

**LMG/National Malaria Control Program Capacity Building  
Project: Program Year 2, Quarter 2 Progress Report  
January 1 – March 31, 2015**

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April 15, 2015

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.

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

Program Year 2, Quarter II Progress Report  
January 1 – March 31, 2015



Submitted to U.S. Government President’s Malaria Initiative  
on April 15, 2015

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:** LDP+ participants from the Cameroon NMCP working together to complete the challenge model at the first LDP+ workshop held on February 28, 2015.

## 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 direct technical assistance to the National Malaria Control Programs in the following seven confirmed countries identified by the U.S. Government President's Malaria Initiative (PMI): Burundi, Cameroon, Côte d'Ivoire, Guinea, Lao PDR, Liberia, and Sierra Leone.
<b>Implementing Partner(s):</b> Management Sciences for Health
Agreement/Contract No: AID-OAA-A-11-00015
Life of Project (start and end dates): October 1, 2013 – September 30, 2015
Reporting Period (start and end dates): October 1, 2014 – December 31, 2014
Total Estimated Contract/Agreement Amount: \$6,724,000
Obligations to Date, December 31, 2014 (SF425): \$6,724,000
Project Expenditures through December 2014: \$1,503,183.01
January-February 2015 Expenses: \$261,206.71
Estimated March 2015 Expenses: \$160,706.51
Accrued Expenditures for the Reporting Period: \$37,098.06
Total Estimated Expenditures for Reporting Period: \$459,011.28
Total Estimated Project Expenditures to Date (as of March 31, 2015): \$1,962,194.30
Obligated Funds Remaining (as of March 31, 2015): \$4,761,805.70
Estimated Expenditures for Next Reporting Period: \$569,192.30
<b>Report Submitted by:</b> Emmanuel Le Perru, Principal Technical Advisor
Report Submission Date: April 15, 2015

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.



## ACRONYMS

BCC	Behavior change communication
CCM	Country Coordination Mechanism
CDC	Center for Disease Control
CHAI	Clinton Health Access Initiative
CMPE	Center for Malaria, Parasitology and Entomology
ETU	Ebola treatment unit
CRS	Catholic Relief Services
HR	Human Resources
IDB	Islamic Development Bank
IP	Implementing partner
LDP+	Leadership Development Program Plus
LFA	Local Funding Agent
LLIN	Long-lasting Insecticide-treated net
LMG	Leadership, Management and Governance
MDA	Mass drug administration
M&E	Monitoring and evaluation
MIP	Malaria in Pregnancy
MOHSW	Ministry of Health and Social Welfare (Liberia)
MOU	Memorandum of understanding
MSF	Médecins Sans Frontières
MSH	Management Sciences for Health
NFM	(Global Fund's) New Funding Model
NMCP	National Malaria Control Program
NSP	National Strategic Plan
OCAT	Organizational Capacity Assessment Tool
PMI	President's Malaria Initiative
PR	Principal Recipient (of Global Fund grant)
PSI	Population Services International
PUDR	Progress Update and Disbursement Request
RBM	Roll Back Malaria
RDT	Malaria Rapid Diagnostic Tests
SIAPS	Systems for Improved Access to Pharmaceuticals and Services
SMC	Seasonal malaria chemoprevention
SR	Sub-recipient (of Global Fund grant)
TRP	Technical Review Panel
TWG	Technical Working Group
USAID	United States Agency for International Development
WHO	World Health Organization

## INTRODUCTION

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 strengthen health systems and therefore service delivery by emphasizing leadership, management, and governance among policy makers, health care providers, and program managers.

The President's Malaria Initiative (PMI) is providing technical assistance to seven 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 their national malaria strategies. This is accomplished through targeted technical and organizational capacity building support provided by Senior Technical Advisors who are seconded to NMCPs in the target countries: Burundi, Cameroon, Côte d'Ivoire, Guinea, Lao PDR, Liberia, and Sierra Leone.

The Senior Technical Advisors, with technical and operational support from a home office LMG/NMCP team, work with country NMCPs toward three main objectives, adapted to country needs:

- **Objective 1:** National Malaria Control Program effectively manages human, financial, and material resources.
- **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

The following report summarizes activities carried out from January 1 to March 31, 2015.

During this reporting period, the LMG/NMCP team continued project startup in two countries and project implementation in the other five. The project completed narrative reports on the initial organizational capacity assessments of NMCPs in Burundi, Cameroon, Côte d'Ivoire, and Liberia, which will be submitted to country missions and PMI/Washington early next quarter. The project continued to provide focused technical and organizational support to NMCPs. We launched the Leadership Development Program Plus (LDP+) in four countries.

In the five active LMG/NMCP countries, the project continued to support:

- development and revision of Global Fund concept notes;
- human resources management reviews;
- planning and implementation of long-lasting insecticide-treated net (LLIN) distribution campaigns; and
- coordination with key stakeholders.

In Burundi, Cameroon, Côte d'Ivoire, and Guinea, LMG/NMCP Senior Technical Advisors assisted NMCPs to revise concept notes in response to Global Fund technical review panel (TRP)

feedback and supported NMCPs throughout grant negotiations. This sustained support contributed to the Global Fund’s approval of malaria concept notes from both Côte d’Ivoire and Cameroon.

LMG/NMCP continued to provide technical, planning, and coordination support to NMCPs for national LLIN distribution campaigns, as follows:

- In Liberia, the LMG/NMCP Senior Technical Advisor assisted the NMCP to identify storage facilities for additional nets and revise the distribution timeline in response to the changing Ebola Virus Disease (EVD) outbreak.
- In Cameroon, the LMG/NMCP Senior Technical Advisor contributed to planning for a phased campaign to take place throughout 2015, with special emphasis on identifying mobile technology for monitoring, financial management, and cash handling during the campaign.
- In Côte d’Ivoire, the LMG/NMCP Senior Technical Advisor assisted the NMCP to track expenditures related to the campaign to meet requirements for subsequent Global Fund grant disbursements.

## I. PROJECT MANAGEMENT

Project management priorities addressed during the reporting period and those for the coming quarter are addressed in Tables 1 and 2 below.

