promoting comprehensive sexual and reproductive health and rights and supports some of the leading sexual and reproductive health and rights (SRHR) organisations and service providers in the region. This includes areas of high sensibility such as ensuring that women and girls understand and have information about the legal frameworks that governs their access to comprehensive sexual and reproductive health services, and possibilities, including information about access to safe abortion within the legal framework.

By contributing to the MFM, Denmark offers the possibility to strengthen the engagement with the private and non-governmental service providers in SRHR and leverage results by involving non-governmental and private

sexual and reproductive health (SRH) providers such as Marie Stopes International (MSI) or International Planned Parenthood Federations (IPPF)

The focus on adolescent and youth is a Danish priority in Denmark's strategy for development cooperation and humanitarian action "The World 2030", and a holistic approach to their well-being is critical for achieving the demographic dividend. The FMF already has new-born nutrition as a focus area and with the Danish support there is an opportunity to expand the focus on breastfeeding to include information about adequate nutrition as a driver for a healthy life through an integrated approach to health services, including SRH services. Additionally it is the ambition of the Danish contribution to strengthen not the least the work of the UNFPA for SRHR, in the partner countries, through the Muskoka-foundation.

The process towards strengthening these areas and sustaining the results that the partnership has achieved since its inception, can be included in the conversations that will take place in early 2019 when the development of the 2019 workplan takes place. The engagement between the FMF and the UN agencies relates to the annual workplan and is guided by meetings in the steering committee (Copil) and the technical committee (Cotech). After a periode of phasing in, the Danish priorities and values, and the added value that Denmark offers, will be mediated through France as part of the delegated partnership with France.

3.5 Justification of the support

The issues addressed in the programme are contributing factors to the instability in the region and target some of the most vulnerable people. The issues are aligned with the overall regional development plans and with the national strategies. This means that they contribute to the overall development of the region in an area that is severely underserved and is in dire need of support to save the lives of thousands of women, girls, children and adolescents and offering them a possibility to reach their potential. The four UN agencies are the leading agencies within their respective fields, and the interventions the respective organisations are accountable for falls within the core of their field of expertise. The government ownership of their own development plans and the programme alignment with the national plans makes the support relevant to the counterparts at country level. By strengthening the support in the affected regions and countries and investing in the local context to improve quality of life and access to social services, Denmark wishes to the sustainable development of the region in line with the aims as expressed in "The World 2030". Sahel is a priority region for the Danish strategy. Denmark wishes to address the root causes to the vulnerability and instability and is a global leader in maintaining the necessity of access to comprehensive sexual and reproductive health is critical. Women, girls, children and youth are particularly exposed during crisis and assaults, sexual violence and lack of access to health services and sexual and reproductive health and Denmark wishes to address and release the potential that women have in building peace and end conflicts, a resource that is often overlooked.

The *relevance* of the FMF is high. It is very well suited to address some of the key priorities in Denmark's strategy for development cooperation and humanitarian action and places sexual and reproductive health and rights in the centre of the work. It also contributes towards security and development as it addresses some of the root causes to instability and builds resilience in the communities where it works. FMF directly contributes to **SDG 3**, Good Health and Well-Being and **to SDG 5,** Gender Equality and the programme is directly contributing to the promotion of human rights and gender equality and indirectly to **SDG 1**, No Poverty and **SDG 2**, No Hunger. The French Government is a like-minded donor and shares the same priorities as Denmark and by contributing to the fund Denmark contributes to **SDG 17**, Partnerships for the Goals. As the programme is aligned with national strategies it supports the national priorities and policies in the recipient countries which strengthens the relevance. The objectives of the programme remain valid and there is strong coherence between the goal, objectives and results and with the intended impact.

The FMF is supporting agencies that are harmonised with both national and regional strategies and are well-coordinated to other initiatives like the Ouagadougou partnership[3]. The FMF attains the objectives. While there are some challenges with attribution of results and establishing direct correlation between results and activities undertaken by the four recipients, it is recognised that FMF is a major contributor to the progress that is recorded both at national and regional level and the *effectiveness* is considered to be good.

3 The Ouagadougou Partnership was launched in Ouagadougou, Burkina Faso in February 2011 at the Regional Conference on Population, Development and Family Planning held by the nine governments of Francophone West African countries and their technical partners and financial resources to accelerate progress in the use of family planning services in Benin, Burkina Faso, Côte d'Ivoire, Guinea, Mali, Mauritania, Niger, Senegal and Togo.

The efficiency is underpinned by the joint global framework. The inter-agency coordination of activities combined with the lean structure of the secretariat are key contributors to the efficiency of the programme as it drives the cost of implementation down. The same applies to the regional intra-agency approach, where the joint thinking and leveraging of results within the respective agencies drives the costs down and ensures that the objectives are met timely across the partnership. The approach to look at synergy with other projects helps to ensure complementarity and leverage funding streams and result thus contributing to good efficiency.

Overall the maternal mortality rate has declined in the target countries and new-born and child survival has increased. The contraceptive prevalence rates have also increased. The critical support from the FMF is strengthening the health systems supporting national government in ensuring they can deliver their obligations as duty bearers. This enables the countries to put frameworks and policies in place that increase access to quality health services. The progress, however slow, demonstrates that the FMF has an impact through its supports to governments and to the agencies that supports the governments. While the mortality rates and unmet need for contraception remains amongst the highest in the world the progress is an indicator that the FMF programme has a high *impact* on providing an enabling environment for access to live saving services.

The sustainability is potentially high as the programme is drawing on national and regional strategies. However, it will depend on the ability to build peace and stability in the region. With national commitment and the global focus and inflow of holistic support to the Sahel and Lake Chad Basin it is assessed that the potential for sustainability is reasonable.

4. Theory of change and key assumptions

It is recognised that universal access to health, including sexual and reproductive health and rights, requires national policies that are supportive of an enabling environment. It also requires that access to comprehensive sexual and reproductive health services is available. Access to these services is often highly restricted with services disproportionately over regulated, and unnecessary legal or regulatory restrictions applied by policy makers and practitioners. These restrictions exacerbate the existing and systemic political, economic, cultural and social barriers that prevent women, men and young people from accessing sexual and reproductive health services. The FMF works to ensure access to services is available and supported by the national legal frameworks. This will reduce both mortality and morbidity rates and remove barriers for service delivery. This will contribute towards a more equal world where women, girls and youth can participate in and contribute to political and economic decision-making, where they can decide if and when they want to marry and have children and release the social and economic gains from gender equality.

While the FMF has not developed an overall theory of change, a well-developed theory of change is an integral part of the United Nations Development Assistance Framework (UNDAF) process and the four UN agencies are aligned and harmonised with the UNDAF and the national government strategies[4]. The specific Theory of Change can be found in the respective UNDAF's for the target countries.

5. Project Objective and summary of results frame

The overall objective combined with three strategic objectives constitute the overall framework for the programme. An overall results framework is not developed, and it is agreed to address this going forward. The FMF is currently evaluation the first 7 years of the FMF and a key deliverable is recommendations for an improved logical framework with clearly defined measurable results and a well developed theory of change.

Currently each organisation has its individual results framework which is aligned with the respective agencies' country strategies and workplans and therefore the UNDAF. The results frameworks are reviewed annually with the renewal of the grants and development of the workplan. The process to develop a global results frameworks and workplans for each implementing agency will be initiated January 2019.

[4] https://undg.org/wp-content/uploads/2017/06/UNDG-UNDAF-Companion-Pieces-7-Theory-of-Change.pdf

The global overall objective of the programme is:
To contribute to increased capacity of the target countries to accelerate the fight against maternal, new-born, child, adolescent and youth mortality by strengthening the support to sexual and reproductive health and nutrition.

The global objective is delivered through the specific objectives:

1. Improved sexual, reproductive, maternal, new-born, child and adolescent health and nutrition through a trans-sectoral approach to health systems strengthening.
2. A regional harmonisation and coordination to sexual, reproductive, maternal, new-born, child and adolescent health and nutrition.
3. Effective agency coordination, monitoring, evaluation and external communication.

The progress will be measured through the FMF's monitoring framework, which is to be developed. For MFA's reporting purposes the following key indicators are recommended for inclusion to document progress:

- Proportion of youth and adolescents accessing reproductive health services.
- Contraceptive Prevalence Rates
- Maternal Mortality Rates
- New-born and Child Mortality Rates
- Early Pregnancy Rates
- Deliveries attended by skilled birth attendant

5.1 Inputs/budget

The Danish budget for support is DKK 23 million, which will be provided as a commitment in 2018. The disbursement of the support will be distributed in two tranches as described in table 5.1. The French contribution is Euro 10 mill annually until 2020.

Table 5.1: Annual disbursement budget in DKK*

	2019 disbursement	**2020 disbursement**
French contribution	74,5 mill	74,5 mill
Danish contribution	12 mill	11 mill
Total	**86,5 mill**	**85,5 mill**

*The French support is calculated in the average medium exchange rate Euro/DKK

The budget is distributed to the respective implementing partner organisations based on the annual agreed workplans developed between FMF and the respective UN agencies.

Table 5.2.: Distribution of FMF support to the UN agencies FY2018-2020 in DKK mio.*

Agency	**2018 support**	**2019 planned support**	**2020 planned support**
UNICEF incl. interagency coordination			
- French contribution	26.1	26,1	
- Danish contribution		3,0	
- **Total**	**26,1**	**29,1**	**Tbd**
UNFPA			
- French contribution	22.3	22,3	
- Danish contribution		4,2	
- **Total**	**22,3**	**26,5**	**Tbd**
WHO			
- French contribution	22.3	22,3	
- Danish contribution		1,8	

- **Total**	**22,3**	**24,1**	**Tbd**
UN WOMEN			
- French contribution	3.8	3,8	
- Danish contribution		3,0	
- **Total**	**3,8**	**6,8**	**Tbd**
- **Total French support**	**74,5**	**74,5**	**74,5**
- **Total Danish support**		**12,0**	**11,0**

*The French support is calculated in the average medium exchange rate Euro/DKK

The disbursement of funds will be contingent on the receipt of an audited financial report, an annual progress report and a workplan and budget for the fiscal year.

The reporting of the financial activities is described in section 6.1.

6. Institutional and Management arrangement

The FMF Steering Committee (Copil) meets annually, twice a year if deemed necessary. The president of the steering committee is the representative of the MEFA. The members are the representatives of the French Ministry of Europe and Foreign Affairs and the representatives of the four implementing UN agencies: UNFPA is represented by the technical department and the Regional West Africa office; WHO is represented both by the Head Office and the Africa office, UNICEF by the Regional Office and UN WOMEN by the Senegal office. In addition, there are representatives from the country offices in the target countries and from partners that the UN agencies has engaged formally to support the implementation of the programme. Denmark will have the option to participate in the Copil or to be represented via France upon a dialogue ahead about Danish priorities and aims.

The terms of reference for the Copil is:

- Ensure an effective coordination between the UN agencies as well as between the countries.
- Formulate the vision and the priorities of the programme
- Monitor the progress and results in relation to the identified indicators.
- Make recommendations to the UN agencies and propose changes or adjustments of the programme.

