

**LMG/Côte d'Ivoire: Program Year 1, Quarter 4 PEPFAR Progress
Report
July 1-September 30, 2013**

November 4, 2013

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Domaines programmatiques couverts par l'Accord de Coopération:

- **Human Resources for Health**
- **Strategic Information**

ANNEE FISCALE : 2013

RAPPORT D'ACTIVITES

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I - RESUME SYNTHETIQUE DE LA PERIODE

The following is a summary of the activities carried out July 1 through September 30, 2013, by the Leadership, Management and Governance Project in Côte d'Ivoire (LMG/CI), funded by USAID/Côte d'Ivoire through PEPFAR field support. Since December 2011, LMG/CI has provided technical assistance to the Global Fund Country Coordinating Mechanism (CCM) and Principal Recipients (PRs) to build their capacity in the areas of leadership, management, and governance; monitoring and evaluation; supervision; and resource mobilization. Technical assistance is designed to help clarify the roles and responsibilities of the CCM and the PRs, with the goal of enabling these entities to fulfill their critical functions and be effective players in rallying all sectors to combat HIV and AIDS, malaria, and TB.

The LMG/CI workplan for the period October 2012 through September 2013 to support the Global Fund CCM and sub-committees had four objectives as follows:

- **Objective 1:** The CCM understands the updated Global Fund directives and is following a plan to ensure compliance with Global Fund regulations; and internal CCM governance, operational processes, and orientation standards are strengthened to ensure transparent, streamlined, and sustainable implementation of CCM activities
- **Objective 2:** Monitoring and evaluation of grant performance is strengthened by utilizing effective tools
- **Objective 3:** The CCM harmonizes activities with key stakeholders and mobilizes additional resources to carry out basic CCM functions (harmonization of activities and donor function strengthened)
- **Objective 4:** CCM and PRs' leadership, management, and financial skills are strengthened as is their capacity to implement, monitor, and evaluate programs

At the close of this reporting period, which coincides with the end of the project year, the project team is pleased to report that the work done this quarter and during the course of the workplan period has strengthened the CCM's and subcommittee's capacity to carry out their critical functions, supporting Global Fund proposal processes and supporting the Permanent Secretariat.

In addition to the targeted support for the CCM and PRs in line with the four objectives above, LMG/CI conducted an initial capacity assessment of civil society organizations to gauge their advocacy capacity in April 2013. Based on discussions with USAID/PEPFAR during this reporting period, an expanded continuation of this work will fall under a new fifth objective which will be defined in the workplan revision process.

As previously reported, PEPFAR has proposed a new field support activity under LMG/CI for a decentralized management pilot project in two health regions. The project plans to provide a customized package of support to the regional and district health teams in the two identified priority regions to improve their overall management capacity and functioning with respect to the planning, oversight, coordination, and integration of HIV and other health services (both facility and community based). The content of the package will span most of the building blocks of the health system, from human resources to commodities to health information. LMG/CI staff will develop a detailed project

design upon completion of the initial assessment for the life of the project and draft a corresponding workplan and budget for the first project year. During this quarter an initial needs assessment was completed and strategic planning activities were launched to provide input into the workplan and revised program design.

II - NARRATIF DES RESULTATS ATTEINTS

Health System Strengthening / Strategic Information

Interim Permanent Secretary support provided to the CCM: As previously reported, the contract for the previous CCM Permanent Secretary was not renewed and ended June 30, 2013. The CCM submitted a formal communication to USAID/PEPFAR on July 17 requesting that LMG/CI consultant under the Global Challenge Corporation (GCC) subcontract, Raoul Abouo, be made available to serve as interim Permanent Secretary. Following USAID/PEPFAR agreement to provide this support for three months through LMG/CI, the project modified the GCC subcontract to include full-time support from Raoul Abouo through September 30, 2013. During this time, Raoul Abouo provided daily support to the CCM President and Secretariat staff in managing the CCM functions. As part of this support, the interim Permanent Secretary, with technical support from other GCC consultants, developed a detailed site visit reporting template for CCM members. A training session is scheduled for October 10 with the CCM to discuss oversight principles and provide detailed guidance on how to plan, conduct, and report on site visits to oversee Global Fund grant implementation.

The CCM President informed project staff that a final candidate for the Permanent Secretary position was submitted to Geneva for approval on September 27 and that no additional interim coverage plans had been put in place to follow the PEPFAR-supported interim that ended September 30.

Situational analysis for decentralization pilot project completed and program description drafted: From July 21-28, 2013, an LMG/CI team accompanied by a representative from the *Direction Régionale de la Santé* (DGS), visited the two selected health regions (Indénié-Djuablin and N’Zi Iffou) and all nine health districts within these regions. The teams held working sessions with the leadership teams of regional and district management teams to identify the operational status of the directorates and the challenges they faced while beginning to consider priority needs (both material and technical). The team also visited the Abengourou and Dimbokro Referral Hospitals and a series of general hospitals and health centers to better understand the context of cooperation and coordination within the health region so that the project can fully take into consideration the internal structures in place between the districts and regions.

