

**LMG/Côte d'Ivoire: Program Year 3, Quarter 2 PEPFAR Progress  
Report  
January-March 2014**

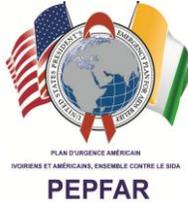
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Leadership, Management and Governance, Côte d'Ivoire  
Management Sciences for Health  
200 Rivers Edge  
Medford, MA 02155  
[www.msh.org](http://www.msh.org)



**Nom de l'Accord de Coopération:** Management Sciences for Health, Leadership, Management and Governance Project (LMG)

**Numéro de l'Accord de Coopération:** AID-OAA-A-11-00015

**Domaines programmatiques couverts par l'Accord de Coopération:**

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

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#### RAPPORT D'ACTIVITES

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**Rédigé par:** Serges ANOH

**Signature:** .....

**Date:** 07/05/2014

**Approuvé par :** Antoine NDIAYE

**Signature:** .....

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## **I – RESUME SYNTHETIQUE DE LA PERIODE**

The following is a summary of the activities carried out January 1 through March 31, 2014, 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 been providing 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 approved LMG/CI workplan developed to support the Global Fund CCM (for the period October 2013 through September 2014), has the following five objectives:

- **Objective 1:** The Country Coordinating Mechanism (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:** Oversight and monitoring and evaluation of grant performance are 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 Principal Recipients' leadership, management, and financial skills strengthened and capacity to implement, monitor, and evaluate programs strengthened.
- **Objective 5:** Leadership, management, and governance skills within selected civil society networks strengthened and capacity to play advocacy role in the Ivorian health system reinforced.

LMG/CI continued to provide capacity building support to the Global Fund CCM and the technical committees (HIV, TB, malaria, and finance). Through these activities, the project has ensured that the CCM meets the necessary Global Fund requirements and that the CCM has enhanced capacity in strategic supervision and in budgetary reviews to facilitate resource mobilization.

During this reporting period (January-March 2014), the following results were achieved under LMG/CI:

- LMG/CI trained 35 CCM members and 18 PR representatives on the Global Fund's new funding model;
- The project conducted after-action reviews with each PR on the Executive Dashboard tool;
- LMG/CI supported 19 CCM technical committee members to conduct three PR supervisory visits, during which they documented each PR's progress on implementation of activities.

In addition, the Leadership, Management and Governance Decentralization Pilot Project in Côte d'Ivoire (LMG/ CIDMP), has been providing technical assistance focused on leadership, management, and governance capacities at the decentralized level, working in the health regions of Indénié-Djuablin and N'Zi-Iffou since October 2013. The two-year goal of the LMG Decentralization Pilot Project in Côte d'Ivoire is to improve health service delivery and health outcomes through health systems strengthening and by creating motivated leaders with strong skills in governance, leadership, and management at the Regional Health Directorates (DR) and the Departmental Health Directorates (DD) to ensure ownership and sustainability of all interventions, including HIV activities at the decentralized level.

On February 4, 2014, USAID/PEPFAR approved the full LMG/CIDMP workplan package for project year 1 (October 2013 – September 2014). The project support to the two regions and their nine districts has three main objectives:

- **Objective 1:** Strengthen governance practices including advocacy, strategic planning, coordination, development of guidelines, and the application of regulations and information within the DDs and DRs
- **Objective 2:** Develop and implement leadership, management, and governance practices for leaders and managers of health in the DRs, DDs and in the private sector
- **Objective 3:** Strengthen the capacity and performance of the DRs and DDs

During this reporting period, LMG/CIDMP supported both the N'Zi-Iffou and Indénié-Djuablin DRs to successfully conduct their annual review meetings with the participation of local political and traditional authorities, DDs, and financial and technical partners. LMG/CIDMP supported both DRs and all nine DDs in the development and validation of annual workplans for 2014. The project also provided tailored supervision training to 56 members of both the regional and departmental senior health leadership teams in N'Zi-Iffou.

## **II – NARRATIF DES RESULTATS ATTEINTS**

### **II.1 LMG/CI: Support to the Global Fund CCM**

In line with the LMG/CI approved workplan to support the Global Fund CCM, the following activities were carried out during the reporting period of January-March, 2014:

**Support to the four CCM technical committees:** The LMG/CI team provided technical and financial assistance to the CCM to ensure that each of the technical committees (HIV, malaria, TB, and finance) held regular committee meetings. During this quarter, four technical committee meetings were held: one with the malaria committee, two with the HIV committee, and one with the TB committee.

