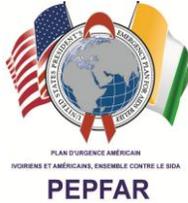


**LMG/Côte d'Ivoire: Program Year 3, Quarter 3 PEPFAR Progress
Report
April-June 2014**

August 13, 2014

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ACRONYMS

AIMAS	l'Agence Ivoirienne de Marketing Social
CCM	Country Coordination Mechanism
COLTMER	Collectif des organisations de lutte contre la tuberculose et les maladies respiratoires
COMU	Country Operations Management Unit
DD	Departmental Health Directorates
DIPE	Information Department of Planning and Evaluation
DPECTS	Direction de la Prise En Charge Thérapeutique du Sida
DR	Regional Health Directorates
ECD	District health management team (Equipe cadre de district)
ERS	Regional health management team (Equipe régional de santé)
GCC	Global Challenge Corporation
ICP	Integrated Country Presence
LDP+	Leadership Development Program Plus
LLIN	Long-Lasting Insecticidal Nets
LMG	Leadership, Management and Governance
MSH	Management Sciences for Health
MSLS	Ministry of Health and the fight against AIDS
NFM	(Global Fund's) New Funding Model
PNLP	Programme National de Lutte contre le Paludisme
PNLT	(Programme National de Lutte contre le Tuberculose
PNPEC	Programme National de Prise en Charge Médicale des personnes Vivant avec le VIH
PR	Principal Recipients
RBM	Roll Back Malaria
SR	Sub-recipient
TRP	Technical Review Panel
USAID	United States Agency for International Development

I – RESUME SYNTHETIQUE DE LA PERIODE

The following is a summary of the activities carried out from April 1 through June 30, 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.

During this reporting period (April-June 2014), the following results were achieved under these objectives:

Objective 1:

- LMG/CI supported the CCM to hold a Dashboard review meeting with each of the following technical committees: HIV, malaria, and TB.

Objective 2:

- The project supported six technical committee meetings with CCM members.
- LMG/CI supported members of the HIV and TB committees to conduct two supervisor visits, during which they documented each PR's progress on the implementation of activities.

Objective 3:

- The project worked with the CCM to develop a detailed timeline to guide the preparation of the malaria concept note for submission to the Global Fund on August 15, 2014.

In addition, 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.

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 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 (April-June 2014), the following results were achieved under LMG/CIDMP:

Objective 1:

- Twenty monthly District health management team (*Equipe cadre de district*, ECD) and Regional health management team (*Equipe régionale de santé*, ERS) meetings were held with technical support from LMG/CIDMP.

Objective 2:

- LMG/CIDMP provided technical and financial assistance to both the Indénié-Djuablin and N'Zi-Iffou Regional Health Directorates (DRs) to conduct their quarterly supervision missions.
- Eight of the nine health districts completed a quarterly supervision mission with technical and financial support of LMG/CIDMP during this period.
- In the Indénié-Djuablin DR, LMG/CIDMP staff trained 15 ERS and ECD members on effective supervision techniques.
- LMG/CIDMP launched a Leadership Development Program Plus (LDP+) with the regional offices, training forty-two officers of the Ministry of Health and the Fight Against AIDS (MSLS) in the two regions (Indénié-Djuablin and N'Zi-Iffou).
- LMG/CIDMP staff trained eleven improvement teams from the DRs and DDs on LDP+ tools and approaches.

Objective 3:

- 100% of the DRs and DDs were equipped with computers provided by the LMG/CIDMP project.

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 April-June, 2014:

Technical support to the CCM for concept note development: In preparation for the malaria concept note, which will be submitted to the Global Fund on August 15, 2014, LMG/CI provided technical support to the CCM to define the process for gap analysis and country dialogue under the New Funding Model (NFM). The LMG/CI CCM Technical Advisor and Deputy Director joined the Global Fund portfolio manager for Côte d'Ivoire and other participants in the country dialogue meeting organized by the CCM on April 15, 2014, in Abidjan. LMG/CI observed effective participation of all health sector stakeholders, including representatives of civil society, government, the main groups affected by the three diseases, and technical partners in the country dialogue, which is one of the requirements for grant applications under the Global Fund's NFM.

Additionally, the project team supported the establishment of the following three committees with clearly defined roles and responsibilities to lead the concept note development process: strategic plan committee, financial analysis committee and programmatic analysis committee. Working in collaboration with the committees, LMG/CI assisted in the development of timelines for key deliverables in order to track progress. On June 11, 2014, LMG/CI joined the committees for concept note development, the Programme National de Lutte contre le Paludisme (PNLP), and other partners in a workshop to identify programmatic and financial gaps in the National Strategic Plan for the fight against malaria, which is now being finalized.