<b>Management priorities addressed during this reporting period</b>		
<b>Management priorities</b>	<b>Status</b>	<b>Comments</b>
Staff recruitment	In progress	Recruitment for the Senior Technical Advisor position in Sierra Leone was re-launched; home office staff interviewed two top candidates. A candidate will be selected in April 2015.  The project identified a Malaria Supply Chain Senior Technical Advisor to be seconded to the National Center for Malaria, Parasitology and Entomology (CMPE) in Lao PDR, who will begin work on April 6, 2015.
Conduct local organizational capacity assessments	In progress	Burundi: Completed and under review Cameroon: Completed and validated Côte d’Ivoire: Completed and under review Guinea: Completed and validated Liberia: Completed and validated

<b>Management priorities for next reporting period</b>	
<b>Management priorities for next reporting period</b>	<b>Comments</b>
Complete the recruitment of remaining Senior Technical Advisor positions	Recruitment is ongoing for the Sierra Leone Senior Technical Advisor, and a candidate will be recommended to the Mission for final interviews and selection.
Finalize country workplans	The Burundi PY1 workplan will be submitted to USAID/PMI. The Sierra Leone and Lao PDR workplans and budgets will be developed following placement of the Senior Technical Advisors and completion of the initial assessment.
Coordinate PMI-funded Senior Technical Advisors	Per USAID/PMI's request, LMG/NMCP home office staff will begin providing coordination support to other PMI-funded Senior Technical Advisors who are providing capacity building support to NMCPs.
Finalize Memoranda of Understanding (MOU) with NMCPs	The LMG/NMCP team has finalized MOUs with NMCPs in Côte d'Ivoire, Guinea, and Liberia.  LMG/NMCP will develop MOUs for Burundi, Cameroon, Lao PDR, and Sierra Leone in the next reporting period.
Complete all required reports, including the Quarterly Accruals Report and Quarterly Report	All reports have been submitted on time during this reporting period.

## **II. PROJECT ACTIVITIES**

During this reporting period, the LMG/NMCP team continued to implement country-specific workplans and work with NMCPs to achieve the project's three main objectives. In Burundi, Cameroon, Côte d'Ivoire, and Guinea, LMG/NMCP Senior Technical Advisors provided direct support to NMCPs to respond to the Global Fund TRP questions, prepared NMCP units to manage the next round of Global Fund grants, and facilitated communication between NMCPs, Global Fund Country Coordinating Mechanisms (CCMs), the Global Fund, and other stakeholders.

LMG/NMCP provided organizational capacity building and coaching to NMCPs for key activities identified during organizational capacity assessments. In Guinea, this support including working with the NMCP to revise manuals for operational procedures and monitoring and evaluation. In Côte d'Ivoire, we helped the NMCP develop a code of conduct, and a rules and regulations

document, for all NMCP staff. In Cameroon, the LMG/NMCP Senior Technical Advisor worked with the NMCP to address pressing human resources issues.

LMG/NMCP Senior Technical Advisors, with support from the home office team, supported NMCPs to plan anti-malaria activities included in National Strategic Plans (NSP). In Côte d'Ivoire, the project provided support for planning and implementing the mass distribution of LLINs in 59 counties. In Cameroon, LMG/NMCP reviewed the phased LLIN distribution campaign strategy and pharmaceutical stock management plan. In Liberia, the project assisted the NMCP to revise the LLIN mass distribution timeline in response to shifts in the Ebola outbreak. In Guinea, LMG/NMCP assisted the NMCP team responsible for Guinea's seasonal malaria chemoprevention (SMC) for children to develop an SMC methodology guide.

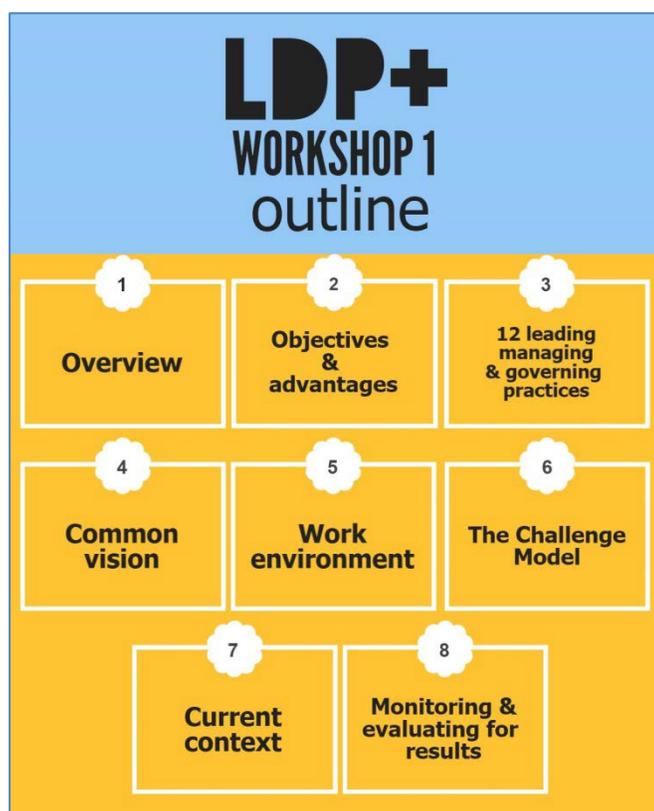
The Ebola Virus Disease (EVD) outbreak greatly affected malaria control in Guinea and Liberia throughout 2014. While cases continued to decline during the reporting period, Ebola remains a huge concern and priority among health leaders in the region. LMG/NMCP has continued to support NMCPs to revise strategies and mobilize resources to sustain the fight against malaria despite the presence of Ebola. In Guinea, the project supported the NMCP to implement the malaria mitigation plan, which aims to minimize the impact of EVD on malaria control efforts. The LMG/NMCP Senior Technical Advisor in Guinea also helped the NMCP to write a concept note to the Islamic Development Bank (IDB) for a program specifically geared to malaria control during the EVD outbreak. The LMG/NMCP Senior Technical Advisor also worked with NMCP staff to review the findings of the malaria/Ebola situational analysis.

In Liberia, Ebola cases significantly declined, yet the outbreak continued to hamper NMCP and other health system activities. The LMG/NMCP Senior Technical Advisor worked closely with the NMCP to revise its strategy and activity timeline due to EVD-related delays. Although EVD cases have significantly decreased, the impact of the outbreak is still felt throughout the country and will continue to negatively impact malaria prevention and general health care delivery in Liberia. Health facilities that closed during the peak of the EVD outbreak are beginning to re-open, and patients and health workers' confidence is slowly returning. Strategic changes in response to EVD are still in place: scaling up of malaria treatment in both the public and private sector, but also suspending rapid diagnostic testing in private sector and community settings, "no touch" guidelines, and switching from fixed site to house-to-house LLIN distribution. Contrary to expectations, however, malaria testing by health workers has increased compared to pre-Ebola numbers, due to the need for health workers and fever patients to investigate the cause of their illness.

During this quarter, the LMG/NMCP project launched the LDP+ in Cameroon, Côte d'Ivoire, Guinea, and Liberia. Following the LMG/NMCP coordination meeting held in Benin last quarter, LMG/NMCP Senior Technical Advisors began working with their respective NMCP Directors to plan and schedule LDP+ meetings and workshops, identify participants and teams, and identify LDP+ improvement team coaches. The first coaching-team trainings and the first LDP+ workshops were held in Cameroon, Côte d'Ivoire, Guinea, and Liberia.

The Leadership Development Program Plus (LDP+) is a performance improvement process that empowers teams to:

- create an inspiring shared vision;
- apply leadership and management practices to improve teamwork and effectiveness;
- use a Challenge Model for identifying and achieving measurable results; and
- align stakeholders around a common challenge.