The initial situational analysis was structured around the conceptual framework of the WHO six pillars of health. The information was collected through a questionnaire administered in each health region and with district teams. LMG/CI produced a full technical report on the situational analysis which presents the main findings of this analysis, challenges, and best practices, and makes some recommendations for the design of the proposed decentralization project. This report was included in the submission of the proposed project design document submitted to USAID/PEPFAR on September 30, 2013.

Decentralization pilot project program description draft submitted to USAID/PEPFAR: Based on the situational analysis completed in July, the LMG/CI team drafted the technical approach and program description document for this new activity and submitted the document to USAID/PEPFAR on August 30, 2013. The USAID/PEPFAR team gave feedback on the program description document at a meeting on September 18. Their key message was to consistently ensure that the focus of the activity was on the regional and district levels rather than attempting top-down approaches through the central level, or providing direct support to the site level as other PEPFAR implementing partners are working at these levels. A revised program description will be submitted to USAID/PEPFAR along with a draft workplan and budget for the decentralized pilot project in the next reporting period.

Indénié-Djuablin regional decentralization activity package workshop: Following the initial assessment visit, the LMG/CI assessment team collaborated with the *Direction Générale de la Santé* (DGS) to distribute an analysis framework for each region and district to complete a self-evaluation. This framework consisted of the following 10 key areas of evaluation:

1. Decentralized planning
2. Existence of tools, directives and guides
3. Coordination mechanisms
4. Supervision
5. Referral and counter-referral system
6. Sustainability plan
7. Community participation
8. Service delivery
9. Supply chain
10. Health information system

Regions and districts examined current challenges based on findings and observations from the situational analysis, and provided information regarding the cases, potential solutions, and necessary resources to address these challenges. The results of these analysis frameworks were used as a basis for planning discussions with the regions and districts during a September-October 2013 follow-up trip. During this trip, the LMG/CI team held regional workshops with the health teams to discuss priority needs (technical, material, human resources) to enable the regional- and district-level teams to fully function and fulfill their roles.

The first regional workshop was held in the Indénié-Djuablin region in Abengourou from September 24-25, 2013. Participants from the *Direction Régionale*, the three districts (Abengourou, Agnibiliékro, and Bettié), and from the *Centre hospitalier régional* in Abengourou met for two days. Due to last-minute conflicts, the regional team was not able to participate during the first day of the workshop but was present for the second day and the discussions on the minimum package of activities. Participants validated a standard package of general activities under which all support from the LMG/CI decentralization pilot project will fall. Teams were then able to work in groups to detail their needs within this support package, tailoring the activities to address their specific challenges.

Key observations made during this workshop included:

- Technical and financial support for the development of the *Plan Régional de Développement Sanitaire* (PRDS) and the *Plan Départemental de Développement Sanitaire* (PDDS) are priorities for project implementation;
- Capacity building in strategic planning is a priority need for the region and all districts to improve the coordination between the various levels of the health system during concurrent planning processes for workplans and development plans;
- The district director position remains unfilled in Agnibilékrou; however, the recruitment is underway with a selected candidate expected onboard in the district by the end of the calendar year at the latest; the recruitment of a new district director at the beginning of the LMG/CI decentralization pilot project will facilitate the impact and sustainability of activity implementation;
- The departmental directorate of Abengourou is a very strong team that helped to lead discussions and provide pertinent feedback to other teams on the technical propositions made throughout the workshop.

The regional workshop for the second pilot region, N’Zi Iffou and its six districts, is scheduled to take place from September 30 through October 2, 2013. The results of these regional workshops and the tailored activity packages discussed for each regional and district team will inform a full project workplan for the first year of this activity. An external PEPFAR-funded baseline study is anticipated in the next quarter, the results of which will be incorporated into the project monitoring plans.

III - DIFFICULTES ET/OU CONTRAINTES DE LA PERIODE

III.1 : Difficultés et/ou Contraintes

Restructuring of the CCM: On April 4, 2013, the CCM General Assembly passed a vote to restructure the CCM by disease rather than by CCM oversight technical area. LMG/CI had been working closely with the previous technical committees, and a number of activities were put on hold during the restructuring period. Additionally, the CCM President informed the project staff in June 2013 that the contract for the Permanent Secretary of the CCM would not be renewed at the end of the month, and recruitment is pending for a replacement. The Permanent Secretary has been a key focal point for LMG/CI activities and project implementation, and the CCM President has thus requested that a number of activities be suspended pending recruitment of a replacement. In recognition of the shifting goals of the support to the CCM, the project team and USAID/PEPFAR discussed how the technical approach to supporting Global Fund activities in Côte d’Ivoire could be improved in the next project year (October 2013 – September 2014).