The Technical committee (Cotech) meets monthly via teleconference and physically twice a year. The presidency rotates between the four UN agencies and the members are the representatives of the UN agencies at regional and country level and if there is collaboration with NGOs they are invited. There can be overlap between Copil and Cotech. The terms of reference for the Cotech is:

- Development of the joint annual work plan.
- Monitoring of the activities at country level through the inter-agency work group in the target countries.
- Facilitate exchange of experiences and country to country collaboration.
- Monitoring of the implementation of the joint regional workplan and the country work plans.
- Review of the annual technical reports and the annual financial reports.
- Select interventions for operational research, recommended by the UN agencies.

The interagency coordination committees. There are coordination committees established in each of the target countries. The committees monitor the implementation at country level and contribute to regional coordination with Cotech.

The Secretariat is hosted by UNICEF at the Senegal office. The secretariat is responsible for the day to day coordination of all the Muskoka activities. In addition, it finalises the annual reports based on the reports received from UNICEF, UNFPA, WHO and UN WOMEN respectively. The secretariat currently comprises a coordinator

and a communication officer. It has been decided to strengthen the secretariat with a monitoring and evaluation officer.

There is zero tolerance of fraud and corruption and the anti-corruption measure adheres to the UN regulations and guidelines.

External visibility and communication are a strategic priority in the FMF. The objectives of the communication strategy are to:

- Ensure high visibility of the FMF through participation in international conferences.
- Organise and host media events in the target countries.
- Collaborate with the large French media and international TV channels. It is expected that Danish media and TV channels will be included on the list.
- Follow the partnership though the television series "C'est la Vie!"

Looking to the future. FMF is currently considering the possibility of introducing a Secretary General. A Secretary General would be an external ambassador for the FMF and a way to elevate the urgency of the situation as well as the sensitive issues, such as information about abortion, to a political level with like-minded governments. The aim will be to attract more donors to the FMF. A Secretary General could also oversee the secretariat and facilitate the COPIL and COTECH. Recommendations about a potential change in the management structure is included in the ongoing evaluation of the FMF.

6.1. Financial Management, planning and reporting

MEFA is administrating the FMF and is the recipient of the Danish support. The French Government distributes the funds to the respective UN Agencies, in accordance with the annual budget agreements.

The UN Agencies administer the operational budgets in compliance with the UN Financial Management rules and regulations and audits are carried out as per UN rules and regulations.

Each of the agencies prepares an annual financial report that is submitted to the French Government.

The French Government will forward relevant reports to the MFA, including audited financial reports, progress reports, workplans and budgets.

The responsible MFA unit shall have the right to carry out any technical or financial mission that is considered necessary to monitor the implementation of the programme. After the termination of the programme support, Denmark (responsible institution) reserves the right to carry out evaluation in accordance with this article.

6.2. Risk Management

The FMF adhere to the UN regulations and guidelines and has not developed a separate and unique risk management framework. However, there are a few specific risks that should be noted:

Continued Government commitment. The instability of the region has the potential to influence government commitment and ability to mobilise resources in a conflict-ridden region. This is mitigated by building resilience and addressing the root causes for the instability.

Corruption and financial mismanagement. Financial mismanagement remains a risk in Sub-Saharan Africa and therefore in the Sahel. The UN has systems in place to monitor the financial management and the programme. Denmark will not be establishing a direct relationship with the recipient organisations in relation to the Muskoka fund and will rely on the French systems to monitor financial management and will have access to the financial reporting in addition to any audits carried out in relation to the programme through the French Ministry of Europe and Foreign Affairs.

Civil society involvement. While being consulted through the community interventions in the programme the civil society, including the health care providers, are not participating in the decision making when developing strategies and annual workplans. They are also not represented in the Steering Committee or Technical committee and this could represent a risk to long term ownership of and transparency the interventions. This is a potential currently being considered how to engage civil society and the private sector more broadly in the programme to ensure broad ownership and continuation of the results achieved.

Under performance due to lack of an updated results framework. The FMF does not have an updated log frame with clear targets which impacts on the possibility to monitor and manage results. The FNMF recognises this is an area for improvement and development and will focus on improving the framework. Development of an updated logistical framework with clearly defined objectives, outcomes, outputs and corresponding indicators. The basis will be the ongoing evaluation of the FMF. Hiring of a monitoring and evaluation person.

Collaboration between the 4 UN agencies. The results are developed on the assumption that the collaboration between the four UN agencies is functioning. If the one or more of the agencies fail to work together the desired results may not be achieved. It is essential that FMF and the steering committee continues to assess the collaboration and addresses any concerns they may identify.

Annexes

Annex 1: Context Analysis

1. Overall development challenges, opportunities and risks

Briefly summarise the key conclusions from the analyses consulted and their implications for the programme regarding each of the following points:

General development challenges including poverty, equality/inequality, national development plans/poverty reduction strategies, humanitarian assessments.

Since the signing of the Millennium Declaration in September 2000 and with that the formulation of the Millennium Development Goals (MDGs), the world has achieved outstanding results in the reduction of child mortality and improvement of the health of mothers and new-born. Despite this progress, more than 6 million children die before they reach the age of 5 each year and every day women die from preventable causes related to pregnancy and complications to delivery. The preventable deaths can be avoided through better prevention and treatment, education and access to comprehensive sexual and reproductive health services. With the signing of the Sustainable Development Goals (SDGs), in September 2015, the world committed to end poverty, fight inequality and stop climate change. This is a monumental task that can only be successful if the potential of women and girls together with youth and adolescents is released and they have the possibility to participate equally. The health, including the sexual and reproductive health, of women and girls, new-born and children under five and young and adolescents is critical in releasing this potential and to the achievement of the SDGs.

WHO's strategy, "The Global Strategy for women's, children's and adolescent's Health (2016- 2030)", clearly outlines nine action areas for interventions that will end preventable deaths and it documents the benefits to society, including at least a 10-fold return on investment from better educational attainment, workforce participation and social contributions and $100 billion in demographic dividends from investing in early childhood and adolescents health and development.

Focusing on the health of women and girls is particularly important as they are the most vulnerable and, in many societies, they are at a disadvantage due to culture, tradition and social norms. Consequently, that are denied their right to access quality health care services for reasons such as:

- Gender inequality preventing women to claim their equal rights.
- Social norms and legal frameworks that prevents them from education and gainful livelihood.
- Social norms that defines the role of a women to be reproduction.
- Legal frameworks and social norms that accepts violence against women and girls.

It is critical that children have access to quality health services, so they can grow and develop. For this reason, it is important that children are not suffering from malnutrition and preventable diseases, and the new-born are particularly vulnerable. While breastfeeding will continue to be beneficial, it is also important that nutrition in general is improved to sustain the progress as adequate and correct nutrition improves health outcomes, contributes to building resilience and underpins long term development.

It is equally important that the special needs for adolescents are respected and that it is ensured that they have access to health services. Adolescents are often underserved, especially regarding accessing comprehensive sexual and reproductive health services.

When adolescents have access to adequate nutrition and quality health services, that includes SRH services, they are more likely to have healthy lives, as many of the illnesses experienced in adulthood emerges from behaviours established in the adolescent years. As is the case with women and children, this includes preventable diseases or deaths related early pregnancies and complications during deliveries such as fistula or post-partum haemorrhage.

West and Central Africa are of concern regarding the health of women, girls, children and youth. Despite the commitments made to improve the health of women and children and the adolescents and youth the commitments have not been translated into tangible results and progress. The region constitutes 11% of the global population and account for 30% of the global child deaths in 2015 and experienced a 41% increase in the number of stunted children between 1990 and 2015. In addition, 42% of maternal deaths is in the region and the contraceptive prevalence is 15.8%, which is four times less than the global level. It has the highest rate of teenage pregnancies in the world, which is three times higher than the global level.

The countries in the Sahel region are amongst the most at risk of crisis and disasters. The increasingly unpredictable weather conditions with frequent floods and droughts and land degradation continues to threat the livelihood of vulnerable communities. Consequently, malnutrition and food security are widespread and high and fluctuates with peaks that push millions into crisis. Armed conflicts and violence worsen the situation and threatens instability in the

region and extends to the Lake Chad Basin. There is a need for a long-term plan to support the Sahel region and build resilience.

The financing of development in the Sahel falls on the poor and marginalized people. In average a Sahelian pays more than 55% of healthcare expenses which has an impact on infant, under-5 and maternal deaths, all of which are often related to high out-of-pocket expenses for health care.

Development in key economic indicators: GDP, economic growth, employment, domestic resource mobilisation, etc.

The countries supported by FMF represents a population of 120 million. The Sahel and Lake Chad Basin comprise the poorest in the world and people live in extreme poverty. Four of the countries rank at the bottom ten on the 2016 human development index and the other four ranks at the bottom 25.

There is a strong commitment by the governments in the Sahel to create an environment that can generate economic growth in the region through an enabling environment for investments and private sector development. The governments investments in development projects have remained high, in average 87% between 2010 and 2016 and the region's debt-GDP has remained sustainable. The Tax-GDP ratio is at the same level as the continental average at 17.4%. ODA peaked in 2015 at $11.2billion and the ODA is not reflecting the complexity in the development of the region.

Status and progress in relation to SDGs, in particular those that are special priorities for Denmark.

The progress towards the SDGs is slow and the resources required to achieve and sustain them is beyond the capacity of national governments and regional institutions. It requires a holistic approach to achieve real progress, it will need broad cross sectoral partnership and the engagement and involvement of the private sector and civil society organizations in addition to a more diversified and dedicated donor base. The UN has developed a support plan for the Sahel that focuses on cross border and regional cooperation across the region. The plan covers 10 countries, Burkina Faso, Cameroun, Chad, Gambia, Guinea, Mali, Mauretania, Niger, Nigeria and Senegal, five of which is the main recipients of support from the French Muskoka Fund, namely Chad, Guinea, Mali, Niger and Senegal. Women, youth and job creation is cut-crossing in the plan which promotes an integrated approach to address the humanitarian-security-development nexus as a strategy to achieve the SDGs. While the Muskoka Fund is not working in the humanitarian sphere, the activities address the root cause and builds resilience in the countries where activities take place.

The programme is closely aligned with the Danish priority SDGs, as it directly contributes to SDG 3, Good Health and Well-Being and to SDG 5, Gender Equality and the programme is directly contributing to the promotion of human rights and gender equality and indirectly to SDG 1, No Poverty and SDG 2, No Hunger. The French Government is a like-minded donor and shares the same priorities as Denmark and by contributing to the fund Denmark contributes to SDG 17, Partnerships for the Goals.

It is estimated that the cost of implementing the SDGs in the Sahel is between $140.25billion and $157.39billion per year until 2022. With a very limited financial capacity of the Sahel countries there is a huge need to mobilize the needed resources for the Sahel.

Political economy, including drivers of change (political, institutional, economic) (e.g. political will, CSO space, role of opposition, level of donor funding to government expenses, level of corruption, foreign investment, remittances, role of diaspora, youth, gender, discovery of natural resources or impact of climate change etc.)

The budget allocations have increasingly been influenced by crisis and conflict in the region and consequently crowding-out long-term development investments which can build resilience and therefore are critical.

FDI rose to $8.64 in 2016 but predominantly in the extractive sector and there is a need to diversify FDI into other sectors, agriculture, manufacturing and communication. Diaspora bonds is also considered a good opportunity to fund development. The Sahel accounted for 65% of the average remittances between 2010 and 2016, reaching $25 billion in 2015.