The LDP+ engages managers and teams of health workers to identify critical challenges and address obstacles in their own work settings that are preventing high quality health care, and has been carried out in more than 40 countries. The program is carried out over six to nine months, with teams coming together during four, two-day workshops and working together between workshops to address a pressing challenge in their sphere of influence.

The tentative schedule for LDP+ activities in the next quarter is as follows:

	April	May	June
<b>Burundi</b>			Alignment meeting, TOT
<b>Cameroon</b>	Technical coaching Workshop 2	Technical Coaching	Technical coaching Workshop 3
<b>Côte d’Ivoire</b>	Technical coaching Workshop 2	Technical coaching	Technical coaching Workshop 3
<b>Guinea</b>	Technical coaching Workshop 2	Technical coaching	Technical coaching Workshop 3
<b>Liberia</b>	Alignment meeting, Technical coaching	Technical coaching, Workshop 2	Technical coaching

The sections below are arranged in order of start date (earliest to most recent), and provide updates on country-specific activities, coordination efforts, accomplishments, challenges and lessons learned, and priorities for the next quarter.

**LMG/NMCP – Guinea Senior Technical Advisor Dr. Youssoufa Lo**

During this quarter, the LMG/NMCP supported the NMCP to respond to feedback on the Global Fund concept note following the negotiation meeting in December 2014. Other activities

included assisting the NMCP to develop a guide for seasonal malaria chemoprevention (SMC) in children, coordinating the recruitment of new staff, developing the 2015 NMCP annual workplan, and carrying out the first LDP+ workshop.

## **ACTIVITIES**

### ***Human Resources Strengthening***

During concept note negotiations with the Global Fund in Casablanca, Morocco, in December 2014, the Global Fund confirmed that the NMCP should recruit several key personnel using the skills matrix previously developed by the NMCP. These personnel will reinforce NMCP units and the NMCP's ability to manage the Global Fund grant. They include a public health physician who will be in charge of the prevention unit, a public health physician responsible for the care unit, a communications specialist, a pharmacist responsible for inventory management, and an epidemiologist responsible for research and epidemiological surveillance.

The LMG/NMCP project assisted the NMCP by drafting the job descriptions, as well as the notification letter indicating the remaining pipeline of the round 10 grant and planned startup of the new funding model grant. Catholic Relief Services (CRS), which is the Principal Recipient (PR), and the NMCP set up a meeting specifically to discuss these two documents and agree on finalized versions, which were then submitted to the Global Fund portfolio manager for approval. On March 10, the CRS Director sent the final job descriptions to the NMCP Coordinator to begin recruitment.

### ***Weekly coordination meetings***

The NMCP continued to hold weekly coordination meetings throughout this quarter. The NMCP first began to hold these meetings in February 2014, and the LMG/NMCP Senior Technical Advisor has continued to assist the development unit to complete its workplan and budget during these meetings, as well as monitor actions items recommended during meetings.

### ***Concept note development***

Following the concept note negotiation workshop with the Global Fund and CRS in December 2014, the teams involved in developing and revising the concept note (comprised of CRS representatives, NMCP representatives, and the LMG Senior Technical Advisor) continued to work together to balance the grant budget.

The grant management team met several times throughout the quarter at the NMCP and CRS offices, as well as over the phone. During these conversations, the LMG/NMCP Senior Technical Advisor was able to clarify several technical issues with LLIN distribution and combination therapy activities, and build consensus around the areas of intervention in the concept note. As a result of these discussions, the team was able to identify several programmatic gaps, revise the supply chain management plans, and rethink several major activities, including trainings and the LLIN mass distribution campaign. The team shared these revisions with the Global Fund team. The teams are now working to revise the budget prior to the final grant approval, which is expected in June 2015.

### **Malaria control Ebola mitigation plan implementation**

Last quarter, a technical working group including representatives from Plan Guinea, Population Services International (PSI), UNICEF, Child Fund, Stop Palu, CRS, Systems for Improved Access to Pharmaceuticals and Services (SIAPS), and World Health Organization (WHO), in addition to the LMG/NMCP Senior Technical Advisor, developed a plan to mitigate the impact of the EVD outbreak on malaria control efforts, based on WHO guidelines. This quarter, the NMCP and its partners began to implement the plan with financial support from the Global Fund and PMI.

Throughout this implementation, LMG/NMCP has supported the NMCP and CRS by revising malaria prevention and care strategies and approaches according to WHO guidelines on temporary malaria control measures in the countries affected by the EVD outbreak. The revised teaching materials are being used to update health workers on new malaria prevention and management strategies for outbreak zones. The NMCP began training health workers with these materials in districts supported by PMI and will continue to roll them out.

During this quarter, the LMG/NMCP Senior Technical Advisor also helped analyze the preliminary results of the study on the impact of EVD on malaria control efforts in Guinea. Commissioned by the NMCP and CDC, the study confirmed what we suspected: that the EVD epidemic caused widespread desertion of health facilities during the height of the outbreak. The NMCP finalized and presented the study report to PMI and CDC, and shared it with other malaria control partners in Guinea (Stop Palu, LMG, SIAPS, Plan, CRS) on March 17, 2015.

### **Standard document and tool design**

During this quarter, the LMG/NMCP Senior Technical Advisor helped finalize both the NMCP's operational procedures manual and the monitoring and evaluation manual. At the last meeting in January, the NMCP shared the manuals with Stop Palu and agreed on key monitoring and evaluation concepts. The manuals will be finalized in April 2015.

The project also assisted the group responsible for SMC for children to develop a methodology guide to harmonize SMC with other malaria control interventions in SMC zones. The LMG/NMCP Senior Technical Advisor assisted this work by conducting a literature review on SMC, offering strategies, and coaching the SMC focal point. The guide will be available and disseminated in mid April 2015.

### **SEASONAL MALARIA CHEMOPREVENTION**



Seasonal malaria chemoprevention (SMC) is defined by WHO as “the intermittent administration of full treatment courses of an antimalarial medicine to children during the malaria season in areas of highly seasonal transmission.” WHO has recommended SMC for children from 3-59 months old living in regions with the highest highly seasonal malaria transmission, where *P. falciparum* is sensitive to antimalarial medicines. WHO recommends a unique dose of Sulfadoxine-Pyrimethamine (SP) accompanied by a three-day course of oral Amodiaquine (AQ) each month for 3-4 months among children aged 3-59 months. In Guinea, the NMCP is aiming to administer SMC to 500,000 children in eight districts. The first two years will be financed by UNITAID through the malaria consortium and CRS, and the Global Fund has committed to financing a third year.

### ***Resource mobilization and partner coordination***

Thanks to coordination and technical support from LMG/NMCP, the Guinea NMCP was able to develop and submit a concept note to the Islamic Development Bank (IDB) for a project focused on strengthening malaria control efforts in the context of the EVD outbreak. The LMG Senior Technical Advisor coordinated the concept note workshop with participants from the IDB, Guinea civil society, and the NMCP coordination unit. The workshop was held in Kindia from February 9-12, 2015, and the NMCP was able to submit the concept note to the IDB in Guinea by the end of the workshop.