***CCM malaria committee:*** This committee faces participation challenges, as only six out of 16 members are regularly participating in the meetings. Also, there are no private sector representatives or observers, and bilateral and multilateral partners are poorly represented on the committee. Despite these challenges, one CCM malaria committee meeting was held this quarter, in addition to two Dashboard training sessions for committee members. A team of four

malaria committee members conducted a five-day site visit during this quarter in the regions of San-Pedro and Soubre.

**CCM tuberculosis (TB) committee:** The TB committee is comprised of 14 members from the public sector and civil society; however, the committee lacks representation from the private sector and an independent observer. One CCM TB committee meeting was held this quarter with a total of five participants, and a three-day site visit was conducted by four committee members in the Agnébi-Tiassa-Me Health Region.

**CCM HIV committee:** The HIV committee is composed of 21 members from the following sectors: six from the public sector, one from the private sector, seven from civil society, four bilateral/multilateral partners, two resource personnel and the CCM Permanent Secretary. The HIV committee has a good level of participation at meetings, with adequate representation from all sectors. Two committee meetings were held during the quarter with 15 participants. A nine-day site visit was conducted by three teams (each comprised of three committee members) in Abidjan, Gbeke, Aries and South Comoé.

**Support for CCM technical committee site visits:** In January 2014, CCM technical committees conducted the following site visits with technical and financial assistance from the LMG/CI project:

- Malaria committee site visit to San Pedro and Soubre: January 19-24, 2014
- TB committee site visit to Tiassale and Abidjan: January 21-23, 2014
- HIV committee site visit to Bouake, Grand Bassam and Aboisso: January 27-31, 2014

Each of the site visits mentioned above enabled the committees to assess the effectiveness of the PR's activities in the field, record challenges encountered, propose solutions and make recommendations to the CCM for better monitoring of activity implementation. All committee members recommended that prior to future site visits the committees inform field partners well in advance of the mission to enable their effective participation.

**Support for the CCM's General Assembly Meeting:** In partnership with the Global Fund, the LMG/CI project team provided technical and financial assistance to the CCM for the organization of the General Assembly (GA) meeting which was held at the CCM headquarters in Abidjan on February 12, 2014. Dr. Djeneba Ouattara, CCM President, led the GA, with 64 CCM members attending from different sectors. The distribution of the participants was as follows: nine public sector, three private sector, 10 civil society, 25 PR representatives, four representatives of key populations, eight bilateral/multilateral partners and observers, three local fund agent (LFA) representatives and the CCM-CI secretariat staff.

The main activities during the GA included the following: the reading and validation of the minutes from the prior GA meeting on September 26, 2013, a presentation by the finance committee, program reviews (malaria, tuberculosis, and HIV), and a discussion of the Global Fund's new funding model.

The finance committee presentation highlighted gaps to be filled and a realization that the planned activities could not be carried out in the remaining eight months of the fiscal year. As of January 30, 2014, only 31% of the budget had been used. Participants recommended that the finance committee

highlight the contributions of different partners at future meetings and identify funding received from other partners, including the government.

The Global Fund portfolio manager for Côte d'Ivoire recommended that activity-based budgets be presented at the next GA in order to facilitate resource mobilization. She also suggested exploring the possibility of employing non-CCM members to write terms of reference for resource mobilization with partners.

**Program review during the CCM's General Assembly Meeting:**

The malaria committee outlined its major activities during the CCM GA on February 12, 2014. The committee reported that it held monthly meetings; conducted site visits to San Pedro and Soubré; and reviewed the malaria PR Dashboards. The committee informed GA participants that it has not yet reached the necessary quorum of participants to fulfill requirements for representation by sector.

The Vice-President of the TB committee presented the committee's activities and achievements, including the following: four committee meetings held, with an average attendance of five people per meeting; supervision carried out with the *Programme National de lutte contre la Tuberculose* (PNLT); two teams conducted site visits in Abidjan (HMA and Anonkoua-Kouté) and Tiassalé; and the committee conducted two Dashboard reviews.

The Interim Vice-President of the HIV committee stressed the support of various partners (such as UNAIDS and USAID/PEPFAR via LMG/CI) which enabled Côte d'Ivoire to sign the Phase 2 HIV grant. He also noted that the technical committees established within the CCM present the opportunity to improve the quality of program activities and provide strategic project monitoring.

Following the GA, the LMG/CI project provided assistance to the technical committees by conducting after-action Dashboard reviews with each of the six selected PRs, to identify capacity building needs in the key financial, management, programmatic areas reported in the Dashboard.