In addition to the assistance provided directly by LMG/CI for concept note development, Global Challenge Corporation (GCC), a subcontractor to LMG/CI, began to provide support to the CCM for the following activities:

- Develop a capacity building plan for CCM members, in line with the CCM eligibility and performance assessment being conducted to assess its eligibility to receive funding under the Global Fund's NFM;
- Support the CCM in satisfying the following eligibility criteria for concept note submission:
 - *Requirement 1:* The documented and transparent process undertaken by the CCM to engage a broad range of stakeholders, including non-CCM members, in country dialogue and the funding request development process, highlighting the efforts made to engage key populations.
 - *Requirement 2:* The documented and transparent process and criteria used to nominate any new or continuing PRs, including documentation of how any potential

conflict of interest that may have affected the PR(s) nomination process was managed.

- Provide support in the facilitation and documentation of country dialogue;
- Conduct an analysis of programmatic and financial gaps in the concept note, in collaboration with technical committees;
- Provide technical contributions for specific sections of the malaria concept note.

During the next quarter, LMG/CI will engage a consultant to support the validation of the results of the CCM eligibility and performance assessment and the online submission of results of the assessment, according to the requirements established by the Global Fund. The project will continue to provide support for concept note development as well as contribute to proposal development, upon acceptance of the concept note by the Global Fund.

Support to the four CCM technical committees: During this quarter, LMG/CI supported two Dashboard review meetings for CCM members and technical committees. Prior to the committee's Dashboard review meetings, the project team provided coaching support to the CCM Permanent Secretary on how to successfully review and analyze the Dashboards submitted by each PR, in preparation for the technical committee review sessions. On May 12, 2014, the PRs receiving funding for the HIV and TB components presented their completed dashboards to CCM members. On May 14, 2014, the two malaria PRs, CARE and the PNLP, presented their Dashboards to the CCM for review.

LMG/CI continued to provide technical and financial support to the three CCM technical committees (HIV, TB, malaria) to hold monthly meetings and for the finance committee to hold quarterly meetings. Seven of the 10 scheduled meetings for the quarter were held, with the meetings scheduled for June cancelled in order to focus on preparing for the malaria concept note submission. The summary of LMG/CI's support to these committees is as follows:

CCM Malaria Committee: This committee continued to face participation challenges during this quarter, just as they did last quarter. Most committee members were absent from meetings despite having received invitation emails from the CCM Secretariat. To address this challenge and increase the motivation of CCM participants to comply with their commitments, the LMG/CI project is planning additional leadership trainings during the next quarter. The expected appointment of three Ministry of Health officials to each of the three CCM committees (HIV, TB, malaria) will also promote the revitalization of these committees. The LMG/CI Senior Technical Advisor with the CCM will train these officials on their specific roles and responsibilities in addition to the leadership and management trainings which will be offered by the project.

Despite participation challenges, two malaria committee meetings were held during the reporting period. During the first meeting on April 22, 2014, the results of the mock Technical Review Panel (TRP) workshop, which was sponsored by Roll Back Malaria (RBM) in Dakar, Senegal from April 7-9, 2014, were discussed. Several members of the CCM's malaria committee participated in this exercise, receiving valuable feedback from peers on the first draft of the malaria concept note.

The second committee meeting, held May 14, 2014, focused on the Dashboard review of the malaria PRs (PNLP and CARE). Review of CARE's Dashboard highlighted several areas of poor performance due to delays in selecting sub-recipients (SRs) responsible for the implementation of key activities. Out of the 10 SRs included in the grant agreement, only six have established contracts with CARE. The CCM malaria committee instructed the PR to accelerate the contracting process for the four remaining SRs. Review of the PNLN Dashboard highlighted limited capacity to transport long-lasting insecticidal nets (LLINs), resulting in stock-outs of LLINs in peripheral health sites. The PR is currently developing a plan to transport LLINs from the central level to the districts and peripheral sites. The second challenge observed while reviewing the PNLN's Dashboard was the unavailability of private sector data due to a lack of data collection tools for private health structures. Only data from public sites are reported by the PR, significantly affecting its performance. The CCM will include strategies to address the challenge of accurate data collection as well as other issues faced by the malaria PRs in the concept note.

CCM tuberculosis (TB) Committee: The CCM's TB committee held two meetings during the quarter. At the meeting on April 9, 2014, TB committee members reported on the ceremony that was held to honor World TB day in Daloa on April 6, 2014. In addition to CCM committee members, the Vice-President of the Collectif des organisations de lutte contre la tuberculose et les maladies respiratoires (COLTMER) was also in attendance at the ceremony.

On May 12, 2014, the President of the CCM led the second CCM TB committee meeting, focused on the review of Dashboards submitted by the Programme National de Lutte contre le Tuberculose (PNLT) and CARITAS. Review of the PNLN's management indicators helped to highlight that there is no safety stock for one of the major antitubercular treatment regimens (rifampicin + isoniazid + pyrazinamide + ethambutol -- RHZE). According to the PNLN, this gap will be filled by the order of RHZE that was placed in December 2013, and is scheduled to be delivered in July 2014, bringing the safety stock to six months. The CCM has encouraged the PNLN to closely monitor this order. Review of the Dashboard completed by CARITAS showed that the PR is facing challenges managing sub-sub-recipients (local NGOs) who believe that the subsidy granted to them by the PR is insufficient for the implementation of planned activities. The CCM TB committee plans to address these concerns during the next site visit.

