

LMG/Côte d'Ivoire: Program Year 4, Quarter 1 PEPFAR Progress Report

October - December 2014

January 15, 2014

This report was made possible through support provided by the US Agency for International Development, under the terms of Cooperative Agreement Number AID-OAA-A-11-00015. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the US Agency for International Development.

Leadership, Management and Governance (LMG), Côte d'Ivoire
Management Sciences for Health
200 Rivers Edge Drive
Medford, MA 02155
Telephone: (617) 250-9500
www.msh.org



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

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

Domaines programmatiques couverts par l'Accord de Coopération:

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

ANNEE FISCALE: 2014

RAPPORT D'ACTIVITES

Début de la période: 1 octobre 2014

Fin de la période: 31 décembre 2014

Rédigé par: Serges ANOH

Signature:
.....

Date: 13/01/2015

Approuvé par : Antoine NDIAYE

Signature:
.....

Date: 13/01/2015

Date de transmission du rapport: 13/01/2015

SOMMAIRE

I – RESUME SYNTHETIQUE DE LA PERIODE

II – NARRATIF DES RESULTATS ATTEINTS

III – DIFFICULTES ET/OU CONTRAINTES DE LA PERIODE

IV – BESOINS EN ASSISTANCE TECHNIQUE

V – PERSPECTIVES/Activités clés pour la prochaine période

VI – FICHE RECAPITULATIVE DES FORMATIONS DE LA PERIODE

VII – INDICATEURS A RENSEIGNER

ANNEX I: LMG/CÔTE D'IVOIRE SUCCESS STORY

I – RESUME SYNTHETIQUE DE LA PERIODE

I.1 LMG/CI: Support to the Global Fund CCM

The following is a summary of the activities carried out from October 1-December 31, 2014, by the Leadership, Management and Governance Project in Côte d'Ivoire (LMG/CI), funded by USAID/Côte d'Ivoire through PEPFAR field support. Since December 2011, LMG/CI has been providing technical assistance to the Global Fund Country Coordinating Mechanism (CCM) and Principal Recipients (PRs) to build their capacity in the areas of leadership, management, and governance; monitoring and evaluation; supervision; and resource mobilization. Technical assistance is designed to help clarify the roles and responsibilities of the CCM and the PRs, with the goal of enabling these entities to fulfill their critical functions and be effective players in rallying all sectors to combat HIV and AIDS, malaria, and TB.

The full LMG/CI workplan package for project year 4 (October 2014 – September 2015) was approved by USAID/PEPFAR on November 25, 2014. The approved LMG/CI workplan developed to support the Global Fund CCM has the following four objectives:

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

During this reporting period (October- December 2014), the following activities and results were achieved under these objectives:

Objective 1:

- LMG/CI supported the CCM to hold a Dashboard review meeting with the malaria technical committee.

Objective 2:

- The project supported five technical committee meetings with CCM members.
- LMG/CI supported members of the HIV committee to conduct a supervisory visit, during which they documented each PR's progress on activity implementation.
- The project trained 16 PR staff and CCM members on the Monitoring Evaluation System Strengthening Tool (MESST).

Objective 3:

- The project provided technical support to the CCM Secretariat to draft terms of reference (TOR) for the technical working group and create a workplan to guide TB concept note development.

Objective 4:

- LMG/CI held an alignment meeting to launch the Leadership Development Program Plus (LDP+) process with partners and stakeholders on November 18, 2014.
- 21 CCM members participated in the first LDP+ workshop in the series (out of a total of four workshops) from November 19-21, 2014.

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

I.2 LMG/CIDMP: Decentralization Pilot Project in Côte d’Ivoire

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

USAID/PEPFAR approved the full LMG/CIDMP workplan package for project year 2 (October 2014 – September 2015) on November 25, 2014. The project support to the two regions and their nine districts has three main objectives:

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

During this reporting period (October -December 2014), the following activities and results were achieved under LMG/CIDMP:

Objective 1:

- LMG/CIDMP provided technical support to 21 monthly district health management team (*Equipe cadre de district*, ECD) and regional health management team (*Equipe régionale de santé*, ERS) meetings.

- The project provided financial and technical support to both the Indénié-Djuablin and N'Zi-Iffou-Moronou DRs and their nine DDs to hold 11 quarterly coordination meetings.

Objective 2:

- LMG/CIDMP provided technical and financial assistance to both the Indénié-Djuablin and N'Zi-Iffou-Moronou Regional Health Directorates (DRs) to conduct their quarterly supervision missions.
- LMG/CIDMP supported 11 coaching visits for each of the 11 EDC and ERS improvement teams participating in the LDP+.
- Forty-six ECD and ERS members participated in the third LDP+ workshop, out of a total of four workshops in the series.

Objective 3:

- 100% of health districts and Regional Health Directorates (DRs) completed a quarterly supervision mission with technical and financial support of LMG/CIDMP during this period.
- LMG provided technical assistance to both the Indénié-Djuablin and N'Zi-Iffou-Moronou Regional Health Directorates (DRs) to organize their quarterly data validation workshops.

II – NARRATIF DES RESULTATS ATTEINTS

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

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

Technical support to the CCM for concept note development:

Côte d'Ivoire's Ministry of Health and Fight Against AIDS (MSLS) and CCM achieved a major milestone on October 15, 2014, when they submitted the final malaria concept note for 2015-2017 to the Global Fund. In addition, the CCM plans to submit a concept note to fund the tuberculosis (TB) component from 2014-2017 since the current funding for this component ends on June 30, 2015. To support this process, LMG/CI helped the CCM Secretariat draft terms of reference (TORs) and a workplan for the technical working group responsible for concept note development. The country dialogue for TB was held with relevant in-country partners and stakeholders on December 10, 2014, launching the concept note development process. In preparation for the country dialogue meeting, the LMG/CI Technical Advisor provided technical inputs on the TOR and reviewed media communications and technical presentations developed by the CCM President and Permanent Secretary. In order to allow sufficient time to time to complete the country dialogue and development of the National Strategic Plan (NSP) for TB, the CCM postponed the submission date of the TB concept note to the Global Fund from January 30, 2015, to April 30, 2015.

Continued support to the CCM Secretariat, Permanent Secretary and President:

LMG/CI continues to work closely with the CCM leadership, participating in all regular CCM meetings as well as regular working sessions with the CCM President and Permanent Secretary. Specifically, the LMG/CI Technical Advisor provided technical support to develop terms of reference

and workplans for each constituent party of the CCM and develop a draft strategic oversight plan for the CCM in accordance with the CCM performance improvement plan.

Development of terms of reference and workplans for each CCM constituent party:

Following the CCM self-evaluation, the LMG/CI Technical Advisor provided technical support to the CCM Permanent Secretary to develop terms of reference and workplans for each of the four constituent parties of the CCM (including the private sector, public sector, civil society, and bilateral partners) in accordance with the CCM performance improvement plan. The terms of reference and workplans for each of the four constituent parties of the CCM were presented to the newly-formed ad hoc committee within the CCM during their first meeting on December 15, 2014. The overall goal of the CCM ad hoc committee (which includes two civil society representatives, two private sector representatives, and two public sector representatives) is to follow up on implementation of the performance improvement plan. The committee is currently reviewing the workplans for each constituent party and will offer their feedback upon submission of the workplans to the CCM Secretariat.

Support to the four CCM technical committees:

During this reporting period, LMG/CI provided technical support to the CCM's TB committee to develop and finalize its detailed annual workplan for 2015, which is expected to be approved during the next TB committee meeting. The workplan developed by the CCM's TB committee will be used as a model for the other committees of the CCM to develop their own annual workplans in early 2015.