**Training for CCM members and PRs on the Global Fund's new funding model:** LMG/ CI provided ongoing technical and financial assistance to members of the CCM and PRs on the Global Fund's new funding model (NFM) throughout the quarter. On February 24-25, 2014, the LMG/CI team facilitated an intensive training workshop on the NFM at the CCM office, with 53 participants, including members from each of the three CCM disease committees, the secretariat, the financial committee, and representatives from each of the six PRs. The expected outcome of this workshop was to ensure that CCM members and PRs had a thorough comprehension of the proposal development process and to clarify roles and responsibilities within the new CCM structure and in line with the NFM. Since the concept note for malaria will be submitted in June 2014, the LMG/CI team had an additional working session with the malaria PRs in order to develop a detailed budget and work plan for the development of the concept note.

**Continued support to the CCM Secretariat and Permanent Secretary:** In addition to the general NFM training provided by the LMG/CI team, the team held an additional targeted training session with the CCM Secretariat on February 26, 2014, to continue regular capacity building support and enable the Secretariat staff to more effectively carry out their responsibilities under the NFM.

In January 2014, Dr. Ernest Kouame Gnamien was hired and approved by the Global Fund as the new Permanent Secretary of the CCM, and the LMG/CI project began intensive trainings and onboarding orientations as planned. The LMG/CI team provided coaching to the Dr. Gnamien to orient him to his role in line with the Global Fund's NFM and enable him to manage the proposal process under the NFM.

With support from the Global Fund and USAID/PEPFAR, the LMG/CI project purchased new office equipment for the CCM headquarters in Abidjan, including a video projector, air conditioning units, desks, chairs, and tables. With this material support, the CCM staff can work in better conditions with well-equipped offices and air conditioning. The CCM conference room was also furnished, creating a new space for meetings of the GA and various committees. This improvement presents a major cost savings benefit for the CCM as the organization will no longer need to rent hotels for these meetings and workshops.

**Technical Workshop with the Global Fund, PEPFAR and LMG/CI:** The Global Fund, PEPFAR, and the LMG/CI project held a workshop at the CCM headquarters on March 6, 2014 to further clarify the roles and responsibilities of the Global Fund and PEPFAR in support to the CCM. Attendees included the PEPFAR Coordinator, the USAID/ CI Health Director and USAID/PEPFAR HSS Branch Chief, the CCM President, the Global Fund Portfolio Manager, both LMG/CI Director and Deputy Director. The Global Fund Portfolio Manager, Ms. Sonia Flores, called for greater transparency on the interventions of each party in order to avoid overlaps, and requested clarity on the distinctions between activities of the different MSH projects in Côte d'Ivoire. The USAID/PEPFAR HSS Branch Chief explained that PEPFAR focuses on HIV and TB; in addition, the LMG/CI program has received additional funding through PMI to support the National Malaria Control Program (PNLP).

Ms. Flores informed attendees that the Global Fund will communicate the amount of funding available for Côte d'Ivoire on March 10, 2014. The USAID/PEPFAR team said that negotiations are underway to secure approval for a Global Fund Liaison within USAID/PEPFAR and that the USAID/PEPFAR representative to the CCM will soon be confirmed. The CCM President, Dr. Ouattara, expressed appreciation for the support that the LMG/CI project has provided, specifically referencing the NFM training sessions with CCM and PR members and the support provided to the CCM for their self-assessment regarding Global Fund eligibility.

Discussions are ongoing with LMG/CI project stakeholders to determine how to best address the needs of civil society organizations (CSOs) to ensure the full involvement of civil society in the concept note development process.

**Other activities for the reporting period (January-March 2014):**

- Project management: Dr. Adama Traore was recruited as the LMG/CI Technical Advisor for Capacity Building and joined the LMG/CI team on April 1, 2014. Dr. Traore will be seconded to the CCM, providing regular coaching and capacity building support to the CCM Secretariat and four CCM technical committees. The PY3 budget and scope of work with Global Challenge Corporation (GCC) was finalized and the subcontract was sent to USAID/Washington for approval on March 28, 2014.