CCM HIV Committee: This CCM's HIV committee remains the most functional, with regular participation of most committee members at the two committee meetings held during the quarter. During the first meeting, on April 10, 2014, participants focused on the development and adoption of a template to use for the final report of site visits, sharing a draft template with all committee members for their input.

The second committee meeting held May 12, 2014, focused on the Dashboard review for the Alliance, one of the two HIV PRs of the Global Fund grant. The Programme National de Prise en Charge Médicale des personnes Vivant avec le VIH (PNPEC) was unable to submit or present a completed Dashboard to the CCM on this date due to delays in receiving necessary data from the Information Department of Planning and Evaluation (DIPE). Review of Alliance's Dashboard highlighted an issue that the PR is experiencing with l'Agence Ivoirienne

de Marketing Social (AIMAS) a local NGO that is refusing to sign a contract to be considered a SR to Alliance. The CCM has taken steps to find a solution to this problem, knowing that condom distribution is a contractual indicator included in the performance framework of the grant managed by the Alliance, and that AIMAS is responsible for this indicator. In response to the CCM's request, two meetings have been held between Alliance and partners involved in condom distribution in order to find a consensual solution to this problem.

CCM Finance Committee: On May 22, 2014, the CCM's finance committee met to welcome and orient new committee members who have joined during this reporting period. The two new members, both accountants, agreed to join the committee in order to help increase its efficiency. In accordance with CCM rules and regulations, resource persons (non-members of the CCM) may be appointed in order to strengthen committees.

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

- The CCM's malaria committee conducted a site visit in the Poro Tchologo Bagoue (Korhogo) region from June 15-18, 2014. This committee selected this region for the site visit in order to observe the difficulties reported by health service providers in activity implementation and make recommendations to improve the performance of the Global Fund grant.
- Members of the CCM's TB committee conducted site visits in the Gbeke region from June 23-25, 2014 to assess the complete package of services offered to patients at the CAT (Centre Anti Tuberculosis) of Bouake and Katiola. During this mission, the committee examined the local environment for prevention and care services as well as the patient circuit receiving the full package of services available at these sites.

Continued support to the CCM Secretariat, Permanent Secretary and President: In addition to the support provided to each of the technical committees during this reporting period, the LMG/CI project continued to provide regular capacity building support to the CCM secretariat staff and President on their specific roles and responsibilities within the structure of the CCM. Regular ongoing coaching was provided to the Permanent Secretary, Dr. Ernest Kouame Gnamien, who began his role with the CCM in November 2013. Specifically, LMG/CI supported the Permanent Secretary in preparing terms of reference and application materials for the selection of potential PRs and SRs to implement the Global Fund grant under the new funding model. With LMG/CI support, the CCM is developing terms of reference to evaluate the current malaria PRs (PNLP and CARE) who have received funding under the existing Global Fund grant.

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

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

Objective 1: Strengthen governance practices including advocacy, strategic planning, coordination, development of guidelines, and the application of regulations and information within the DRs and DDs

Monthly District Health Team (ECD) and Regional Health team (ERS) meetings: During this quarter, LMG/CIDMP provided technical and financial support to organize 20 monthly meetings within the DRs and DDs supported by the project. Within the Indénié-Djuablin DR, each of the three districts (Abengourou, Bettie, Agnibilekro) organized two monthly ECD meetings, while the Regional Directorate held its first ERS meeting on May 1, 2014. Out of the six districts within the N’Zi-Iffou region, the Dimbokro district held three monthly meetings, the Daoukro, Bongouanou, Bocanda districts each held two monthly meetings, and the M’Bahiakro and Prikro districts each held one monthly meeting. At the regional level, two ERS meetings were held in N’Zi-Iffou on April 24 and May 19, 2014.

Quarterly regional coordination meetings: LMG/CIDMP 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. During this reporting period, quarterly coordination meetings were held in the N’zi Iffou DR on April 24, 2014, and in the DDs of Dimbokro and Bettie on April 10 and on May 20, 2014, respectively.

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

Supervision training sessions with senior regional and departmental health team members: LMG/CIDMP conducted supportive supervision training sessions with three trainers from the Indénié-Djuablin region and 12 senior departmental health team members (for a total of 15 participants) from the Abengourou district from April 6-9, 2014. The objective of this training was to strengthen the capacity of Indénié-Djuablin regional and departmental 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.

Organization of integrated supervision visits: During this quarter, LMG/CIDMP provided technical and financial support for 10 integrated supervision missions. Out of the nine districts supported, each district (with the exception of the Agnibilekro district) conducted supervisions visits as planned. At the regional level, a supervision mission was conducted in N’Zi-Iffou from May 19-31, 2014, and another mission was conducted in Indénié-Djuablin from May 26-30, 2014.