III.2 : Solutions apportés aux Difficultés et/ou Contraintes

Based on discussion with USAID/PEPFAR in response to the drafted workplan for PY3, LMG/CI will shift its focus on Global Fund support in Côte d’Ivoire to more direct technical assistance and capacity building for the Principal Recipients. In addition to this direct support to the PRs, the project will work with more basic-level support to the CCM to stabilize the structure in response to the recent restructuring.

III.3 : Initial Environmental Examination (IEE)

The Summary of Programmatic Initial Environmental Examination (PIEE) for the global Leadership, Management and Governance Project, PIEE Number 0042, recommends a “Negative Determination with Conditions” based on the premise that training activities could include “Training professional and paraprofessional health workers in methods that result in the generation and disposal of hazardous or highly hazardous medical waste...” At this time, such training has not been undertaken and is not anticipated under LMG/Côte d’Ivoire. Should such training or related activities be anticipated, LMG/Côte d’Ivoire will prepare a request for an amended environmental examination.

IV – BESOINS EN ASSISTANCE TECHNIQUE

In the next reporting period, the project will finalize discussions with USAID/PEPFAR on the technical approaches and activity plans for all components of LMG work in Côte d’Ivoire. USAID/PEPFAR has played a key role in the past project year in determining new or modified project objectives, particularly with the recent feedback on the Global Fund CCM and PR support approach, the decentralization pilot project, and the capacity building proposals made following the advocacy capacity of CSOs. Ongoing, regular support and collaboration in response to the shifts in the project and in USAID/PEPFAR strategy will ensure the continued success of the Leadership, Management and Governance project in Côte d’Ivoire.

V – PERSPECTIVES / Activités clés pour la prochaine période

In the next reporting period, the LMG/CI team will continue to coordinate closely with USAID/PEPFAR, stakeholders and implementing partners to prioritize and reschedule activities based on stakeholder timelines. The following are key activities currently planned for October 1 through December 31, 2013:

- Conduct training for CCM committee representatives on oversight principles, committee-led site visits to oversee grant implementation, and the Executive Dashboard tool;
- Work with each of the six PRs to ensure the completion and accuracy of Dashboard updates, identifying capacity building needs in the key areas reported in the dashboard (financial, management, programmatic);
- Develop detailed capacity building plans for each PR based on identified needs;
- Work with CSO advocacy assessment consultants to develop a detailed capacity building plan;
- Revise workplan package for support to the Global Fund CCM and PRs and expanded activities with CSO advocacy capacity based on discussions with USAID/PEPFAR and priority oversight/dashboard activities;
- Finance CCM committee site visits;
- Finalize the tailored activity packages for the nine districts and two regions of the decentralization pilot project;
- Develop and submit for USAID approval a budgeted workplan package for the decentralization pilot project.

VI – FICHE RECAPITULATIVE DES FORMATIONS DE LA PERIODE

FICHE RECAPITULATIVE DES FORMATIONS DU TRIMESTRE : 1 ^{er} juillet 2013 – 30 septembre 2013										
N ^o	Titre de la formation	Domaines Programmatiques	Nombre de personnes formées sur la période			Date de début	Date de fin	Durée de la formation (en heure)	Lieu de la formation	Profession des personnes formées
			Anciens (déjà formés sur l'année fiscale)	Nouveau x (sur l'année fiscale)	Total					
1	N/A									

• Liste des domaines programmatiques par axe d'intervention

PREVENTION	SOINS et SOUTIEN	TRAITEMENT	RENFORCEMENT DES SYSTEMES
Prévention (PTME, Traitement des IST, Conseil - Dépistage (Non techniciens de laboratoire))	Soins et Soutien (Care and Support incluant les soins cliniques, la PEC nutritionnelle)	Traitement ARV	Information Stratégique : Suivi-Evaluation ; Surveillance et Ethique ; Informatique-Système d'Information Sanitaire (choisir le programme)
Sécurité Transfusion (Blood Safety)	TB/VIH		Laboratoire (techniciens de laboratoire exclusivement)
Abstinence et/ou Fidélité	OEV		Gestion des stocks d'intrants, médicaments et logistiques
Autres Préventions-CCC-Condoms (incluant les MARPS)			Leadership et Gestion des programmes <ul style="list-style-type: none"> Gestion financière, Gestion des ressources humaines Développement de politiques (inclut la démarche qualité)
Sécurité des Injections (Injection Safety)			
Prévention avec les PVVIH (PwP)			