65% of the population in the FMF target countries is under 24 years and 32% is between 10 and 24 years old. More than one in ten teenagers give birth, making the teenage pregnancy rate in the region the highest in the world. 80% of the unwanted pregnancies are amongst adolescents who do not use a modern method of contraception or are relying on traditional methods. Married adolescents or adolescents in a relationship have the highest unmet need for contraception. At 6% the region has the highest level of pregnancies amongst girls under 15 years of age who are also the ones who are most at risk to dying when delivering.

The youth represents a huge potential for the region who has the possibility to gain from a demographic dividend through a holistic and multipronged strategy, that includes job creation and empowering youth to participate in the decision making in addition to ensuring they are healthy and adequately nourished.

Gender based violence and inequality continue to hinder empowerment of women and girls and consequently the region is deprived of the potential contributions they offer. Women and girls are underrepresented in economic, political and public leadership and have limited rights to own land.

List the key documentation and sources used for the analysis:

UN Support Plan for the Sahel – working together for a prosperous and peaceful Sahel, May 2018
Sahel, overview of humanitarian needs and requirements, United Nations office for coordination of Humanitarian Affairs, 2018
" The challenge of stability in West Africa", Alexandre Marc, Neelam Verjee, Stephen Mogaka, 2015
Lake Chad Basin Crisis overview, Humanitarian Response
Annual report 2017, The French Muskoka Fond
http://www.oecd.org/swac/topics/gender/
http://theconversation.com/sahel-region-africa-72569

Are additional studies / analytic, work needed? How and when will it be done?

List additional studies that will be carried out as part of the preparation phase, including studies that will be carried out jointly with others or by partners / other donors.

N/A

2. Fragility, conflict, migration and resilience

Briefly summarise the key conclusions and implications for the programme of the analysis of the below points:

Situation with regards to peace and stability based on conflict analysis and fragility assessments highlighting key drivers of conflict and fragility, protection and resilience, organised transnational crime and illicit money flows and how conflict and fragility affect inclusive private sector.
The Sahel is characterized by instability caused by crisis, conflict and extreme weather condition caused by climate change. The Lake Chad Basin, Chad, Mali, Niger and Senegal are amongst the countries most affected. This has led to a situation where there is limited access to social services, especially health and sexual and reproductive health services, where there is widespread sexual and gender-based violence with women, girls and youth being the most vulnerable and most at risk.

Identifying on-going stabilisation/development and resilience efforts and the potential for establishing partnerships and alliances with national, regional and other international partners in order to maximise effects of the engagements.
Working under the UN auspices the programme is closely coordinated with the global initiatives to stabilise the region and supports long term development as outlined it the overall UN support plan for the Sahel. The FMF is also initiating closer collaboration with the H6+ RMNCAH coordination platform in Western and Central Africa, which will further improve programmatic effectiveness and efficiency, coordination and better alignment of partner interventions in RMNCAH and nutrition.
It is also working closely with the Ouagadougou partnership in order to leverage impact across the region.

Issues and concerns of relevance to Danish interest in the area of security and migration.
Security and development, peace, stability and protection are one of the four strategic pillars underpinning the Danish Strategy, "The World 2030" and in Denmark's commitment to invest in peace and building resilience. By strengthening the support in the affected regions and countries and investing in the local context to improve quality of life and access to social services, Denmark wishes to contribute to alleviate the pressure from refugees on the border to Europe. Sahel is a priority region for the Danish strategy. Denmark wishes to address the root causes to the vulnerability and instability and is a global leader in maintaining the necessity of access to comprehensive sexual and reproductive health is critical. Women, girls and children and youth are particularly exposed during crisis and assaults, sexual violence and lack of access to health services and sexual and reproductive health and Denmark wishes to address and release the potential that women have in building peace and end conflicts, a resource that is often overlooked.

Identify where Denmark has comparative advantages that may lead to more effective and efficient programming and better results including where Denmark may contribute with deployment of specific expertise and capacities.
Denmark has a long track record of promoting comprehensive sexual and reproductive health and rights and supports some of the leading SRHR service providers in the region. By engaging the Muskoka Fund, Denmark offers the possibility to strengthen the engagement with the private and non-governmental service providers in SRHR. Denmark is supporting the leading SRHR non-governmental and not for profit SRH provides in the region and offers an opportunity to create synergies between the agencies and organisations on the ground, thus leverage results and saving thousands of additional lives. This also has the potential to increase the efficiency of the programme.

Considerations regarding the humanitarian situation, migration, refugee and displacement issues, including

the need to integrate humanitarian-development linkages and long-term strategies;
It is estimated that 24 million people will need humanitarian assistance in the Sahel in 2018. In addition, some 32 million people are at risk for, or living with, high food insecurity, with some 10.8 million being severely affected and almost five million children are affected. Around 5.1 million people are affected by the conflict. The worst affected are Mali and the Lake Chad Basin. and in Mali alone it is estimated that 59.000 are internally displaced and that 20% of the population is food insecure. The situation is dire and in the Lake Chad Basin around 2.2. million people are displaced, and people are living with hunger, poor living conditions and minimal or no access to Health services.

Relevant issues and considerations related to radicalisation and violent extremism and the potential for Danish engagement to prevent and counter violent extremism (P/CVE)
The complexity of the challenges in the Sahel has made the region a breeding ground for violent extremism, terrorism and criminality in the region and beyond. The root causes include extreme poverty, inequality and gender inequality, limited access to social services such as health, a high number of adolescents and youth combined with a high rate of youth unemployment, and poor capacity in the public sector alongside the many facetted government challenges. There is a need for a coherent and integrated global approach to address the situation in the Sahel. The African Union (AU), the UN and the civil society all have a role to play to ensure the root causes are addressed and resilience is being built. Governments are seeking to tackle extreme violence and the establishment of the Sahel G5 will seek to address the key factors in the regional instability. While the Muskoka Fund and programme does not directly work to prevent radicalism and violent extremism the interventions contribute towards building resilience and addresses some of the root causes for people being driven towards radical and extremist communities and groups.

List the key documentation and sources used for the analysis:

UN Support Plan for the Sahel – working together for a prosperous and peaceful Sahel, May 2018
Sahel, overview of humanitarian needs and requirements, United Nations office for coordination of Humanitarian Affairs, 2018
DAC International Network on Conflict and Fragility (INCAF): http://www.oecd.org/dac/governance-peace/conflictfragilityandresilience/
World Bank - Fragility, Conflict and Violence: http://www.worldbank.org/en/topic/fragilityconflictviolence
EU. Crisis and fragility management: http://ec.europa.eu/europeaid/policies/fragility-and-crisis-management_en
http://data.worldbank.org

Are additional studies / analytic work needed? How and when will it be done?

List additional studies that will be carried out as part of the preparation phase, including studies that will be carried out jointly with others or by partners / other donors.

N/A

3. Assessment of human rights situation (HRBA) and gender[5]

Briefly summarise the key conclusions and implications for the programme of the analysis of the below points:
The HRBA Guidance Note may provide further guidance, or hrbaportal.org

Human Right Standards (international, regional and national legislation)
Identify the level of achievement of key human rights standards for the context you are working in.
Identify the most binding constraints on the intended target group in terms of human rights.
Given the analysis of achievement of human right standards, establish what Denmark should prioritise in the proposed outcomes of the programme.
The complex security situation in the Sahel has led to a situation where the human rights violations are severe and widespread. The political and economic rights are under pressure and heavily impacted by the crisis. The people living in the region are deprived of their most basic rights such as right to education, right to food and right to health. The rights of women and girls continues to be under pressure in the Sahel. The slow progress impacts on their ability to access health care, to finish their education, to freely decide who they want to marry and to decide when they want to have children and how many children they want. The rights of women and girls are a priority for the Danish government and the empowerment of women and girls, their right to freely make choices about contraception and in that, when they want to have children, are all prioritised in the Danish strategy for international development. Denmark should prioritise outcomes related to these areas in addition to outcomes related to delaying the first pregnancy and ending child marriages/early marriages.

[5] The purpose of the analysis is to facilitate and strengthen the application of the Human Rights Based Approach, and integrate gender in Danish development cooperation. The analysis should identify the main human rights issues in respect of social and economic rights, cultural rights, and civil and political rights. Gender is an integral part of all three categories.

Universal Periodic Review
List recommendations from Council for Development Policy (UPR) relevant for the thematic programmes and from any treaty bodies, special procedures, INGOs, Human rights institutions etc. that require follow up by partners in the programme.
N/A, there is no joint Sahel review

Identify key **rights holders** in the programme
The key rights holders in the programme are women of reproductive age, youth and adolescents in addition to children under five.

Identify key **duty bearers** in the programme
The duty bearers are governments in the eight countries and health care professionals.

Human Rights Principles (PANT)

In 2013 the UNDG adopted the UN Statement of Common Understanding of Human Rights-based Approaches to Development and Programming to ensure a consistent and coherent definition and HRBA across all UN agencies, funds and programmes. The Common Understanding guides process and outcomes with respect to human rights mainstreaming and provides operational guidance for the application of a HRBA. It builds on the following principles:

1. All development programmes, policies and technical assistance should further the realisation of human rights as laid done in the Universal Declaration of Human Rights and other international human rights instruments.
2. Human Rights standards contained in, and derived from, the Universal Declaration of Human Rights and other international human rights instruments guide all development cooperation and programming in all sectors and in all phases of the programming process.
3. Development cooperation contributes to the development of the capacities of the duty bearers meet their obligation and of rights holders to claim their rights.

It includes the same underpinning principles for an HRBA as described in PANT: Participation, Accountability, Non-Discrimination and Transparency and focuses on building the capacity of women as rights holders.

Gender /Identify key challenges and opportunities for gender equality.
Identify assessments on gender, such as CEDAW-reporting, SDG National Action Plans, UPR, and other relevant gender analysis. Identify opportunities/constraints for addressing gender equality issues.
Describe key strategic interventions to promote gender equality within each thematic programme.
Identify gender equality indicators aligned with national targets on gender, if possible.
Despite some progress, gender equality remains a challenge in the Sahel. Women's equal political participation remains a major challenge throughout the region and women in parliaments increased only marginally from 13% in 2007 to almost 16% in 2017, with wide disparities across the countries. Similarly, women and girls are deprived their basic human rights and one in four women do not have the right to decide when, if at all, to have children. There are underlying cultural and traditional causes for women and girls being denied their rights and combined with a high unmet need for family planning and along with low contraceptive use — 17% compared to 64% globally – women struggle to claim their rights. Lack of basic infrastructure and public services exacerbates the burden of domestic and care work, which falls on the women. Across the region women spend, on average, six times more time than men on unpaid care work, with considerable variations between the countries.
The national governments are seeking to address gender inequality and have adopted national gender strategies and are implementing legislative reforms. These commitments match the political will behind national campaigns and action plans.

Still, there are legal loopholes and customary practices that weaken the rights of women and girls. Girls can still marry under the age of 18 in most of the countries and the rate of child marriage is more than double the world average of 13% with more than 30% of girls aged 15-19 are either married, divorced, widowed or in a religious/customary union. In Niger alone in 2016, this percentage reached 76%. When children are married, they drop out of school, have early pregnancies which can have fatal or disabling consequences and often prevents them from engaging in economic productive activities.