Launch of the Leadership Development Program Plus (LDP+) with DR and DD teams: During this quarter, the LDP+ was launched with DR and DD teams through the following activities: training of trainers on the LDP+ curriculum; senior alignment meeting with the leadership from the central level of the MSLS; completion of the first workshop in the series of LDP+ workshops with 11 local improvement teams; and organization of regular coaching sessions between scheduled LDP+ workshops.

Training of trainers for the LDP+: To guarantee the sustainability and ownership of the LDP+ by regional and district health teams, LMG/CIDMP established and trained a pool of local facilitators to provide ongoing coaching to each of the improvement teams throughout the entire LDP+ cycle. During a training of trainers workshop in Bassam from April 28-30, 2014, LMG/CI trained 12 facilitators (10 men, two women) on the LDP+ tools and methodology. Eight of the 12 facilitators work within the MSLS (at the central, regional and departmental levels), and four are LMG/CIDMP staff members.

Senior alignment meeting: On May 5, 2014, the LMG/CIDMP team hosted a senior alignment meeting with 34 key stakeholders from various directions and structures of the MSLS including the DGS, the General Inspectorate of Health, SASSED, DSCMP, INHP, PNL, DIEM, DPPS, Abidjan DRs, Indénié-Djuablin DR, and the N’Zi-Iffou DR. The following partners also participated: JHPIEGO, PNOEV, EGPAF, SCMS, USAID/PEPFAR and MEASURE Evaluation. The purpose of this meeting was to align and engage key stakeholders at all levels of the health sector around the objectives of the LDP+: create an inspiring shared vision for addressing a priority health area; apply leading and managing practices to improve teamwork and effectiveness; use the Challenge Model process to identify and achieve desired measurable results; and align stakeholders around a common challenge.

LDP+ Workshop 1: From May 7-9, 2014, the first LDP+ workshop was held in Adzopé with improvement teams from the two regions and nine districts supported by LMG/CIDMP. Participants were oriented to the purpose of the LDP+: to build the capacity of local leaders and equip them with the skills and tools necessary to involve them in the overall strengthening of the health system in their respective localities. Each DD was represented by four participants and each DR was represented by two, for a total of 42 participants (including 6 women). During the workshop, 11 improvement teams were established and 42 health workers (including three women) from the ECD and ERS were trained on LDP+ tools.

In this first workshop, the improvement teams identified the priority health area and specific challenge that they will work to address throughout the leadership development process. The LDP+ will also help to monitor and evaluate the nine baseline indicators that will be used throughout the life of the project in the two pilot regions. Initially, the common challenge identified by all improvement teams was the increase in the retention of people receiving ARV treatment. All nine Departmental Directors present at this workshop have made a commitment to implement the LDP+ in their respective localities in order to meet the health challenges faced by each DD.

Coaching meetings: The first two coaching meetings in the LDP+ series were held on May 6 and June 10, 2014, with the 12 coaches who had previously participated in the training of trainers workshop in Bassam. The objectives of these meetings were to orient the coaches to their responsibilities as members of technical coaching teams; train them on effective coaching techniques; and to instill a common understanding of the importance of coaching for the success of the LDP+ process. As a result of these meetings, all 12 coaches have the necessary skills to support the improvement teams in the field as they go through the LDP+ workshop.

Coaching visits for LDP+ improvement teams: Coaching visits for each of the improvement teams involved in the LDP+ process began on June 24, 2014, and will end during the first week of July. A total of five pairs of coaches conducted site visits in the districts and regions supported by LMG/CIDMP to provide support to improvement teams in the development of challenge models and in the practical application of leadership, management and governance practices. (The full results of the coaching visits will be documented in the project's next quarterly report.)

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

Equipment purchases for DR and DD: 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, the LMG/CIDMP project provided computers and printers in order to fulfill the equipment needs of the DRs and DDs supported by the project. LMG/CIDMP also provided office furniture for the health offices in two districts (M'Bahiakro and Bettie) and the N'Zi-Iffou Directorate. In the next quarter, the LMG/CIDMP project will continue to help fulfill the equipment needs for the DRs and DDs supported by the project according to the approved workplan.

Quarterly data validation workshops: During this reporting period, four data validation workshops were organized with the support of LMG/CIDMP and other partners, including PNLP and PNPEC. In the Indénié-Djuablin region, the HIV data validation workshop was held with PNLP support from May 10-14, 2014, in Abengourou, and the malaria data validation workshop was held with PNPEC support from May 28-30, 2014, in Agnibilekro. In the N'Zi-Iffou region, both data validation meetings (for malaria and HIV) were held in Bongouanou during this quarter with the support of the PNLP and LMG/CIDMP from May 14-16 and May 17-19, 2014, respectively. To increase the ownership of the DRs in data validation, LMG/CIDMP is developing terms of reference to guide the DRs in organizing workshops co-funded by relevant partners and stakeholders to validate integrated health data.

