

**LMG/National Malaria Control Program Capacity Building  
Project: Program Year 1, Quarter 2 Progress Report  
January-March, 2014**

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August 13, 2014

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## **Leadership, Management and Governance National Malaria Control Program Capacity Building Project (LMG/NMCP)**

**Program Year I, Quarter II Progress Report  
January 1-March 31, 2014**



**Submitted to U.S. Government President's Malaria Initiative  
on April 15, 2014**

This publication was produced by Management Sciences for Health for review by the U.S. Government President's Malaria Initiative (PMI).

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**Cover Photo:** From left to right, Guinea’s CCM President, WHO focal point, Minister of Health, President of the National Assembly, LMG/NMCP Senior Technical Advisor and UNICEF representative participate in the official signing ceremony for the adoption of the National Strategic Plan in Conakry, Guinea on February 14, 2014.

## PROJECT ACTIVITY SUMMARY FORM

<b>Project Name:</b> Leadership, Management and Governance National Malaria Control Program Capacity Building Project
<b>Project Objectives:</b> The two-year goal of the Leadership, Management and Governance National Malaria Control Program Capacity Building Project (LMG/NMCP) is to strengthen the National Malaria Control Programs' capacity as leaders to improve the coordination of national efforts in the fight against malaria. LMG/NMCP will achieve this goal through providing directed technical assistance to the National Malaria Control Programs in the following six confirmed countries identified by the U.S. Government President's Malaria Initiative (PMI): Burundi, Cameroon, Côte d'Ivoire, Guinea, Liberia, and Sierra Leone.
<b>Implementing Partner(s):</b> Management Sciences for Health
<b>Agreement/Contract No:</b> AID-OAA-A-11-00015
<b>Life of Project (start and end dates):</b> October 1, 2013 – September 30, 2015
<b>Reporting Period (start and end dates):</b> January 1, 2014 – March 31, 2014
<b>Total Estimated Contract/Agreement Amount:</b> US\$5,246,331
<b>Obligations to Date:</b> US\$2,794,000
<b>Project Expenditures through December 2013:</b> US\$97,905
<b>Expenditures during Reporting Period:</b> US\$152,267
<b>Accrued Expenditures for the Reporting Period:</b> US\$88,754
<b>Total Expenditures for Reporting Period:</b> US\$241,021
<b>Total Project Expenditures to Date (as of March 31, 2013):</b> US\$338,925
<b>Current pipeline (as of March 31, 2013):</b> US\$3,005,076
<b>Estimated Expenditures for Next Reporting Period:</b> US\$270,000
<b>Report Submitted by:</b> Kristin Cooney, Country Portfolio Director
<b>Report Submission Date:</b> April 15, 2014

The views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

## EXECUTIVE SUMMARY

The Leadership, Management and Governance Project (LMG) is a global five-year Cooperative Agreement awarded by USAID/Washington, designed to strengthen and expand the people-centered capacity building strategy pioneered under the previous Leadership, Management and Sustainability Program. The LMG Project's objective is to support health systems strengthening by addressing the gap in leadership, management, and governance capacity among policy makers, health care providers, and program managers to more effectively implement quality health services at all levels of the health system.

The President's Malaria Initiative (PMI) will provide direct technical assistance to six National Malaria Control Programs (NMCPs) through the Leadership, Management and Governance National Malaria Control Program Capacity Building Project (LMG/NMCP). The two-year goal of the LMG/NMCP Project is to build the capacity of the local NMCPs to effectively implement the national malaria strategies. The LMG/NMCP project will provide direct technical assistance to six target countries – Burundi, Cameroon, Côte d'Ivoire, Guinea, Liberia, and Sierra Leone – with three main objectives towards this overall goal:

- **Objective 1:** National Malaria Control Program human, financial, and material resources effectively managed;
- **Objective 2:** National Malaria Control Program develops and directs policy and norms for the implementation and surveillance of the national malaria control strategy;
- **Objective 3:** National Malaria Control Program mobilizes stakeholders to participate in national malaria control coordination and implementation efforts.

Workplans and activities for the six confirmed target countries are aligned with the three project objectives, and each workplan identifies specific outcomes and outputs under these overarching objectives. Local LMG/NMCP staff launch the development process for country-specific workplans based on the results of an initial rapid organizational capacity assessment conducted with NMCP and stakeholder participation. With the agreement of PMI/Washington, LMG/NMCP will undertake cross-cutting regional activities under the overall scope of the project.

The following is a summary of the activities carried out from January 1 through March 31, 2014. During this reporting period, the LMG/NMCP team built upon the strategic planning and design activities carried out in the previous quarter, launching start-up activities and project implementation throughout the targeted countries based on the currently staggered timelines.

## I. PROJECT PERFORMANCE

The LMG/NMCP team submitted the overview program description including the currently confirmed six countries – Burundi, Cameroon, Côte d’Ivoire, Guinea, Liberia and Sierra Leone – on February 11, 2014, and received official approval from PMI/Washington on February 25, 2014. Included with the LMG/NMCP program description submission was an overall results framework featuring three overarching objectives under which outputs can be adapted to specific country needs. The three LMG/NMCP approved objectives are:

- **Objective 1:** National Malaria Control Program human, financial and material resources effectively managed;
- **Objective 2:** National Malaria Control Program develops and directs policy and norms for the implementation and surveillance of the national malaria control strategy;
- **Objective 3:** National Malaria Control Program mobilizes stakeholders to participate in national malaria control coordination and implementation efforts.

During this reporting period, the Senior Technical Advisor in Guinea finalized the country-specific workplan and continued implementation of capacity building activities while the Senior Technical Advisors in Liberia and Côte d’Ivoire traveled to post to begin their respective assignments, and each launched an organizational capacity assessment within his country’s NMCP. The LMG/NMCP team finalized recruitment for Cameroon and is working to complete the recruitment for the remaining two positions in Burundi and Sierra Leone.

Activity implementation launched in Guinea along with start-up support activities in Côte d’Ivoire and Liberia, where full implementation is pending organizational capacity assessments and workplan finalization. LMG/NMCP will implement project activities in alignment with country-specific workplan packages developed during the next quarter in collaboration with local stakeholders. The LMG/NMCP team will continue to conduct organizational capacity assessments locally once project staff are deployed and develop detailed workplans based on the gaps identified in these assessments.

On March 12, 2014, the LMG/NMCP team received a request from PMI to discuss expanding support to Togo and Niger. This potential expansion is currently under discussion with PMI/Washington.

## II. PROJECT MANAGEMENT

**Table 1: Management priorities addressed during this reporting period**

Management priorities	Status	Comments
Recruitment of local staff	In progress	Recruitment finalized for the Senior Technical Advisor positions in Guinea, Liberia, Côte d'Ivoire, and Cameroon.  Recruitments are ongoing for Burundi and Sierra Leone and will be completed in the next quarter.
Conduct local organizational capacity assessments	In progress	Situational assessment for Guinea completed and validated. The organizational capacity assessments for Liberia and Côte d'Ivoire have been completed and are under discussion with local stakeholders for validation.
Finalize and submit the overall LMG/NMCP program description document	Completed	The LMG/NMCP overall program description including the six confirmed countries – Burundi, Cameroon, Côte d'Ivoire, Guinea, Liberia and Sierra Leone – was submitted by the LMG/NMCP team on February 11, 2014, and officially approved by PMI Washington on February 25, 2014.

**Table 2: Management priorities for next reporting period**

Management priorities for next reporting period	Resources Needed (financial, human, supplies)	Comments
Continue discussions with PMI/ Washington regarding the expansion of current LMG/NMCP activities beyond the currently confirmed six countries and update program documents as necessary	Staff time	On March 12, 2014, the LMG/NMCP team received a request from PMI to discuss expanding support to Togo and Niger.
Finalize country workplans and budget packages for submission to PMI and USAID Missions in the six confirmed countries	Staff time	<p>The LMG/NMCP team is currently awaiting approval from USAID/Guinea on the revised Guinea workplan, submitted on March 30, 2014.</p> <p>LMG/NMCP staff is developing country-specific workplan and budget packages for Côte d'Ivoire and Liberia and will continue to develop each country package as local staff are recruited as well as complete an initial organizational capacity assessment in coordination with the NMCP and local partners.</p>
Complete the recruitment of remaining Senior Technical Advisor positions	Staff time	<p>LMG/NMCP finalized the recruitment of the Cameroon Senior Technical Advisor during the last quarter.</p> <p>Recruitment is ongoing for Burundi and Sierra Leone.</p>
Finalize Memoranda of Understanding with NMCPs	Staff time	The LMG/NMCP team finalized the MOU for activities in Guinea, and is currently finalizing similar agreements for Côte d'Ivoire and Liberia. LMG/NMCP will continue to develop and put in place MOUs with each NMCP as staff come onboard.

<b>Management priorities for next reporting period</b>	<b>Resources Needed</b> <i>(financial, human, supplies)</i>	<b>Comments</b>
Complete all required reports, including the Quarterly Accruals Report and Quarterly Report	Staff time	This is an ongoing requirement.

### III. PROJECT ACTIVITIES

During the past quarter, the LMG/NMCP team held discussions with the project’s PMI contact for regional cross-cutting activities beyond the currently confirmed six target countries. During the next quarter, the LMG/NMCP Senior Technical Advisors will participate in regional activities including Roll Back Malaria Global Fund New Funding Model trainings, capacity building, and knowledge exchange among LMG/NMCP advisors, and the implementation of a Leadership Development Program, with other relevant activities to be identified. The project will submit proposed activities to PMI in the next reporting period and will coordinate with the PMI team for the Roll Back Malaria trainings in April.

Upon arrival in their respective countries, all LMG/NMCP technical advisors have conducted an organizational capacity assessment as part of a long-term strategic planning process while also identifying immediate priority needs for support; staff are going through the project cycle process of assessing, planning, implementing, monitoring, and re-assessing. This process models positive leadership, management and governance behaviors for NMCP counterparts and ensures that LMG/NMCP support is strategically effective in achieving the project’s capacity building goals rather than responding to ad hoc NMCP requests.

To date, LMG/NMCP staff in Guinea, Liberia, and Côte d’Ivoire have completed the participatory organizational capacity assessments with the NMCP staff and local stakeholders. In order to harmonize project monitoring and more successfully measure LMG/NMCP impact, all countries have used the same MSH Organizational Capacity Assessment Tool (OCAT) so that baseline indicators across key health system function areas are consistent. The OCAT serves as a standardized tool to identify organizational strengths and weaknesses in the following function areas: governance, financial planning and management, grants and sub-grant making, human resource and change management, and project management. To collect data, LMG/NMCP staff conducted interviews with NMCP leadership and unit staff members as well as partners in the national malaria control efforts. Results of these initial OCAT evaluations and other completed activities are detailed below by country.