- CCM technical assistance: LMG/CI held a working session with the CCM Permanent Secretary and the CCM President on January 16, 2014, to review the support provided by the project, review monitoring needs for activities planned for the period of January-March 2014, and identify CCM expectations for the period. The participants agreed on the following activities:
  - Prepare for the CCM General Assembly: The CCM President and Permanent Secretary expressed their desire for LMG/CI's presence at the GA in order to monitor the Dashboard and launch the NFM training;
  - Schedule a one-day refresher training on the Dashboard for the CCM President and Permanent Secretary;
  - Procure, through LMG/CI, selected equipment/supplies for the CCM office and conference room;
  - Plan a training on the NFM procedures for February 24-27, 2014;
  - Provide support for the implementation of pilot project recommendations, involving civil society in the concept notes sent by the Global Fund.

## **II.2 LMG/CIDMP: Decentralization Pilot Project in Côte d'Ivoire**

The paragraphs below describe the results achieved for the period between January and March 2014, in line with the activities outlined in the approved project work plan.

**Regional Annual Review Meetings:** LMG/CIDMP provided technical and financial support to both DRs in planning and implementing annual review meetings. During these meetings, led by the Director General of Health, the DRs presented regional results and status indicator achievements for 2013. LMG/CIDMP staff accompanied the regional teams in facilitating these meetings and identifying priority next steps and recommendations to improve performance in 2014.

***N'Zi-Iffou Annual Review Meeting, February 13-14, 2014:*** Sixty-nine (69) participants from all levels of the regional health structure, the central level of the General Directorate of Health, and local political leaders attended the N'Zi-Iffou DR annual review meeting in Daoukro. Although some specific positive improvements were highlighted at the meeting, it was also clear that systemic challenges in the region remain unaddressed. While the number of technical personnel in the districts increased as several key medical, lab, and nursing positions were filled, for example, the region and DR continue to be understaffed compared to national norms. Vaccine coverage rates for Penta3 and OPV3 exceeded norms; however, all other vaccination rates fail to meet national targets. Despite the opening of seven new PMTCT sites, resulting in an increase in coverage from 31% in 2012 to 39% in 2013, all districts reported high dropout rates for antenatal care visits with an average of 66.7% across all six districts.

***Indénié-Djuablin Annual Review Meeting, March 17-18, 2014:*** LMG/CIDMP provided technical and financial support to the Indénié-Djuablin DR in the planning and implementation of the annual review meeting held on March 17-18, 2014, in Abengourou, and attended by 72 participants from all levels of the regional health structure, the central level of the General Directorate of Health, and local political leaders.

As in N'Zi-Iffou, demonstrated progress in Indénié-Djuablin was limited. The region achieved the national target of 95% coverage rates for BCG and Penta3 vaccinations and improved

contraceptive prevalence rates in its three districts. Human and material resource insufficiencies, however, continue to plague the region and prevent continued performance improvement. The general hospital in Agnibilékrou continues to function without a pediatrician, radiologist, and gynecologist; the general hospital in Bettié has no gynecology, pediatric, or radiology services and no operating room; and regional and departmental staff lack the requisite computers and equipment to fulfill their roles and complete reports.

Overall the results and indicators from the regional annual review meetings reaffirmed the project's situational analysis findings and highlighted the same technical and material support needs identified under the project's mandate. To successfully monitor regional- and district-level improvements following program implementation, LMG/CIDMP's monitoring and evaluation staff worked with regional and departmental health teams to validate key 2013 indicators from the review meetings that will be used for the project baseline.

**Regional workplan development workshops:** During this reporting period, the LMG/CIDMP team provided technical and financial support to the regional health teams to conduct a participatory workshop to develop a regional workplan, integrating components from each district's workplan. The support provided by LMG/CIDMP resulted in a fully developed and validated action plan for each region. Validation workshops with departmental, regional, and central-level health staff were held in N'Zi-Iffou and Indénié-Djuablin on March 13 and March 19-21, 2014, respectively. Regional project staff will regularly monitor the implementation of these validated workplans during quarterly coordination meetings with regional and departmental senior health teams.

**Quarterly regional coordination meetings:** The LMG/CIDMP project has provided technical and financial support to regional teams to hold quarterly coordination meetings with the regional senior health team to evaluate the status of regional-level activities. LMG/CIDMP supported the first coordination meeting of 2014 with the N'Zi-Iffou DR on March 12, 2014. The overall objective of this meeting was to determine priority activities for the next quarter in line with the annual operational plan and regional challenges. The regional health team reported that all five priority activities identified in the previous quarter were launched as planned, including holding a regional and district coordination meeting in November 2013, finalizing the regional annual report for 2013, organizing a campaign for the accelerated reduction of maternal mortality in Africa, planning and implementing a one-week vaccination campaign in November 2013, and organizing World AIDS Day activities for December 7, 2013. The regional health team agreed upon the following priority recommendations for the next quarter:

- Advocate at the central level to allocate additional human resources to address current staffing gaps and for a regional blood bank
- Obtain all necessary documents from the central level for Regional Health Development Plan (PRDS) development activities
- Develop the PRDS with support from the prefects, departmental health teams, and other local stakeholders
- Raise awareness among prefects and local authorities about the annual operational plan and proposed activities and mobilize their support for implementation
- Ensure that regional stakeholders include financial allocations for regional health team activities

LMG/CIDMP will provide management support to the DR teams to implement and conduct follow up on these activities as included in the project's mandate.