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. From April 14-16, 2014, the LMG/CI-CIDMP Project Director conducted a program management trip to the Management Sciences for Health (MSH) Medford office for technical and management sessions with home office support staff. This travel was combined with a trip to the MSH home office in Arlington, as a core participant at the Accelerating Country Presence Conference, hosted by MSH's Integrated Country Presence (ICP) Unit in the Arlington office from March 30 – April 11, 2014. The working conference brought together leaders from MSH's ICP countries and key corporate staff to advance the Country Presence strategy through frank discussions, peer-to-peer learning, and action planning.

During this quarter, two meetings were held between the LMG/CI-CIDMP team and the USAID/PEPFAR Activity Manager to assess the progress of each project and the implementation of activities in this quarter. On May 2, 2014, the LMG/CI-CIDMP Project Director and Deputy Director participated in a coordination meeting with EGPAF and SCMS, the two USAID/PEPFAR implementing partners in the two regions supported by the LMG/CIDMP project. The LMG/CIDMP project was presented to partners and the three projects discussed synergies and opportunities for

collaboration for implementation between USAID/PEPFAR-funded projects, to strengthen both the health services available in the regions as well as the overall health system.

Other activities for the reporting period include:

- LMG/CIDMP provided technical support during a training session for the supervision of health workers within the Indénié-Djuablin DR from April 6-9, 2014;
- The project supported the Direction de la Prise En Charge Thérapeutique du SIDA (DPECTS) to develop a document of management standards, specifically assisting with the leadership and governance components;
- LMG/CIDMP provided technical support during the validation workshops of HIV and malaria data from April 14-19, 2014, in Bongouanou.

III – DIFFICULTES ET/OU CONTRAINTES DE LA PERIODE

III.1: Difficultés et/ou Contraintes

As previously reported, a major challenge encountered by the LMG/CIDMP project during this reporting period is the long process for purchasing vehicles with project funds. Out of the six vehicles ordered for the project, the two that will be used in the Abidjan office are now in country, pending clearances. Due to delays with the shipment and customs clearance, the remaining four vehicles which will be used for supervision visits in each of the DRs supported by LMG/CIDMP have not yet arrived in country, creating challenges for project implementation. MSH's Côte d'Ivoire Country Operations Management Unit (COMU) team is working on clearing the vehicles quickly to respond to this challenge. Please note that LMG/CIDMP is providing vehicles to each of the DRs, while SCMS is providing vehicles to each of the DDs for supervision visits and commodities distribution.

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

To begin supervision activities in N'Zi-Iffou as planned during the month of April, LMG/CIDMP rented vehicles to enable district health teams to complete planned supervision visits (incurring unbudgeted costs). LMG/CIDMP also coordinated with the other USAID/PEPFAR-funded projects in the two regions (SCMS and EGPAF) to use their vehicles when possible to carry out supervision missions. For instance, the LMG/CIDMP project team used the SCMS vehicle based in Abengourou to carry out a 10-day supervision mission in the Dimbokro health district. In late June 2014, LMG/CIDMP was informed that two of the purchased vehicles have now arrived in-country, and the remaining four vehicles are currently being shipped to Ivory Coast from South Africa. The LMG/CIDMP project expects that all six vehicles will be available for use during the next quarter.

III.3 : Examen environnemental initial (EEI)

N/A.

IV – BESOINS EN ASSISTANCE TECHNIQUE

N/A.

V – PERSPECTIVES / Activités clés pour la prochaine période

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

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

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 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 |
| 3 | Provide technical support to the four CCM committees (HIV and AIDS, malaria, tuberculosis, and finance) to develop and finalize detailed annual workplans and budgets |
| 4 | Orient and provide regular coaching to technical program managers in fulfilling their supportive roles to the HIV and AIDS, malaria, and tuberculosis committees |

Objective 2: Oversight and monitoring and evaluation of grant performance is strengthened by utilizing effective tools

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| 5 | Provide technical and financial support to the three disease committees to hold monthly meetings and for the finance committee to hold quarterly meetings |
| 6 | 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 |
| 7 | Provide technical support to the CCM Secretariat and information technology team to update and maintain the CCM intranet |
| 8 | 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 |

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)

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|----------|--|
| 9 | 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 |
|----------|--|

Objective 4: CCM and Principal Recipients' leadership, management, and financial skills

strengthened and capacity to implement, monitor, and evaluate programs strengthened

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|-----------|---|
| 10 | 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) |
| 11 | 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 |
| 12 | 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 |

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 (July-September 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

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|----------|---|
| 1 | 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 |
| 2 | 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