During this reporting period, the CCM obtained the MSLS' Director of Human Resources signature on official letters of assignment for the CCM's TB and malaria program managers, reflecting the culmination of efforts initiated by the CCM over a year ago. The CCM's HIV program manager is still waiting for an official letter of assignment from the MSLS. The LMG/CI Technical Advisor continued technical trainings with the TB program manager on his role and responsibilities in preparation for the upcoming TB concept note, including how to write TOR for stakeholders involved in Global Fund grant management and monitoring, including the Principal Recipient (PR) and LFA (Local Funding Agent).

LMG/CI also continued to provide technical and financial support to the three CCM technical committees (HIV, TB, malaria) to hold monthly meetings and for the finance committee to hold quarterly meetings during this quarter. Five of the 10 scheduled meetings for the quarter were held with support from LMG/CI. The summary of LMG/CI's support to these committees is as follows:

CCM Malaria Committee:

The CCM's malaria committee held two of its three planned meetings during this quarter. During the first meeting on November 11, 2014, committee members prepared for World Malaria Day, which is normally held April 25, 2014, but was postponed by the MSLS in Côte d'Ivoire to November 13, 2014. Representing the CCM at the World Malaria Day events were the CCM President, Vice President of the malaria committee and a majority of the malaria committee members.

The second committee meeting on November 14, 2014, was devoted to malaria dashboard reviews. Review of the *Programme National Contre Lutte de la Paludisme* (PNLP) dashboard helped to highlight poor performance on the following contractual indicators:

- Number of long-lasting insecticide-treated nets (LLINs) distributed to children under one (1) year through the expanded program on immunization (EPI) and pregnant women through antenatal care (ANC) was only 36% during the last quarter (from July 1- September 31, 2014). Inadequate means of transportation and difficulties transporting LLINs to health centers were the main causes of poor performance on this indicator, according to the PR. To respond to these challenges, the CCM's malaria committee encouraged the PNLN to finalize paperwork to select a transport company which has the capacity to transport LLINs to all health districts.
- Number of pregnant women who received two doses of sulfadoxine-pyrimethamine (SP) remained low, at only 40%. The PR explained that the under reporting of data on women who benefit from prevention as well as the non-inclusion of private sector data in the health information system may affect performance on this indicator.

The PNLN informed the CCM's malaria committee that the program is currently recruiting an administrative and finance manager, a position that has been vacant for more than six months, which has negatively affected the PR's performance.

The following points were discussed during review of CARE's dashboard:

- The PR completed the pilot phase of the mass LLIN distribution campaign in Poro-Tchologo and Gontougou during this reporting period.
- CARE has satisfied all of its conditions precedent, with the exception of one condition related to creating a local accounting system, which is dependent on support from the organization's headquarters.
- There was a decline in the number of pregnant women who received two doses of SP, from 85% to 56%, from July-September 2014. The poor performance on this indicator can be attributed to the lack of a joint strategy implemented by CARE and the PNLN for SP consultations and the unavailability of the PNLN to assist with consultations. The malaria committee stressed the importance of collaboration with the PNLN on activity implementation; therefore CARE is planning to work closely with the PNLN to organize SP consultations during the next reporting period.

CCM TB Committee:

The first CCM TB committee meeting, held on October 29, 2014, focused on an important issue pertaining to the cost of TB treatment: although treatment of tuberculosis is officially free in Côte d'Ivoire, patients are required to pay a 10,000F CFA (approximately \$18) processing fee to service providers to access TB treatment. To address this barrier to treatment access, the Vice President of the CCM's TB committee is working in close collaboration with the MSLS to identify potential solutions, and it is expected that the issue will be resolved during the next quarter.

The second TB committee meeting, held on November 18, 2014, focused on the TB concept note, which the CCM plans to submit to the Global Fund on April 30, 2015. In addition to discussing the timeline for concept note development, committee members also reviewed technical assistance needs and potential providers of technical assistance identified as needed

by the PRs. The CCM has not yet received completed dashboards for the two TB PRs, as they have focused primarily on concept note development during the last quarter.

CCM HIV Committee:

Despite the appointment of the CCM HIV committee's Vice President and executive secretary by committee members during the previous reporting period, the committee was not able to hold any regular monthly meetings during this quarter due to scheduling conflicts. To address this issue, LMG/CI staff continued advocacy with the CCM's Secretariat and Vice President to encourage the committee to hold at least two meetings during each quarter. The LDP+ training with the CCM is expected to inspire the HIV Vice President to be more committed in his leadership role by working closely with committee members to identify a desired measurable result to contribute to the achievement of a shared vision.

The CCM has not yet received completed dashboards for the two HIV PRs, Alliance and *Programme National de Prise en Charge Médicale des personnes vivant avec le VIH* (PNPEC), as they have both been heavily involved in the following activities during this reporting period: World AIDS Day, the National Council for the Fight against HIV/AIDS meeting (chaired by the President of the Republic), and preparation for review of Côte d'Ivoire's HIV program.

CCM Finance Committee:

The finance committee held its quarterly meeting on October 31, 2014, focused on low spending rates of Global Fund grants for all of the current PRs in Côte d'Ivoire. With the Global Fund LFA, the committee identified the following root causes:

- Cumbersome procurement procedures required by the Global Fund LFA
- High staff turnover within the Global Fund project management team
- Inadequate human resources for grant implementation
- Lack of tools available to the committee for financial oversight of PRs.

The LFA team urged the CCM finance committee members to provide coaching to the Global Fund PRs to overcome the challenges identified above, suggesting the following actions for the committee:

- Conduct an analysis of Global Fund management letters, audit reports, and revised dashboards, and propose corrective measures
- Develop a monitoring plan to track the issues highlighted in LFA reviews
- Conduct a study on pay scales in an effort to harmonize salaries within the sector.

Support for CCM technical committee oversight visits:

During this quarter, LMG/CI continued to provide financial support to the CCM to ensure programmatic oversight visits to oversee grant implementation, in addition to the Global Fund-supported site visits. Only one of the three planned site visits was carried out this quarter (by the HIV committee). The TB committee had to postpone its site visit in order to focus on drafting the TB concept note. HIV committee members conducted visits to the Sud Comoé region (Bassam, Aboisso Adiake, Samo) and Haut Sassandra region (Issia, Saioua, Nahio) from October 20-25, 2014. They visited hospitals, urban health centers, HIV treatment centers, and local NGOs involved in the fight against HIV and AIDS. Overall, ARVs were widely available at all of the sites; however, they observed stock outs of other key commodities, including laboratory tests. The formal report submitted

by the team after the oversight visit documents the other noted weaknesses, including a lack of training for staff and difficulty transporting samples from sites with no laboratory to hospitals with laboratories. The HIV committee will continue to monitor these issues and follow up with the PRs regarding the implementation of recommendations from the oversight visit report.

CCM website (intranet) development:

During this reporting period, the LMG/CI project continued to support development of an internal CCM website (intranet) for CCM members, including a platform for Dashboard revision to ensure transparency and facilitate oversight processes. The MSH IT specialist contributed his expertise to the CCM in order to create the CCM intranet, creating addresses for all CCM members in order for them to begin using the intranet.