In addition to assisting the NMCP with the IDB concept note, the LMG/NMCP project was also able to support the NMCP's monitoring and evaluation unit to write and submit the NMCP's bi-annual and annual progress reports, which are shared with the Global Fund PR and the Guinea Ministry of Health. LMG/NMCP worked with the monitoring and evaluation unit on the first draft of the report, then gathered together reports from the NMCP's various units, and provided a final review.

### ***Development of 2015 NMCP annual workplan***

In order to ensure that the NMCP's 2013-2017 strategic plan is implemented in a collaborative and effective manner, LMG/NMCP assisted the NMCP to work with partners to develop an annual workplan. The NMCP held planning sessions between January 20-22, 2015, with the NMCP coordination units and malaria control partners. Together they identified priority activities for 2015. The LMG/NMCP project contributed by developing terms of reference for the planning sessions, reviewing the proposed activities in light of the strategic priorities and ensuring that all activities contributed to the NMCP's strategic priorities, circulating partners' operational plans, coaching the NMCP unit managers, and sitting down with each technical group to finalize its workplan.

### ***Organization of integrated supportive supervision training***

After careful planning throughout the past quarter, the Guinea NMCP is now rolling out integrated supportive supervision for malaria control. With the project facilitating, NMCP teams held several working sessions to finalize the integrated supportive supervision budget, form teams, and revise terms of

reference for the national guide for integrated supportive supervision. The national guide takes into account all malaria control efforts in every region, and will be used to direct integrated supportive supervision in all target regions. The first supervision visits were carried out from March 17-29, 2015; LMG/NMCP provided supervision support to teams in Kindia and Conakry. Following the initial visits, the LMG/NMCP Senior Technical Advisor worked with NMCP staff to

#### **INTEGRATED SUPPORTIVE SUPERVISION FOR MALARIA CASE MANAGEMENT**

Integrated supportive supervision is a strategy for monitoring and evaluating activities at the health facility level. The purpose of ISS is to assess the capacity and gaps of health facilities in controlling and treating malaria-related cases. National and district level health officials are supported to travel to health facilities and assist with improving quality of services, storing of products, data collection, filling out of national registers and other areas that can improve malaria control at the facility level. ISS assessment guides focus on issues related to availability of services, quality of services, and utilization of services. In response to performance gaps, NMCP staff develop action plans to address the gaps with the health facility staff.

identify lessons learned, formulate recommendations for the next round, and develop an implementation plan in line with the national supportive supervision guide.

### **Leadership Development Program Plus (LDP+)**

This quarter LMG/NMCP officially launched the LDP+ with the NMCP in Guinea. After the alignment meeting in December 2014, the LMG Senior Technical Advisor organized the first meeting for the technical coaches on January 29, 2015. The NMCP unit managers and the monitoring and evaluation managers from Stop Palu, SIAPS, and JHPIEGO all participated. The

#### **PARTICIPANT FEEDBACK FOLLOWING WORKSHOP 1:**

*“Great, very interesting and rewarding!”*

*“This training will help me with both my family life and my professional life.”*

*“This is a training that makes me want to improve as a leader and a manager.”*

first meeting introduced them to the challenge model and monitoring and evaluation concepts in the LDP+, in preparation for the first LDP+ workshop.

The first LDP+ workshop was held in Kindia from February 13-15, 2015, with representatives from NMCP management, the Matato district, Kindia district, the Conakry municipal

health zone, and the Kindia regional health department, for a total of 20 participants. The LMG Senior Technical Advisor, the LDP+ expert consultant, and the NMCP assistant coordinator facilitated the workshop. The facilitators led participants through the eight subject areas of the first workshop, as well as the proposed priority health challenge identified during the alignment meeting (malaria control data management). The four teams confirmed this challenge and developed their improvement project using the LDP+ process of identifying the group’s mission, vision, measurable results, and analyzing the current situation.

At the end of the workshop the teams identified next steps. The tone throughout the workshop was very positive and participants seemed engaged and eager to change their work environments for the better. The use of the challenge model allowed participants to begin to take steps immediately to address their selected challenge. Please see Annex 1 for each team’s mission, challenge, current situation, and desired measurable result.

### **COORDINATION WITH PARTNERS**

The LMG Senior Technical Advisor assisted the NMCP in coordinating monthly coordination meetings with working groups (monitoring and evaluation, department heads, communication and supply management). These meetings allowed the working groups to carry out annual reviews of activities completed in 2014 and to finalize the 2015 workplan. The reviews showed that nearly 80% of the activities planned for 2014 were completed. This success is the result of the NMCP working groups actively advising the broader NMCP on activity implementation.

Over the past year, LMG/NMCP’s efforts to institutionalize strong coordination within the NMCP has greatly reinforced the NMCP’s leadership role in malaria control efforts. Technical groups now meet regularly to review and monitor implementation of recommendations from monthly working group meetings. Following up on past action items is now part of the routine

meeting agenda. The working groups also systematically share action items and implementation plans for recommendations with the central coordination unit during coordination meetings.

All partners involved in malaria control efforts in Guinea (WHO, USAID, Plan, Stop Palu, LMG, SIAPS, and CRS) participated in the quarterly coordination meeting on January 23, 2015. The NMCP used this meeting to present its 2015 annual workplan and review scheduled activities with partners, as well as review activities carried out in 2014 and challenges faced.

### ACCOMPLISHMENTS AND DELIVERABLES

- The NMCP continues to hold productive weekly coordination meetings.
- The NMCP and malaria control partners came together for the quarterly coordination meeting in January.
- The LDP+ technical coaches met for the first technical coaching training.
- The first LDP+ workshop was held.
- The NMCP successfully carried out the first large-scale supportive supervision visits.
- The NMCP submitted a concept note for a malaria control project in the context of the EVD outbreak to the IDB.
- The NMCP began recruiting a contracts specialist to assist with the Global Fund grant.



*Guinea NMCP staff participate in the first LDP+ workshop in Kindia.*

### CHALLENGES/LESSONS LEARNED

- The core competencies matrix developed by the LMG/NMCP Senior Technical Advisor in 2014 has become a key tool for the Global Fund as Fund staff recruit their own contracts personnel, in addition to contributing to an overall improvement in the NMCP's internal organization.
- Implementing the core competencies matrix to strengthen the NMCP's organizational structure is proving to be somewhat difficult due to internal politics.
- The EVD outbreak in Guinea continues to slow down the implementation of the NMCP workplan.