#### **LMG/NMCP – Guinea:**

Upon arrival in Conakry in October 2013, Dr. Youssoufa Lo worked closely with the NMCP and USAID teams to identify immediate priorities for support and conduct an organizational capacity assessment for long-term strategic planning. Throughout this reporting period, the LMG/NMCP team continued close collaboration with USAID/Guinea participating in regular

monthly meetings with USAID to discuss project activities and submitting weekly project updates throughout the quarter.

***Situational analysis and Year 1 workplan:*** As previously reported, LMG/NMCP conducted the organizational capacity assessment in Guinea in October-November 2013. Dr. Lo presented the results of the analysis to the NMCP leadership and partners, including USAID/Guinea, on January 15, 2014. LMG/NMCP-Guinea highlighted the following key organizational challenges as priorities under the corresponding function areas:

- Human resources
  - Inefficient staffing structure and human resource allocation
  - Lack of accurate job descriptions
- Program Management
  - Absence of updated key operational procedure documents and tools
  - Lack of operational plans for program implementation including communication plans and training plans
  - Irregular internal coordination meetings
- External coordination
  - Non-responsiveness to stakeholder priority needs (particularly of the Global Fund Principal Recipient for the malaria grant, Catholic Relief Services [CRS])
  - Irregular coordination with national stakeholders

LMG/NMCP facilitated the validation of the organizational capacity assessment results with the NMCP staff after incorporating feedback from the NMCP's National Coordinator and external partners following the results presentation in January 2014 (see Annex II for full assessment report). By highlighting the major challenges in the coordination of the National Malaria Control Program, the validated NMCP organizational capacity assessment facilitated the development of the annual LMG/Guinea project workplan. Throughout the LMG/Guinea project, the basic principles of leadership, management, and governance will be shared to allow NMCP to reposition itself and meet the major challenges pertaining to management of human resources, planning, coordination, and internal communication.

Following the validation of the organizational capacity assessment results, LMG/NMCP-Guinea continued discussions with the NMCP and national stakeholders to identify specific activities through the end of the first project year (PY1), September 30, 2014. The PY1 workplan takes into consideration both the direct support to address demonstrated needs of the NMCP and strategic capacity building support to ensure sustainable improvements. The following proposed priority activities began in this reporting period and will continue through PY1:

- Provide technical support to the NMCP in drafting and revising the organogram and job descriptions for all staff in line with the National Malaria Control Strategic Plan 2013-2017 and HR assessment results from the LMG

organizational capacity assessment and the Stop Palu HR assessment planned in the next quarter

- Provide coaching support for unit leaders to institutionalize and facilitate weekly meetings with unit staff, ensuring that progress on priority activities is monitored on a regular basis
- Provide technical support to NMCP staff to finalize the 2013-2017 National Malaria Control Strategy through participatory working sessions with key stakeholders and partners
- Provide technical support to ensure that NMCP staff participate throughout the concept note development process for the Global Fund New Funding Mechanism application through strengthened communication and coordination with the Country Coordinating Mechanism

The project submitted the PY1 workplan for LMG/NMCP-Guinea to USAID/Guinea on March 1, 2014. The LMG/NMCP team received Mission feedback on the workplan on March 28, 2014, and submitted a revised workplan on March 30, 2014. Mission priorities at this time are focused on the current Ebola outbreak and the LMG/NMCP team is awaiting USAID/Guinea approval before submission to PMI/Washington for final approval.

***Coordination with Catholic Relief Services and other partners:*** CRS is currently the Principal Recipient for the Round 10 Global Fund malaria grant, which has been consolidated with the second phase of the Round 6 grant previously under NMCP management. While CRS is the Principal Recipient, close collaboration with the NMCP as a national stakeholder is necessary for the success of the Global Fund grants within the national strategy.

On March 6, 2014, the LMG/Guinea Senior Technical Advisor met with the CRS Resident Representative, Director of Malaria Projects, and the Malaria Specialist at the CRS office to present LMG/NMCP-Guinea's priority activities and discuss strategies for strengthening collaboration between the projects. An agreement on each party's responsibilities will be crucial for the collaborative management of the consolidated grant and to achieve project and partnership objectives. In the next quarter, the LMG/NMCP-Guinea project will continue to reinforce the NMCP's capacity to collaborate with partners and meet regularly to coordinate efforts with Stop Palu and USAID's Systems for Improved Access to Pharmaceuticals and Services (SIAPS) project.

***Coordination of NMCP activities:*** During this reporting period, Dr. Lo helped the NMCP to finalize the following documents: the National Strategic Plan (NSP) for 2013-2017, the NMCP Monitoring and Evaluation Plan, the National Policy Documents for the Fight Against Malaria, and the memorandum for the NSP review. On February 14, 2014, the NSP was officially signed and validated by the President of the National Assembly, the Guinea Minister of Health, and strategic partners. This document serves as an important reference for the development of the Global Fund malaria concept note. After the NSP

was signed, Dr. Lo accompanied the NMCP to a UNICEF-led partners meeting with WHO and USAID to discuss the financing of the 2013-2017 NSP. During this meeting, partners brought forth the issue of the state's contribution and discussed the need for a strong advocacy strategy in order to mobilize the substantial resources demanded by the NSP. In the next quarter, Dr. Lo will assist the NMCP to facilitate the wide dissemination of normative documents and develop the NMCP's annual workplan in line with the NSP.

To revitalize the NMCP's coordination structure, in early February 2014 the NMCP began organizing internal weekly meetings held every Monday under the leadership of the National Coordinator. These regular meetings are an ideal platform for coordinating activities across units as each week the technical advisors of each working group must present their unit's workplan and share a summary of completed activities.

The NMCP is currently revising the terms of reference for each NMCP working group in collaboration with the unit leaders in order to strengthening overall NMCP coordination. During the next quarter, the NMCP will facilitate the finalization and validation of the terms of reference of each of the working groups.

**Global Fund concept note development:** With the support of LMG/NMCP-Guinea, the technical group created in December 2013 to oversee the development of the Global Fund concept note has strengthened its organizational structure by finalizing the development roadmap and setting up a task force and five thematic working groups to lead the concept note process. In line with the roadmap, the task force has held several working sessions focused on the technical aspects of the concept note, and participated in the CCM General Assembly as well as three CCM meetings organized during the visit of the Global Fund Portfolio team. This group also conducted advocacy, resource mobilization activities, and the systematic sharing of all required documents in preparation for the first concept note development workshop held in Kindia on March 19-23, 2014. The results of that workshop are as follows:

- First draft of the concept note now available;
- Analysis of programmatic and financial gaps completed;
- Budget for concept note development available;
- Recruitment of local consultant for concept note support completed.

The next steps in the concept note development are as follows:

- Attend Technical Review Panel (TRP) simulation in Dakar, Senegal, from April 7-9, 2014;
- Share Draft 0 concept note with the CCM for feedback after the TRP workshop;
- Finalize the concept note, considering the recommendations of the TRP and CCM;

- Submit the final version of the concept note to the Global Fund Portfolio Manager by May 15, 2015.

### **LMG/NMCP – Liberia:**

Senior Technical Advisor Kwabena Larbi began work with the LMG/Liberia project on January 15, 2014. Upon arrival in Monrovia, Mr. Larbi began working closely with the NMCP and USAID teams to identify immediate priorities for support and conduct an organizational capacity assessment for long-term strategic planning.

***Situational analysis:*** The LMG/NMCP staff conducted a baseline organizational capacity assessment of the NMCP during the period between February and March 2014. The NMCP assessment report, including recommendations, is under discussion with the NMCP and other implementing partners for validation. The initial results of the analysis highlighted the following three challenges:

- Inefficient human resources management and structuring in light of a system-wide government HR reform
- Weak monitoring and evaluation systems and data collection, analysis and utilization
- Irregular stakeholder engagement and coordination with partners

LMG/NMCP staff is collaborating with partners during assessment validation discussions to identify specific project activities; a full work-plan and budget package will be submitted to PMI for approval in April 2014.

***Coordination with Plan International:*** Plan International is currently the Principal Recipient for the Round 10 Global Fund malaria grant, which has been consolidated with the second phase of the Round 7 grant previously under the United Nations Development Programme (UNDP) management. While Plan International is the Principal Recipient for the mass long-lasting insecticide-treated nets (LLIN) distribution campaign of the Global Fund grant, close collaboration with the NMCP and the Ministry of Health and Social Welfare (MOHSW) and county health teams is necessary for the success of the Global Fund grants within the national strategy. In order to reinforce the collaboration between Plan International and NMCP and key stakeholders, the LMG/NMCP-Liberia project facilitated the development of time-bound road map for the LLIN mass distribution campaign. This timeline is crucial to review budgeting and reporting requirements for both the NMCP and Plan International.

***Malaria Program Review:*** As part of the preparation for the concept note development under the Global Fund's New Funding Model and with technical and financial support from WHO, the NMCP conducted a review of progress towards achieving the 2009-2014 Malaria Control Strategic Plan. The successes, gaps, and recommendations were synthesized into a memorandum and the commitment of key partners was secured during the signing ceremony with the Minister of Health and Social Welfare, the head of

USAID/Liberia, WHO Country Representative, and Chief of Party of Plan International. The LMG/NMCP-Liberia project staff actively provided technical support throughout this activity.

**Coordination with partners (PMI, Global Fund, and NMCP):** LMG/NMCP staff supported the NMCP to address outstanding conditions precedent that have delayed signature of the phase two proposal, and key issues have now been resolved for the imminent signing of the grant. The issue of NMCP staffing (including numbers, roles, capacity, and gaps) was one major condition precedent preventing the signature of the grant. Working closely with NMCP, PMI, and MOHSW partners, the project negotiated with the Global Fund Portfolio Manager to request an extension of the deadline by three months. This extension will enable a comprehensive staff rationalization exercise be conducted in the context of the ongoing MOHSW and Civil Service Agency human resource reforms. Meanwhile, working closely with NMCP management and partner project Rebuilding Basic Health Services (RBHS), LMG/NMCP-Liberia facilitated the drafting of a new staffing structure/organogram for the NMCP. Additionally, the LMG/Liberia project assisted with drafting roles and responsibilities of the NMCP as a unit and for individual staff for further consultation with the MOHSW. The expected outcome of this exercise is the emergence of a leaner, more efficient, and professional NMCP.