Monitoring and Evaluation Systems Strengthening Tool (MESST) Training:

LMG/CI engaged two facilitators through a subcontract with GCC (Global Challenge Corporation) from November 5-7, 2014, to lead training to assess PR monitoring and evaluation (M&E) systems and their integration into the national M&E system through MESST tool. There were 16 total participants in the workshop from MSH, CCM, *Direction de l'Information, de la Planification et de l'Evaluation* (DIPE), *Programme National de Lutte contre le Sida* (PNLS), PNLT, PNLP, Alliance, Caritas, and *Association pour la promotion de la santé de la Femme, de la Mère, de l'Enfant et de la Famille* (APROSAM). The workshop increased participants' capacity to evaluate their respective M&E systems components: M&E plan, data reporting systems, and capacity of the M&E unit. Each PR participating in the workshop developed a plan to strengthen their M&E capacity and the CCM will follow up on the implementation of these plans.

Launch of the Leadership Development Program Plus (LDP+) with the CCM:

Stakeholder alignment meeting (SAM):

The LDP+ with the CCM was launched by LMG/CI through the GCC subcontract on November 17, 2014, with a stakeholder alignment meeting. The meeting brought together 21 representatives from the CCM, PRs, DIPE, WHO, MSLS staff, and other in-country stakeholders to provide an overview of the country-specific LDP+ objectives, process, and impact. Another principal objective of the meeting was to obtain the commitment of key stakeholders for the LDP+ process, aligning stakeholders around the common challenge of effective leadership at all levels. The alignment meeting also included leadership from the PNLP, as the LMG/NMCP project is launching a separate LDP+ cycle with this PR.

Facilitators presented the following key concepts during the meeting:

- Overview of the LDP+ process and timeline
- Vision and mission of the CCM in Côte d'Ivoire
- CCM's strengths and weaknesses in leadership
- Identification of a desired measureable result (DMR) for the CCM to guide the LDP+
- Development of a monitoring plan to support the LDP+ process.

In addition, preliminary definitions of the CCM's mission, vision and desired measureable result were discussed:

- **Mission:** Provide advocacy and resource mobilization for malaria, TB and HIV
- **Vision:** By 2018, all PRs are performing and receive an "A" performance rating from the Global Fund

- **DMR:** From November 22, 2014- March 31, 2015, each CCM technical committee meets once a month and conducts a quarterly oversight visit, submitting a report of observations and findings to the CCM.

LDP+ workshop 1:

The first workshop in the LDP+ series was held from November 19-21, 2014, with 21 participants from the CCM focusing on "analyzing the context" to assess the work climate and identify key challenges. The workshop, which uses a participatory approach, was facilitated by two local consultants through the GCC subcontract. On the first day of the workshop, facilitators presented an overview of the LDP+ process and led an exercise analyzing participants' work environment, enabling CCM members to assess the work climate in their respective technical committees. The second day of the workshop was dedicated to presenting the LDP+ challenge model, beginning with the mission and vision. On the final day of the workshop, participants learned about key leadership practices, including analyzing the context and scanning, and the next steps in the LDP+ process. Participants developed a workplan to guide the LDP+, assigning roles and responsibilities between the technical committees in order to better coordinate efforts to achieve the CCM's DMR.

Coordination with PEPFAR:

During this reporting period, LMG/CI staff held two meetings with PEPFAR to review activity implementation according to the project's approved FY15 workplan. During the first meeting, the LMG/CI team raised concerns about the program's sustainability given that CCM membership is renewed every three years according to Global Fund regulations. Specifically, among the 50 members (25 permanent and 25 alternates) that comprised the former CCM team between 2008 and 2012, only 12 members had renewed mandates in the new CCM team (for 2012-2015). As a result, the CCM welcomed 38 new members in 2012. Most of the members who received training before 2012 on their roles and responsibilities within the CCM have not had their mandates renewed, requiring continued capacity building support from LMG/CI.

The CCM President and Permanent Secretary joined the LMG/CI team at the second meeting with PEPFAR, thanking PEPFAR for their continued financial and technical support through the LMG/CI project. The LMG/CI team reminded the CCM leadership that the project cannot technically and financially support all the activities recommended by the self-assessment and as a result, the project team asked the CCM to find other financial partners to support the remaining activities.

Other activities for the reporting period include:

- The LMG/CI Technical Advisor joined the CCM President at the World AIDS Day events on December 1, 2014, at which the Minister of Health announced that the prevalence of HIV in the Ivory Coast has decreased to 2.7% according to the latest estimates from UNAIDS (compared to the DHS 2011-2012 findings of 3.7% prevalence), recognizing efforts made by the government and its partners to contribute to this decrease.
- LMG/CI staff participated in working meetings with the Global Fund Portfolio Manager (who was in Côte d'Ivoire to launch the mass LLIN distribution campaign) and Côte d'Ivoire's *Collectif des organisations de lutte contre la tuberculose et les maladies respiratoires* (COLTMR) on December 9, 2014, to discuss the role of civil society in the fight against TB in Côte d'Ivoire.

- LMG/CI held a working session with GCC to plan the launch of the LDP+ with the CCM.

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

The paragraphs below describe the results achieved for the period between October- December 2014, in line with the activities outlined in the approved project workplan.

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

Monthly District health team (*Equipe cadre de district, ECD*) and Regional health team (*Equipe Régionale de santé, ERS*) meetings :

In order to strengthen governance practices, the MSLS norms require ECD and ERS teams to hold regular monthly meetings. The establishment of monthly ERS and ECD meetings as a standard practice in the two regions supported by LMG/CIDMP has enabled health leaders to better coordinate interventions and work towards achieving targets. By meeting monthly for strategic planning, the ECD and ERS teams now have a more accurate vision of the current state of health interventions in their respective DRs/DDs, and can make more informed decisions regarding activity implementation.

During this quarter, the LMG/CIDMP project provided technical and financial support for the organization and facilitation of 21 monthly ECD and ERS meetings at the DR and DD levels. In the Indénié-Djuablin region, the three planned ERS meetings were held on October 2, November 20, and December 24, 2014. The number of monthly ECD meetings held during the reporting period is shown below:

| Number of monthly ECD meetings held during the reporting period (Indénié-Djuablin) : | |
|--|----------|
| Agnibilekro | 3 |
| Abengourou | 2 |
| Bettié | 2 |
| TOTAL | 7 |

In the N’Zi-Iffou-Moronou region, two of the three planned ERS meetings were held on October 30 and November 20, 2014. It is important to note that this region was very busy preparing for a visit from the Ivoirian President, which severely disrupted daily operations. The number of monthly ECD meetings held during the reporting period is shown below:

| Number of monthly ECD meetings held during the reporting period (N’Zi-Iffou-Moronou) : | |
|--|---|
| Bocanda | 3 |
| Dimbokro | 2 |
| Bongouanou | 2 |

| | |
|--------------|----------|
| M'Bahiakro | 1 |
| Prikro | 1 |
| Daoukro | 0 |
| TOTAL | 9 |

Over the course of PY1, LMG/CIDMP staff participated in weekly and monthly monitoring activities at the DR and DD levels, including scheduling and attending regular meetings with key stakeholders in the region as well as assisting with the development of terms of reference for meetings. During the 2014 calendar year, LMG/CIDMP provided financial and technical support to the Indénié-Djuablin DR to organize a total of 36 out of the planned 48 monthly ECD and ERS meetings at the DR and DD levels. In the N'Zi-Iffou-Moronou region, the project provided financial and technical support to the Indénié-Djuablin DR to organize a total of 46 out of the planned 84 monthly ECD and ERS meetings at the DR and DD levels. Due to many scheduling conflicts, the N'Zi-Iffou-Moronou DR was not able to hold all ERS meetings as planned.