## NEXT STEPS AND PRIORITIES FOR NEXT QUARTER

LMG/NMCP's priorities for next quarter are to:

- assist the NMCP coordination unit to continue weekly meetings;
- organize and conduct the second and third LDP+ workshops;
- provide technical and planning support to the NMCP as it carries out the first supportive supervision trainings;
- continue to review, suggest changes to, and provide technical input on the NMCP's updates to SMC guidelines, operational procedures manual, and the NMCP's monitoring and evaluation Excel database;
- assist the NMCP coordinator to complete and submit the core competencies matrix to the minister of health;
- assist with recruitment and selection of the NMCP and PR's contracts specialist;
- continue to provide technical support to department heads;
- assist with coordinating monthly meetings for technical working groups as well as quarterly coordination meetings with monitoring and evaluation partners;
- maintain communication between the NMCP and CRS and Stop Palu; and
- participate in the organization of World Malaria Day on April 25, 2015.

### LMG/NMCP – Liberia

### Senior Technical Advisor Kwabena Larbi

During this reporting period, the LMG/NMCP team focused on implementing activities in the LMG/NMCP project year 2 workplan and continued to collaborate with malaria control partners in Liberia. Despite EVD-related delays, the LMG/NMCP project has been able to support the NMCP to move forward with the LLIN mass distribution campaign, coordinate NMCP activities, and launch the LDP+.

## ACTIVITIES

### *Mass Distribution Campaign and Continuous Distribution of LLINs*

The LMG/NMCP project in Liberia worked closely with the NMCP to prepare for the LLIN mass distribution campaign, which is expected to begin in April 2015. The NMCP has had to revise the timeline for the campaign several times in order to update and include key steps. The NMCP also developed supervision and monitoring tools for the campaign and completed a training of trainers from both NMCP country team and sub-recipient (SR) teams. The NMCP was able to complete the monitoring schedule and budget for national and county-level monitoring, and the Global Fund approved the budget and schedule on February 6, 2015. LMG/NMCP supported this work by providing feedback on the tools and campaign timeline.

In order to avoid exposing volunteers and households to EVD, the NMCP did not carry out the planned household registration. To compensate for this activity, which would have given the NMCP a target for the number of LLINs to be distributed, the Global Fund increased the number of LLINs for Liberia from 2.3 million to 2.83 million, for an average of three LLINs per household.

The LMG/NMCP Technical Advisor participated in meetings with the World Food Program in Liberia, which resulted in them committing to transport and store the increased quantity of

LLINs in a selected warehouse. The location of this warehouse is critical for onward transportation from counties to district warehouses. This commitment has resulted in significant savings in both warehouse and transportation costs for the NMCP. The LMG/NMCP Senior Technical Advisor was involved in planning and preparation for the training of health workers involved in the LLIN continuous distribution roll-out to health facilities. The NMCP put the recommendations it received from Vector Works, the USAID-funded project to support continuous distribution, into action with the successful combination of continuous distribution trainings to avoid duplication of training between stakeholders throughout the roll out.

### ***Coordination of NMCP activities***

The LMG/NMCP provided technical support to the NMCP during internal and external discussions with the case management technical working group, WHO, UNICEF, and malaria steering group, to devise measures for ensuring that malaria control activities are safely continued during the ongoing EVD outbreak. For instance, the LMG/NMCP Senior Technical Advisor advocated for the suspension of rapid diagnostic testing (RDT) testing by community health volunteers and private pharmacies and medicine shop operators. At these levels, adherence to enhanced infection prevention and control measures could not be guaranteed, so it was recommended that RDT testing be restricted to health facilities with appropriate skills and equipment for EVD prevention.

During the reporting period, the NMCP adopted WHO and UNICEF published guidelines on RDT, and recommended that RDT be replaced by incidence or history of fever as a proxy diagnosis for malaria. The NMCP communicated the changes to all partners and the county health authorities who supervise community health volunteers. The reduction of Ebola cases during the reporting period prompted a review of this policy, and some partners began pushing to lift the suspension of RDT testing by community-based volunteers and private pharmacies and drug sellers. However, LMG/NMCP recommended that the suspension be kept in place until the country is declared Ebola free, and this recommendation was adopted by the case management working group.

The NMCP was contacted by NMCP of Sierra Leone to share its evaluation of anti-malaria Mass Drug Administration (MDA) in the previous quarter. The LMG/NMCP Senior Technical Advisor had provided support in the design and implementation of this assessment.

LMG/NMCP worked closely with the NMCP to manage its relationship with the Clinton Health Access Initiative (CHAI) Technical Advisor and program staff to finalize the narrative and costing of the National Malaria Strategic Plan (NSP 2014-2020). The NMCP revised the objectives of the NSP to align with those of the Global Fund, PMI Malaria Operational Plans, and WHO Global Malaria Action Plan, and incorporated guidance from the Roll Back Malaria Initiative.

The goal of these revisions was to make sure the objectives and targets of the NSP are realistic and take into account the capacity of the NMCP and the Liberian context. The LMG/NMCP Senior Technical Advisor led the NMCP team responsible for drafting the NSP 2015-2020 narrative and budget. The first draft was submitted to CHAI on March 30, 2015, for review.

LMG/NMCP also funded the NMCP's NSP retreat from January 27-30, 2015, which allowed the NMCP staff to complete the first draft of the NSP budget and narrative. Without this support, it is likely that the NSP would not be complete until much later in the year. The LMG/NMCP Senior Technical Advisor and the NMCP Program Manager facilitated the retreat and provided feedback on prioritizing targets set by each team.



*The LMG/NMCP Senior Technical Advisor in Liberia presents the objectives of the LDP+ to NMCP participants.*

### **Leadership Development Program Plus (LDP+)**

LMG/NMCP organized and facilitated the first LDP+ workshop for key NMCP staff on March 11-13, 2015. Five teams participated, for a total of 25 NMCP staff. Participants called the first LDP+ workshop very productive: the LMG/NMCP Senior Technical Advisor introduced the twelve leading, managing, and governing practices, introduced the Challenge Model, and facilitated participants to develop a first draft of their team's Challenge Model. Challenges the teams selected include: expanding the NMCP's funding base, improving internal and external communication, improving data quality and reporting, increasing LLIN utilization, and improving testing of malaria before treatment (see Appendix I). Since the workshop, LMG/NMCP has been working with the technical coaching team to support the NMCP LDP+ teams to begin developing their action plans and prepare for the second LDP+ workshop.

### **COORDINATION WITH PARTNERS**

LMG/NMCP continued to work closely with NMCP staff to maintain positive relationships with partners and move forward with joint activities. The LMG/NMCP Senior Technical Advisor attended two meetings at USAID's office (January 20 and February 8, 2015) to update the USAID team on LMG activities and the proposed LDP+ workshop dates; USAID introduced the new Health and Population Advisor, Tara Milani, who requested that the LMG/NMCP Senior Technical Advisor attend weekly USAID/PMI meetings. Ms. Milani appreciated the contribution of the LMG/NMCP project in Liberia as captured in last quarter's Success Story on the rationalization of NMCP staff, and also indicated USAID/Liberia's interest in continuing leadership, management, and governance capacity building support to the NMCP. The LMG/NMCP Senior Technical Advisor will begin to participate in bi-weekly meetings at the USAID/Liberia office.