Transforming discriminatory social norms require a solid understanding of the political economy and territorial realities. Interventions are needed at regional, national and grassroots levels and require the involvement of a wide range of stakeholders, including men and boys, to change attitudes on the roles of women. Nationwide awareness-raising campaigns to address social stigma, condemn victim shaming and support survivors of gender-based violence have proven efficient and legal reforms to protect women's rights can also be backed by legal literacy programmes to help women, families and communities understand their legal rights.

Youth. Identify key challenges and opportunities for engagement of youth following the principle of programming not only for, but also with youth. Identify opportunities/constraints for addressing youth issues. Describe key strategic interventions to promote youth within each thematic programme.
If interventions are programmed for the direct benefit of youth, identify relevant indicators and consider age-disaggregation.
65% of the population in the region is under 24 years old and of these 32% is between 10 and 24 years old. Youth, especially young women and girls are experiencing multiple barriers in to access sexual and reproductive health services and access to a modern method of contraception and 80% of the unwanted pregnancies in the group of 15 to 19 years old girls are amongst girls who do not use any form of modern contraception or are relying on traditional methods. Cultural norms and tradition prevent the youth from accessing information about sexual and reproductive health care services. In addition, they struggle to access youth friendly services and non-biased counselling.
It is important to engage the youth in the conversation and decision-making and involve them in the planning of activities, so they feel empowered and can influence the development. The FMF strategy focuses on behaviour change communication and activities in communities and in schools. There will be specific focus on sensitising of teachers and service providers to reduce bias. The programme will entail information about the availability of contraception and access to sexual and reproductive services, engagement of community leaders and boys and men and youth in order to change the social and cultural norms. The main objective of the activities will be to increase the use of modern contraception amongst youth, reduce drop-out rates caused by early pregnancies and increase knowledge of modern contraception amongst youth.

List the key documentation and sources used for the analysis:

https://oecd-development-matters.org
Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa,
African Youth Charter,
African Charter on the Rights and Welfare of the Child.
UN Statement of Common Understanding of Human Rights-based Approaches to Development and Programming International and regional human rights and HRBA principles and HRBA Guidance Note of 2013
https://www.ohchr.org/Documents/Issues/Youth/UNEconomicCommissionAfrica.pdf

Are additional studies / analytic work needed? How and when will it be done?

List additional studies that will be carried out as part of the preparation phase, including studies that will be carried out jointly with others or by partners / other donors.

N/A

4. Inclusive sustainable growth, climate change and environment

Briefly summarise the key conclusions and implications for the programme of the analysis of the below points:

Assess the overall risks and challenges to inclusive sustainable growth and development from the impact of climate change and environmental degradation; Assess the status of policies and strategies in the country / thematic area / organisation to ensure that development is inclusive and sustainable, avoid harmful environmental and social impacts and respond to climate change; and assess the political will and the institutional and human capacity to implement these policies and strategies.
Even though it is recognized that investments in gender equality for women and girls and in young people access to health, education and jobs, which is connected to their reproductive health, the FMF is not addressing sustainable growth, climate change and environment directly. However, it is likely to have an indirect impact.

Identify opportunities for mainstreaming support to inclusive green growth and transformation to a low-carbon and climate resilient economies in the programme thematic areas and DEDs.
N/A

Identify potential risk and negative impacts related to environment and climate change from the proposed thematic areas and DEDs and consider how these may be mitigated in the design of the programme and the relevant DEDs.
N/A

Identify if EIA (Environmental impact assessment) or similar should be carried, including legal requirements in partner countries / organisations.
N/A

Consider rights and access to key natural resources: land, water, energy, food and agriculture, including impacts on employment for youth, women and indigenous peoples, etc.
The FMF is not addressing issues related to rights and access to key natural sources, however, the activities related to food security and nutrition is related to the right to food and adequate nutrition.

List the key documentation and sources used for the analysis:

N/A

If this initial assessment shows that further work will be needed during the formulation phase, please list how and when will it be done?

List additional studies that will be carried out as part of the preparation phase, including studies that will be carried out jointly with others or by partners / other donors.

N/A

List required EIAs or similar studies to be carried during the formulation or implementation face.

N/A

5. Capacity of public sector, public financial management and corruption

Briefly summarise the key conclusions and implications for the programme of the analysis of the below points:

Capacity of the public sector for policy making, enforcement and service delivery.
Quality and capacity of PFM, including budget credibility, comprehensiveness and transparency, as well as control and external scrutiny/audit in all phases of the budget process as will as participation of citizens/CSOa in monitoring public budgets and corruption.
The corruption situation and relevant anti-corruption measures and reforms.

The capacity of the public sectors in the region is weak and there is a need to scale up the capacity of national and regional institutions to deliver their mandates. There is a need to strengthen the local, national and regional authorities' capacity to enhance governance and ensure health service delivery and protection of basic rights. This includes the promotion of equitable access to universal health coverage and universal sexual and reproductive health care services for all. The programme is recognizing the need to support governments in their roles as duty bearers and it is an integrated part of the programme to strengthen the government capacity. The budget credibility is reasonable but is dependent on the stability in the region which represents a major risk to the predictability, as the conflict and security situation can cause crowding out of long-term development investments.
Civil Society has limited space in the region and do not play a significant role in public finance management.
Corruption remains a challenge in the region with most of the countries ranking in the bottom of the corruption perception index 2017. Senegal is the highest-ranking country at number 66.

List the key documentation and sources used for the analysis:

UN Support Plan for the Sahel – working together for a prosperous and peaceful Sahel, May 2018
Sahel, overview of humanitarian needs and requirements, United Nations office for coordination of Humanitarian Affairs, 2018
DAC International Network on Conflict and Fragility (INCAF): http://www.oecd.org/dac/governance-peace/conflictfragilityandresilience/
World Bank - Fragility, Conflict and Violence: http://www.worldbank.org/en/topic/fragilityconflictviolence
EU. Crisis and fragility management: http://ec.europa.eu/europeaid/policies/fragility-and-crisis-management_en
http://data.worldbank.org
http://www.oecd.org/corruption/illicit-financial-flows-9789264268418-en.htm
http://www.worldbank.org/en/search?q=corruption
https://www.transparency.org/news/feature/corruption_perceptions_index_2017
http://www.oecd.org/africa/Active-with-Africa.pdf

If this initial assessment shows that further work will be needed during the formulation phase, please list how and when will it be done?

N/A

6. Matching with Danish strengths and interests, engaging Danish actors, synergy

Briefly summarise the key conclusions and implications for the programme of the analysis of the below points:

Identify:
where we have the most at stake – interests and values, where we can (have) influence through strategic use of positions of strength, expertise and experience, and where we see that Denmark can play a role through active partnerships for a common aim/agenda or see the need for Denmark to take lead in pushing an agenda forward.

Denmark has a strong interest in contributing to global development, stability and sustainable growth in order to reduce poverty, radicalism and terrorism, irregular migration and refugee and displacement crises. These

considerations underpin the Danish Strategy, "The World 2030" and Denmark's commitment to invest in peace and building resilience. By strengthening the support in the affected regions and countries and investing in the local context to improve quality of life and access to social services Denmark wishes to contribute to alleviate the pressure from refugees on the border to Europe. Denmark wishes to address the root causes to the vulnerability and instability and is a global leader in maintaining the necessity of access to comprehensive sexual and reproductive health is critical. Women, girls and children and youth are particularly exposed during crisis and assaults, sexual violence and lack of access to health services and sexual and reproductive health and Denmark wishes to address and release the potential that women have in building peace and end conflicts, a resource that is often overlooked.
Denmark has a long track record of promoting comprehensive sexual and reproductive health and rights and supports some of the leading SRHR service providers in the region. This includes areas of high sensibility such as ensuring that women and girls understand and have information about the legal frameworks that governs their access to comprehensive sexual and reproductive health services, and possibilities for access to safe abortion. This is an area where there is a need for push in order to move the agenda forward and facilitate an enabling environment where it is safe for women and girls to claim their rights.
To support democratic institutions and increase transparency Denmark offers the possibility to strengthen the engagement with the private and non-governmental service providers in SRHR and thus create synergies between the investments and leverage results through Denmark's leadership in the inclusion of civil society. This entails including civil society in the decision making.
The focus on adolescent and youth is a Danish priority and a holistic approach to their well-being is critical for achieving the demographic dividend. The FMF already has nutrition as a focus area and with the Danish support there is an opportunity to expand the focus on breastfeeding to include information about adequate nutrition as a driver for a healthy life to the adolescent and youth in line with WHO recommendations for an integrated approach to health services.

- **Brief mapping of areas where there is potential for increased commercial engagement, trade relations and investment as well as involvement of Danish local and central authorities, civil society organisations and academia.**
- **N/A**

Assessment of the donor landscape and coordination, and opportunities for Denmark to deliver results through partners including through multilaterals and EU;
The FMF works though the United Nations in close collaboration with the national governments and regional coordination bodies. To leverage the Danish contribution and deliver results it is a unique opportunity for Denmark to channel support through the French Government, who is a like-minded donor.

List the key documentation and sources used for the analysis:
The Danish Strategy for Development cooperation and humanitarian assistance.
UN Support Plan for the Sahel – working together for a prosperous and peaceful Sahel, May 2018
Sahel, overview of humanitarian needs and requirements, United Nations office for coordination of Humanitarian Affairs, 2018
DAC International Network on Conflict and Fragility (INCAF): http://www.oecd.org/dac/governance-peace/conflictfragilityandresilience/
World Bank - Fragility, Conflict and Violence:
http://www.worldbank.org/en/topic/fragilityconflictviolence
EU. Crisis and fragility management: http://ec.europa.eu/europeaid/policies/fragility-and-crisis-management_en
http://data.worldbank.org
https://ffmuskoka.org/actus/

Are additional studies / analytic work needed? How and when will it be done?

List additional studies that will be carried out as part of the preparation phase, including studies that will be carried out jointly
with others or by partners / other donors.

7. Stakeholder analysis

Briefly summarise the key conclusions and implications for the programme of the analysis of the below points:

Who are the stakeholders that may be interested in or affected by the program, including donors?

The stakeholders are the national governments and the four UN agencies together with the French government.

Who are the key stakeholders and what are their main interests, capacity and contributions?

The key stakeholders are the French Government and the national governments together with the four UN agencies. The national governments are committed to stabilizing the region and sustain a conducive environment for development in the region. The capacity to enhance governance, ensure social service delivery and basic human rights is limited, which also impact on the absorptive capacity of the national governments to implement, monitor and sustain the intervention. Overall the governments in the region continue to invest in development projects, between 2010 and 2016 the regional average for investments were 87%. This is an indicator of the commitment to development but not necessarily for investments in the social sectors, which is the most underfunded.
The capacity of the four agencies is high and the areas of support falls within the expertise and mandate of each agency. They all have a direct interest in the success of the FMF as the areas each of the organisations are working in falls within their mandate and their areas of expertise.

How do the stakeholders (in this programme context) communicate, coordinate, and cooperate?
FMF communicates with the four agencies. They communicate with the national governments and ensures alignment with national priorities and with the UNDAF. The UNDAF provides a coordinated and uniform framework for the support and is developed in collaboration with them national governments. The four UN agencies collaborate daily and are coordinated via UNICEF, who is doing the overall monitoring. They collaborate though the Steering Committee and the Technical Committee, where they all have a seat.