Quarterly regional coordination meetings:

The LMG/CIDMP project provided technical and financial support for the organization and facilitation of all 11 of the planned coordination meetings during this reporting period. At the DD level, all nine Departmental Health Directorates held each of their quarterly coordination meetings and at the Regional Health Directorate level, quarterly coordination meetings were held on November 21, 2014, for the N'Zi-Iffou-Moronou DR and on December 23, 2014, for the Indénié-Djuablin DR. Regular support from LMG/CIDMP contributed to DR and DD teams holding 100% of their planned quarterly coordination meetings during this reporting period, reviewing activities and analyzing their results for the quarter.

By establishing quarterly regional coordination meetings which involve all in-country stakeholders, local health authorities are more aware of pertinent public health issues and provided with opportunities to discuss and propose solutions in a collaborative setting. For example, during the Indénié-Djuablin quarterly coordination meeting on December 23, 2014 (with participants from USAID/PEPFAR, LMG/CIDMP, MSLS and the Indénié-Djuablin DR), a gap in how retention rates were calculated by the DR was observed. In response to this finding, stakeholders recommended holding a working session with representatives from each of the health centers in the DR and partners involved in the fight against HIV to reach a consensus on the calculation of this indicator. During this meeting, the DR team (with representatives from each of the health centers and implementing partners-EGPAF, LMG/CIDMP, and SCMCS) agreed to harmonize the method of calculating the retention rate of PLHIV on ART at 12 months, improving the quality of the data collected in the DR.

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

The third LDP+ workshop with the improvement teams took place from October 8-10, 2014. Project staff also conducted a final coaching meeting and coaching visits to improvement teams during this reporting period. Representatives from all of the health regions and districts involved in the project were present at the third LDP+ workshop, held in Abengourou. The workshop focused on aligning,

mobilizing, and inspiring to increase and sustain LDP+ participants' capacity to work in teams, face challenges, and achieve measurable results. More specifically, the objectives of the workshop were to:

- Analyze and interpret results on progress
- Support others with coaching
- Identify team roles
- Distinguish commitment from compliance
- Make requests instead of complaining
- Lead and coach a team through breakdowns
- Gain and maintain trust
- Acknowledge others
- Share learning on successes, obstacles, and lessons that can be identified and scaled up to other sites.

During the workshop, each of the 11 improvement teams presented their preliminary results and LDP+ documents (challenge models, action plans, monitoring and evaluation plans, and success stories) to the Director General (DG) of the MSLS. Following this exercise, LDP+ coaches planned a third coaching visit to support the DR and DD improvement teams in finalizing their results for presentation at the final LDP+ workshop which will be held in late January 2015.

Organization of integrated supervision visits:

During this reporting period, LMG/CIDMP continued to provide technical and financial support to the senior regional health team to conduct integrated supportive supervision on a quarterly basis to all six districts and referral hospitals. LMG/CIDMP provided technical and financial support for the organization of 11 integrated supportive supervision missions. LMG/CIDMP's financial support included providing vehicles and fuel to the DR teams to conduct supervision visits. The nine districts supported met their supervision oversight goals of 100%.

These visits took place as presented in the following table:

| Integrated supervision visits | |
|--------------------------------------|----------------|
| Location | Dates |
| Indénié-Djuablin | |
| Bettié District | December 8-16 |
| Agnibilekro District | November 6-20 |
| Abengourou District | December 8-12 |
| N'Zi-Iffou-Moronou | |
| Daoukro District | December 8-12 |
| Bocanda District | December 10-19 |
| Prikro District | December 12-19 |
| Dimbokro District | December 5-13 |
| Bonouanou District | December 10-17 |
| M'Bahiakro District | December 1-9 |

Each DR conducted a supervision mission: Indénié-Djuablin from November 25-29, 2014, and N'Zi-Iffou-Moronou from December 17-21, 2014.

At the beginning of the LMG/CIDMP project (between January and March 2014), no supervision missions were organized in the DRs. It is important to note that beginning in April 2014, LMG/CIDMP provided financial and technical support to the DRs (in collaboration with EGPAF and SCMS) to organize a total of 32 supervision missions during PY1. As a result of the integrated supportive supervision visits to the supported districts and referral hospitals, the DR teams have observed improved organization of the health services offered by the district teams.

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

Quarterly data validation workshops:

During this quarter, the two planned data validation workshops for HIV data were held with the technical support of LMG/CIDMP and financial support from the *Programme Nationale de lutte contre le Sida* (PNLS). At the regional level, the workshop in Indénié-Djuablin was held on October 13-15, 2014, in Abengourou, and the workshop for N’Zi-Iffou-Moronou was held in Daoukro from October 15-17, 2014. The project continued to encourage the DRs to integrate these workshops to bring together representatives and data from all regional health programs (HIV, malaria, reproductive health, and other programs).

Data validation site visits:

Technical and financial support from LMG/CIDMP enabled the district epidemiological monitoring staff to carry out data validation site visits at health centers. In the Indénié-Djuablin region, 100% of districts carried out at least one data validation site visit, and in the N’Zi-Iffou-Moronou region, no districts carried out data validation site visits due to scheduling conflicts. The site validation visits are crucial to prepare the regional validation workshop for the regional Health Directorates and the National Programs, including PNLS and PNLN.

Other activities for the reporting period include:

- Project staff held a workshop to develop the FY15 joint workplan package for LMG/CIPM and LMG/CIDMP in Dimbokro from October 14-17, 2014. Throughout the development of the workplan components (workplan activities, budget, and Performance Monitoring Plan), the project team maintained close coordination with the Regional and District Directors to ensure that activities aligned with local priorities and remained within the scope of the project. The full workplan package was submitted as planned to PEPFAR on October 31, 2014, and officially approved on November 25, 2014.
- From December 8-12, the LMG/CI-CIDMP Deputy Project Director conducted a program management trip to the Management Sciences for Health (MSH) Medford office for technical and management sessions with home office support staff. During this mission, the Deputy Project Director hosted an internal presentation on the LDP+ being conducted with DR and DD teams by the LMG/CIDMP project.
- The LMG/CI Technical Advisor participated in training on gender organized by PEPFAR and led by Futures Group on December 12, 2014.
- The M&E Advisor provided technical support during a workshop to finalize data validation modules to strengthen MSLS staff capacity from October 29-November 1, 2014.

- The LMG/CI-CIDMP Project Director and Deputy Project Director participated in a working session with the *Programme Pays de Renforcement des Capacités-Côte d'Ivoire* (PPRC-CI) to explore areas for future partnership.
- The M&E Advisor provided technical support during the workshop to validate questionnaires for a technical capacity assessment of DR/DD health facilities on November 4, 2014.
- MSH home office finance staff provided intensive on-site trainings to the project's newly-recruited Finance Manager from October 7-11, 2014.
- Two coordination meetings were held with EGPAF and SCMS on November 4 and 11, 2014, to plan activity implementation and discuss operational procedures and data management.
- The LMG/CIDMP Project Director worked with staff to prepare for PEPFAR site visits, which were conducted in the N'Zi-Iffou-Moronou DR on December 16, 2014, and on December 17-18, 2014, in the Indénié-Djuablin DR.
- LMG/CI staff held working sessions with PNLP leadership, including the LMG Senior Technical Advisor based at the PNLP to better coordinate activities in the field and document cost share.

III – DIFFICULTES ET/OU CONTRAINTES DE LA PERIODE

III.1: Difficultés et/ou Contraintes

III.1.1 LMG/CI: Support to the Global Fund CCM

During this reporting period, the LMG/CI Technical Advisor providing capacity building support to the CCM resigned his position with the LMG project to begin a new career opportunity. The LMG/CI team met with the CCM leadership, including the President and Permanent Secretary, to discuss the various options for continued support from LMG/CI to the CCM in the interim, (outlined in section III.2.1 below).