- | | |
|----------|---|
| 3 | 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 |
| 4 | 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 |
| 5 | Provide technical and financial support to the senior regional health team to conduct integrated quarterly supportive supervision visits to all districts and referral hospitals |
| 6 | 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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|-----------|---|
| 7 | 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 |
| 8 | Provide coaching and financial support to departmental directorate staff to conduct data validation site visits at all peripheral health centers |
| 9 | 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 |
| 10 | 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
11	Provide technical and financial support to departmental directorate to develop a unified health management information system for all health programs
12	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 ^{er} avril 2014 – 30 juin 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 formés sur l'année fiscale)	Nouveaux (sur l'année fiscale)	Total					
1	Supervision formative	Information Stratégique : Suivi-Evaluation	0	15	15	6 avril 2014	9 avril 2014	32 heures	Abengourou	Membres des ECR et ECD
2	Formation des coach/encadreurs en LDP+	Leadership et management	0	12	12	28 avril 2014	30 avril 2014	24 heures	Bassam	Agents de santé du MSLS (DR, DD)
3	Formation des équipes d'amélioration en LDP+	Leadership et management	0	42	42	7 mai 2014	9 mai 2014	32 heures	Adzope	Agents de santé du MSLS (DR, DD)

Liste des domaines programmatiques par axe d'intervention

PREVENTION		SOINS et SOUTIEN	TRAITEMENT	RENFORCEMENT DES SYSTEMES
PMTCT	General Population and Youth	Care and Support	Treatment	Laboratory
Blood Safety	Key Population	Food and Nutrition		Human Resources for Health
Injection Safety and Waste Disposal	HIV Testing and Counseling	TB/HIV		Supply chain (Gestion des stocks d'intrants, médicaments et logistiques)
Post-Exposure Prophylaxis	Gender	OVC		Information Stratégique : Suivi-Evaluation ; Surveillance et Ethique ; Informatique-Système d'Information Sanitaire
Positive Health Dignity and Prevention				Leadership et Gestion des programmes <ul style="list-style-type: none"> Gestion financière, Gestion des ressources humaines Développement de politiques (inclut la démarche qualité)

VII - INDICATEURS A RENSEIGNER

3. TREATMENT

3.1 Treatment

code indicateur	Mode de calcul	Libellé Indicateur	TARGETS	Q1: Oct-Dec 2013	Q2: Jan-Mar 2014	Q3: Avr-Jun 2014	Q4: Jul-Sep 2014	TOTAL	% Realisation
3.1		Treatment							
SITE_TX_DSD	Cum	Number of PEPFAR-supported sites: Treatment Direct Service Delivery (DSD)							
SITE_TX_DSD1	Cum	<i>Public service outlets</i>							
SITE_TX_DSD2	Cum	<i>NGO, FBO outlets</i>							
SITE_TX_DSD3	Cum	<i>Private clinics for profit (Cliniques privées)</i>							
SITE_TX_DSD4	Cum	<i>Workplace clinics (Infirmeries d'entreprises)</i>							
SITE_TX_DSD5	Cum	PEPFAR-supported pediatric sites							
TX_NEW	Add	Number of adults and children newly enrolled on antiretroviral therapy (ART) (DSD)							
TX_NEW01	Add	<i>By Age/Sex: <1 Male</i>							
TX_NEW02	Add	<i>By Age/Sex: 1-4 Male</i>							
TX_NEW03	Add	<i>By Age/Sex: 5-9 Male</i>							
TX_NEW04	Add	<i>By Age/Sex: 10-14 Male</i>							
TX_NEW05	Add	<i>By Age/Sex: 15-19 Male</i>							
TX_NEW06	Add	<i>By Age/Sex: 20-24 Male</i>							
TX_NEW07	Add	<i>By Age/Sex: 25-49 Male</i>							
TX_NEW08	Add	<i>By Age/Sex: 50+ Male</i>							
TX_NEW09	Add	<i>By Age/Sex: <1 Female</i>							
TX_NEW10	Add	<i>By Age/Sex: 1-4 Female</i>							
TX_NEW11	Add	<i>By Age/Sex: 5-9 Female</i>							
TX_NEW12	Add	<i>By Age/Sex: 10-14 Female</i>							

code indicateur	Mode de calcul	Libellé Indicateur	TARGETS	Q1: Oct-Dec 2013	Q2: Jan-Mar 2014	Q3: Avr-Jun 2014	Q4: Jul-Sep 2014	TOTAL	% Realisation
TX_NEW13	Add	<i>By Age/Sex: 15-19 Female</i>							
TX_NEW14	Add	<i>By Age/Sex: 20-24 Female</i>							
TX_NEW15	Add	<i>By Age/Sex: 25-49 Female</i>							
TX_NEW16	Add	<i>By Age/Sex: 50+ Female</i>							
TX_NEW_BS	Add	<i>Breastfeeding status</i>							
TX_NEW_PS	Add	<i>Pregnancy status</i>							
TX_CURR_DSD_C	Pct	Percent children with advanced HIV infection receiving antiretroviral therapy (ART) [CURRENT]							
TX_CURR_DSD_D	Pct	Percent women and girls with advanced HIV infection receiving antiretroviral therapy (ART) [CURRENT]							
TX_CURR_DSD	Cum	Number of adults and children receiving antiretroviral therapy (ART) [current] (DSD)							
TX_CURR_DSD1	Cum	<i>Age/Sex: <1 Male</i>							
TX_CURR_DSD2	Cum	<i>Age/Sex: 1-4 Male</i>							
TX_CURR_DSD3	Cum	<i>Age/Sex: 5-14 Male</i>							
TX_CURR_DSD4	Cum	<i>Age/Sex: 15+ Male</i>							
TX_CURR_DSD5	Cum	<i>Age/Sex: <1 Female</i>							
TX_CURR_DSD6	Cum	<i>Age/Sex: 1-4 Female</i>							
TX_CURR_DSD7	Cum	<i>Age/Sex: 5-14 Female</i>							
TX_CURR_DSD8	Cum	<i>Age/Sex: 15+ Female</i>							
TX_RET	Pct	Percent of adults and children known to be alive and on treatment 12 months after initiation of antiretroviral therapy							
TX_RET_A	Add	Numerator: Number of adults and children who are still alive and on treatment at 12 months after initiating ART							
TX_RET_AS1	Add	<i>Age/Sex: 0-4 Male</i>							
TX_RET_AS2	Add	<i>Age/Sex: 5-14 Male</i>							
TX_RET_AS3	Add	<i>Age/Sex: 15+ Male</i>							