Who is the lead stakeholder and is it a homogenous group or are there divisions within the group?
UNICEF hosts the coordinating secretariat for the FMF, and facilitates coordination, communication and cooperation between the agencies and liaises with MEFA. The partnership between the implementing UN agencies is homogenous and even though there is a clear difference in operational and political strengths, where UNICEF is the strongest organisation and UN Women the weakest. UN Women does not have a country presence and it puts them at a disadvantage, however, through the partnership they have been able to create a platform for empowerment of women. However, it is a platform that needs strengthening.

How have key stakeholders been involved during the preparation and formulation process?
The French Government negotiates with the four UN agencies, who have discussed priorities with the national governments based on the national strategies.

Which stakeholders are likely to support the programme and who, if any, are likely to hinder the program? (Who stands to gain and who stands to lose?)
The French Government has committed to the FMF until 2020 and it is anticipated FMF will continue after that. The implementing stakeholders are likely to continue to support the FMF. Both The national governments and the implementing agencies will gain from the support.

What are potential strategies (approaches, methods, etc.) for engaging key stakeholders?
As per the UN guidelines there is a continuous dialogue with the national governments which is supportive to the continued engagement with the donor (s)

Which stakeholders offer the best overall prospects in terms of possible partnerships and why?
N/A

List the key documentation and sources used for the analysis:

UN Support Plan for the Sahel – working together for a prosperous and peaceful Sahel, May 2018
Sahel, overview of humanitarian needs and requirements, United Nations office for coordination of Humanitarian Affairs, 2018
French Muskoka Fond, progress report 2017.

Are additional studies / analytic work needed? How and when will it be done?

The Muskoka Fund is currently carrying out a comprehensive evaluation of the first phase of the programme. The report is expected in the second quarter of 2019 and will include recommendation for potential continuation post 2020.

Annex 2: Partner analysis

1. Summary of stakeholder analysis

The key stakeholder are the French Government and the national governments together with the four UN agencies. The national government are committed to stabilizing the region and sustain a conducive environment for development in the regions. The capacity of the four agencies is high and the areas of support falls within the expertise and mandate of each agency. They all have a direct interest in the success of the FMF as the areas each of the organizations are working in falls within their mandate and their area of expertise.

2. Criteria for selecting programme partners

The French Government is a like-minded to European donor with the same priorities and values as the Danish Government in relation to development and humanitarian assistance. The FMF is supporting sexual and reproductive health and rights which is cross cutting in "The World 2030". Based on this the FMF and the French government is considered a strong strategic partnership.

3. Brief presentation of partners

French Ministry of Europe and Foreign Affairs is the overall responsible for the French Development and Humanitarian assistance. It is the founder of the French Muskoka Fund and has been the only contributor to date. The fund is managed and administered by the MEFA.

UNFPA is the United Nations sexual and reproductive health agency whose mission is to deliver a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled.

UNICEF is the United Nations agency for children's rights whose mission is to save children's lives, to defend their rights, and to help them fulfil their potential, from early childhood through adolescence.

UNWOMEN is the United Nations agency dedicated to gender equality and empowerment of women with a mission to accelerate progress towards equality and meeting the needs of women everywhere.

WHO is the United Nations health agency with a mission to achieve better health for everyone, to combat, both communicable and noncommunicable, to help mothers and children survive and thrive.

4. Summary of key partner features

Partner name *What is the name of the partner?*	Core business *What is the main business, interest and goal of the partner?*	Importance *How important is the programme for the partner's activity-level (Low, medium high)?*	Influence *How much influence does the partner have over the programme (low, medium, high)?*	Contribution *What will be the partner's main contribution?*	Capacity *What are the main issues emerging from the assessment of the partner's capacity?*	Exit strategy *What is the strategy for exiting the partnership?*
French Government, Ministry of Europe and Foreign Affairs (MEFA)	*Leading the French policies for international and humanitarian development assistance*	*High. The largest donor and to date the only donor*	*High. Decides the overall strategy for French support to development and humanitarian assistance.*	*Funding Overall administration of the FMF Responsible for the FMF.*	*Strength: In-depth knowledge of francophone West Africa Weaknesses: Based in Paris and removed from funded activities. Opportunities: Can support and facilitate further fundraising from other like-minded*	*No special requirements after end of contract*

					donors. *Threats:* *Changes in the political landscape in France*	
UNFPA	*Global leaders in SRHR for all.*	*High* *Global expertise on SRHR*	*High* *Works directly with national government and are members of the UN country management teams.*	Ensuring access to all modern contraception and that all has the right to choose. They support health systems strengthening through capacity building of providers and advocating for equitable access to services. There is a special focus on the access for youth and adolescents and advocating for innovation in the effort to reach youth in and out of school.	*Strengths:* *In-depth knowledge on sexual and reproductive health* *Weaknesses:* *Working with private and not-for profit service providers,* *Opportunities:* *Expanding collaboration with non-public providers* *Threats:* *Cultural barriers and traditional beliefs that can impact on political commitments.*	*No special requirement*
UNICEF	*Global leaders in child survival and rights.*	*High.* *Global expertise on child survival and nutrition.*	*High.* *Works directly with national government and are members of the UN country management teams.*	Reducing new-born and child mortality, with a strong focus on nutrition, breastfeeding and increasing the uptake Oral Rehydration Salts (ORS) and Zinc, to reduce and treat childhood diarrhea. Increasing access to essential commodities, by building capacity of health care workers and midwives, to improve the quality and equitable access to quality obstetric and neo natal services and by the development of a monitoring system for the reporting and monitoring of maternal, new-born and child deaths.	*Strengths:* *In-depth knowledge about child and adolescent survival.* *Weaknesses:* *Nutrition work limited to new-born and child intervention.* *Opportunities:* *Expanding nutrition into adolescence and youth work* *Threats:* *Tendency to build parallel supply chain system.*	*No special requirements*

UNWOMEN	*Global leaders in women's rights.*	*High. Global expertise in empowerment of women and promoting equality.*	*High. Works directly with national government and are members of the UN country management teams.*	Informing young women and girls and their communities about sexual and reproductive health and rights with a focus on survivors of sexual and reproductive violence. Supporting men, boys and traditional leaders to abandon harmful practices and ensure their access to sexual and reproductive health services. Advocating for non-discrimination and equal rights for women and girls.	*Strengths: In-depth knowledge gender equality and empowerment of women and girls. Weaknesses: Limited country presence and lack of visibility Opportunities: To build a stronger presence and promote gender equality in francophone Africa Threats: Being crowded out by other organizations.*	*No special requirements*
WHO	*Global leaders in health systems strengthening.*	*High. Global expertise in health systems strengthening.*	*High Works directly with national government and are members of the UN country management teams.*	Strengthening the national health systems and coordinate and support a regional approach to health systems strengthening. The interventions cover review of policies, potential additions to the essential drugs lists and the development and exchange of best practices.	*Strengths: In-depth knowledge about health systems strengthening at regulator level. Weaknesses: Limited collaboration with the service providers outside of the public sector. Opportunities: To build strong relationships outside the public sector. Threats: Epidemics and disease outbreak that will divert priorities in the regions.*	*No special requirements*

Annex 3: Result Framework

Thematic Programme		The French Muskoka Fund.	
Thematic Programme Objective		Increased capacity of the target countries to accelerate the fight against maternal, new-born, child adolescent and youth mortality by strengthening the support to sexual and reproductive health and nutrition.	
Impact Indicators		Contraceptive Prevalence Rates (age aggregated) Maternal Mortality Rates New-born and Child Mortality Rates Early Pregnancy Rates Deliveries attended by skilled birth attendant	
Baseline	Year		As per latest DHS in the respective countries
Target	Year	2020	To be decided

Engagement Title		The French Muskoka Fund	
Outcome		Improved sexual, reproductive, maternal, new-born, child, adolescent and youth health and nutrition through a trans-sectoral approach to health systems strengthening.	
Outcome indicator		1. Effective and quality obstetric and neonatal care. 2. Increased equitable access to enough competent health care work force who are available and responding to the needs of the population. 3. Improved access to quality essential drugs and commodities for mothers, new-born, children and adolescents. 4. Improved quality of care for women of reproductive age, mothers, children under five, new-born and adolescents and youth. 5. A health monitoring system for maternal and new-born mortality. 6. Improved access to adequate nutrition and quality sexual and reproductive health care services for women of reproductive age, in particular for adolescents and youth.	
Baseline	Year		As per latest DHS in the respective countries
Target	Year	2020	To be decided

Engagement Title		The French Muskoka Fund	
Outcome		A regional harmonisation and coordination to sexual, reproductive, maternal, new-born, child and adolescent health and nutrition	
Outcome indicator		**1.** Increased support to regional capacity building and coordination in relation to sexual, reproductive, maternal, new-born, child and adolescents. **2.** The target group, in particular youth and adolescents, informed and sensitised about good sexual, reproductive, maternal, new-born and child health, adequate nutrition and hygiene and the intervention to end social discrimination and sexual and gender-based violence.	
Baseline	Year		As per latest DHS in the respective countries
Target	Year	2020	To be decided

Engagement Title		The French Muskoka Fund	
Outcome		Coordination, monitoring, evaluation and external communication.	
Outcome indicator		1. Sustained secretariat for the technical committee. 2. Institutionalised monitoring and evaluation of the implementation of the FMF funds. 3. Increased visibility of the FMF.	
Baseline	Year		As per latest DHS in the respective countries
Target	Year	2020	To be decided

Annex 3a : Previous results and indicator framework

Please see separate attachment

Annex 4: Budget details

	Budget in DKK million
Programme	Muskoka Fund DKK 23 mio.
Development engagement 1 Engagement objective	Increased capacity of the target countries to accelerate the fight against maternal, new-born, child adolescent and youth mortality by strengthening the support to sexual and reproductive health and nutrition.
Outcome 1	Improved sexual, reproductive, maternal, new-born, child, adolescent and youth health and nutrition through a trans-sectoral approach to health systems strengthening.
Outcome 2	A regional harmonisation and coordination to sexual, reproductive, maternal, new-born, child and adolescent health and nutrition
Outcome 3	Coordination, monitoring, evaluation and external communication.
Grand total	DKK 23 mio.

Agency	**2018 support**	**2019 planned support**	**2020 planned support**
UNICEF incl. interagency coordination			
- French contribution	26.3	26,3	
- Danish contribution		3,0	
- **Total**	**26,3**	**29,3**	**Tbd**
UNFPA			
- French contribution	22.4	22,5	
- Danish contribution		4,2	
- **Total**	**22,4**	**26,7**	**Tbd**
WHO			
- French contribution	22.4	22,5	
- Danish contribution		1,8	
- **Total**	**22,4**	**24,3**	**Tbd**
UN WOMEN			
- French contribution	3.9	3,75	
- Danish contribution		3,0	
- **Total**	**3,9**	**6,75**	**Tbd**
- **Total French support**	**75,0**	**75,0**	**75,0**
- **Total Danish support**		**12,0**	**11,0**

Annex 5: Risk Management Matrix

Contextual risks

Risk Factor	Likelihood	Impact	Risk response	Residual risk	Background to assessment
Regional instability	Medium	High	Close collaboration across agencies to ensure a holistic approach to addressing the root-causes and build resilience.	Changes in national priorities and crowding out development investments leading to a decline in access to health service for women and girls and youth and adolescents.	The Sahel is one of the most conflict-ridden regions in the world. The crisis is caused by a variety of factors and intensified by political and governance crisis, unequal distribution of wealth and lack of access to resources and social services. The instability and crisis lead to high volumes of refuges and internally displaced people and therefore migration. During escalation of the crisis the priorities shift and resources are allocated to the immediate priorities which can lead to national resources being allocated outside of basic services.
Lack of civil society involvement	High	Medium	Increasing engagement of civil society through community engagement and participation, including access to decision making for a.	Without the buy-in of civil society and communities there is a risk that the community and traditional leaders resist the change and hence cultural and traditional barriers are not changing to ensure women, girls and youth and adolescents have access to comprehensive sexual and reproductive health care services and information.	Cultural norms and tradition underpin the barriers for equitable access to comprehensive sexual and reproductive health care services and information. Women are not empowered to make their own decisions about their reproductive health, including if and when they want to have children. Young women and girls are married at a young age and have early pregnancies. This increases the likelihood of them dying from preventable causes during pregnancy or delivery. It also puts them at risk for complications such as fistula, which leads to marginalisation and exclusion from society.