VII - INDICATEURS A RENSEIGNER

2 – Health system strengthening / Human Resources for Health

Codes	Indicateurs	*Calcul	Targets	Réalizations					
				Q1 Oct-Dec 2012	Q2 Jan-Mar 2013	Q3 Avr-Juin 2013	Q4 Juil-Sept 2013	Total	Taux de réalisation global
2	Human Resources for Health	Add/ Cum	Fiscal Year 2013						
H2.1.D	Number of new health care workers who graduated from a Pre-service training institution	Add							
H2.1.D1	<i>Doctors</i>	Add							
H2.1.D2	<i>Nurses</i>	Add							
H2.1.D3	<i>Midwives</i>	Add							
H2.1.D4	<i>Social Workers</i>	Add							
H2.1.D5	<i>Lab Technicians</i>	Add							
H2.1.D6	<i>Others (Autres diplômés à préciser)</i>	Add							
H2.2.D	Number of community health and Para-social workers who successfully completed a Pre-service training program (concerne surtout les conseillers communautaires nouvellement recrutés formés pour la première fois sur une durée de quelques jours à au plus 6 mois pour commencer le travail)	Add							
H2.2.D1	<i>Male</i>	Add							
H2.2.D2	<i>Female</i>	Add							
H2.3.D	Number of health care workers who successfully completed an in-service training program (inclut toutes les formations in-service training des autres domaines techniques)	Add	40	37	34	0	0	71	177.5%
H2.3.D1	Pediatric Treatment (ARV) (subset of H2.3.D)	Add							
L41, L42 & L51	Number of individuals trained in Prevention integrated module (PTMTC, Testing & Counseling and STI) according to national in-service training program standards (subset of H2.3.D)	Add							
L43	Number of individuals trained to provide Preventive and/or Support services (including OVC) (subset of H2.3.D)	Add							
L46	Number of individuals trained to provide OVC services according to national and international	Add							

	standards (subset of L43)								
L44, L45 & L52	Number of individuals trained in Care and Treatment integrated module (Clinical care, ART, PwP) according to national in-service training program standards (subset of H2.3.D)	Add							
L47	Number of individual trained to provide management of TB/HIV co-infection according to national and international standards (subset of H2.3.D)	Add							
L48	Number of individuals trained laboratory related activities (Lab technician) (subset of H2.3.D)	Add							
L49	Number of individual trained in Blood Safety (subset of H2.3.D)	Add							
L50	Number of individual trained in Injection Safety (subset of H2.3.D)	Add							
L53	Number of individuals trained to provide preventive interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required (subset of H2.3.D)	Add							
L54	Number of individuals trained to provide preventive interventions that are primarily focused on Condoms and Other Methods of Prevention, and are based on evidence and/or meet the minimum standards required (subset of H2.3.D)	Add							
L55	Number of individuals trained in Leadership and Program Management (subset of H2.3.D)	Add	40	NA	17	0	0	17	42.5%
L58	Number of individuals trained in Strategic Information (includes M&E, Surveillance including Human Ethics, and/or HMIS) (subset of H2.3.D)	Add	40	37	NA	0	0	37	92.5%
L59	Number of individuals trained in Logistics and commodities management (subset of H2.3.D)	Add							
L60	Number of individuals trained in Gender (subset of H2.3.D)	Add	40	NA	17	0	0	17	42.5%

Liste des institutions de formation initiale (Résultats du Trimestre)									
N°	List of health care workers pre-service institution	Number of new health care workers who graduated from a Pre-service training institution				Localisation (Département/Commune/Quartier)	List of community health and Para-social workers pre-service institutions/ Organizations	Number of community health and Para-social workers who successfully completed a Pre-service training program	Localisation (Département/Commune/Quartier)
		Doctors	Nurses	Midwives	Autres				
TOTAL									
1	N/A								

7– Health system strengthening / Strategic Information

Codes	Indicateurs	*Calcul	Targets	Réalizations					
				Q1 Oct-Dec 2012	Q2 Jan-Mar 2013	Q3 Avr-Juin 2013	Q4 Juil-Sept 2013	Total	Taux de réalisation global
7	Strategic Information	Add/Cum	Fiscal Year 2013						
L58	Number of individuals trained in Strategic Information (includes M&E, Surveillance, and/or HMIS)	Add	40	37	0	0	0	37	92.5%
L58A	1) Monitoring & Evaluation	Add	40	37	0	0	0	37	
L58B	2) Surveillance, Human Ethics	Add							
L58C	3) HMIS or Informatics or GIS	Add							
L59	Number of individuals trained in Logistics and commodities management	Add							

Liste des organisations ayant contribué aux résultats du Trimestre				
N°	Liste des organisations	Nombre de personnes formées par organisation	Domaine de la formation	Localisation (Département/Commune/Quartier)
TOTAL				
1	N/A			