Mr. Larbi has actively participated in the monthly teleconferences with PMI and Global Fund to streamline and coordinate support to NMCP. LMG/NMCP-Liberia staff also actively participate in weekly NMCP and PMI meetings to review progress and plan for subsequent week's activities. LMG/NMCP-Liberia staff also provided technical support to the NMCP to prepare, submit, and validate performance updates and request for funding (PUDR) to the Global Fund.

#### **LMG/NMCP – Côte d'Ivoire:**

Dr. Pépin Miyigbena, Senior Technical Advisor with the LMG/NMCP-Côte d'Ivoire project, began work with the project on January 15, 2014. LMG has already established local operations in Côte d'Ivoire and has recruited a full support team for other LMG activities in the country who will provide management and administrative support for the LMG/NMCP-Côte d'Ivoire activities as well.

**Organizational Capacity Assessment:** Using the adapted version of the OCAT, Dr. Miyigbena conducted a thorough analysis of the NMCP in the following nine institutional areas: governance; organizational planning and resource mobilization; financial and administrative management; grant management and planning; human resource management; project management; advocacy and networking; communication, information, and records management and institutional strengthening. The LMG/NMCP team is currently finalizing the tool analysis and the draft report which highlights strengths and weaknesses of the NMCP. The project will share results in the next reporting period.

As a result of this analysis, the NMCP conducted an internal review of their program indicators, re-evaluating the indicators' relevance, definition, sources, and methods of data collection. Dr. Miyigbena worked closely with the NMCP monitoring and evaluation (M&E) staff to review the program's M&E plan performance framework, identifying four major deficiencies: lack of understanding of indicators; poor definition of indicators; poor wording of indicators; and disagreement between strategies for activity implementation and methods of data collection with contractual indicators (see success story in Annex I). The LMG/ NMCP project has provided coaching to improve the data collection process moving forward.

The results of the organizational capacity assessment will help support the development of the LMG/NCMP workplan for Côte d'Ivoire in the next quarter within the overall LMG/NMCP mandate and strategic objectives.

**Coordination of NMCP activities:** To better understand the mission, vision, goals, and objectives of the NMCP, the Senior Technical Advisor for the project led an exercise with NMCP staff to review the following documents: the NSP, M&E plan, data management plan, administrative and financial management procedures manual, and various investigative studies and reports. It is clear from this review that the NMCP's strategies are not in line with the contractual targets set by the Global Fund.

During this quarter, the LMG/NMCP team assisted the NMCP in presenting the following to the CCM: the NMCP's Dashboard, strategic framework, and results following CCM supervision visits. The LMG/NMCP team also participated in a meeting between the Global Fund management team and the CCM to review the CCM's workplan and evaluate the CCM's eligibility to receive funding under the Global Fund's New Funding Model.

**NMCP Mass Distribution Campaign:** During this quarter, the LMG/NMCP Senior technical advisor provided support to the NMCP in the development of implementation strategies in line with the PSN and PMI strategies. Two activities were proposed to maximize the results of the 2014 LLIN mass distribution campaign: quality control of census data to determine the accurate count of household members and facilitate universal access to LLINs; and support of post- campaign household installation of LLINs. In addition to regular weekly NMCP meetings, Dr. Miyigbena participated in a working session with UNICEF to review campaign implementation activities. LMG/NMCP staff also provided support and input during an internal evaluation exercise at CARE International to investigate the shortcomings of each of CARE's programs and brainstorm areas for collaboration to ensure the success of the LLIN mass distribution campaign.

**Concept Note Development:** The LMG/NMCP project assisted the NMCP in the development of a workplan and detailed calendar for review of the National Strategic Plan for 2012-2015 and a roadmap for concept note development. During this quarter,

Dr. Miyigbena participated in several conference calls with the Global Fund Portfolio Manager for Côte d'Ivoire to monitor the level of implementation of the NSP review and concept note development activities.

The LMG/NMCP project also supported the NMCP team with the review and documentation of conditions precedents when submitting the Progress Update Disbursement Report (PUDR). The Senior Technical Advisor co-facilitated a training session for members of the CCM and each of the Principal Recipients (including the NMCP) on the Global Fund's New Funding Model from February 24-25, 2014. After this training, the LMG/NMCP team worked closely with the NMCP to prepare the draft concept note, which is being presented at the mock TRP workshop on April 7-9, 2014, in Dakar, Senegal.

***Coordination with USAID/PEPFAR:*** In response to a request from the Director of USAID/Health in Côte d'Ivoire, an introductory meeting with Dr. Pépin Miyigbena, LMG/NMCP Senior Technical Advisor, was held at the USAID headquarters on February 27, 2014. On a quarterly basis, the LMG/NMCP team will meet with USAID/PEPFAR to provide an update on capacity building activities with the NMCP and facilitate monitoring of the impact of the project's technical assistance. During this quarter, the LMG/NMCP Senior Technical Advisor has also helped USAID/PEPFAR to update and disseminate strategic information pertaining to activities in the fight against malaria to enable rapid decision-making.

**LMG/NMCP – Cameroon:**

The LMG/NMCP team finalized the recruitment of Dr. Maurice N'Djore for the Senior Technical Advisor position in Cameroon during this reporting period, and he will begin work with the project on April 16, 2014.

**LMG/NMCP – Burundi and Sierra Leone:**

Recruitment for the Burundi and Sierra Leone Senior Technical Advisors is ongoing. For Burundi, the LMG/NMCP project recommended a candidate to the USAID mission; however, the mission did not approve the candidate. The project has re-launched the recruitment process for this position. The LMG/NMCP project is currently interviewing candidates for the Sierra Leone position and will also finalize this recruitment in the next quarter, after sharing shortlisted candidates with the mission for final interviews and feedback. It should be noted that the point of contact for USAID in Sierra Leone is actually the health team leader in Guinea.

#### IV. QUARTERLY TRAVEL PLAN

Traveler	Itinerary	Dates	Purpose
Maurice N'Djore	Abidjan-Yaoundé	o/a April 16, 2014	Travel to post to begin role as Senior Technical Advisor in Cameroon
TBD Senior Technical Advisor	TBD - Bujumbura	TBD May 2014	Travel to post to begin role as Senior Technical Advisor in Burundi
TBD Senior Technical Advisor	TBD - Freetown	TBD May 2014	Travel to post to begin role as Senior Technical Advisor in Sierra Leone

**ANNEX I: LMG/NMCP – CÔTE D'IVOIRE SUCCESS STORY**



# SUCCESS STORY

## Improving Performance at the National Malaria Control Program

**Pinpointing weaknesses in data collection helped the National Malaria Control Program in Côte d'Ivoire improve its performance.**



Photo: courtesy of MSH.

*Dr. Antoine Méa Tanoh, Program Director of the National Malaria Control Program in Côte d'Ivoire.*

***“It is thanks to your support that we have achieved these results... the team can now advance our work against malaria together.”***

*-- Dr. Antoine Méa Tanoh,  
Program Director,  
National Malaria Control Program,  
Côte d'Ivoire*

Malaria is endemic in Côte d'Ivoire, where more than 60,000 children under age five die from malaria-related deaths each year. The Côte d'Ivoire National Malaria Control Program (NMCP) is leading the fight against the disease, with major funding from The Global Fund to Fight AIDS, Tuberculosis and Malaria, but it has struggled to achieve satisfactory performance ratings from the Global Fund, hindering its ability to receive additional funding to compensate health workers, which has demotivated program staff.

The Global Fund's performance-based funding provides incentives for grantees to improve program execution and focus on service delivery results. In Côte d'Ivoire, the NMCP was striving to achieve a “B1” rating – “adequate” – but consistently received B2 rankings over a four-year period, indicating inadequate performance but a demonstrated potential to improve. To address this issue, the NMCP began working with the USAID-funded Leadership, Management and Governance (LMG) Project, implemented by Management Sciences for Health.

LMG/NMCP-Côte d'Ivoire worked with the NMCP to pinpoint their weaknesses. By reviewing the monitoring and evaluation plan for each program indicator, the team identified key areas that, if strengthened, could improve the grant rating. An urgent action plan was implemented to address these performance gaps, with the Malaria Control team reaching out to health facilities that were behind in data collection to get unreported past data and current data that would let them recalculate indicators to reflect a more realistic – and higher – level of performance.

Following these efforts, the project simulated a performance review in accordance with Global Fund protocol, and determined that the performance level would indeed be rated as a B1. When the Global Fund's Local Funding Agent reviewed the newly-submitted grant report, it too anticipated this improved quality to result in a B1 rating.

While the NMCP awaits official ratings from the Global Fund in the coming months, the team is already relieved to see substantial improvement under LMG/NMCP-Côte d'Ivoire support. In a letter to the LMG technical advisor, the National Malaria Control Program Director, Dr. Antoine Méa Tanoh, wrote, “It is thanks to your support that we have achieved these results... It was a dream but now it is real, and the team can now advance our work against malaria together.”

**ANNEX II: LMG/NMCP – GUINEA ASSESSMENT REPORT**



# FINAL REPORT

## Situational analysis of the Operation of the National Program for Malaria Control in Guinea

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## Abbreviations

BID	Banque Islamique de Développement
DNPL	Direction Nationale de la Pharmacie et des Laboratoires [National directorate of pharmacies and laboratory]
MSH	Management Sciences for Health
LMG	Leadership, Management and Governance Project
MSHP	Ministère de la Santé et de l'Hygiène Publique [Ministry of Health]
WHO	World Health Organization
NGO	Non-governmental organization
PNLP	Programme national de lutte contre le paludisme [National program for malaria control]
FMSTP	Global Fund to fight AIDS, TN and Malaria
PMI	President's Malaria Initiative
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
CRS	Catholic Relief Services
CCM	National Committee for Global Fund Coordination
IEC/CCC	Information, education and communication/Behavior Change Communication
IPT	Intermittent Preventive Treatment
EPI	Expanded Program on Immunization
PHC	Primary Health Care
CMC	Municipal Health Centers
DPS	Prefectural Health Directorate
DRS	Regional Health Directorate
CPS	Children's seasonal malaria chemoprevention
SIAPS	Systems for Improved Access to Pharmaceuticals and Services
EDS	Demographic Health Survey
PCG	Pharmacie centrale de Guinée [National Central Pharmacy]
ACT	Artemisinin Combination Therapy
RDT	Rapid Diagnosis Test
RBM	Roll Back Malaria

## I. Context and Justification

### *i. Epidemiological situation and analysis justification*

In Guinea, malaria is a stable endemic with INGO seasonal recrudescence (6 to 8 months), with 100 to 400 infecting bites per person and per year. Morbidity is more significant in the rainy season (approximately 80% cases of fever among children). *Plasmodium falciparum* is the principal species of plasmodium found (92% EDS/MICS-IV 2012).