Programmatic risks (for country programmes/regional programmes filled out for each thematic programme)

Risk Factor	Likelihood	Impact	Risk response	Residual risk	Background to assessment
Fraud and corruption	Medium	High	Adherence to the UN financial management guidelines and policies and accessing financial reports and audits.	Misuse of funds and failure to deliver the results. Sustained mistrust of government which could lead to an escalation of the crisis.	Corruption and fraud are a risk in West-Africa and the majority of the countries where the programme is active are amongst the lowest ranking on the corruption perception index. Denmark is not establishing a direct relation to the implementing agencies and will be relying on the French systems to monitor financial management.
Financial Management	Low	High	Discussions with the French Government on how to strengthen financial oversight. Initial discussion has taken place and there is agreement of strengthening financial oversight.	Lack of transparency and potential double funding of interventions.	The French financial oversight once the fund has been released is not as extensive as the Danish oversight of development funds. As Denmark is contributing to the FMF the Danish Government will not have a direct relationship with the recipient agencies regarding the use of funds. Denmark will have full access to MEFA and their administration of funds.
Under performance due to lack of an updated results framework	Medium	High	Development of an updated logistical framework with clearly defined objectives, outcomes, outputs and corresponding indicators. The basis will be the ongoing evaluation of the FMF. Hiring of a monitoring and evaluation person.	The objectives are not met.	The FMF does not have an updated log frame with clear targets which impacts on the possibility to monitor and manage results. The FMF recognises this is an area for improvement and development and will focus on improving the framework.
Failure by one or more of the four agencies to collaborate	Medium	High	Continuous assessment and monitoring of the collaboration by COPIL and by the FMF.	Results are not achieved	The overall framework and approach is based on the synergies a cross-sectoral collaboration creates and the consequent ability to leverage results and accelerate progress.

Institutional risks

Risk Factor	Likelihood	Impact	Risk response	Residual risk	Background to assessment
Denmark is connected to misuse of funds in the UN	Low	High	Continuous dialogue with the French government on strengthening the financial control systems.	Denmark's reputation and credibility as a donor emphasising transparency, participation and human rights could be damaged and the impact of Danish development assistance could decline.	Corruption and fraud are a risk in West-Africa and the majority of the countries where the programme is active are amongst the lowest ranking on the corruption perception index. Denmark is not establishing a direct relation to the implementing agencies and will be relying on the French systems to monitor financial management.

Annex 6: List of supplementary materials

#	Document / Material	Source
1	Médicine er Santé Tropicales, Fonds Francais Muskoka edition, Vol. 26, No 4, 2016	John Libbey, Eurotext
2	Contracts with UNFPA, UNICEF, UNWOMEN and WHO	French Muskoka Fund
3	2014 Results and indicator framework	French Muskoka Fund
4	Concept note for Sexual and reproductive health for adolecents and youth, 2017	French Muskoka Fund
5	Consolidated Progress report 2017	French Muskoka Fund & UN agencies
6	Annual Financial Reports	French Muskoka Fund & UN agencies
7	The global Strategy for women's, children's and adolescents health 2016 -2030	WHO
8	National UNDAFS	UNDP
9	Country Strategies	The respective UN agencies, national governments
10	National Legal frameworks for access to safe abortions	Guttmacher Institute

Annex 7: Plan for communication of results

What? (the message)	**When?** (the timing)	**How?** (the mechanism)	**Audience(s)**	**Responsible**
Denmark's commitment to SRHR and gender equality. Contribution to the French Muskoka Fund	Steering committee meeting in Dakar, Senegal	Statement to partners in the sector Press release	The UN and broader international donor community The EU Danish constituency	Birgitte Mossin Brønden
A little can go a long way when we are deliberate in how we make decisions. Expected Danish results and impact in 2020.	Q1/Q2 2019, when the workplan and results framework are finalized. CSW to be considered	Event with the fund and the 4 UN agencies	Political decision makers	TBD
When both donors and the UN work together as one. A story to tell about challenges and a will to overcome them	September 2019	(High level?)Event with the fund and the 4 UN agencies	Government representatives)New Donors) UN agencies Word Bank IMF	TBD
Either celebrate success and a continuation of the collaboration OR success but ending the relationship	2020	TBD	New donors and contributors (if continuation) Other possible partnerships (if ending the relationship)	TBD

Annex 9: Signed Quality Assurance Checklist

Annex 9 - Quality Assurance checklist for appraisal of programmes and projects[6]

File number/F2 reference: 2018-38737

Programme/Project name: Muskoka Fund

Programme/Project period: 2018-2020

Budget: 23 mio. kr.

Presentation of quality assurance process:
The project has been exempt from appraisal as the funds are allocated through a delegated partnership where the quality assurance follows the procedure of the partner. The project has been subject to an internal quality assurance procedure with working group recommendations to the development of the project documentation including participation of KFU.

☑ The design of the programme/project has been appraised by someone independent who has not been involved in the development of the programme/project.
Comments: The development of the project documentation has been contracted to an independent consultant.

☑ The recommendations of the appraisal has been reflected upon in the final design of the programme/project.
Comments: All recommendation from the working group has been adopted in the final project documentation.

☑ The programme/project complies with Danida policies and Aid Management Guidelines.
Comments: The project is developed in line with Danida policies and Aid Management Guidelines.

☑ The programme/project addresses relevant challenges and provides adequate responses.
Comments: The purpose of the project is improved sexual and reproductive rights including regional harmonisation and coordination.

☑ Issues related to HRBA/Gender, Green Growth and Environment have been addressed sufficiently.
Comments: The main purpose of the project is gender equality through sexual and reproductive rights and access to contraception. Even though it is recognized that investments in gender equality for women and girls and in young people access to health, education and jobs, which is connected to their reproductive health, the FMF is not addressing sustainable growth, climate change and environment directly. However, it is likely to have an indirect impact

☑ Comments from the Danida Programme Committee have been addressed (if applicable).
Comments: N/A

☑ The programme/project outcome(s) are found to be sustainable and is in line with the partner's development policies and strategies. Implementation modalities are well described and justified.
Comments:

[6] This Quality Assurance Checklist should be used by the responsible MFA unit to document the quality assurance process of appropriations where TQS is not involved. The checklist does not replace an appraisal, but aims to help the responsible MFA unit ensure that key questions regarding the quality of the programme/project are asked and that the answers to these questions are properly documented and communicated to the approving authority.

☐ The results framework, indicators and monitoring framework of the programme/project provide an adequate basis for monitoring results and outcome.
Comments: The Muskoka Fund has not fully developed a results framework and lacks the possibility to monitor and manage results. As the funds are allocated to UN agencies, the results framework follows that of the organisations. The Muskoka Fund are in the process of hiring a monitor and evaluation specialist to explore and develop the monitoring and results framework for the Fund.

☑ The programme/project is found sound budget-wise.
Comments:

☑ The programme/project is found realistic in its time-schedule.
Comments:

☑ Other donors involved in the same programme/project have been consulted, and possible harmonised common procedures for funding and monitoring have been explored.
Comments: The contribution will be allocated to the Fund as a delegated partnership with the French Government. The purpose of the Muskoka Fund is also to increase coordination and harmonisation between the UN agencies working in the region.

☑ Key programme/project stakeholders have been identified, the choice of partner has been justified and criteria for selection have been documented.
Comments: The French Muskoka Fund are in a unique position with exiting engagements and a proven track record in the Sahel.

☑ The executing partner(s) is/are found to have the capacity to properly manage, implement and report on the funds for the programme/project and lines of management responsibility are clear.
Comments:

☑ Risks involved have been considered and risk management integrated in the programme/project document.
Comments:

☑ In conclusion, the programme/project can be recommended for approval: yes

Date and signature of desk officer: 7/12-2018 _____

Date and signature of management: _____ _____

1. SANTE MATERNELLE

1.1. Organiser un accès équitable à un professionnel compétent

INTRANTS & PROCESSUS *= 6 piliers SS +1*						**PRODUITS** = accès aux interventions & offre de services		Moyens et périodicité de la mesure	**EFFETS** = couverture des interventions & prévalence		Moyens et périodicité de la mesure	**IMPACT** = amélioration état de santé	
						baseline	**2014**		**baseline**	**2014**		**baseline**	**2014**
			BUDGET	DEPENSES	TAUX D'EXECUTION	Indicateur 1.1.a. nombre d'écoles de sages-femmes dont le curriculum est basé sur les compétences			Indicateur 1.1.d Personnel qualifié en obstétrique par 10 000 habitants			Indicateur 1.1.f Ratio de mortalité maternelle pour 100 000 naissances vivantes	
Description des activités 1	agence	FFM				Produits baseline	Produits 2013		Baseline	Résultats acquis et comparaison avec Résultats attendus/indicateurs			Impact : Contribution a l'Objectif/Volet PNS
Description des activités 2	agence	FFM											
Description des activités 3	agence	financement?											
						Indicateur 1.1.b. % d'écoles de sages-femmes, publiques et privées, accréditées							
Description des activités 1	agence	FFM				Produits baseline	Produits 2014		Indicateurs 1.1.e Pourcentage d'accouchements assistés par personnel qualifié				
Description des activités 2	agence	FFM											
Description des activités 3	agence	financement?											
						Indicateur 1.1.c. % de sages-femmes affectées dans les SONUB/SONUC							
Description des activités 1	agence	FFM				Produits baseline	Produits 2014		Baseline	Résultats acquis et comparaison avec Résultats attendus/indicateurs			
Description des activités 2	agence	FFM											
Description des activités 3	agence	financement?											