code indicateur	Mode de calcul	Libellé Indicateur	TARGETS	Q1: Oct-Dec 2013	Q2: Jan-Mar 2014	Q3: Avr-Jun 2014	Q4: Jul-Sep 2014	TOTAL	% Realisation
TX_RET_AS4	Add	<i>Age/Sex: 0-4 Female</i>							
TX_RET_AS5	Add	<i>Age/Sex: 5-14 Female</i>							
TX_RET_AS6	Add	<i>Age/Sex: 15+ Female</i>							
TX_RET_AP	Add	<i>Pregnancy and breastfeeding status</i>							
TX_RET_B	Add	Denominator: Total number of adults and children who initiated ART in the 12 months prior to the beginning of the reporting period, including those who have died, those who have stopped ART, and those lost to follow-up							
TX_RET_B_AS1	Add	<i>Age/Sex: 0-4 Male</i>							
TX_RET_B_AS2	Add	<i>Age/Sex: 5-14 Male</i>							
TX_RET_B_AS3	Add	<i>Age/Sex: 15+ Male</i>							
TX_RET_B_AS4	Add	<i>Age/Sex: 0-4 Female</i>							
TX_RET_B_AS5	Add	<i>Age/Sex: 5-14 Female</i>							
TX_RET_B_AS6	Add	<i>Age/Sex: 15+ Female</i>							
TX_RET_BP	Add	<i>Pregnancy and breastfeeding status</i>							
TX_SITE	Pct	Percentage of PEPFAR-supported ART sites achieving a 75% ART retention rate							
TX_SITE_A	Cum	Numerator: Number of PEPFAR-supported ART sites with a retention rate of 75% or greater for patients 12 months after ART initiation							
TX_SITE_A1	Cum	<i>By support type: Direct Service Delivery (DSD)</i>							
TX_SITE_B	Cum	Denominator: Total number of PEPFAR-supported ART sites							
TX_SITE_B1	Cum	<i>By support type: Direct Service Delivery (DSD)</i>							
T1_4_D	Cum	Number of adults and children with advanced HIV-infection who ever started on ART							

code indicateur	Mode de calcul	Libellé Indicateur	TARGETS	Q1: Oct-Dec 2013	Q2: Jan-Mar 2014	Q3: Avr-Jun 2014	Q4: Jul-Sep 2014	TOTAL	% Realisation
T1_4_D1	Cum	<i>Male (0-11months)</i>							
T1_4_D2	Cum	<i>Female (0-11 months)</i>							
T1_4_D3	Cum	<i>Male (1-14)</i>							
T1_4_D4	Cum	<i>Female (1-14)</i>							
T1_4_D5	Cum	<i>Male (15+)</i>							
T1_4_D6	Cum	<i>Female (15+)</i>							
T1_4_D7	Cum	<i>Pregnant women</i>							
TX_DIST	Pct	Percentage of Districts that are PEPFAR supported with documented routine supportive supervision visits to 75% of ART sites in District		0%	0%	89%			89%
TX_DIST_A	Cum	Numerator: Number of Districts with documented routine supportive supervision visits to 75% of HIV care and treatment sites supported by the District	3	0	0	8			8
TX_DIST_B	Cum	Denominator: Total number of PEPFAR supported District Health Offices	9	0	0	9			9
L45	Add	Number of health workers trained to deliver ART services, according to national and/or international standards in in-service training program							