According to the 2011 Health Yearbook of MSHP (Ministère de la Santé and de l'Hygiène Publique/ Ministry of Health) in Guinea malaria represent, at all age levels, the primary cause of morbidity at healthcare facilities, that is, 1,189,016 recorded cases with an incidence of 109 per thousand. Among children under 5 years of age, the incidence rate is 223 per thousand with 404,960 cases, or 34% of recorded cases.

Within this context, the country has received between 2002 and 2012 three subsidies from the Global Fund (rounds 2, 6 and 10), the support of the *President's Malaria Initiative* (PMI) starting in November 2011 and the technical and financial assistance of other partners such as Banque Islamique de Développement (BID), World Health Organization (WHO) and UNICEF for the implementation of the national strategic plan. All these interventions require proper coordination and ongoing communication with all participating partners.

Coordination, management of human resources and planning, which have been mentioned as weak links in the management of the fight against malaria, now constitute real challenges in achieving the objectives assigned to the National Program for Malaria Control (PNLP). To help PNLN face all these challenges, the Leadership, Management and Governance in Guinea project (LMG/Guinea), financed by USAID/PMI and led by Management Sciences for Health (MSH), was put in place. This project will contribute to improving service quality at all levels by focusing, on the one hand, on coordination, planning, followup and sharing of strategic information and, on the other hand, on capacity building for the managers and providers of leadership, management and governance services. Its implementation requires reliable basic information on the overall management of PNLN and national malaria control strategies; this analysis, carried out in the period from October 30 to November 30, 2013 falls within this framework.

### *ii. Organization of the national health system*

Guinea's health policy is based on Primary Health Care launched in 1987. Since 2001, the country has adopted a National Health Development Plan which covers the period from 2003 to 2012. The vision of the government's healthcare policy is a society in which all persons living in Guinea are in good health. This vision involves several prerequisites, such as:

- universal access to quality care,
- greater involvement of the population in managing their health problems,
- availability of trained, motivated and valued healthcare personnel,

- adequate provisioning of healthcare facilities with quality supplies,
- consistent funding of the sector,
- an appropriate work environment and a healthcare system geared to meeting the needs of the communities and supported by a close collaboration at all levels.

*iii. Description of the healthcare pyramid*

The healthcare system in Guinea has a pyramidal structure in three levels:

- *Central level* which includes the cabinet of the Minister of Health (Secretary General, councillors, chief of staff, support services), National Directorates (Prevention and community health, Hospital and Healthcare Facilities, Family Health and Nutrition, Pharmacy and Laboratories and Public Health) and related services.
- Intermediate level comprised of eight Regional Health Directorates covering from 3 to 6 healthcare districts.
- *Peripheral level* comprised of 38 Health Prefectural/ Municipal Directorates (DPS/DCS) in the prefectures and municipalities of the city of Conakry (equivalent to the WHO healthcare district).

The supply of healthcare is ensured by the public and private subsectors.

- Public healthcare structures consist of 604 Health units (PS), 412 Health centers (CS), 6 municipal medical centers (CMC), 26 Prefectural hospitals, 7 Regional hospitals, 3 National hospitals (Donka, Ignace Deen, Kipé).
- The private sector, which includes private for profit hospitals, nursing care offices, midwives, medical consultations, clinics and pharmaceutical facilities (dispensaries, points of sale, promotion agencies and wholesale distributors). The private, community and religious sector represents a very important part of the supply of healthcare, particularly in cities.

The informal sector (illegal sale of medicines, clandestine clinics, clandestine itinerant providers, etc.) is developing rapidly and in an uncontrollable fashion.

*iv. PNLN's mission*

The mission of PNLN is the implementation of the Guinean Government's policy on malaria control. Within this framework it is in charge of:

- Promoting the national policy on malaria control founded on the Roll Back Malaria (RBM) worldwide initiative;
- Formulating and coordinating the implementation of the national strategic plan to reduce morbidity and mortality due to malaria;
- Developing and following the implementation of annual plans for the reduction of morbidity and mortality due to malaria;
- Promoting national awareness on the extent of malaria (morbidity, mortality, socio-economic impact) and the need to reduce it;

- Developing, promoting and following the execution of the Communication Program for Behavior Change (CCC) within the scope of malaria control;
- Promoting community participation and intra and inter sectorial collaboration in malaria control through promotion of the use of insecticide-treated mosquito nets, basic sanitation and at-home management of cases;
- Planning and implementing monitoring and evaluation of control activities; creating a statistical database on malaria;
- Promoting integration of malaria control activities at the SSP through personnel training, dissemination of pertinent information and supervision of activities;
- Promoting training and research in the area of malaria control;
- Participating in the mobilization of human, material and financial resources necessary for the execution of the Program.

v. *Areas of intervention:*

To achieve the objectives we have set, the following efforts were maintained in PNLP 2013-2017 National Strategic Plan:

- Anti-vectorial control,
- Prevention of malaria among pregnant women,
- Prevention of malaria among children: IPT for infants and CPS,
- Management of cases of malaria,
- Management of emergency situations and malaria epidemics,
- Advocacy, information, education, communication and social mobilization,
- Epidemiological surveillance, monitoring-evaluation and operational research,
- Building of management, coordination and partnership capacities within PNLP.

vi. *PNLP's human resources and structures*

PNLP consists of five coordination units and an accounting service; the whole directed by a National Coordinator assisted by an Adjunct National Coordinator who works with a team of technicians consisting of doctors, pharmacists, biologists, public health technicians, laboratory technicians and an accountant.

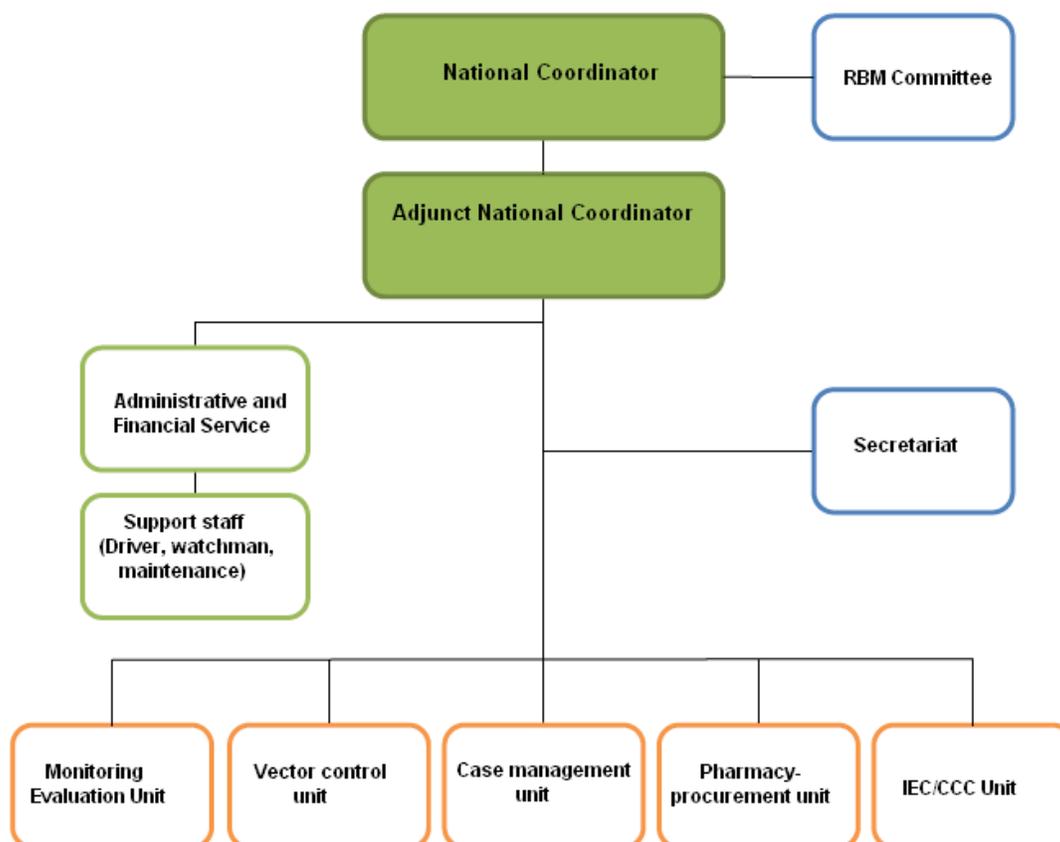
The composition and la mission of units and services are described in the table below:

<b>Management units</b>	<b>Persons in charge</b>	<b>Unit mission</b>	<b>persons in service</b>
<b>Administration</b>	<ul style="list-style-type: none"> <li>- National coordinator</li> <li>- Adjunct coordinator</li> </ul>	<i>Implementing the national policy on malaria control; Coordinating all technical, administrative and financial activities of the Program</i>	<b>2</b>
<b>Monitoring Evaluation, Epidemiology, Research Unit</b>	<ul style="list-style-type: none"> <li>- Unit chief</li> <li>- Data manager (under contract)</li> <li>- Assistant</li> </ul>	<i>Coordinating supervision mission, organizing monitoring, ensuring data management and facilitating operational research</i>	<b>4</b>

<b>Information, education and</b>	- Unit chief - IEC manager	<i>Coordinating activities regarding mass communication and proximity, ensure</i>	<b>2</b>
<b>Management units</b>	<b>Persons in charge</b>	<b>Unit mission</b>	<b>persons in service</b>
<b>communication/ Behavior change communication Unit (IEC/CCC)</b>		<i>development and distribution of communication supports</i>	
<b>Vector control unit</b>	- Unit chief and two associates	<i>Coordinating indoor spraying and environmental cleanup activities</i>	<b>3</b>
<b>Case management unit</b>	- Unit chief - Two associates	<i>Coordinating all activities for diagnosis and treatment of malaria in healthcare facilities and at the community level</i>	<b>3</b>
<b>Pharmacy, provisioning and logistics unit</b>	- Unit chief - Person in charge of provisioning and logistics	<i>Coordinating logistics operations, supply provisioning for facilities and activities related to quantification Ensuring quality assurance and quality control of medicines</i>	<b>2</b>
<b>Accounting service</b>	- Unit chief	<i>Coordinating accounting operations and ensure management of office automation inventories and other materials</i>	<b>1</b>

vii. *PNLP Organizational structure*

According to the operation procedure manual prepared with the financial support of the World Fund, the organizational chart below was described by PNLP:



viii. *Partnership situation within the scope of malaria control*

Several strategic partners contribute their technical and financial support to PNLP to facilitate the implementation of the national strategic plan. Essentially, these are WHO, the World Bank, USAID/PMI, the World Fund, Banque Islamique de Développement, UNICEF, certain international NGO (such as the Doctors Without Borders Switzerland, Plan International, Population Services International, Catholic Relief Services, EngenderHealth) and other regional NGO. These partners use specific funding mechanisms such as the USAID enforcement agencies (SIAPS, Stop palu) that operate in 19 prefectures or the principal recipient of the Global Fund (CRS) that covers the other 19 prefectures in the country.