**Supervision training sessions with senior regional and departmental health team members:**

LMG/CIDMP conducted supportive supervision training sessions with six trainers from the N'Zi-Iffou region and 50 senior departmental health team members from six DDs. The two training sessions, held March 17-20, and March 24-27, 2014, aimed to strengthen the capacity of N'Zi-Iffou regional- and departmental-level leadership to conduct effective supervision of technical teams, through the introduction and development/adaptation of methods, tools, and specific channels of supervision. Participants developed their own supervision plans during this workshop, which reinforced the techniques they will use moving forward. Supervisory visits in N'Zi-Iffou are scheduled to begin in April 2014.

**Equipment purchases for DR:** Under the LMG/CIDMP approved workplan (detailed in the procurement budget), the project will purchase materials and equipment for the DRs in coordination with other implementing partners to enable effective and efficient operations of the regional health team. During this quarter, LMG/CIDMP purchased equipment for the N'Zi-Iffou DR conference room, which is now fully functional and available to host meetings, trainings, and workshops for the entire region.

**Project baseline assessment:** Throughout the reporting period, the LMG/CIDMP staff collaborated closely with implementing partners EGPAF and SCMS and the USAID/PEPFAR team to determine baseline indicators that will be monitored throughout the life of the project in the two pilot regions. LMG/CIDMP met with implementing partners on January 23, 2014, to launch this discussion and outline draft indicators that were further refined and discussed with the USAID/PEPFAR and CDC teams on March 14, 2014. The outcomes of this collaborative process are the following nine baseline indicators that are pending USAID approval:

1. Rate of live births attended by skilled personnel
2. Coverage rate of 4 ANC visits
3. Contraceptive prevalence rate/usage rate of modern contraceptive methods
4. Proportion of people living with HIV still alive and on treatment, 12 months after initiation of antiretroviral therapy (ARV)/retention rate of people living with HIV on ARVs at 12 months
5. Percentage of infants born to HIV-positive women who received virological or serological HIV testing before the age of 12 months
6. Percentage of HIV-positive TB patients on TB treatment and receiving ARV treatment
7. Proportion of health facilities providing ARVs that experienced a stock-out of ARVs during the month
8. Coverage rate of Penta 3
9. Proportion of pregnant women seen during ANC visits receiving 2 doses of SP (Sulfadoxine-Pyrimethamine)/coverage rate of SP2

The project team has worked with regional monitoring and evaluation staff to collect initial data on these indicators and will continue into the next quarter with validation activities to ensure that baseline data is accurate.

**Project management and coordination with partners:** The LMG/CIDMP team continued regular coordination activities with partners and stakeholders throughout the reporting period to maintain strong working relationships. Even prior to the regional launch of technical activities noted above, the project team presented the project objectives to key stakeholders at the DGS Planning Workshop from January 28 – February 1, 2014, in Agboville. This opportunity allowed LMG/CIDMP staff to raise awareness at the central level of the project objectives and ensure the buy-in of senior stakeholders.

As the project and USAID/PEPFAR begin the planning process for the second year of the project, the teams held two working sessions on the COP 14 and project staff also attended a two-day workshop on the COP 14 planning process with other implementing partners. The team will continue to work with the USAID/PEPFAR team through the end of the project year on ensuring the successful planning for the second year of project activities.

In addition to COP 14 planning, LMG/CIDMP has continued to meet with the USAID/PEPFAR team on a monthly basis to assess project status and progress to ensure the smooth implementation of activities and strengthen the coordination between the two teams.