1.2. Développer des SONUB effectifs

INTRANTS & PROCESSUS *piliers SS +1*						PRODUITS = accès aux interventions & offre de services		Moyens et périodicité de la mesure	EFFETS = couverture des interventions & prévalence		Moyens et périodicité de la mesure	IMPACT = amélioration état de santé	
						baseline	2014		baseline	2013		baseline	2013
			BUDGET	DEPENSES	TAUX D'EXECUTION	Indicateur 1.2.a. nombre de SONUB et de SONUC sans déficit de fonction sur nombres SONU cibles (%)			Indicateur 1.2.c pourcentage d'accouchement assisté par personnel qualifié			Indicateur 1.2.e Ratio de mortalité maternelle pour 100 000 naissances vivantes	
Description des activités 1	agence	FFM				Produits baseline	Produits 2014		Baseline	Résultats acquis et comparaison avec Résultats attendus/indicateurs			Impact : Contribution a l'Objectif/Volet PNS
Description des activités 2	agence	FFM											
Description des activités 3	agence	source financement											
						Indicateur 1.2.b pourcentage d'accouchements par césarienne			Indicateur 1.2.d Proportion de besoins satisfaits en SONU par districts cibles				
Description des activités 1	agence	FFM				Produits baseline	Produits 2014		Baseline	Résultats acquis et comparaison avec Résultats attendus/indicateurs			
Description des activités 2	agence	FFM											
Description des activités 3	agence	source financement											

1.3. Mettre en place un système de Surveillance des décès maternels et de la réponse

INTRANTS & PROCESSUS *= 6 piliers SS +1*						PRODUITS = accès aux interventions & offre de services		Moyens et périodicité de la mesure	EFFETS = couverture des interventions & prévalence		Moyens et périodicité de la mesure	IMPACT = amélioration état de santé	
						baseline	2014		baseline	2014		baseline	2014
			BUDGET	DEPENSES	TAUX D'EXECUTION	Indicateur 1.3.a. Nombre de décès revus sur nombre de décès notifiés			Indicateur 1.3.c Pourcentage de districts avec un système MDSR opérationnel			Indicateur 1.3.d. Ratio de mortalité maternelle pour 100 000 naissances vivantes	
Description des activités 1	agence	FFM				Produits baseline	Produits 2014		Baseline	Résultats acquis et comparaison avec Résultats attendus/indicateurs			Impact : Contribution a l'Objectif/Volet PNS
Description des activités 2	agence	FFM											
Description des activités 3	agence	source financement											
						Indicateur 1.3.b. Elaboration d'un rapport annuel sur les décès maternels							
Description des activités 1	agence	FFM				Produits baseline	Produits 2014						
Description des activités 2	agence	FFM											
Description des activités 3	agence	source financement											
		sous-total											

2. PLANIFICATION FAMILIALE

2.1. Mettre en place des services de PF à base communautaire

INTRANTS & PROCESSUS *= 6 piliers SS +1*						PRODUITS		Moyens et périodicité de la mesure	EFFETS *= couverture des interventions & prévalence comportements à risque*		Moyens et périodicité de la mesure	IMPACT = amélioration état de santé	
						baseline	2014		baseline	2014		baseline	2014
			BUDGET	DEPENSES	TAUX D'EXECUTION	Indicateur 2.1.a.nombre d'agents communautaires formés à un paquet intégré de service SSR/PF			Indicateur 2.1.c Nombre de femmes bénéficiant d'une contraception délivrée par AC (désagrégé par méthodes)			Indicateur 2.1. e. Intervalle inter-génésique	
Description des activités 1	agence	FFM				Produits baseline	Produits 2014-		Baseline	Résultats acquis et comparaison avec Résultats attendus/indicateurs			Impact : Contribution a l'Objectif/Volet PNS
Description des activités 2	agence	FFM											
Description des activités 2	agence	source financement											
						Indicateur 2.1.b.Proportion de méthodes de contraception offertes/disponibles par AC (produits de contraceptions)			Indicateur 2.1.d.Nombre de femmes en âge de procréer qui utilisent une méthode contraceptive dans les zones de couverture des AC formés			Indicateur 2.1.f. Taux de prévalence de la contraception	
Description des activités 1	agence	FFM				Produits baseline	Produits 2014-		Baseline	Résultats acquis et comparaison avec Résultats attendus/indicateurs			Impact : Contribution a l'Objectif/Volet PNS
Description des activités 2	agence	FFM											
Description des activités 3	agence	source financement											

2.2. Offrir une gamme complète de contraceptifs modernes pour garantir les droits des utilisatrices (y compris la contraception d'urgence et la PF en post partum) dans les formations sanitaires

INTRANTS & PROCESSUS *= 6 piliers SS +1*						PRODUITS *= accès aux interventions & offre de services*		Moyens et périodicité de la mesure	EFFETS *= couverture des interventions & prévalence*		Moyens et périodicité de la mesure	IMPACT = amélioration état de santé	
						baseline	2014		baseline	2013		baseline	2013
			BUDGET	DEPENSES	TAUX D'EXECUTION	Indicateur 2.2.a. Nombre de centres de santé qui offrent des services de PF post-partum et post-avortements y compris la contraception d'urgence			Indicateur 2.2.d.Proportion de femmes ayant bénéficié d'une contraception immédiate à la suite de soins post avortement			2.2.h. taux de prévalence de la contraception	
Description des activités 1	agence	FFM				Produits baseline	Produits 2014		Baseline	Résultats acquis et comparaison avec Résultats attendus/indicateurs			
Description des activités 2	agence	FFM											
Description des activités 3	agence	source financement											
						Indicateur 2.2.b. Proportion de points d'offres de services PF offrant au moins 3 méthodes modernes de contraception			Indicateur 2.2.e Proportion de femmes ayant bénéficié d'une contraception en post partum immédiat				
Description des activités 1	agence	FFM				Produits baseline	Produits 2014		Baseline	Résultats acquis et comparaison avec Résultats attendus/indicateurs			
Description des activités 2	agence	FFM											
Description des activités 3	agence	source financement											
						Indicateur 2.2.c. Pourcentage de centres de soins de santé primaire appliquant les normes et protocoles pour l'offre de services de PF de qualité			Indicateur 2.2.f.Propostion de femmes en âge de procréer qui utilisent une méthode contraceptive				
Description des activités 1	agence	FFM				Produits baseline	Produits 2014		Baseline	Résultats acquis et comparaison avec Résultats attendus/indicateurs			
Description des activités 2	agence	FFM											
Description des activités 3	agence	source financement											
									Indicateur 2.2.g.Nombre des acceptantes d'une méthode contraceptive				
Description des activités 1	agence	FFM				Produits baseline	Produits 2014		Baseline	Résultats acquis et comparaison avec Résultats attendus/indicateurs			
Description des activités 2	agence	FFM											
Description des activités 3	agence	source financement											

2.3. Augmenter l'exposition de la population, les personnes et les couples à une information éclairée en planification familiale et sur les questions de genre

INTRANTS & PROCESSUS *= 6 piliers SS +1*						PRODUITS *= accès aux interventions & offre de services*		Moyens et périodicité de la mesure	EFFETS *= couverture des interventions & prévalence*		Moyens et périodicité de la mesure	IMPACT = amélioration état de santé	
						baseline	2014		baseline	2014		baseline	2014
			BUDGET	DEPENSES	TAUX D'EXECUTION	Indicateur 2.3.a Couverture géographique d'une ligne verte			Indicateur 2.3.c. Nombre d'appels téléphoniques sur ligne verte pour les différentes thématiques de la SSR				
Description des activités 1	agence	FFM				Produits baseline	Produits 2014		Baseline	Résultats acquis et comparaison avec Résultats attendus/indicateurs			
Description des activités 2	agence	FFM											
Description des activités 3	agence	source financement											
						Indicateur 2.3.b. Nombre d'émissions radios et TV diffusées sur la santé maternelle, le PF et les violences			Indicateur 2.3.d. Nombre d'auditeurs et téléspectateurs				
Description des activités 1	agence	FFM				Produits baseline	Produits 2014		Baseline	Résultats acquis et comparaison avec Résultats attendus/indicateurs			
Description des activités 2	agence	FFM											
Description des activités 3	agence	source financement											
		sous-total											

3. SANTE SEXUELLE ET DE LA REPRODUCTION DES JEUNES ET ADOLESCENTES

3.1. Mettre en place des services SSR (PF incluse) en milieux scolaire et extrascolaire

INTRANTS & PROCESSUS *= 6 piliers SS +1*						PRODUITS *= accès aux interventions & offre de services*		*Moyens et périodicité de la mesure*	EFFETS *= couverture des interventions & prévalence*		Moyens et périodicité de la mesure	IMPACT = amélioration état de santé	
						baseline	2014		baseline	2014		baseline	2014
			BUDGET	DEPENSES	TAUX D'EXECUTION	Indicateur 3.1.a. Nombre de centres de santé offrant des soins de santé SRAJ conformes aux politiques et standards en la matière y compris les services de contraception						Indicateur 3.1.d Taux de prévalence des contraceptifs auprès des jeunes et adolescents	
Description des activités 1	agence	FFM				Produits baseline	Produits 2013		Indicateur 3.1.c. Nombres d'adolescents 10 -19 utilisant les services de sante sexuelle et reproductive				Impact : Contribution a l'Objectif/Volet PNS :
Description des activités 2	agence	FFM											
Description des activités 3	agence	source financement											
						Indicateur 3.1.b. Nombre de services de santé scolaire appliquant les standards pour l'offre de services de SRAJ y compris les services de contraception							
Description des activités 1	agence	FFM				Produits baseline	Produits 2013		Baseline	Résultats acquis et comparaison avec Résultats attendus/indicateurs			
Description des activités 2	agence	FFM											
Description des activités 3	agence	source financement											

3.2. Mettre en place un accès à l'éducation sexuelle en milieux scolaire et extrascolaire

INTRANTS & PROCESSUS *= 6 piliers SS +1*						**PRODUITS** *= accès aux interventions & offre de services*		Moyens et périodicité de la mesure	**EFFETS** *= couverture des interventions & prévalence*		Moyens et périodicité de la mesure	**IMPACT** = amélioration état de santé	
						baseline	**2014**		**baseline**	**2014**		**baseline**	**2014**
			BUDGET	DEPENSES	TAUX D'EXECUTION	Indicateur 3.2.a.Proportion d'écoles qui mettent en œuvre l'éducation sexuelles selon les principes directeurs internationaux sur l'éducation sexuelle			Indicateur 3.2.c. % de jeunes et adolescents scolarisés ayant suivi des cours d'éducation sexuelle.			Indicateur 3.2.e Taux de prévalence des contraceptifs auprès des jeunes et adolescents	
Description des activités 1	agence	FFM				Produits baseline	Produits 2014		Baseline	Résultats acquis et comparaison avec Résultats attendus/indicateurs			Impact : Contribution a l'Objectif/Volet PNS :
Description des activités 2	agence	FFM											
Description des activités 3	agence	source financement											
						Indicateur 3.2.b.L'éducation sexuelle est mise en œuvre en milieu extrascolaire			Indicateur 3.2.d % de jeunes des groupes spécifiques pris en charge pour les activités d'information et d'éducation sexuelle en milieu extra scolaire				

3.3. Impulser un changement durable des habitudes sociales et de lois plus favorables pour les jeunes filles en particulier en situation de vulnérabilité