At the national level, PNLP collaborates with the other services, health programs and research institutions involved in the management of data on malaria. Specifically, these are:

- The Office of strategy and development for the management of data in the national health information system (SNIS)
- The Expanded Program on Immunization (EPI/PHC/ME) and the DNEHS (Direction Nationale des Etablissements Hospitaliers/ National Directorate of Hospital Facilities) for data on healthcare facility monitoring
- Reproductive Health for data concerning pregnant women
- Integrated management of childhood illness (IMCI) Pharmacie Centrale de Guinea and National Directorate of Pharmacy and Laboratories (DNPL) for supply management, pharmacovigilance and quality control of medicines
- INSP (Institut national de Santé Publique/National Public Health Institute), the Mafereinya Center for Rural Health Research, Universities and NGO for operational and evaluation research activities.

Other concerned stakeholders, such as the private sector, civil society and sub-regional organizations (OOAS, etc.) are required to contribute based on comparative advantages.

## II. Objectives of the analysis

Five principal objectives were selected for this basic analysis to ensure that the information collected will contribute to efficient and accurate planning of LMG/Guinea project activities:

- Taking stock of the situation for each component of malaria control with the various unit heads within the PNLP;
- Analyzing the method of coordination and collaboration between the PNLP and the various partners operating in national malaria control;
- Analyzing financial management procedures for funds from the Global Fund subsidy;
- Determining the factors that influence implementation of the strategic plan and subsidies from partners;
- Determining effective strategies and the appropriate tools to improve PNLP operation and implementation of the World Fund subsidy.

## III. Work methodology

### A. Data collection

#### 1. Dialog with the coordination office

This dialog focused essentially on structuring PNLP, personnel management, personnel job descriptions, planning and internal communication with unit heads. It also allowed tackling coordination with CCM and its technical secretariat, the role of PNLP within the *Country Coordinating Mechanism* (CCM) and assessing the execution level of activities with major achievements, strength, weaknesses, threats and opportunities for the implementation of the Program.

## 2. Dialog with unit heads and their direct collaborators

This is an open discussion with the unit heads and their team regarding the component they coordinate. Five points were discussed during these meetings:

- Description of the area of intervention (context, objectives, strategies, documents used)
- Workflow (planning, coordination with the districts, capacity building, supervision, data collection and information sharing)
- major accomplishments, achievement of objectives, status of indicators
- Factors that influence positively or negatively the execution of activities (work environment, internal coordination, coaching, resource availability)
- Suggestions and recommendations to improve PNLP implementation

## 3. Work session with partners and organizations

Planning and coordination method as well as monitoring of Global Fund activities were on the agenda of the various meetings held with partners and key organizations participating in malaria control. Thus during these meetings the areas of partner intervention are specified and the level of implementation of the activities listed in the table below is assessed:

Element to be verified	Assessment
Participation of the organization in PNLP periodic planning sessions	
Affiliation of the organization to a structure for the coordination of malaria control, led by PNLP	
Organization of a regular coordination meeting	
Regular organization of operational planning sessions	
Organization's participation in coordination meetings called by PNLP	
Organization's participation in planning sessions	
Membership of the organization in CCM	
Organization's participation in the meetings of CCM or the technical secretariat	
Organization of periodic supervision visits at the regional and prefectural health directorate level	
PNLP validation of training and monitoring tools	

After compiling the table, the partners' impressions of PNLP operation, PNLP technical and organizational leadership, collaboration between PNLP and the partners are collected, as well as their suggestions to improve coordination of activities for malaria control.

## B. Summary and analysis of results

All collected data are summarized and analyzed to identify strengths and weaknesses in the following areas:

- Work environment
- Structural and organizational framework

- Program Management
- Planning and coordination
- CCM operation

Recommendations and the subsequent steps are also proposed for technical and institutional strengthening of PNLN.

## **IV. Overall Results**

### **A. Structures and Managers Encountered**

<b>Structures</b>	<b>Managers</b>
PNLP	Coordinator, Team monitoring-evaluation, team Pharmacy and provisioning, Management supervisor, Accountant
CRS	Director of malaria project/World Fund, World Fund monitoring-evaluation manager, CRS Resident representative,
CCM	CCM First vice-president
SIAPS	SIAPS director and team
Stop Palu	Project director

Because of these partners' very busy work schedule, certain scheduled meetings could not be organized. These were meetings with the managers of the communication units and anti-vectorial fight, on assignment with Stop Palu since the month of October 2013, a meeting with the WHO advisor on malaria and a visit to the DPS.

### **B. Situation of PNLN Technical Units**

#### **1. Diagnostic Unit and Case Management**

##### *a) Unit function*

The diagnostic and case management unit is in charge of biological diagnosis, use of RDT and treatment of malaria cases at healthcare facilities and in the community. It ensures provider training on malaria diagnoses and treatment and facilitates national quality control of slides.

##### *b) Team composition*

<b>Team</b>	<b>Position</b>
Ms. Kany Condé	Unit head
Ms. Toure Bountourabi Sakho	Unspecified responsibility
Ms. Sylla Aissata Condé	Unspecified responsibility

The team assigned to this unit is rather small; it is comprised of the unit head and two other assistants.

*c) Work environment*

The manager's office is on the ground floor and it complies with the required standards for proper work conditions. However the personnel without specific responsibilities are often absent and the agents' profile does not always correspond to their job description. Thus the desired dynamism for dealing with the multiples challenges of assuming responsibilities is lacking within this unit.

*d) Organization of activities*

Quite often carrying out activities is not within the scope of operational planning but is rather inherent in the partner's availability for mobilizing financial resources. The absence of RDT during field missions and the lack of activity reports constitute real limitations to ensuring the quality of the services offered by the healthcare structures. Added to these organizational and structural problems is the failure to start coordination meetings with the technical group in charge of case management. No specific action that can lead to regular meetings has yet to be taken by this unit which must ensure coordination leadership of all diagnosis and case management activities.

## **2. Pharmacy, Provisioning and Logistics unit**

*a) Unit function*

The Pharmacy and provisioning unit is responsible for all logistics and pharmaceutical operations from the central to the peripheral level. Its areas of operation are summarized as follows:

- receiving
- Preparing distribution tables
- Establishing the provisioning document for the districts
- Ensuring inventory monitoring

*b) Team composition*

<b>Team</b>	<b>Position</b>
Dr Mouhamed Binnet Camara	Provisioning manager
Dr Djantoune	Manager of the pharmacy unit

The team in charge of provisioning and pharmacy is led by Dr. Djantoune Traoré assisted by Dr. Mohamed Binée Camara, pharmacist. This personnel is recruited by ministerial order and assigned to PNL P.

*c) Work environment*

The Pharmacy, provisioning and logistics unit comprise two separate offices, one on the ground floor and one on the 1<sup>st</sup> floor. This scattering of the offices does not encourage good

communication between the two managers. As in the other units, the internet connection is carried out with the dongles provided by SIAPS.

*d) Internal organization*

In addition to the limited personnel in this unit, the description of staff duties is not mastered. The unit head, head of the pharmacy component, has a hard time properly identifying his assignment because of the vagueness of the pharmacy component which is too comprehensive and an insufficient division of tasks. The provisioning manager who has a more specific area would be overburdened by unplanned activities or specific activities for which PNLN does not always ensure leadership. This considerably affects the quality of his performance (absence of summary and analysis in the report on drug management, insufficient logistics supervision).

The Pharmacy and provisioning unit maintains good relations with SIAPS/MSH. These relations are expressed in substantial technical support in the 19 PMI implementation districts. Despite all the worthwhile efforts to strengthen the healthcare system, provisioning management is still facing certain major problems that limit the achievement of the expected results:

- Absence of a functioning quantification committee; the committee installed by ministerial order is comprised of senior Program officers and it has never met.
- Failure to master average monthly consumption as a consequence of poor data management at the district level and the absence of reviews at the PNLN level.
- Frequent stock-outs of supplies, leading to distributions by allocation.

It should be noted that the Global Fund intervention districts experience a delay in receiving this assistance, although the medicine management issue is felt acutely everywhere.

### 3. Monitoring-Evaluation, Epidemiology and Research Unit

*a) Unit function*

This unit is in charge of ensuring the regular monitoring and evaluation of the national strategic plan. As such, it must facilitate the organization of supervision activities, manage the database, ensure regular data collection, data summarization and transmission, and facilitate the organization of surveys and operational research.

*b) Team composition*

<b>Team</b>	<b>Position</b>
Dr Noman Diakité	Unit head
Dr Souleymane Diakite	Assistant
Mr. Mouhamed Diabaté	Contracted Data Manager
Mr. Moussa Samoura:	In charge of data collection
Ms. Sitan Kaba	Not specified
Ms. Agathe	Not specified

The PNLP monitoring-evaluation team is comprised of the unit head, an assistant for monitoring-evaluation, a data manager, a person in charge of data collection and two agents who do not have a specific function. The unit head and his assistant received respectively training leading to a diploma in monitoring-evaluation and healthcare economics. Their recruitment by the government dates from March 2012 and March 2013. The data manager is a redeployed computer specialist, recruited by the Global Fund in 2005, whereas the other agents are civil servants with service seniority.

#### *c) Internal organization*

The monitoring-evaluation unit is located on the ground floor of the PNLP headquarters. It occupies three adjacent rooms of acceptable size. The spatial distribution of these rooms facilitates internal communication between the unit head, his assistant and the data manager. Regarding task description, the proposal presented by the unit has yet to be amended and validated; tasks specific to each agent as well as their relation within the monitoring-evaluation unit are not clarified. It was observed that some agents in this unit are not held sufficiently accountable for the execution of certain activities assigned to them. This situation may be one of the reasons for the lack of initiative and inertia observed at times within the monitoring-evaluation unit.

The two agents without specific assignments are often absent and only participate in certain specific activities.

#### *d) Activities carried out*

With the partners' support, the team in charge of monitoring-evaluation took part in the implementation of certain key activities. Within the framework of the project for strengthening logistics management led by SIAPS/MSH and financed by PMI, data reporting canvasses were revised and healthcare agents and statistics managers were trained on the use of these canvasses in the 19 PMI implementation districts. The EUV survey, which focuses on the availability and use of antimalarial drugs at the healthcare structures, has also been one of the key activities carried out together with the monitoring-evaluation team. All these actions contribute to facilitate data collection and their dissemination in quarterly reviews.