Other key action items discussed for follow up included the following:

- LMG/NMCP will assist the NMCP in drafting a formal invitation to PMI's Director, Rear Admiral Zimmer, to attend the launch of the Liberia LLIN campaign on April 25, 2015, to coincide with World Malaria Day. The NMCP sent this letter March 30, along with invitations to the head of WHO Global Malaria, the head of the Global Fund, and the head of Roll Back Malaria.
- LMG/NMCP will assist with drafting terms of reference for short-term technical assistance for additional support to the NMCP and Plan International during the LLIN campaign and routine distribution through health facilities.
- Through monthly meetings of the supply chain technical working group, the project will set up a database of malaria commodities procured and distributed per quarter to guard against commodity stock outs.

The LMG/NMCP Senior Technical Advisor also continued to actively participate in weekly meetings with the NMCP and all malaria control partners in Liberia. Partners who participate in these meetings include the Global Fund, PMI, and Plan Liberia/Canada. UNICEF, CDC Liberia and HQ, WHO, UNICEF, Malaria Prevention Alliance, USAID | DELIVER Project, VectorWorks, and JHPIEGO. During this quarter, weekly meetings focused on LLIN distribution, both campaign and routine, as well as Malaria in Pregnancy (MIP) activities in the context of the EVD outbreak. LMG/NMCP has been particularly active in this quarter in discussions regarding the mass distribution campaign, due to the project's close relationship with the NMCP.

#### **ACCOMPLISHMENTS AND DELIVERABLES**

- The NMCP finalized training plans for health workers on LLIN continuous distribution.
- The NMCP finalized the LLIN mass campaign strategy.
- The NMCP drafted the first NSP budget and narrative.
- LMG/NMCP supported training and review of tools to conduct health facility monitoring.
- LMG/NMCP conducted the first LDP+ workshop with NMCP staff.
- LMG/NMCP assisted the NMCP to revise the MIP Guidelines and send them to JHPIEGO and USAID/PMI for review and approval.

#### **CHALLENGES AND LESSONS LEARNED**

The Ebola outbreak has delayed or suspended several activities planned for this quarter. The LLIN mass distribution campaign planning is moving forward, but the changing status of the EVD in Liberia has required several revisions of the LLIN distribution strategy and schedule. The NMCP also had to revise the distribution tools and budgets several times.

The scale-up of integrated community case management and private sector case management is now recommended in the wake of limited access to and use of formal health facilities—itsself due to mutual fear and mistrust by health workers and communities. Malaria testing is still suspended in EVD outbreak areas, and treatment based on fever or history of fever is still recommended by the NMCP, WHO and UNICEF.

As of the end of this reporting period, there have been no reported new cases of EVD in Liberia since March 1, and there is genuine hope that health services and malaria control activities will be restored. The MOH and its partners have begun putting measures and funding in place to speed up efforts to restore health services. The MOH has conducted a country-wide assessment of the impact of EVD on health services, and the NMCP has conducted an assessment on the outbreak's impact on malaria control. The MOH is working closely with partners to mobilize resources for the rapid restoration of health services in Liberia. One of the key lessons learned during this period is that due to the EVD outbreak, many Liberians have lost confidence in the health system; it will take time to restore their confidence.

The dates for the first LDP+ workshop had to be changed several times in order to accommodate NMCP staff schedules. Finding a convenient time proved to be very difficult, especially during the LLIN campaign planning. As a result, the alignment meeting was not held, and the staff participating in the first workshop did not have a clear picture of the LDP+ process prior to starting. In order to make sure that the NMCP leadership is familiar with the LDP+ and secure their commitment to ensuring that staff are available to participate, the project will hold a "re-alignment" meeting in the next quarter with support from an expert LDP+ consultant.

#### **NEXT STEPS AND PRIORITY ACTIONS FOR THE NEXT QUARTER**

LMG/NMCP's priorities for next quarter are to:

- assist the NMCP with coordinating the LLIN mass distribution campaign;
- assist the NMCP with the LLIN continuous distribution training and roll out;
- support of the NMCP to implement OCAT recommendations;
- support the NMCP to finalize the MIP guidelines and roll out orientation on the guidelines;
- support the NMCP to validate and finalize the National Malaria Strategic Plan;
- support the launch of the Global Fund country dialogue for concept note development
- assist the NMCP to update the GF dashboard and prepare program updates and disbursement requests; and
- carry out the LDP+ alignment meeting, orientation of technical coaching team, and LDP+ workshop 2 for NMCP improvement teams.

#### **LMG/NMCP – Côte d'Ivoire**

#### **Senior Technical Advisor Pépin Miyigbena**

During this quarter, LMG/NMCP supported the NMCP's malaria grant negotiation with the Global Fund during the grant making process following acceptance of Côte d'Ivoire's malaria concept note. Other activities included assisting the NMCP in planning and carrying out the LLIN mass distribution, establishing a resource mobilization committee within the NMCP, and developing a code of conduct and rules and regulations document in order to address weaknesses revealed by the initial organizational capacity assessment.

## **ACTIVITIES**

### ***Global Fund grant***

The malaria concept note for Côte d'Ivoire was accepted by the Global Fund on January 15, 2015. While in Geneva for the second round of grant negotiations, the NMCP was informed that their grant total would be €50,814,037, with €9,863,046 dedicated to funding the LLIN distribution and the interim period between January and June 2015, and €40,950,991 for the three-year grant. The NMCP is now working to revise the concept note budget to match the new grant total.

LMG/NMCP guided the NMCP through the various stages of grant making. The LMG/NMCP Senior Technical Advisor gave a presentation for all NMCP staff on the provisions and rules of conduct for successful grant negotiations with the Global Fund. In addition, the LMG/NMCP Senior Technical Advisor participated in several conference calls and meetings with the Global Fund Portfolio team.

The Global Fund TRP sent final questions on the concept note to the NMCP in January, and the LMG/NMCP Senior Technical Advisor provided support to the NMCP team to submit all responses by January 29, 2015. The LMG/NMCP Senior Technical Advisor facilitated a workshop with the NMCP February 17-20, 2015, to develop the first draft of documents required by the Global Fund for grant negotiations, including the performance framework, workplan, stock quantification, operational implementation plan, and external audit arrangements. These documents were submitted to the Global Fund on time at the conclusion of this workshop on February 20, 2015, and consequently revised documents were submitted to the Global Fund on March 17, 2015.

A team of NMCP staff, accompanied by the LMG/NMCP Senior Technical Advisor, attended the second round of negotiations with the Global Fund in Geneva, Switzerland, from March 23-27. As noted above, in Geneva, the NMCP learned that the grant total for the NMCP would include the funds for the January to July 2015 interim period. Initially, the NMCP had requested that funding for the interim period be in addition to the three-year grant total, so too accommodate this large reduction, the NMCP has had to remove activities related to a performance framework and drug quantification. The NMCP is now working, with the support of the LMG/NMCP Senior Technical Advisor, to finalize the budget early in the next quarter.