### **III – DIFFICULTES ET/OU CONTRAINTES DE LA PERIODE**

#### **III.1: Difficultés et/ou Contraintes**

Challenges encountered during the period of January-March 2014 for both the LMG/CI and LMG/CIDMP projects include:

- For the LMG/CI project, it took more time than initially planned to finalize the recruitment of the Senior Technical Advisor to support capacity building activities at the CCM; Due to a shift in the focus of the LMG/CI project's work with the civil society organizations (CSOs), scheduled activities with the CSOs are delayed.
- The LMG/CIDMP annual workplan for program year 1 (PY1) was approved February 4, 2014, providing the project with only nine months to implement the project activities planned for PY1. Activities in N'Zi-Iffou have launched with a steady pace of implementation; however, the project needs to determine strategies to accelerate the implementation of activities in Indénié-Djuablin.
- Another major challenge encountered by the project LMG/CIDMP is the long process for purchasing vehicles with project funds. The per diem rates used by the project also present a major constraint, as they do not align with national partners' expectations, requiring alignment of these rates with those of other projects funded by PEPFAR. MSH's Côte d'Ivoire Country Operations Management Unit (COMU) team is currently developing a proposed solution for all

MSH projects in country to respond to this challenge that will be shared with other PEPFAR partners for discussion.

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

LMG/CI:

- Until the arrival of the Senior Technical Advisor to the CCM, the project continued to provide regular support to the CCM through the combined efforts of local LMG/CI staff and short-term technical assistance missions of home office staff.
- The LMG/CI team is currently defining the project's approach for work with civil society, under the leadership of the Senior Technical Advisor to the CCM. During the next quarter, the project will refine strategies to meet the needs of both civil society organizations and the CCM eligibility requirements under the NFM.

LMG/CIDMP:

- With the arrival of Senior Technical Advisor based in the Indénié-Djuablin DR, the project expects the pace of activity in this region to be swiftly accelerated in the next quarter.
- Although supervision activities in N'Zi-Iffou are scheduled to begin during the month of April, the vehicles needed for supervision visits are not yet available in country. This could potentially lead to a delay in the implementation of activities. To mitigate this potential delay, the project will be renting vehicles to enable district health teams to complete planned supervision (which would incur unbudgeted costs) when coordinating with other PEPFAR projects in the regions (such as SCMS or EGPAF) to use their vehicles is not possible.
- Discussions are ongoing to reach a solution regarding the harmonization of per diem rates with other PEPFAR projects.

### **III.3 : Examen environnemental initial (EEI)**

N/A.

### **IV – BESOINS EN ASSISTANCE TECHNIQUE**

LMG/CIDMP plans to continue collaboration with the USAID/PEPFAR team to finalize the baseline indicators that the project submitted for review on April 2, 2014.

### **V – PERSPECTIVES / Activités clés pour la prochaine période**

#### **V1: Key activities for LMG/CI support to the Global Fund CCM for the next quarter**

With the arrival of the Senior Technical Advisor to the CCM on April 1, 2014, the LMG/CI team will continue to work closely with USAID/PEPFAR and the CCM on the following activities:

**Objective 1: The Country Coordinating Mechanism (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**

**1 Provide additional in-depth trainings to CCM members on the newly-revised Global Fund**

	directives, updated CCM eligibility requirements, the policy on managing conflicts of interest, key revised documents, and the importance of gender in designing and implementing activities
2	Provide trainings and technical assistance to orient and support the CCM and PRs on the Global Fund NFM, including the interim applicant process for the malaria PRs.
3	Continue intensive trainings and onboarding orientations for the new CCM Permanent Secretary on the policies and procedures of the Global Fund
4	Provide regular capacity building support to the CCM secretariat staff and President on the role of the CCM as well as coaching on specific responsibilities, meeting with the CCM leadership both on a regular basis (weekly during the first quarter, and at least bi-weekly thereafter) and on an ad hoc basis upon request from the CCM leadership
5	Provide technical support to the four CCM committees (HIV and AIDS, malaria, tuberculosis, and finance) to develop and finalize detailed annual workplans and budgets
6	Orient and provide regular coaching to technical program managers in fulfilling their supportive roles to the HIV and AIDS, malaria, and tuberculosis committees
<b>Objective 2: Oversight and monitoring and evaluation of grant performance is strengthened by utilizing effective tools</b>	
7	Provide technical and financial support to the three disease committees to hold monthly meetings and for the finance committee to hold quarterly meetings
8	Provide financial support to the CCM to ensure nine programmatic oversight visits in addition to the Global-Fund supported site visits are conducted by the committee focal points to oversee grant implementation
9	Provide technical support to the CCM Secretariat and information technology team to update and maintain the CCM intranet
10	Assist the CCM to organize and conduct a workshop on the Monitoring and Evaluation Systems Strengthening Tool (MESST) for HIV/AIDS, TB and malaria for the sub-recipients
<b>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)</b>	
11	Support the NFM proposal/concept note process for 2014-2015 from concept note development through submission of the proposal, including workplanning, budgeting, and overall technical assistance for the development and revision of the proposal content
<b>Objective 4: CCM and Principal Recipients' leadership, management, and financial skills strengthened and capacity to implement, monitor, and evaluate programs strengthened</b>	
12	In collaboration with the CCM's Dashboard Manager, provide coaching support to the PRs in completing Dashboard updates, through ad hoc training and working sessions with new staff members (particularly for PNPEC and PNLT, as they are currently recruiting new staff)
13	Conduct working sessions with Alliance, PNLT, and Caritas management teams on principles of improved project management (including risk management) with follow-up coaching sessions on a monthly basis
14	Adapt and carry out the first three workshops out of the four in the series of the Leadership Development Program (LDP) with members of the CCM and each of the PRs