4.2 Human Resources for Health

code indicateur	Mode de calcul	Libellé Indicateur	TARGETS	Q1: Oct-Dec 2013	Q2: Jan-Mar 2014	Q3: Avr-Jun 2014	Q4: Jul-Sep 2014	TOTAL	% Realisation
4.2		Human Resources for Health							
H2_2_D	Add	Number of community health and para-social workers who successfully completed a pre-service training program (DSD)							
H2_2_D1	Add	<i>Male</i>							

code indicateur	Mode de calcul	Libellé Indicateur	TARGETS	Q1: Oct-Dec 2013	Q2: Jan-Mar 2014	Q3: Avr-Jun 2014	Q4: Jul-Sep 2014	TOTAL	% Realisation
H2_2_D2	Add	<i>Female</i>							
HRH_PRE	Add	Number of new HCW who graduated from a pre-service training institution or program as a result of PEPFAR-supported strengthening efforts, within the reporting period, by select cadre (DSD)							
HRH_PRE_GR1	Add	<i>By Graduates: Doctors</i>							
HRH_PRE_GR2	Add	<i>By Graduates: Nurses</i>							
HRH_PRE_GR3	Add	<i>By Graduates: Midwives</i>							
HRH_PRE_GR4	Add	<i>By Graduates: Social service workers</i>							
HRH_PRE_GR5	Add	<i>By Graduates: Laboratory professionals</i>							
HRH_PRE_GR6	Add	<i>By Graduates: Other</i>							
HRH_PRE_LR1	Add	<i>By new graduates who are licensed and registered: Doctors</i>							
HRH_PRE_LR2	Add	<i>By new graduates who are licensed and registered: Nurses</i>							
HRH_PRE_LR3	Add	<i>By new graduates who are licensed and registered: Midwives</i>							
HRH_PRE_LR4	Add	<i>By new graduates who are licensed and registered: Social service workers</i>							
HRH_PRE_LR5	Add	<i>By new graduates who are licensed and registered: Laboratorians</i>							
HRH_PRE_LR6	Add	<i>By new graduates who are licensed and registered: Other (where applicable)</i>							
L55	Add	Number of individuals trained in Leadership and Management	64	0	53	44		97	151.56%

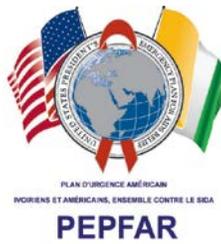
4.3 Strategic Information

code indicateur	Mode de calcul	Libellé Indicateur	TARGETS	Q1: Oct-Dec 2013	Q2: Jan-Mar 2014	Q3: Avr-Jun 2014	Q4: Jul-Sep 2014	TOTAL	% Realisation
4.3		Strategic Information							
L58	Add	Number of individuals trained in Strategic Information (includes M&E, Surveillance including Human Ethics, and/or HMIS)	185	23	56	15		94	50.8%
L58A	Add	<i>Monitoring & Evaluation</i>	95	23	56	15		94	98.95%
L58B	Add	<i>Surveillance, Human Ethics</i>							
L58C	Add	<i>HMIS or Informatics</i>	90	0	0	0			

ANNEX I: LMG/CÔTE D'IVOIRE SUCCESS STORY



USAID
FROM THE AMERICAN PEOPLE



LEADERSHIP, MANAGEMENT & GOVERNANCE PROJECT
Inspired Leadership. Sound Management. Transparent Governance.

SUCCESS STORY

Motivating District Health Teams for Better Results in Dimbokro

Empowering teams to achieve national health priorities at the decentralized level



Photo: Management Sciences for Health

“The LDP+ program revolutionized my service...”

Dr. Goran Gouza Brazza, LDP+ participant and chief of the medicine branch at the General Hospital Center

To meet the challenges identified in Côte d’Ivoire’s 2012-2015 National Strategic Plan for Health, which include poorly motivated district health teams, the USAID-funded Leadership, Management and Governance Decentralization Pilot Project (LMG/CIDMP) was launched in October 2013, to strengthen the leadership, management, and governance capacities of health leaders at the decentralized level.

The Dimbokro district was selected as one of the nine target districts for LMG/CIDMP support due to a lack of health team staff motivation, including their lack of participation in data validation workshops, which resulted in poor data quality and weak results against health targets in the district. To address the obstacles faced in Dimbokro as well as in the other regions and districts supported by LMG/CIDMP, the project team launched the Leadership Development Program Plus (LDP+) in May 2014.

Developed by Management Sciences for Health (MSH), the LDP+ focuses on empowering teams to achieve national health priorities through the enhancement of leadership skills, such as aligning health teams around a shared vision and developing an action plan to attain this vision.

Participants, working in teams over a period of five to eight months, analyze the obstacles that impede progress in their workplace, and use evidence-based best practices to overcome these challenges.

In Dimbokro, the program was led by trained facilitators from the central Ministry of Health, regions, and districts. The facilitators’ message that strong leadership, management, and governance practices will yield improved services clearly resonated with the participants, and complemented the government’s push for a decentralized health system.

Dr. Goran Gouza Brazza, chief of the medicine branch at the General Hospital Center, expressed his enthusiasm after the first LDP+ workshop saying, “The LDP+ program revolutionized my service: there has been a growing awareness among many of my colleagues to improve their performance... We now hold regular internal meetings and fill out health records regularly, improving the timeliness and accuracy of reports.”

The LDP+ program will continue throughout the second year of LMG/CIDMP, but Dr. Gouza Brazza and his team already have a renewed commitment to achieving results and providing quality health services.