III.1.2 LMG/CIDMP: Decentralization Pilot Project in Côte d'Ivoire

Although all six of the vehicles, including the four vehicles which will be used for supervision visits in each of the DRs, have now arrived in Côte d'Ivoire, USAID/PEPFAR was finalizing the distribution plan during this reporting period, so the vehicles have not yet been given to the DRs, posing a major challenge for the project. USAID/PEPFAR decided that the 20 pick-up trucks purchased by SCMS will be donated to 20 selected health districts based on PEPFAR's focus areas, the number of patients on ART, the presence of other donors/partners, and the current number of functional vehicles in each district. As a result, three out of the nine districts supported by the LMG/CIDMP pilot project (Daoukro, Abengourou and Agnibilekro) will receive a vehicle from SCMS.

USAID/PEPFAR shared the final distribution decision with the DGS. In order to mitigate any potential negative impact on project implementation, LMG/CIDMP will continue discussion with the MSLS/DGS and with PEPFAR to secure additional vehicles for each of the districts in the Decentralization pilot project. In the meantime, the project will reorganize its fleet to provide additional logistics support the pilot districts that did not receive vehicles from SCMS.

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

III.2.1 LMG/CI: Support to the Global Fund CCM

During meetings with CCM leadership, LMG/CI proposed the following options to continue support to the CCM after the departure of the project's technical advisor:

1. Advertise the recruitment of the LMG/CI Technical Advisor for capacity building;
2. Extend the project's subcontract with GCC, broadening the scope of work;
3. Increase support from MSH headquarters through additional TDY missions.

During these discussions, the CCM Permanent Secretary and President emphasized that the physical presence of the LMG/CI Technical Advisor has been an essential element of capacity building activities with the CCM. It is fortunate that the CCM program managers for the TB, malaria, and finance committees are now in place with the CCM, and the HIV program manager has been selected but is currently awaiting the official letter of assignment from the MSLS to begin the assignment. Since beginning his role with the CCM, the Permanent Secretary has benefited greatly from LMG/CI support and coaching, and he is now orienting the new CCM technical program managers on how to fulfill their supportive roles to the HIV and AIDS, malaria, tuberculosis, and finance committees.

Another option that was discussed was to recruit a consultant to provide coverage during the interim period while recruitment is taking place. MSH will launch the posting for this consultancy both internally and in local newspapers; however, given the urgency of filling the position, LMG/CI encouraged the CCM to provide 2-3 referrals to be included in the shortlist of candidates for consideration. The interviews for this consultancy will be conducted in coordination with the CCM President and Permanent Secretary.

At the request of the CCM President, LMG/CI also will explore the possibility of modifying the GCC agreement to add additional Dashboard trainings for CCM member and the new CCM program managers who will be responsible for tracking PR Dashboards. GCC has already provided a favorable response to this request.

In the interim, the CCM ad hoc committee overseeing implementation of the CCM performance improvement plan will monitor activities in the CCM workplan. The CCM Permanent Secretary will lead the committee in the interim, pending the recruitment of the new LMG/CI technical advisor for capacity building. All ad hoc committee meetings will be led by the Permanent Secretary, with participation from LMG/CI.

All activities included in the LMG/CI approved PY4 workplan to support to the Global Fund CCM will continue as planned, with additional support from the LMG/CI team based in Abidjan and the MSH home office support team. For strategic oversight activities, LMG/CI will provide additional support through the project's M&E Officer to train and orient the new CCM program managers on their roles, in response to a request from CCM leadership. LMG/CI operations staff will continue to help support the CCM Secretariat to plan and organize all monthly committee meetings and site visits. LMG/CI will work in close collaboration with the CCM program managers to prepare reports following meetings and site visits.

III.2.2 LMG/CIDMP: Decentralization Pilot Project in Côte d’Ivoire

The project rented vehicles in order to carry out supervision visits and is working in coordination with other PEPFAR projects in the region (e.g., SCMS and EGPAF) to ensure that the procured vehicles are given to the DRs as quickly as possible.

Additionally, LMG/CIDMP has begun advocacy with the DGS to secure vehicles from other donors to close the gap resulting from the USAID/PEPFAR vehicle distribution plan. The project has also started discussions with PEPFAR to explore the possibility of purchasing additional vehicles, although this may be difficult from a budget and procurement standpoint. One possibility may be to try to secure the waivers needed to buy the vehicles locally.

III.3 : Examen environnemental initial (EEI)

N/A.

IV – BESOINS EN ASSISTANCE TECHNIQUE

No technical assistance is required at this time.

V – PERSPECTIVES / Activités clés pour la prochaine période

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

The LMG/CI team will continue to work closely with USAID/PEPFAR and the CCM on the following activities:

Objective 1: The Country Coordinating Mechanism (CCM) understands the updated Global Fund directives and is following a plan to ensure compliance with Global Fund regulations and internal CCM governance, operational processes, and orientation standards are strengthened to ensure transparent, streamlined, and sustainable implementation of CCM activities

| | |
|----------|---|
| 1 | Provide ongoing coaching to the CCM secretariat staff and President on the role of the CCM and on their specific roles and responsibilities, meeting with the CCM leadership both on a regular and ad hoc basis, as requested by the CCM leadership |
| 3 | Reinforce the capacity of each of the CCM technical committees to fulfill their roles and responsibilities through ongoing coaching and tailored training sessions |
| 4 | Provide technical support to the four CCM committees (HIV and AIDS, malaria, tuberculosis, and finance) to develop and finalize detailed annual workplans and budgets |
| 5 | Orient and provide regular coaching to technical program managers through the project's Senior Technical Advisor (STA) in fulfilling their supportive roles to the HIV and AIDS, malaria, tuberculosis, and finance committees |
| 6 | Hold a two-day training on Pharmaceutical Stock Management (PSM) through the project's subcontract with Global Challenge Corporation (GCC) for two selected local consultants (one from the CCM and one from the private sector) to increase their capacity to provide PSM support to the CCM and Secretariat beyond the scope of the project |
| 7 | In accordance with the CCM performance improvement plan, provide technical assistance to |

| | |
|---|---|
| | revise the CCM's conflict of interest (CoI) policy and related documents (including CoI declaration forms) according to the new funding model directives, and assist the Secretariat to obtain signed CoI declaration forms from all members |
| 8 | Conduct two half-day trainings (of 25 CCM members each), provided by the LMG/CI STA, to train CCM members on the validated conflict of interest policy, in accordance with the CCM performance improvement plan |
| 9 | Review and revise CCM policies regarding appointment and rotation of CCM members and leadership, per recommendations from the CCM EPA and in accordance with the resulting CCM performance improvement plan |
| Objective 2: Oversight and monitoring and evaluation of grant performance is strengthened by utilizing effective tools | |
| 10 | Provide technical support to the CCM members to analyze, review, and develop recommendations based on completed PR Dashboards in preparation for presentation and discussion during 12 technical committee meetings |
| 11 | Provide technical and financial support to the four CCM technical committees to hold regular monthly meetings |
| 12 | Provide technical support to train the CCM IT manager on how to enter, update, and maintain data in the CCM intranet, building the CCM's capacity to maintain the intranet beyond the duration of the LMG project |
| 13 | Hold six one-day meetings with the CCM ad-hoc committee (including two civil society representatives, two private sector representatives, and two public sector representatives) to follow up on implementation of the performance improvement plan |
| 14 | Hold a two-day follow-up training for 25 CCM participants (each day) on oversight, using the Dashboard for analysis, as outlined in the CCM performance improvement plan |
| Objective 3: The CCM harmonizes activities with key stakeholders and mobilizes additional resources to carry out basic CCM functions (harmonization of activities and donor function strengthened) | |
| 15 | Provide technical assistance to the CCM Finance committee and Secretariat to identify financial needs within the CCM and coordinate resource mobilization activities with donors and stakeholders |
| 16 | Provide technical assistance during the country dialogue process in preparation for the proposal/concept note development process under the new funding model |
| 17 | Provide technical assistance to analyze PR eligibility criteria for the concept note under the new funding model |
| 18 | Provide financial and technical support to the CCM and national concept note development committee to hold one three-day concept note development and revision workshop, with 30 participants |
| 19 | Provide technical assistance to complete a risk analysis during a concept note development workshop |
| Objective 4: CCM and Principal Recipients' leadership, management, and financial skills strengthened and capacity to implement, monitor, and evaluate programs strengthened | |
| 20 | Provide tailored technical support to each PR upon receipt of a Global Fund management letter to resolve management issues and improve grant performance |
| 21 | Conduct three-day LDP+ workshop 2 with 25 participants from the CCM and PR teams with a focus on "focusing and planning" |