The team in charge of PNLP monitoring-evaluation has also taken part in the supervision organized by Stop Palu during the mass distribution of LLITN. In June 2012 it was able to organize, with UNICEF funding, supervision supplemented nationwide with an incomplete supervision grid and a final report prepared without the technicians of the monitoring unit.

#### *e) Organization of monitoring-evaluation*

The monitoring-evaluation unit does not have any operational plans that take into account PNLP strategic guidelines and the activities of the partners participating in malaria control.

Activities are scheduled based on available funding and most often the partners' activities are carried out without being planned by the monitoring unit.

Regarding **coordination**, meetings are organized randomly at the request of PNLN or of a partner, on the basis of current events. There is no formal and functional coordination that groups all stakeholders participating in monitoring. It should be noted that CRS recently proposed reference terms to create a monitoring-evaluation technical group (GTSEP). These RDT were the subject of an initial meeting held at PNLN in August 2013 but they have not yet been validated.

**Supervision** is organized in an inconsistent manner if it is led by PNLN. If it is the responsibility of the partner that invites PNLN, the monitoring-evaluation unit personnel can be summoned at any time, but this does not ensure leadership.

A revised **reporting canvass** is currently being used in the 19 PMI Districts; introduced in July 2013, in three months it allowed to take completeness from 51% to 78% and readiness from 21% to 64%.

In the other districts where the World Fund operates, data feedback is carried with the old canvassing system, which does not take into account all PNLN concerns. In accordance with the conventional channels, the DPS transmit their report every month to SNIS. Given that PNLN is not on the circulation list, the monitoring-evaluation unit strives to obtain a copy of each report. Most often it has to deal with photocopying problems and it does not always manage to retrieve all available reports. Completeness and readiness in these areas would be rather low even if no complete documentation is produced.

The currently available **database** does not meet PNLN's requirements. Certain software parameters would always be locked by the designer and consequently updates are not performed and certain indicators are not properly informed. These are the indicators pertaining to the following areas:

- confirmation of malaria cases
- intermittent preventive treatment
- social mobilization
- malaria management at the community level

The database also does not allow the creation of graphic representations that illustrate periodic changes in indicators and progress made is not visualized.

#### **4. Behavior Change Communication Unit and Vector Control Unit**

The teams in charge of communication for behavior change and those in charge of vector control could not be interviewed; they were on an extended assignment in the regions to support the Stop Palu NGO in implementing the LLITN mass distribution campaign.

Knowing that the PNL's essential mission is to implement the policy for malaria control by ensuring coordination, planning, creation, monitoring and operational research, is it appropriate for a whole coordination unit to be absent for over six weeks for activities at the operational level? An extended absence could have a negative influence on Program progress, especially knowing that these units present major challenges summarized as follows:

##### *CCC communication units*

- Strengthening Program visibility for malaria control
- Strengthening funding for the communication plan
- Deployment of competent human resources at the unit level
- Setting up a cooperation framework among partners participating in communication
- Structural reorganization of the CCC communication unit

##### *Vector control Units*

- Structural reorganization of the vector control unit
- Setting up a cooperation framework among the partners participating in vector control
- Designing and implementing a program to monitor the effectiveness of insecticides and LLITN quality control

#### **5. Accounting Service**

##### *a) Team composition*

The unit in charge of accounting currently has a single agent hired in 2006 by the Global Fund as contract accountant. Despite his experience (tax inspectors specialized in business management and having worked between 2000 and 2005 as financial manager of MSH's PRISM project), he is always overburdened by specific activities of PNL and the partners.

##### *b) Work environment*

The accounting service is on the ground floor. It is next door to other offices occupied by some personnel from the vector control unit. Easy access to these premises and the proximity of the large Madina market, constitute a real risk of disruption of financial operations and of a breach of the accountant's confidential information.

### *c) Relationship with the World Fund*

In 2006, with the implementation of round 6, the accounting service received the assistance of a financial and management agency that handled management of the program and supervision of financial personnel. System computerization was finalized in 2008 and was followed by training of personnel in tomporo (accounting management software) the same year. The end of the first phase of round 6 was marked specifically by a delay in disbursements and termination of the financial agency's service. The documents required to move to the second phase were submitted late at the time of approval of round 10. The socio-political context during this period was especially mentioned as one of the principal causes of the damaging slowness in regard to the World Fund's schedule. Thus consolidation of the 2<sup>nd</sup> phase of Round 6 with the 1<sup>st</sup> phase of round 10 was requested.

The consolidation process is thus launched with the support of two WHO consultants and it was technically closed in February 2013. During this consolidation, the new Global Fund team, concerned for the optimal management of the funds, requested surreptitiously the change of principal recipient. It was under these conditions that CRS was coopted as principal beneficiary in December 2012 and the PNLP dropped to the level of secondary beneficiary. In addition to its government prevention activities, CRS must manage from now on the components it took over which a short time ago went to PNLP. According to PNLP's accountant, even if the consolidated budget is shared, the Global Fund has not yet given its tentative approval and disbursements will be made after pre-funding by CRS.

The first disbursement was made in December 2013 to allow the purchase of CTA, settlement of management charges for the national central pharmacy (PCG) and payment of salaries to contract personnel. The mass distribution campaign has also been organized after consolidation on pre-financing of CRS.

The irregularity of salary payment to contracted personnel (driver, data manager, maintenance and security agent and accountants) must be noted. A single payment was made in September 2013 to settle salaries for the period between December 2010 and March 2012. Consequently, the Global Fund remains liable for the contracted workers' salaries from April 2012 to the date of the analysis (December 2013).

Based on the "Zero Cash Policy" which is the Global Fund's saving option after consolidation, the PNLP is no longer authorized to manage grant funds. CRS, the principal beneficiary, will have this role and will pay directly for the secondary beneficiary's services. According to the accountant, if this clause is complied with, the PNLP's place in the management of the funds to be mobilized must be further clarified.

### *d) Monitoring of the accounting activities of the office*

The accountant works closely with technicians to ensure budgeting of the planned activities in the regions. He mobilizes field accountants in view of the payment of per diems during decentralized sessions. Based on RDT submitted by the technicians, he proposes a budget which is then validated by the national coordinator. After each mission, the accountant proceeds with reconciliation based on the provisional budget and relevant support documents.

In order to carry out his accounting and financial operations, the accountant uses the following tools: temporo software (World Fund activities), order form, inventory card, monitoring slip, certificate of completed work, request for payment, work order, delivery order/receipt.

## **C. Collaboration with Partners**

### **1. Assistance of Multi and Bilateral Partners**

Operation areas, major recent achievements as well as the collaboration approach of the partners met with the PNLG are described below.

#### **Catholic Relief Services (CRS)**

CRS is the principal Global Fund recipient for round 10. This round must be consolidated with the 2<sup>nd</sup> phase of round 6 and it covers the period from January 1, 2012 to December 31, 2016. Its first phase had to be executed between January 1, 2012 and December 31, 2013. Following delays after consolidation, CRS received an extension to December 2014 for Phase 1.

The various service delivery areas described in the consolidated proposal are summarized in the table below

<b>Objectives</b>	<b>Service delivery area</b>
<i>Expect 100% coverage of population with LLITN in the operation zone between now and 2016</i>	Prevention with LLITN Communication for change in conduct and mass media
<i>Expect 80% coverage of pregnant women receiving two doses of SP within the framework of IPT between now and 2016 in 19 prefectures</i>	Prevention of malaria during pregnancy
<i>Detecting and treating in compliance with national directives 50% of cases of fever/malaria in children at the community level</i>	Community management of malaria
<i>Strengthening the program's management and coordination capacities</i>	Development of partnership and coordination. Strengthening human, logistics and management capacities of stakeholders in the project Strengthening the operational information and research system
<i>Detecting and treating in compliance with national directives 50% of malaria cases au level des health facilities between now and 2016.</i>	Development of partnership and coordination (national, community, public- private) Strengthening human, logistics and management capacities of stakeholders in the project

The consolidated proposal is currently submitted to the Global Fund and its approval, which could trigger the acceleration of implementation, is expected by all stakeholders (CRS, PNLP).

Upon authorization of the World Fund, CRS organized in May 2013 the big LLITN mass distribution campaign in 19 prefectures located in the administrative regions of Kankan (Kankan, Kérouané, Kouroussa, Mandiana and Siguiri), N'Zérékoré (N'Zérékoré, Macenta, Beyla, Lola, Yomou and Guéckédou), Faranah (Faranah, Dabola and Kissidougou), Mamou (Mamou, Dalaba and Pita) and Kindia (Kindia and Téliélé). Carrying out this flagship activity required on the one hand CRS' contribution of its own funds (pre-funding) to complete the budget mobilized by the Global Fund and, on the other hand, setting up a national monitoring committee that groups all partners.

Even if all commodities purchased by the Global Fund (CTA, RDT and SP) have been placed in the regional and districts warehouse for several months, it is only in November 2013, with pre-financing of CRS, that the training sessions were launched by training instructors in the 19 prefectures. Other training sessions targeted providers at healthcare facilities and community personnel must be organized as early as the month of December 2013 after training the instructors. Because the approval of the consolidated proposal is not yet enforceable, the organization of these sessions is reported in a later period. It is also within this context that the LFA is going to conduct the onsite quality verification of data and prepare the organizational and financial audit of the campaign for distribution of LLITN. Moreover, CRS is a member of CMM and takes part in the various meetings organized by this structure.

## **SIAPS/MSH**

SIAPS is a USAID/PMI project whose global objective is to ensure availability of quality pharmaceutical products and services to achieve the desired health results. Within this framework SIAPS has particularly stressed antimalarial products to develop innovative strategies that can be applied to other pharmaceutical products.

Its program targets the 19 health districts in the regions of Conakry, Boké, Labé, Kindia, Faranah which are the PMI/USAID operation zones. It aims essentially to strengthen governance of the pharmaceutical sector, improve medicine provisioning management and services, availability of the information necessary for decision making and improvement of pharmaceutical services. Thus SIAPS, with PNLP's cooperation, was able to facilitate the execution of the following activities

- Review of data collection tools and creation of a model for summarizing results
- Organization of distribution by allocation
- Organization of the EUV survey.

The development of appropriate motivation strategies in view of improving data transmission (Granting internet dongle and monthly credit; awarding a trophy to successful districts during quarterly review).

- Organization of a quarterly review to share with the districts the results of data collections
- Organization of quantification workshops
- Proposal for a quantification committee

All its achievements contribute to strengthening the information system and improving medicine provisioning system were accomplished under the leadership of SIAPS which regularly initiated all the meetings with the PNLN to plan field activities, share preliminary results of data collection and prepare quarterly reviews.