### ***Coordination of NMCP activities***

LMG/NMCP provided technical support to the NMCP to develop, review and finalize the NMCP's 2014 annual report and workplan, which was shared with the Global Fund and relevant NMCP partners on March 25, 2015. The LMG/NMCP Senior Technical Advisor also helped the NMCP prepare for an external audit by developing the schedule and terms of reference as well as reviewing the contract and technical proposal for the selected audit firm. In response to a request from the Global Fund, the LMG/NMCP Senior Technical Advisor worked with NMCP staff to reprogram remaining activities from the round 6 Global Fund grant, which ended on December 31, 2014. Together they reviewed the performance framework, workplan and budget to reprogram remaining activities into the interim grant period.

LMG/NMCP continued to support improved internal coordination of NMCP activities this quarter by maintaining weekly staff meetings, developing meeting agendas with the NMCP Director, and providing ongoing guidance for strategic decision making. These weekly meetings provide a forum for reviewing completed activities, planning upcoming activities, and sharing information regarding partner coordination.

As previously reported, the NMCP received its most recent tranche of funding for €895,087 (approximately US \$1,060,210) on December 16, 2014. This is the second disbursement the NMCP has received since signing the phase 2 grant in January 2012, and the second disbursement that the NMCP secured with the support of the LMG/NMCP project. The next tranche, to be disbursed early next quarter, will provide funding to launch the LLIN mass distribution in two regions of Abidjan. The LMG/NMCP Senior Technical Advisor also provided technical support to the NMCP for the preparation and submission of the Progress Update Disbursement Request (PUDR) to the Global Fund on March 6, 2015. Specifically, the LMG/NMCP project provided technical support to organize data validation missions in selected regions, compile data, and develop the PUDR and Dashboard reports.

#### ***NMCP LLIN mass distribution campaign***

The LLIN mass distribution campaign continued this quarter, and LMG/NMCP continued providing technical support to the NMCP Director and staff responsible for coordinating and planning the campaign in 59 districts, specifically focusing on validating programmatic and financial data from the distribution phase. In order to prepare for a review of expenditures by the Local Funding Agent (LFA), the LMG/NMCP Senior Technical Advisor assisted the coordination team to collect, organize and submit vouchers to the LFA. The LMG/NMCP Senior Technical Advisor participated in a conference call with the Global Fund, LFA, and NMCP to identify approaches to accelerate their justification of campaign expenses. The LMG/NMCP Senior Technical Advisor also reviewed terms of reference for the campaign's technical committee, which met on January 22, 2015, for a coordination meeting.

The results of careful and organized planning, as well as justifying expenditures, became clear when the steering committee met on February 23, 2015, to review and validate the results of the distribution campaign: by the end of the campaign in December 2014, the NMCP had distributed 9,637,777 LLINs out of a total of 10,120,629 LLINs, for a 95% distribution rate. The target end date for the LLIN mass distribution campaign in Abidjan was set for March 31, 2015, due to the Global Fund's delayed disbursement of additional resources after the LFAs refused to authorize new spending on the LLIN mass distribution campaign without prior justification for the entire amount of funding already disbursed for the campaign in the 59 selected health districts.

LMG/NMCP worked with the technical committee to establish the following timeline for the next stages of the distribution campaign in two regions of Abidjan: social mobilization to begin April 20, 2015; quantification phase to launch on April 26; and distribution to begin in late April.

### ***Improved NMCP governance***

The LMG/NMCP Senior Technical Advisor assisted in the development of a code of conduct and rules and regulations document for all NMCP staff. Both documents were submitted to the NMCP Director for review on February 24, 2015. LMG/NMCP will support adoption of these documents by leading the NMCP through the following steps: (1) disseminate draft documents to NMCP staff and collect feedback; (2) the Ministry of Public Health’s human resources department reviews the documents; (3) organize a validation workshop; and (4) print and distribute the final documents to the NMCP staff and partners.

### ***Improved NMCP resource mobilization***

To improve the NMCP’s ability to mobilize resources, the LMG/NMCP Senior Technical Advisor proposed that the NMCP establish a resource mobilization unit, aligned with the strategic directions outlined in the revised NSP. This activity is linked to LMG/NMCP’s OCAT findings and corresponding project workplan. The NMCP Director is expected to issue a memorandum to formalize the committee by mid-April 2015. Once formed, committee members will be trained by RBM’s resource mobilization coordinator, who has worked closely with the NMCP on resource mobilization.

### ***Leadership Development Program Plus (LDP+)***

Following the initial technical coaching team training on November 18-19, the project held a training of trainers session with eight NMCP staff on January 27-28, 2015, to further familiarize coaches with the LDP+ methodology in preparation for the first workshop. The first LDP+ workshop was then held February 11-13, with 16 participants divided into three improvement teams. The challenges identified by each of the improvement teams to guide the LDP+ process are as follows:

1. Improve preventive intermittent treatment coverage rate among pregnant women.
2. Improve commodity availability and stock management.
3. Improve the disbursement and spending rates of grant funding.



During the first workshop, which focused on scanning the current situation, NMCP participants were introduced to the LDP+ process, methodology and tools, including the challenge model, leadership development triangle, and conceptual model on how to lead, manage, and govern for results. Each improvement team presented their vision for the desired future of the NMCP, learned to differentiate between a challenge and a problem, and practiced formulating “SMART” results. At the end of the workshop, each improvement team had begun the process

of filling out their challenge model with the team’s mission, vision, challenge, and desired measurable result.

### COORDINATION WITH PARTNERS

Throughout this quarter, LMG/NMCP participated in several meetings and discussions with NMCP partners:

Partner	Timing	Purpose
USAID Health Director	January 20, 2015	Review activities and results, progress and challenges of the NMCP and to provide an update on the implementation of the LMG/NMCP project.
NMCP and UNICEF	January 7, 2015	Review UNICEF activity implementation as sub-recipient according to their 2014-2015 workplan.
GFA/NMCP	January 22, 2015 February 16, 2015 March 27, 2015	Monitor the implementation of NMCP activities.
NMCP/Sub-recipients (SRs)	January 30, 2015	Review completed activities, plan upcoming activities, and analyze strengths and weaknesses of SR’s relationship with the NMCP.
CCM, IRC, and NMCP	February 23, 2015	CCM malaria committee review progress with PRs (NMCP and IRC) as designated in the new funding model grant.
NMCP and RBM	February 23, 2015	Hold working session with the RBM delegation to improve collaboration.
NMCP and RBM	February 24, 2015	Develop joint workplan and NMCP technical assistance plan.

### ACCOMPLISHMENTS AND DELIVERABLES

- The Global Fund accepted the malaria concept note for Côte d’Ivoire on January 15, 2015, for a total of €64,689,567 (~US \$76,623,500) for the three-year grant (2015-2017).
- The Global Fund approved the NMCP’s six-month transition budget for € 9,863,046 to reprogram funding and serve as a bridge between the round 8 grant and the new funding mechanism. The NMCP submitted the quarterly PUDR to the Global Fund on March 6, 2015.
- The NMCP finalized and distributed the 2014 annual report and 2015 annual workplan by March 31.
- The NMCP developed a code of conduct and rules and regulations document, now with the NMCP Director for approval.
- The NMCP established a resource mobilization committee.