| | |
|----|---|
| 22 | Conduct three-day LDP+ workshop 3 with 25 participants from the CCM and PR teams with a focus on "aligning, mobilizing and inspiring" |
| 23 | Provide at least one coaching session to each LDP+ team between each workshop to reinforce the content of the program and provide support toward the achievement of each team's identified desired result |

V2: Key activities for the LMG/CIDMP Decentralization Pilot Project in Côte d'Ivoire for the next quarter

During the next reporting period, the LMG/CIDMP project team will present the project's initial results to potential donors (PEPFAR, World Bank, UN, Global Fund, etc.) under the leadership of the DGS, and engage other development partners to support the MSLS to scale up the project to other health districts, and eventually to regional hospitals and health centers. LMG/CIDMP staff and coaches will support LDP+ improvement teams in finalizing and presenting their results to administrative and political authorities, as well as other development partners, in order to increase a sense of ownership and support for the program in other sectors and health regions and districts. In addition, the project will also train 35 LDP+ coaches at both the district and regional levels in preparation for the second LDP+ cycle, which will be launched in each of the districts supported by the project.

The LMG/CIDMP team will continue to work closely with USAID/PEPFAR, stakeholders, and partners to implement the following scheduled activities in the next reporting period (January-March 2015):

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

| | |
|---|---|
| 1 | Provide technical and financial assistance to the regional health directorate to hold 12 monthly regional senior health team (ERS) meetings with the DR team, chief medical officer, regional health center director, and regional councils to discuss management priorities |
| 2 | Provide technical and financial support to the regional team to hold two four-day semi-annual meetings, to share results, best practices, and lessons learned with all service providers and regional stakeholders, including the district health teams, implementing partners, NGOs, regional prefect, and regional councils |
| 3 | Provide technical and financial assistance to the departmental health directorate to hold 12 monthly senior departmental health team (ECD) meetings to review management priorities |
| 4 | Provide technical and financial support to the district team to hold quarterly coordination meetings with the district health teams (including community representatives as well as representatives from the private and public sector) to evaluate the status of district-level activities, particularly HIV activities |
| 5 | Provide technical and financial assistance to hold a Governance Workshop with four representatives from each DD, four MSLS staff, and five LMG/CI project staff members |
| 6 | Provide technical and financial support to the N'Zi-Iffou-Moronou DR for a two-day capacity building workshop on strategic planning for 21 participants from the DDs |

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

| | |
|---|---|
| 7 | Provide technical and financial assistance for a three-day training of trainers workshop to train |
|---|---|

| | |
|--|--|
| | 35 LDP+ coaches at both the district and regional levels in preparation for the second LDP+ cycle, which will be launched in each of the districts |
| 8 | Provide technical and financial assistance for a regional stakeholder alignment meeting (with 40 participants, including representatives from the private sector, NGOs, religious and administrative groups) to build commitment of key stakeholders and determine the district health priorities that will be the focus of the series of workshops |
| 9 | Organize technical support mission to help DR and DD teams draft, validate, and disseminate success stories |
| 10 | Evaluate each LDP+ improvement team's implementation of action plans, progress toward achieving desired measurable results, and success story development during quarterly supervision visits conducted by the regional health teams |
| 11 | Provide technical support to the district improvement teams to present their results during each regional semi-annual and annual review meeting |
| 12 | Provide technical and financial support to the regional health team to develop a performance merit system and hold a ceremony to recognize high-performing staff |
| 13 | Provide technical and financial assistance for a three-day training of trainers workshop to train district-level LDP+ coaches (including two coaches from the district health facilities and one from the district reference hospital, as well as two facilitators from the regional level) |
| 14 | Provide technical and financial assistance for a half-day district-level stakeholder alignment meeting (including Departmental unit leaders, representatives from the private sector, NGOs, religious, and administrative groups) to build commitment of key stakeholders and determine the district health priority that will be the focus of the series of workshops |
| Objective 3: Strengthen the capacity and performance of the DRs and DDs | |
| 15 | Provide technical and financial assistance to the regional health directorate to hold quarterly integrated data validation workshops with the M&E managers from all six districts, including data on HIV, malaria, vaccination, reproductive health, and family planning |
| 16 | Provide technical and financial support to the N'Zi-Iffou-Moronou DR for a joint two-day workshop with 22 participants to evaluate administrative and financial management capacities of DR and DD staff |
| 17 | Provide technical and financial support to hold a three-day workshop for regional finance and administrative staff on tools and procedures for effective financial management |
| 18 | Provide technical support for DR to strengthen their capacity in administrative and financial management, with monthly coaching |
| 19 | Provide technical and financial support to the N'Zi-Iffou-Moronou DR for a three-day capacity building workshop on the analysis, interpretation, and dissemination of data with 28 participants from the DR and each of the DDs, in partnership with the <i>Direction de l'Information, de la Planification et de l'Évaluation</i> (DIPE) and implementing partners |
| 20 | Provide financial support to the DR for administrative and maintenance costs that are not included in the regional budget to maintain the functionality of the offices |
| 21 | Provide technical and financial assistance for two-day quarterly coaching missions to build the capacity of district-level M&E officers in effective data collection, better understanding of indicators, use of information, and analysis and validation of data |
| 22 | Provide technical and financial support to the senior regional health team to conduct integrated supportive supervision on a quarterly basis to all six districts and referral hospitals |
| 23 | Hold a one-day meeting for DR and DD teams to orient them to project activities, |

| | |
|-----------|---|
| | management methods, and compliance with standards and procedures |
| 24 | Purchase identified materials and equipment (detailed in the procurement budget) for the DR to allow for effective and efficient operations of the regional health team in coordination with other implementing partners |
| 25 | Provide technical assistance and coaching support to the senior district health team to conduct ten-day integrated supportive supervision visits on a quarterly basis to health centers throughout the district |
| 26 | Provide technical and financial assistance to the district health directorate to hold quarterly integrated data validation site visits, including data on HIV, malaria, vaccination, reproductive health, and family planning |