Today, SIAPS' major challenges remain PNLN's appropriation of these strategies in view of their sustainability and mastering average monthly consumption by the districts to avoid distribution by allocation.

### **STOP PALU**

Stop Palu is another USAID executive agency financed by PMI to assist the PNLN in implementing its 2013- 2017 strategic plan. As such, it operates in the following areas:

- Malaria diagnosis and management
- Malaria prevention among pregnant women
- Distribution of LLITN in mass and campaigns and routinely
- Strengthening personnel capacities
- Entomological surveillance
- Strengthening monitoring-evaluation and operational research.
- Communication for behavior change.

In compliance with its mission Stop recently completed the following activities:

- Organization of workshop to finalize the national strategic plan
- Training of microscopists;
- Organization of the second LLITN mass distribution campaign in 14 prefectures of the interior and the five municipalities in the capital not covered by the CRS/ World Fund Program
- Self assessment of the PNLN which must result in institutional strengthening
- Facilitating setting up the # Malaria Management # work group

Moreover, Stop Palu plans and carries out its activities in relation with the PNLN. It takes part in the meetings called by the PNLN. It is not a member of CCM.

### **NATIONAL COMMITTEE FOR GLOBAL FUND COORDINATION (CCM)**

#### **Structure and operation**

The Global Fund's participation in the fight against AIDS, tuberculosis and malaria dates back to 2002; the CCM was created in the same year and overhauled in 2007, it had seven vice-presidents who were not always available to ensure optimal operation of the structure.

This overhaul resulted in 37 tenured members with their alternates. The executive office is comprised of five members: one president, 3 vice-presidents and a contact person.

Additionally, CCM has a disease commission (HIV, Malaria, and TB) and commissions for mobilizing resources and lobbying, strategic monitoring and a monitoring-evaluation and provisioning logistics commission.

Most of these commissions do not operate properly. The technical commissions (malaria, VIH, TB) coordinate drafting proposals but they are less dynamic after the drafting periods.

The intention of the executive office is to set up an operational executive secretariat with agents hired from a national selection announcement. The first attempt to hire a communication manager and an accountant has been unsuccessful. The preselected candidate for the job of communication manager had already worked at the CCM without producing appreciable results; he had also been rejected by the World Fund. Although the accountant had adequate qualifications, because of his late confirmation, he was recruited by another organization.

### **Activity management**

Within the context described below, the entire work load falls to the executive office whose members are not always available. The President, a major figure in the Church, despite his commitment, is often absent for professional and sociopolitical reasons. The contact person endeavors to centralize and share information systematically and exhibits limitations in internal communication among office members and external communication between the CCM and the partners. The first vice-president seems overburdened with activities that do not always fall under her responsibility.

### **Grant Management**

At the beginning, the Ministry of Health was the principal recipient for rounds 2 and 6. However, following the evaluation of PNLP's technical and organizational skills, some egregious weaknesses that could hamper the proper execution of the Program, were observed in its management. Thus after consolidation of the 2<sup>nd</sup> phase of round 6 with round 10, CRS was designated as PR to the detriment of PNLP which became a secondary beneficiary.

Certain CCM leaders argue for reviewing the strengthened national Programs, resume management leadership and gather new strength to participate in the management of grants. It is through their commitment that sustainability of the aid can be ensured.

### **Partners' viewpoint on PNLP Management**

According to certain partners we met, in organizational terms the PNLP allegedly shows some real difficulties in operational planning, coordination, supervision and internal management of human resources. There is no global planning framework and the existing

coordination proposals are not functional. Very often, the specific activities led by the NGOs are executed to the detriment of some governmental activities of the PNLP. Thus organizational leadership escapes most units heads who are satisfied with carrying out duties formerly assigned to other players of the operational level.

## **V. Overall analysis of results**

### **A. Institutional and organizational framework**

#### **1. Work environment**

PNLP headquarters are located in the municipality of Dixine/Conakry across from the taxi depot and the large Madina market. It has a large building containing several rooms, some of which are subdivided to house offices. On the ground floor are the offices in charge of the Program and the offices of the unit heads are on the first floor.

Work environment is particularly distinguished by certain deficiencies that could constitute real bottlenecks in the execution of program activities. They are:

- Poor spatial distribution of the offices, which has an impact on communication among the members of the same management unit;
- Difficult access to Program parking spaces because of the many taxis
- Absence of an internet connection which limits internal and external communications and electronic storage of important files (Only internet dongles purchased by the agents or provided by the partners are currently used in all units);
- Insufficient office equipment in terms of computer equipment, AC and standard furniture
- Irregular supply of electricity, requiring the wise use of a generator.

#### **2. Personnel allocation**

According to law L 2001 028 of the National Assembly on the general regulations for civil servants (article 28 and 28), hiring of civil servants is conducted by a competition organized by the Ministry in charge of Civil Service. The admitted candidates are hired as probational officials by order of the Minister in charge of Civil Service and made available to the departments that will use them. These assign the probational officials provisionally by decision. The allocation decision is accompanied by a job description.

For personnel allocations to PNLP, decisions most often specify the allocation unit in accordance with the national policy in force but they don't always take into account the real needs of the service. Thus most units are currently run by managers whose qualifications do not match the specifications. These units are often overstaffed, grouping several individuals of an advanced age and without a specific function.

The wish to comply with World Bank standards on matters of hiring within the scope of the structural adjustment has been mentioned to explain this situation. This should not constitute a deterrent in promoting human resources quality in a Program as strategic and important as PNLP.

### **3. Personnel situation at the unit level**

Each unit is headed by a manager, assisted by one or more Program managers; The accounting service only has one accountant who cannot easily meet the requirements of the administrative financial management of the Program and projects. In some units, non productive and unused personnel are sometime in excess, to the detriment of the technical personnel assigned to specific functions. This situation must be improved to have a viable national structure with competent agents able to meet the challenges of malaria control.

### **4. Description of personnel duties**

Within the framework of the project for strengthening the healthcare system financed by the World Fund, a manual of operational, administrative, financial and accounting procedures has been prepared. This manual states the job title, defines the function and lists duties and functions of the managers of the coordination units. It was reviewed in June 2013 but it still contains some deficiencies that can limit its adoption by national Programs. Regarding the malaria component, the duties assigned to the staff sometime resemble the Program's mission and certain units are not always appropriately structured to allow proper internal organization. The absence of clarification of job positions is also a point to be improved in his manual. These deficiencies are summarized as follows:

- In the management unit there is a person in charge of malaria and one in charge of case management; the demarcation is not clear; the laboratory manager position is unnecessary at this time and the activities associated with this position could be integrated into another area;
- As for communication, a CDV manager is envisaged to ensure lobbying and program visibility when the very same role is also attributed to the person in charge of IEC and social mobilization;
- The monitoring-evaluation unit with its personnel in charge of epidemiology, research and data management as well as the Pharmacy provisioning and logistics unit would profit from a better structure allowing better understanding of duties and interpersonal relations;
- In terms of vector control, the unit is limited to indoor spraying and sanitation activities. The insecticide-treated mosquito net component was not taken into account.

Regarding the malaria Program, even if this manual had been adopted by the Ministry of Health within the scope of strengthening the healthcare system, it is not well known to the personnel. Most of the agents questioned stated that they had not learned the description and division of personnel duties. This situation could have a negative influence on the internal organization of the units, personnel motivation and operational planning of activities.

## **B. Work Organization**

### **a) Planning**

When the situation was analyzed, the PNLN was finalizing the 2013- 2017 national strategic plan and other regulatory documents. It had no operational plan for carrying out its short or medium term activities. Beside the strategic plan, the only activities subject to planning are often proposed by the partners that provide leadership.

As a consequence, the deficiencies observed in planning present other significant challenges facing the coordination and partners if activities must be prioritized, improvised actions avoided and action effectiveness improved.

### **b) Coordination**

With the help of the unit heads, the administration required the organization of weekly coordination meetings. These meetings were to allow, on the one hand, a review of ongoing activities and on the other hand sharing of upcoming activities. With the absence of planning and the frequent unavailability of most agents, these meetings are often postponed.

With the intent to strengthen the partnership in compliance with RBM guidance, a national coordination committee was created. This committee is responsible at the central level for all aspects regarding planning, result production and adoption of annual reports. It must meet once a year, with the possibility of an ad hoc meeting when necessary.

However, the interviews showed that the national committee meetings are not regular and the technical groups, created to strengthen collaboration between PNLN and the partners operating in the same area, find it difficult to operate correctly despite sharing terms of reference for operation.

Beside the national committee's traditional meetings, PNLN organizes specific meetings with the partners on the occasion of special events or participates in meetings organized under the partners. This type of meeting constitutes the rule in the coordination considered as one of the weak links in the Program's management according to certain person interviewed.

## **C. Strengths and opportunities**

- Availability of a large building that can house all PNLN offices
- Preparation of a manual on operational, administrative, financial and accounting procedures
- Conducting quarterly reviews to share results on district consumption of supplies
- Updating the books in tomporo management software
- Organization of internal coordination meetings for the PNLN
- Participation in planning meetings organized by the partners
- Review of collection tools with SIAPS support
- Organization of a general meeting in compliance with CCM's internal regulations
- Creation of a technical group for preparing the conceptual note in accordance with the World Fund's new funding model.