**Objective 5: Leadership, management, and governance skills within selected civil society networks strengthened and capacity to play advocacy role in the Ivorian health system reinforced**

- |           |   |
|-----------|---|
| <b>15</b> | Conduct tailored capacity building trainings and working sessions with each of the CSO networks to enhance their advocacy role in the health sector as outlined in their action plans |
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**V2: Key activities for the LMG/CIDMP Decentralization Pilot Project in Côte d'Ivoire for the next quarter**

The LMG/CIDMP team will continue to work closely with USAID/PEPFAR, stakeholders, and partners to implement the following scheduled activities in the next reporting period (April-June 2014):

**Objective 1: Strengthen governance practices including advocacy, strategic planning, coordination, development of guidelines, and the application of regulations and information within the Departmental Health Directorates and Regional Health Directorates**

- |          |   |
|----------|---|
| <b>1</b> | Provide technical and financial assistance to the regional health directorate to hold monthly regional senior health team meetings with the DR team, chief medical officer, regional health center director, and regional councils to discuss management priorities |
| <b>2</b> | Provide technical and financial support to the regional team to hold quarterly coordination meetings with the district health teams to evaluate the status of regional and district-level activities  |

**Objective 2: Develop and implement leadership, management and governance practices for leaders and managers of health in the DRs, DDs, and in the private sector**

- |          |  |
|----------|--|
| <b>3</b> | Collaborate with regional leadership team to establish governing body for the Leadership Development Program, Plus (LDP+) and determine regional health priority that will be the focus of the series of workshops |
| <b>4</b> | Adapt and carry out the first two workshops out of the four in the series of the LDP+ with members of the regional and district health teams in N'Zi-Iffou   |
| <b>5</b> | Conduct supportive supervision training sessions with senior regional and district health team members in Indénié-Djuablin   |
| <b>6</b> | Provide technical and financial support to the senior regional health team to conduct integrated quarterly supportive supervision visits to all districts and referral hospitals                                   |
| <b>7</b> | Provide coaching to regional and district health team members during supervision visits  |

**Objective 3: Strengthen the capacity and performance of the DRs and DDs**

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| <b>8</b>  | Provide technical and financial assistance to the regional health directorates to hold quarterly integrated data validation workshops with the M&E managers from all districts, including data on HIV, malaria, vaccination, reproductive health, and family planning |
| <b>9</b>  | Provide coaching and financial support to departmental directorate staff to conduct data validation site visits at all peripheral health centers  |
| <b>10</b> | Provide financial support to the DR for administrative and maintenance costs that are not included in the regional budget to maintain the functionality of the offices  |
| <b>11</b> | Develop and carry out trainings for regional and district administrative and financial managers on tools and procedures for effective budgeting and integrated financial  |

	management followed by regular coaching
<b>12</b>	Provide technical and financial support to departmental directorate to develop a unified health management information system for all health programs
<b>13</b>	Provide coaching support to departmental directorate staff to monitor commodity management

VI – FICHE RECAPITULATIVE DES FORMATIONS DE LA PERIODE

FICHE RECAPITULATIVE DES FORMATIONS DU TRIMESTRE : 1 <sup>er</sup> janvier 2014 – 31 mars 2014										
N°	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 formes sur l'année fiscale)	Nouveaux (sur l'année fiscale)	Total					
1	Nouveau modèle de financement du Fonds mondial	Leadership et Gestion des programmes	0	53	53	24 février 2014	25 février 2014	16 hours	Siège CCM	CCM secretariat, CCM technical committee , PR
2	Supervision formative	Information Stratégique : Suivi-Evaluation	0	28	28	17 mars 2014	20 mars 2014	32 hours	Dimbokro	Membres des ECR et ECD
3	Supervision formative	Information Stratégique : Suivi-Evaluation	0	28	28	24 mars 2014	27 mars 2014	32 hours	Dimbokro	Membres des ECR et ECD