VI – FICHE RECAPITULATIVE DES FORMATIONS DE LA PERIODE

| SUMMARY TABLE OF TRAININGS DURING THE QUARTER: October 1-December 31, 2014 | | | | | | | | | | |
|---|---|--|--|---------------------------------|-----------|-------------------|-------------------|---------------------------|-------------------|--|
| # | Name of Training | Program Area | Number of people trained during the reporting period | | | Start Date | End Date | Training Duration (Hours) | Training Location | Trainees |
| | | | Old <i>(already trained during fiscal year)</i> | New <i>(for fiscal year)</i> | Total | | | | | |
| 1 | LDP+ Training (with DR/DD teams) | Leadership and management | 0 | 46 | 46 | October 8, 2014 | October 11, 2014 | 24 hours | Abengourou | MSLS staff (DR, DD) |
| 2 | Training for Global Fund PRs on the MESST (Monitoring Evaluation System strengthening Tool) | Strategic Information: Monitoring and Evaluation | 0 | 16 | 16 | November 5, 2014 | November 7, 2014 | 24 hours | Agboville | Representatives from NGOs and the private sector |
| 3 | LDP+ Training (with the Global Fund CCM) | Leadership and management | 0 | 21 | 21 | November 19, 2014 | November 21, 2014 | 24 hours | CCM office | Representatives from NGOs and the private sector |

VII - INDICATEURS A RENSEIGNER

3. TREATMENT

3.1 Treatment

| code indicateur | Mode de calcul | Libellé Indicateur | TARGETS | Q1: Oct- Dec 2014 | Q2: Jan- Mar 2015 | Q3: Avr- Jun 2015 | Q4: Jul- Sep 2015 | TOTAL | % Reali- sation |
|-----------------|----------------|--|---------|----------------------------|----------------------------|----------------------------|----------------------------|-------|-----------------------|
| 3.1 | | Treatment | | | | | | | |
| SITE_TX_DSD | Cum | Number of PEPFAR-supported sites: Treatment Direct Service Delivery (DSD) | | | | | | | |
| SITE_TX_DSD1 | Cum | <i>Public service outlets</i> | | | | | | | |
| SITE_TX_DSD2 | Cum | <i>NGO, FBO outlets</i> | | | | | | | |
| SITE_TX_DSD3 | Cum | <i>Private clinics for profit (Cliniques privées)</i> | | | | | | | |
| SITE_TX_DSD4 | Cum | <i>Workplace clinics (Infirmeries d'entreprises)</i> | | | | | | | |
| SITE_TX_DSD5 | Cum | PEPFAR-supported pediatric sites | | | | | | | |
| TX_NEW | Add | Number of adults and children newly enrolled on antiretroviral therapy (ART) (DSD) | | | | | | | |
| TX_NEW01 | Add | <i>By Age/Sex: <1 Male</i> | | | | | | | |
| TX_NEW02 | Add | <i>By Age/Sex: 1-4 Male</i> | | | | | | | |
| TX_NEW03 | Add | <i>By Age/Sex: 5-9 Male</i> | | | | | | | |
| TX_NEW04 | Add | <i>By Age/Sex: 10-14 Male</i> | | | | | | | |
| TX_NEW05 | Add | <i>By Age/Sex: 15-19 Male</i> | | | | | | | |
| TX_NEW06 | Add | <i>By Age/Sex: 20-24 Male</i> | | | | | | | |
| TX_NEW07 | Add | <i>By Age/Sex: 25-49 Male</i> | | | | | | | |

| code indicateur | Mode de calcul | Libellé Indicateur | TARGETS | Q1: Oct- Dec 2014 | Q2: Jan- Mar 2015 | Q3: Avr- Jun 2015 | Q4: Jul- Sep 2015 | TOTAL | % Reali- sation |
|-----------------|----------------|---|---------|----------------------------|----------------------------|----------------------------|----------------------------|-------|-----------------------|
| TX_NEW08 | Add | <i>By Age/Sex: 50+ Male</i> | | | | | | | |
| TX_NEW09 | Add | <i>By Age/Sex: <1 Female</i> | | | | | | | |
| TX_NEW10 | Add | <i>By Age/Sex: 1-4 Female</i> | | | | | | | |
| TX_NEW11 | Add | <i>By Age/Sex: 5-9 Female</i> | | | | | | | |
| TX_NEW12 | Add | <i>By Age/Sex: 10-14 Female</i> | | | | | | | |
| TX_NEW13 | Add | <i>By Age/Sex: 15-19 Female</i> | | | | | | | |
| TX_NEW14 | Add | <i>By Age/Sex: 20-24 Female</i> | | | | | | | |
| TX_NEW15 | Add | <i>By Age/Sex: 25-49 Female</i> | | | | | | | |
| TX_NEW16 | Add | <i>By Age/Sex: 50+ Female</i> | | | | | | | |
| TX_NEW_BS | Add | <i>Breastfeeding status</i> | | | | | | | |
| TX_NEW_PS | Add | <i>Pregnancy status</i> | | | | | | | |
| TX_CURR_DSD_C | Pct | Percent children with advanced HIV infection receiving antiretroviral therapy (ART) [CURRENT] | | | | | | | |
| TX_CURR_DSD_D | Pct | Percent women and girls with advanced HIV infection receiving antiretroviral therapy (ART) [CURRENT] | | | | | | | |
| TX_CURR_DSD | Cum | Number of adults and children receiving antiretroviral therapy (ART) [current] (DSD) | | | | | | | |
| TX_CURR_DSD1 | Cum | <i>Age/Sex: <1 Male</i> | | | | | | | |
| TX_CURR_DSD2 | Cum | <i>Age/Sex: 1-4 Male</i> | | | | | | | |
| TX_CURR_DSD3 | Cum | <i>Age/Sex: 5-14 Male</i> | | | | | | | |
| TX_CURR_DSD4 | Cum | <i>Age/Sex: 15+ Male</i> | | | | | | | |
| TX_CURR_DSD5 | Cum | <i>Age/Sex: <1 Female</i> | | | | | | | |

| code indicateur | Mode de calcul | Libellé Indicateur | TARGETS | Q1: Oct- Dec 2014 | Q2: Jan- Mar 2015 | Q3: Avr- Jun 2015 | Q4: Jul- Sep 2015 | TOTAL | % Realisation |
|-----------------|----------------|--|---------|----------------------------|----------------------------|----------------------------|----------------------------|-------|------------------|
| TX_CURR_DSD6 | Cum | <i>Age/Sex: 1-4 Female</i> | | | | | | | |
| TX_CURR_DSD7 | Cum | <i>Age/Sex: 5-14 Female</i> | | | | | | | |
| TX_CURR_DSD8 | Cum | <i>Age/Sex: 15+ Female</i> | | | | | | | |
| TX_RET | Pct | Percent of adults and children known to be alive and on treatment 12 months after initiation of antiretroviral therapy | | | | | | | |
| TX_RET_A | Add | Numerator: Number of adults and children who are still alive and on treatment at 12 months after initiating ART | | | | | | | |
| TX_RET_AS1 | Add | <i>Age/Sex: 0-4 Male</i> | | | | | | | |
| TX_RET_AS2 | Add | <i>Age/Sex: 5-14 Male</i> | | | | | | | |
| TX_RET_AS3 | Add | <i>Age/Sex: 15+ Male</i> | | | | | | | |
| TX_RET_AS4 | Add | <i>Age/Sex: 0-4 Female</i> | | | | | | | |
| TX_RET_AS5 | Add | <i>Age/Sex: 5-14 Female</i> | | | | | | | |
| TX_RET_AS6 | Add | <i>Age/Sex: 15+ Female</i> | | | | | | | |
| TX_RET_AP | Add | <i>Pregnancy and breastfeeding status</i> | | | | | | | |
| TX_RET_B | Add | Denominator: Total number of adults and children who initiated ART in the 12 months prior to the beginning of the reporting period, including those who have died, those who have stopped ART, and those lost to follow-up | | | | | | | |
| TX_RET_B_AS1 | Add | <i>Age/Sex: 0-4 Male</i> | | | | | | | |
| TX_RET_B_AS2 | Add | <i>Age/Sex: 5-14 Male</i> | | | | | | | |
| TX_RET_B_AS3 | Add | <i>Age/Sex: 15+ Male</i> | | | | | | | |