## D. Gaps/ Major weaknesses and challenges

Area	Weakness/Gaps	Major challenges
<b>Work environment</b>	<ul style="list-style-type: none"> <li>- Insufficient spatial distribution of the offices</li> <li>- Difficult access to Program parking spaces because of the many taxis</li> <li>- Absence of internet connection and telephone land line</li> <li>- Insufficient office equipment in terms of computer equipment, AC and standard furniture</li> <li>- Insufficient availability of electrical current</li> </ul>	<ul style="list-style-type: none"> <li>- <i>Work environment favorable to internal communication and the harmonious execution of daily activities assigned to personnel</i></li> </ul>
<b>Structural and organizational framework</b>	<ul style="list-style-type: none"> <li>- The heads of PNL P management units are often designated by the Ministry of Health.</li> <li>- A plethora of agents whose qualifications do not match the position to which they are assigned, to the detriment of competent personnel who can handle PNL P challenges</li> <li>- Inadequacy of the structure of the operational structure manual which does not allow proper understanding of specific duties assigned to personnel</li> <li>- Inadequacy of PNL P structure with several non functional units that could be regrouped)</li> </ul>	<ul style="list-style-type: none"> <li>- <i>Sufficient availability of good quality human resources committed to implementing the Program</i></li> <li>- <i>Legalizing the proposal on the internal flowchart</i></li> </ul>
<b>Program management</b>	<ul style="list-style-type: none"> <li>- Slowness in preparing manuals for malaria management</li> <li>- Absence of training plan, communication, vector control</li> <li>- Absence of a control system and product quality assurance</li> <li>- Unsuitable database and supervision grid</li> <li>- Absence of dashboard and appropriate visual aids</li> <li>- Insufficient harmonization of management tools</li> <li>- Irregular supervision</li> <li>- Lack of operational procedure manual for monitoring-evaluation</li> <li>- Frequent stock outs at the operational level</li> <li>- Pursuit of emergency distributions by allocation</li> <li>- Absence of directives on the management of provisioning and supplies at the decentralized level</li> <li>- Insufficient intervention capacity of the accounting service</li> <li>- Insufficient management and coordination of activities within Program units</li> </ul>	<ul style="list-style-type: none"> <li>- <i>Rational Program management based on revised regulatory documents.</i></li> <li>- <i>Strengthening personnel capacity in leadership and management</i></li> <li>- <i>Deployment of remedial strategies at the central and operational level</i></li> </ul>

<b>Planning and coordination</b>	- Lack of an operational plan that integrates partners' activities with those of PNLP (annual, quarterly, and monthly work plan)	- <i>Regular coordination among the various PNLP units</i>
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<b>Area</b>	<b>Weakness/Gaps</b>	<b>Major challenges</b>
	<ul style="list-style-type: none"> <li>- Inconsistency of national coordination committee meetings</li> <li>- Absence of work group meetings.</li> </ul>	<ul style="list-style-type: none"> <li>- <i>Regular coordination between PNLP and the partners through the monitoring committee and the technical operational groups</i></li> <li>- <i>Operational planning with the collaboration of all partners participating in malaria control</i></li> </ul>
<b>CCM operation</b>	<ul style="list-style-type: none"> <li>- Lack of a permanent secretariat for CCM</li> <li>- Insufficient operation of the commissions</li> <li>- Insufficient State support to CCM funding</li> </ul>	<ul style="list-style-type: none"> <li>- <i>Real commitment on the part of the CCM in implementing the ongoing subsidy and preparation of the</i></li> </ul>

## **E. General recommendations**

### **Work environment**

The PNLP's location considerably reduces its accessibility and increases the lack of security and inadequacy of its premises. Add to this insufficient internal communication which limits sharing of key information. All these factors make the work environment burdensome and have a negative influence on performance quality.

To achieve substantial results in all areas of malaria control, it is necessary to improve work conditions within PNLP. This requires continued assistance from the Ministry of health and the partners for the purchase of fuel for the generator, installation of a solar electrification system, providing the offices with furniture and computer equipment, installation of a high speed internet network with server and management of internet communication expenses.

All these actions must be combined with the deployment by PNLP of specific strategies, such as:

- Dialogue with the office of the mayor to move the taxi depot and eviction of certain merchants installed in front of PNLP headquarters;
- Improving the security of the premises by systematic control of entrances; this could be done by hiring a private security agency.
- Improving hygiene of the premises by hiring a private cleaning service .
- Improving internal communication to avoid crises of confidence among certain managers. This will be done with regular weekly coordination meetings, systematic sharing of minutes of meetings and mission reports, publishing service notes and

briefing notes, proper planning of activities, increased accountability of unit chiefs and their team and the involvement of all personnel in carrying out activities at the central and operational level.

## **Structural and organizational framework**

The operational procedure manual prepared with the support of the Global Fund describes the units' assignments and the duties of the various managers; this description is not always clear and most managers do not master its content. The distribution of PNLN's coordination units is carried out based on objectives and does not take into account the major areas of malaria control. This situation makes allocation of human resources and understanding of assignments difficult.

Thus, to improve agent commitment in performing their daily duties and comply with the guidelines of the national strategic plan whose implementation is supported by all partners, PNLN must prepare a reference tool. This document must clearly describe personnel duties, unit functions and interpersonal relations. The exercise will be facilitated by the LMG/Guinea project and will be carried out with all personnel without any exclusions. It will be based on the Global Fund's revised procedure manual and other documents currently used by the PNLN. Preparing the reference tool will take into account the structure of PNLNs, which will be improved to allow proper organization and better internal communication. Instead of five units and accounting service, PNLN could have four strong units or offices such as:

- The Office of Administration and Finances (Provisioning, logistics assistance, provisioning, accounting, support activities)
- The Office of Monitoring–Evaluation (Supervision, Epidemiological Surveillance, pharmacovigilance, quality control, operational research, planning)
- The Office of Prevention and Partnership (Vector control, partnership, malaria prevention among pregnant women, CPS, IEC/CCC)
- The Office of Diagnostics and Malaria Management. (case management at the facilities, case management at home).

Within each office/unit, there will be sub-units managed with focus points under the supervision of the head of the office.

According to the various interviews conducted during this analysis, certain unit heads are designated directly by the minister and most units are overstaffed with personnel whose qualifications do not always match the job to which they are assigned.

With this new structure, PNLN, under the coordinator's responsibility, must have committed, dynamic and competent personnel with clearly described duties and responsibilities to deserve the trust of the strategic partners and arrive at substantial results. Obtaining these results is therefore intimately linked to the quality of human resources in their assigned positions. This quality can only be ensured if the agents are made available to PNLN in accordance with the requirements stated and named by the coordinator at PNLN management units. Appointment power must thus be returned to the national coordinator, delegated with the

Minister's power and be part of a dynamic process supported by collective responsibility, transparency and competence.

### **Program management, coordination and planning**

Despite the existence of a national strategic plan, PNLP executes its activities based on the availability of funds or on invitation by the partners. To date, it does not have an annual work plan to illustrate the complementary nature of the activities of all its partners and most activities are thus carried out without being suitably planned or are conducted under the partners' leaderships.

Regarding coordination, a national coordination committee has been set up with focus work groups. These work groups are not yet operational even if their terms of reference have been shared.

According to an analysis of the situation, several challenges linked to Program management, coordination and planning are currently pressing. They are:

- Rational management of the program based on training plans, vector control plan, communication plan, quality control, plan for commodity management, etc.
- Strengthening supervision and data management at all levels
- Strengthening personnel in leadership and management

This situation involves not only the PNLP, but all partners participating in malaria control. For PNLP, weekly coordination meetings must be regular and strengthened. During these meetings each unit/office must present the current situation of its program focusing on completed, activities strengths and weaknesses and expected activities for the following week.

The PNLP must revitalize the various types of coordination. This will require RDT review and approval of the national coordination committee and focus groups (monitoring-evaluation, management, Drug Management, Communication) and organization of regular meetings.

Regarding the operation of the national coordination committee, meetings must be held quarterly, be chaired by the national coordinator and with the presence of all partners. These are the best times for sharing the current situation of the program and operational plans, discuss major challenges, coordinate mobilization of resources and plan again key activities for the next quarter.

Focus group meetings must also be organized every month. They are chaired by the office/unit head in the presence of the representatives of the partners, in charge of the components in question. Questions pertaining specifically to the focus area must be on the discussions agenda during these monthly meetings.

All these meetings of the national coordination committee and of focus groups must be sanctioned by meeting reports systematically distributed by PNLP to all partners. Planning, to comply with the required standards, must only be carried out under PNLP leadership. Thus PNLP jointly with the partners, prepares annual work plan based on the priorities of the strategic plan and the programs submitted by the financial and technical partners.

During the quarterly coordination meetings of the national monitoring committee, a quarterly work plan is prepared and transmitted to the various focus groups in charge of implementation. This work plan will be the subject of an internal evaluation leading to operational replanning and preparation of quarterly roadmaps for unit heads and project managers. Taking into account the multiple challenges associated with management of the program and the need for strengthening personnel leadership management and governance capacities, the Leadership Development Program, Plus (LDP +), created by MSH could be implemented. LDP+ is experiential learning and a process for performance improvement which provides the means of becoming familiar with leadership, management and governance practices, of overcoming challenges of individuals operating at all levels of an organization.

It allows associating the learning carried out with implementation of activities in order to achieve measurable public health results. The teams are not limited to priming changes; they also monitor closely the results deriving from them over time. The LDP+ must concern PNLP coordination unit and two prefectural health directorates. The Program could be carried out over a period from 6 to 8 months with the technical assistance of LMG/Guinea project; its implementation will be marked by the organization of four meetings of the coaching team and three workshops for the team in charge of skills improvement.

### **Operation of CCM**

CCM meets regularly but its commissions are not functional and it does not have a technical secretariat for the management of current business. With the new World Fund funding model, CCM must submit a conceptual note to the Fund following a specific schedule and it must also have an effective structure to meet World Fund requirements. Therefore, the LMG/Guinea project could assist the office in revitalizing the commissions and setting up a permanent secretariat to handle CCM current business, internal communication among CCM members and external communication between CCM and partners such as the World Fund. It must also take an interest in the conceptual note by facilitating the preparation of a road map, setting up an operational group with clear terms of reference, recruitment of international consultants and the actual writing of the conceptual note. It is therefore a rather long process that may last 6 months and which requires a close collaboration with the CCM office and participation in all meetings organized by the CCM.

## VI. Future steps

Future steps deal solely with those activities which the joint LMG, PNLP and CCM project will be able to carry out during the first year of project execution.

<b>Activities</b>	<b>Period</b>
Designing and sharing a framework for an overhaul of PNLP units and description of personnel duties	<b>January 2014</b>
Drafting the concept note	<b>January – June 2014</b>
Reviewing and approving terms of reference for the national coordination committee and task force implementation groups (S&E, PEC, Medicine Management, Communication etc.).	<b>January 2014</b>
Preparing an annual work plan in relation to all partners	<b>January 2014</b>
Organizing quarterly meetings of the national coordination committee	<b>January – September 2014</b>
Organizing monthly meetings of task force implementation groups	<b>January – September 2014</b>
Utilizing LDP + to lead PNLP to reposition itself and meet its multiple challenges	<b>April – September 2014</b>

### CONCLUSION

The situational analysis of PNLP is a key step in strengthening the healthcare system. It needs, on the one hand, several interviews with PNLP managers and the partners and on the other hand a review of the documentation focused on the general aspects of the Program and human resources management.

The summary of results focusing especially on the work environment, the structural and organizational context, planning/coordination and operation of CCM gave a clear vision on the management of the program as a whole and highlighted the major challenges for achieving the objectives assigned to PNLP; All information collected in the various areas affected by this analysis will be capitalized for the identification of remedial strategies and operational planning of LMG/Guinea project activities.

The basic principles of leadership, management and governance will be shared with this project to allow PNLP to reposition itself and meet the major challenges pertaining to management of human resources, planning, coordination and internal communication.