INTRANTS & PROCESSUS *= 6 piliers SS +1*						PRODUITS *= accès aux interventions & offre de services*		Moyens et périodicité de la mesure	EFFETS *= couverture des interventions & prévalence*		Moyens et périodicité de la mesure	IMPACT = amélioration état de santé	
						baseline	2014		baseline	2014		baseline	2014
			BUDGET	DEPENSES	TAUX D'EXECUTION	Indicateur 3.3.a.Une stratégie nationale de réduction du mariage précoce / grossesses précoces existe et est mise en œuvre			Indicateur 3.3.e Les lois existantes sur l'âge du mariage sont conformes au droit international et appliquées.			Indicateur 3.3.i. Nombre de mariages précoces	
Description des activités 1	agence	FFM				Produits baseline	Produits 2014		Baseline	Résultats acquis et comparaison avec Résultats attendus/indicateurs			
Description des activités 2	agence	FFM											
Description des activités 3	agence	source financement											
						Indicateur 3.3.b. Nombre de communautés sensibilisées sur les effets néfastes du mariage précoce et des grossesses précoces			Indicateur: 3.3.f Degré de changement durable des habitudes sociales dans les communautés ciblées.				
Description des activités 1	agence	FFM				Produits baseline	Produits 2014		Baseline	Résultats acquis et comparaison avec Résultats attendus/indicateurs			
Description des activités 2	agence	FFM											
Description des activités 3	agence	source financement											
						Indicateur 3.3.c.% de structures de santé avec au moins une personne formée à l'accueil, l'identification, la prise en charge ou le référencement des personnes victimes de violences sexuelles et ayant mis en place des mécanismes de prévention de violence en milieu hospitalier			Indicateur: 3.3.g. Nombre de cas de violence sexuelles pris en charge par les formations sanitaires				
Description des activités 1	agence	FFM				Produits baseline	Produits 2014		Baseline	Résultats acquis et comparaison avec Résultats attendus/indicateurs			
Description des activités 2	agence	FFM											
Description des activités 3	agence	source financement											
						Indicateur 3.3.d. % des structures éducatives formel et non formel " amis des filles" sûrs, sains et protecteurs, dotés de professeurs bien formés, des ressources adéquates et de conditions physiques, émotionnelles et sociales favorable aux études des adolescentes			indicateur 3.3.h. Évolution vers l'école secondaire, filles (%)				
Description des activités 1	agence	FFM				Produits baseline	Produits 2014		Baseline	Résultats acquis et comparaison avec Résultats attendus/indicateurs			
Description des activités 2	agence	FFM											
Description des activités 3	agence	source financement											
		sous-total											

4. SANTE INFANTILE ET NEONATALE

4.1. IHI sur les systèmes de santé (levée des barrières, demande)

INTRANTS & PROCESSUS *= 6 piliers SS +1*						PRODUITS *= accès aux interventions & offre de services*		Moyens et périodicité de la mesure	EFFETS *= couverture des interventions & prévalence*		Moyens et périodicité de la mesure	IMPACT = amélioration état de santé	
						baseline	2014		baseline	2014		baseline	2014
			BUDGET	DEPENSES	TAUX D'EXECUTION	4.1.a.Proportion de zones sanitaires disposant de personnels formés et d'outils (directives, outils de supervision pour le monitoring decentralise en SMNI etc.) pour réaliser le monitorage décentralisé des interventions à haut impact			4.1.e. Proportion de zone sanitaire qui réalisent le monitorage décentralisé avec l'élaboration d'un plan d'action pour la levée des goulots d'étranglement		rapport annuel SNIS		
Description des activités 1	agence	FFM				Produits baseline	Produits 2014		Baseline	Résultats acquis et comparaison avec Résultats attendus/indicateurs			Impact : Contribution a l'Objectif/Volet PNS :
Description des activités 2	agence	FFM											
Description des activités 3	agence	source financement											
						4.1.b. Nombre d'activités de financement de la sante (réduction des barrières financières aux soins)			4.1.f % de fréquentation des consultations en SRMNI				
Description des activités 1	agence	FFM				Produits baseline	Produits 2014		Baseline	Résultats acquis et comparaison avec Résultats attendus/indicateurs			
Description des activités 2	agence	FFM											
Description des activités 3	agence	source financement											
						4.1.c Existence d'une liste Nationale de Médicaments Essentiels (LNME) intégrant les médicaments prioritaires de la liste mère enfants			4.1.g. Disponibilité des médicaments prioritaires au niveau central et dans les structures de santé				
Description des activités 1	agence	FFM				Produits baseline	Produits 2014		Baseline	Résultats acquis et comparaison avec Résultats attendus/indicateurs			
Description des activités 2	agence	FFM											
Description des activités 3	agence	source financement											
						4.1.d Disponibilité d'un plan d'approvisionnement pour les produits prioritaires (avec estimation quantitative des besoins et finacement)			4.1.h. % des prescriptions rationnelles		rapport annuel SNIS		
Description des activités 1	agence	FFM				Produits baseline	Produits 2014		Baseline	Résultats acquis et comparaison avec Résultats attendus/indicateurs			
Description des activités 2	agence	FFM											
Description des activités 3	agence	source financement											

4.2.Offre de services pour la sante néonatale

INTRANTS & PROCESSUS *= 6 piliers SS +1*						PRODUITS *= accès aux interventions & offre de services*		Moyens et périodicité de la mesure	EFFETS *= couverture des interventions & prévalence*		Moyens et périodicité de la mesure	IMPACT = amélioration état de santé	
						baseline	2014		baseline	2014		baseline	2014
			BUDGET	DEPENSES	TAUX D'EXECUTION	4.2.a. Nombre d'agents de sante communautaire (ASC) formés pour les Soins Essentiels aux Nouveaux Nés (SEN) lors des visites a domicile (VAD)			4.2.c. Pourcentage de nouveau-nés ayant bénéficié de visites à domicile pour les soins post natals préventifs dans les 48 heures après la naissance		rapport ASC - rapport annuel de district	Indicateur 4.2.e. Taux de mortalité néonatale	
Description des activités 1	agence	FFM				Produits baseline	Produits 2014		Baseline	Résultats acquis et comparaison avec Résultats attendus/indicateurs			Impact : Contribution a l'Objectif/Volet PNS :
Description des activités 2	agence	FFM											
Description des activités 3	agence	source financement											
						4.2.b. Nombre de Formations Sanitaires avec intrants et mise a disposition de personnel forme pour les Soins Essentiels aux NN (SEN)			Indicateur 4.2.d. % de NN avec initiation de l'allaitement maternel précoce en FoSa		rapport FoSa - SNIS: annuel		
Description des activités 1	agence	FFM				Produits baseline	Produits 2014		Baseline	Résultats acquis et comparaison avec Résultats attendus/indicateurs			
Description des activités 2	agence	FFM											
Description des activités 3	agence	source financement											

4.3. Offre de services pour la sante infantile

INTRANTS & PROCESSUS *= 6 piliers SS +1*						PRODUITS *= accès aux interventions & offre de services*		Moyens et périodicité de la mesure	EFFETS *= couverture des interventions & prévalence*		Moyens et périodicité de la mesure	IMPACT *= amélioration état de santé*	
						baseline	2014		baseline	2014		baseline	2014
			BUDGET	DEPENSES	TAUX D'EXECUTION	Indicateur 4.3.a.Nombre d'activités d'assainissement total pilote par la communauté (ATPC) mises en place			Indicateur 4.3.h. % de ménages ayant accès à un ATPC amélioré		enquêtes wash, statistiques mondiales de la sante / annuel	Indicateur 4.3.q. Taux de mortalité infanto-juvénile	
Description des activités 1	agence	FFM				Produits baseline	Produits 2014		Baseline	Résultats acquis et comparaison avec Résultats attendus/indicateurs			
Description des activités 2	agence	FFM											
Description des activités 3	agence	source financement											
						Indicateur 4.3.b. Nombre des missions radio et TV diffuses sur la santé infantile			Indicateur 4.3.i. Taux d'adoption des Pratiques Familiales Essentielles à partir d'enquete CAP		EDS/MICS		
Description des activités 1	agence	FFM				Produits baseline	Produits 2014		Baseline	Résultats acquis et comparaison avec Résultats attendus/indicateurs			
Description des activités 2	agence	FFM											
Description des activités 3	agence	source financement											
									Indicateur 4.3.j. Taux d'allaitement maternel exclusif à 6M		EDS/MICS		
Description des activités 1	agence	FFM				Produits baseline	Produits 2014		Baseline	Résultats acquis et comparaison avec Résultats attendus/indicateurs			
Description des activités 2	agence	FFM											
Description des activités 3	agence	source financement											
						Indicateur 4.3.c. Nombre de Moustiquaires Imprégnées à Longue Durée d'Action (MILDA) distribué aux enfants et femmes enceinte			Indicateur 4.3.j. % d'enfants de moins de 5ans utilisant des moustiquaires imprégnées		enquête / x ans (plutôt pour FM)		
Description des activités 1	agence	FFM				Produits baseline	Produits 2014		Baseline	Résultats acquis et comparaison avec Résultats attendus/indicateurs			
Description des activités 2	agence	FFM											
Description des activités 3	agence	source financement											
						Indicateur 4.3.d. Nombre des séances de sensibilisation organisés sur la santé infantile			Indicateur 4.3.k. couverture vaccinale pour la diphtérie, le coqueluche et le tétanos combiné ou le vaccin pentavalent (DTC3)		annuel / SNIS (plutôt pour Gavi)		
Description des activités 1	agence	FFM				Produits baseline	Produits 2014		Baseline	Résultats acquis et comparaison avec Résultats attendus/indicateurs			
Description des activités 2	agence	FFM											
Description des activités 3	agence	source financement											
									Indicateur 4.3.l. Couverture des enfants de 6 à 59 mois ayant reçu une dose de vitamine A lors de la dernière distribution		annuel / SNIS (plutôt pour Gavi)		
Description des activités 1	agence	FFM				Produits baseline	Produits 2014		Baseline	Résultats acquis et comparaison avec Résultats attendus/indicateurs			
Description des activités 2	agence	FFM											
Description des activités 3	agence	source financement											
						4.3.f. Nombre d'intrants pour la Prévention de la Transmission mère-enfant (PTME) du VIH mis à disposition des Formations sanitaires (FoSa)			Indicateur 4.3.m. % d 'enfants prise en charge en1e et 2e niveaux pour le traitement antibiotique pour suspicion de pneumonie		rapports FosA / SNIS / annuel		
Description des activités 1	agence	FFM				Produits baseline	Produits 2014		Baseline	Résultats acquis et comparaison avec Résultats attendus/indicateurs			
Description des activités 2	agence	FFM											
Description des activités 3	agence	source financement											
						Indicateur 4.3.g. Nombre de Formations sanitaires qui prend en charge les enfants ayant malnutrition aigüe sévère (MAS)			Indicateur 4.3.n.Nombre de nouveau contacts par enfant <5 ans au niveau FoSa et communautaire		SNIS		
Description des activités 1	agence	FFM				Produits baseline	Produits 2014		Baseline	Résultats acquis et comparaison avec Résultats attendus/indicateurs			
Description des activités 2	agence	FFM											
Description des activités 3	agence	source financement											
									Indicateur 4.3.o. Taux de couverture des femmes enceinte attendus seropositive ayant recu des traitements antirétroviraux (ARV)		annuel / rapport pTME (plutôt FM)		
Description des activités 1	agence	FFM								Résultats acquis et			

Impact : Contribution a l'Objectif/Volet PNS :

Description des activités 2	agence	FFM				Produits baseline	Produits 2014		Baseline	comparaison avec Résultats attendus/indicateurs			
Description des activités 3	agence	source financement											
									4.3.q. proportion d'enfants avec malnutrition aigüe sévère (MAS) attendues traités efficacement pour malnutrition aigüe sévère		rapport annuel SNIS	Indicateur 4.3.r. Prévalence de la malnutrition chronique	
Description des activités 1	agence	FFM				Produits baseline	Produits 2014		Baseline	Résultats acquis et comparaison avec Résultats attendus/indicateurs			Impact : Contribution a l'Objectif/Volet PNS :
Description des activités 2	agence	FFM											
Description des activités 3	agence	source financement											
		sous-total											
		TOTAL											