| code indicateur | Mode de calcul | Libellé Indicateur | TARGETS | Q1: Oct-Dec 2014 | Q2: Jan-Mar 2015 | Q3: Avr-Jun 2015 | Q4: Jul-Sep 2015 | TOTAL | % Realisation |
|-----------------|----------------|---|---------|------------------|------------------|------------------|------------------|-------|---------------|
| TX_RET_B_AS4 | Add | <i>Age/Sex: 0-4 Female</i> | | | | | | | |
| TX_RET_B_AS5 | Add | <i>Age/Sex: 5-14 Female</i> | | | | | | | |
| TX_RET_B_AS6 | Add | <i>Age/Sex: 15+ Female</i> | | | | | | | |
| TX_RET_BP | Add | <i>Pregnancy and breastfeeding status</i> | | | | | | | |
| TX_SITE | Pct | Percentage of PEPFAR-supported ART sites achieving a 75% ART retention rate | | | | | | | |
| TX_SITE_A | Cum | Numerator: Number of PEPFAR-supported ART sites with a retention rate of 75% or greater for patients 12 months after ART initiation | | | | | | | |
| TX_SITE_A1 | Cum | <i>By support type: Direct Service Delivery (DSD)</i> | | | | | | | |
| TX_SITE_B | Cum | Denominator: Total number of PEPFAR-supported ART sites | | | | | | | |
| TX_SITE_B1 | Cum | <i>By support type: Direct Service Delivery (DSD)</i> | | | | | | | |
| T1_4_D | Cum | Number of adults and children with advanced HIV-infection who ever started on ART | | | | | | | |
| T1_4_D1 | Cum | <i>Male (0-11months)</i> | | | | | | | |
| T1_4_D2 | Cum | <i>Female (0-11 months)</i> | | | | | | | |
| T1_4_D3 | Cum | <i>Male (1-14)</i> | | | | | | | |
| T1_4_D4 | Cum | <i>Female (1-14)</i> | | | | | | | |
| T1_4_D5 | Cum | <i>Male (15+)</i> | | | | | | | |
| T1_4_D6 | Cum | <i>Female (15+)</i> | | | | | | | |
| T1_4_D7 | Cum | <i>Pregnant women</i> | | | | | | | |

| code indicateur | Mode de calcul | Libellé Indicateur | TARGETS | Q1: Oct-Dec 2014 | Q2: Jan-Mar 2015 | Q3: Avr-Jun 2015 | Q4: Jul-Sep 2015 | TOTAL | % Realisation |
|-----------------|----------------|---|---------|------------------|------------------|------------------|------------------|-------|---------------|
| TX_DIST | Pct | Percentage of Districts that are PEPFAR supported with documented routine supportive supervision visits to 75% of ART sites in District | | 100% | | | | | 100% |
| TX_DIST_A | Cum | Numerator: Number of Districts with documented routine supportive supervision visits to 75% of HIV care and treatment sites supported by the District | 3 | 9 | | | | | |
| TX_DIST_B | Cum | Denominator: Total number of PEPFAR supported District Health Offices | 9 | 9 | | | | | |
| L45 | Add | Number of health workers trained to deliver ART services, according to national and/or international standards in in-service training program | | | | | | | |

4.2 Human Resources for Health

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

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

| code indicateur | Mode de calcul | Libellé Indicateur | TARGETS | Q1: Oct-Dec 2013 | Q2: Jan-Mar 2014 | Q3: Avr-Jun 2014 | Q4: Jul-Sep 2014 | TOTAL | % Realisation |
|-----------------|----------------|--|---------|------------------|------------------|------------------|------------------|-------|---------------|
| L55 | Add | Number of individuals trained in Leadership and Management | 100 | 67 | | | | | 67% |

4.3 Strategic Information

| code indicateur | Mode de calcul | Libellé Indicateur | TARGETS | Q1: Oct-Dec 2013 | Q2: Jan-Mar 2014 | Q3: Avr-Jun 2014 | Q4: Jul-Sep 2014 | TOTAL | % Realisation |
|-----------------|----------------|---|---------|------------------|------------------|------------------|------------------|-------|---------------|
| 4.3 | | Strategic Information | | | | | | | |
| L58 | Add | Number of individuals trained in Strategic Information (includes M&E, Surveillance including Human Ethics, and/or HMIS) | 95 | 16 | | | | | 16,84% |
| L58A | Add | <i>Monitoring & Evaluation</i> | 95 | 16 | | | | | 16,84% |
| L58B | Add | <i>Surveillance, Human Ethics</i> | | | | | | | |
| L58C | Add | <i>HMIS or Informatics</i> | | 0 | | | | | |

SUCCESS STORY

Improving Maternal Health Care in Côte d'Ivoire through better leadership, management, and governance

Creating safer birthing conditions in the health district of M'bahiakro by using the LDP+ process to combat maternal mortality and morbidity



Photo: Management Sciences for Health

Mrs. Fleur Koko and Mr. Losseni Dembele are congratulated by the women of Totodougou during the official presentation of the solar panel at the town's rural health center.

“Totodougou populations were mobilized and sensitized to a common vision: the health of every individual is everyone's business.”

The Leadership Development Program Plus (LDP+) launched in May 2014 by the USAID-funded Leadership, Management and Governance Decentralization Pilot Project (LMG/CIDMP) with health teams from the M'bahiakro district and eight other target districts in Côte d'Ivoire supported by LMG/CIDMP in May 2014 originally focused on reducing the number of patients on antiretroviral therapy (ART) who drop out of their treatment plan. In addition to having a positive impact on reducing the dropout rate of patients on ART, the program has had an unexpected positive impact on other critical health indicators, including the percentage of pregnant women completing at least four antenatal care (ANC) visits during each pregnancy (as recommended by the World Health Organization), and the percentage of safe deliveries performed in the district.

Developed by Management Sciences for Health, the LDP+ empowers teams to achieve results that contribute to addressing national health priorities by strengthening leadership, management, and governance skills. Participants work in teams to develop their leadership capacities by identifying service delivery challenges, aligning their team around a common vision to address those challenges, increasing their capacity to mobilize local resources, and developing an action plan to achieve measurable health service delivery results. After each LDP+ workshop, teams return to their respective regional and district offices, sharing what they have learned with their colleagues.

Between LDP+ workshops, the M'bahiakro team organized community-wide meetings to share practices and methods learned during the LDP+, mobilizing not only the district management team, but also community leaders, administrative authorities, and other organizations in its outreach program around a common vision to overcome challenges. The low rate of completed ANC visits and unsafe labor and delivery conditions in the district were the principal challenges identified during the community-wide meetings outside of the LDP+.

Mrs. Fleur Koko and Mr. Losseni Dembele, members of the district improvement team explained, "Almost all deliveries take place at night, and women complain that there is no electricity in the health center. Many women [in the district] prefer to give birth at home, not understanding the importance of completing the series of ANC visits or giving birth at a health center. When we started hosting community-wide meetings, women realized the need to complete their series of ANC visits." Additionally, the women's association in the town of Totodougou raised more than US \$700 to fully fund the purchase and installation of a solar panel for the town's health center, enabling women to give birth safely, even at night.

Six months after the launch of the LDP+, the M'bahiakro district health team has already achieved several indirect benefits from the program. From September 2013 to September 2014, the ANC dropout rate in the district decreased from 55% to 26%, while the rate of safe deliveries in the district increased from 59% to 91% during the same period.