• 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"> <li>• Gestion financière, Gestion des ressources humaines</li> <li>• Développement de politiques (inclut la démarche qualité)</li> </ul>
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					
2	Human Resources for Health	Add/ Cum	Fiscal Year 2014	Q1 Oct-Dec 2013	Q2 Jan-Mar 2014	Q3 Avr-Juin 2014	Q4 Juil- Sept 2014	Total	Taux de réalisation global
H2.1.D	Number of new health care workers who graduated from a <b>Pre-service training institution</b>	Add							
H2.1.D1	Doctors	Add							
H2.1.D2	Nurses	Add							
H2.1.D3	Midwives	Add							
H2.1.D4	Social Workers	Add							
H2.1.D5	Lab Technicians	Add							
H2.1.D6	Others (Autres diplômés à préciser)	Add							
H2.2.D	Number of community health and Para-social workers who successfully completed a <b>Pre-service training program</b> (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	Male	Add							
H2.2.D2	Female	Add							
H2.3.D	Number of health care workers who successfully completed an <b>in-service training program</b> (inclut toutes les formations in-service training des autres domaines techniques)	Add							

<b>H2.3.D1</b>	Pediatric Treatment (ARV) (subset of H2.3.D)	Add							
<b>L41, L42 &amp; L51</b>	Number of individuals trained in <b>Prevention integrated module</b> (PTMTC, Testing & Counseling and STI) according to national in-service training program standards (subset of H2.3.D)	Add							
<b>L43</b>	Number of individuals trained to provide Preventive and/or Support services (including OVC) (subset of H2.3.D)	Add							
<b>L46</b>	Number of individuals trained to provide OVC services according to national and international standards (subset of L43)	Add							
<b>L44, L45 &amp; L52</b>	Number of individuals trained in <b>Care and Treatment integrated module</b> (Clinical care, ART, PwP) according to national in-service training program standards (subset of H2.3.D)	Add							
<b>L47</b>	Number of individual trained to provide management of TB/HIV co-infection according to national and international standards (subset of H2.3.D)	Add							
<b>L48</b>	Number of individuals trained laboratory related activities ( <b>Lab technician</b> ) (subset of H2.3.D)	Add							
<b>L49</b>	Number of individuals trained in Blood Safety (subset of H2.3.D)	Add							
<b>L50</b>	Number of individuals trained in Injection Safety (subset of H2.3.D)	Add							
<b>L53</b>	Number of individuals trained to provide preventive interventions that are primarily focused on abstinence and/or being faithful,	Add							

	and are based on evidence and/or meet the minimum standards required (subset of H2.3.D)								
<b>L54</b>	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							
<b>L55</b>	Number of individuals trained in Leadership and Program Management (subset of H2.3.D)	Add	<b>64</b>	0	53			<b>53</b>	82,81%
<b>L58</b>	Number of individuals trained in Strategic Information (includes M&E, Surveillance including Human Ethics, and/or HMIS) (subset of H2.3.D)	Add	<b>185</b>	23	56			<b>79</b>	42,7%
<b>L59</b>	Number of individuals trained in Logistics and commodities management (subset of H2.3.D)	Add							
<b>L60</b>	Number of individuals trained in Gender (subset of H2.3.D)	Add							

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					Taux de réalisation global
				Q1 Oct-Dec 2013	Q2 Jan-Mar 2014	Q3 Avr-Juin 2014	Q4 Juil-Sept 2014	Total	
<b>7</b>	<b>Strategic Information</b>	Add/Cum	<b>Fiscal Year 2014</b>						
<b>L58</b>	Number of individuals trained in Strategic Information (includes M&E, Surveillance, and/or HMIS)	Add	<b>185</b>	23	56			<b>79</b>	42,7%
<b>L58A</b>	1) Monitoring & Evaluation	Add	<b>185</b>	23	56			<b>79</b>	42,7%
<b>L58B</b>	2) Surveillance, Human Ethics	Add							
<b>L58C</b>	3) HMIS or Informatics or GIS	Add							

L59	Number of individuals trained in Logistics and commodities management	Add							
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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	Direction Régionale de la Santé et de la lutte contre le SIDA du N'ZI-IFFOU MORONOU	56	Strategic Information (M&E)	Dimbokro