- LMG/NMCP held a LDP+ training of trainers session with eight NMCP technical coaches trained to deliver LDP+ curriculum.
- LMG/NMCP organized and facilitated the LDP+ workshop 1 with 16 NMCP staff, forming three improvement teams.

## **CHALLENGES**

During this quarter, the NMCP has been negotiating the grant with the Global Fund, which, though challenging, has been a key area of support for LMG/NMCP. The LMG/NMCP Senior Technical Advisor has provided guidance to the NMCP throughout the grant-making process to help it meet its goal of signing for at least 90% of the Global Fund-approved funding amount. The work climate at the NMCP has been a challenge, especially in terms of keeping staff motivated throughout the Global Fund grant negotiations, but the LMG/NMCP project has been able to foster improvements by encouraging regular communication with the Global Fund and maintaining the NMCP coordination team's continued commitment to overcoming challenges.

## **NEXT STEPS AND PRIORITY ACTIONS FOR THE NEXT QUARTER**

LMG/NMCP's priorities for next quarter are to

- finalize and disseminate NMCP governance documents including the Code of Conduct, job descriptions, competencies and procedures manual;
- support the NMCP mass distribution campaign in Abidjan;
- hold the second technical coaching team meeting with each LDP+ improvement team;
- conduct the second LDP+ workshop on focusing, planning, analyzing, and mobilizing;
- continue to implement activities in the LMG/NMCP project year 2 workplan with a focus on establishing the National Coordinating Committee and thematic sub-groups; and
- provide support to finalize the signature of the new funding model grant before the end of the quarter.

## **LMG/NMCP – Cameroon**

## **Senior Technical Advisor Maurice A. N'Djoré**

During this quarter, LMG/NMCP supported the NMCP's negotiations with the Global Fund following acceptance of Cameroon's malaria concept note. Other activities included assisting the NMCP in planning the phased LLIN mass distribution campaign, coordinating NMCP human resources management, developing the NMCP capacity assessment report, and launching the LDP+ with the NMCP.

## **ACTIVITIES**

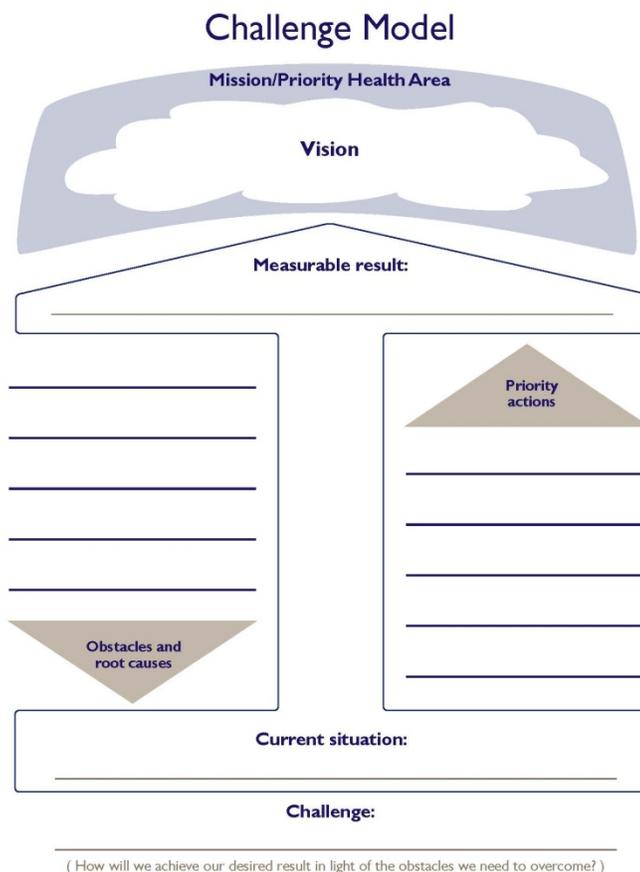
### ***Organizational capacity assessment and year 1 workplan***

LMG/NMCP developed a comprehensive report on the findings of the capacity assessment of the NMCP conducted from mid-July to mid-September 2014. The report is being finalized and will be shared with partners during the next reporting period. The results of the assessment informed the LMG/NMCP Cameroon workplan and LMG/NMCP's recommendations for improving organizational capacity at the NMCP. The LMG/NMCP Senior Technical Advisor worked with NMCP leaders, taking into account the NMCP's strategic priorities, to develop the workplan. A principal recommendation is to implement the LDP+ with the NMCP to build staff

capacity and improve the NMCP’s overall performance. Based on this recommendation, the LMG/NMCP Senior Technical Advisor focused on planning, organizing, facilitating, and documenting the first stages in the LDP+ process.

**Leadership Development Program Plus (LDP+)**

LMG/NMCP launched the LDP+ with the NMCP with technical support from LMG/Benin’s Senior Technical Advisor, who is an experienced LDP+ co-facilitator and able to draw on the experience of LMG in Benin. LMG/NMCP held the senior alignment meeting to gain the commitment of NMCP leadership and key in-country stakeholders on February 24, 2015, and held the first technical coaching team meeting on February 25, 2015, with 4 coaches from the NMCP. LMG/NMCP held the first LDP+ workshop with 11 participants from the NMCP on February 26-28, 2015.



During the first workshop, which focuses on scanning the current situation, NMCP participants were introduced to the LDP+ process, its methodology and tools, including the challenge model, the leadership development triangle, and conceptual model on how to lead, manage, and govern for results. The workshop introduced the improvement teams participating in the LDP+ to the challenge model as a tool to improve NMCP performance and work environment. LMG/NMCP will conduct the second technical coaching team meetings and workshop in the LDP+ series during the next quarter. (Please see Annex I for team missions, visions, current situation, and desired measurable result).



**Global Fund concept note development**

After a lengthy negotiation, the malaria grant agreement between the Global Fund and the Government of Cameroon was signed on February 17, 2015, for a total of €77,168,234 for the three-year grant (2015-2017). To reach this milestone, the Global Fund portfolio team made several visits to Cameroon in January and February 2015 to meet with in-country partners, continue grant negotiations, and prepare for implementation.

LMG/NMCP played a coordination and technical support role in the many rounds of negotiations conducted with the Global Fund and LFA teams during this period. Specifically, the LMG/NMCP Senior Technical Advisor:

- supported the NMCP to provide regular progress updates on grant negotiation with the Global Fund to the NMCP's SRs and other partners, including WHO and UNICEF;
- reviewed proposed action plan and budget included in the malaria concept note for 2015-2017;
- reviewed NMCP planning to effectively carry out the three phases of the LLIN mass distribution campaign (including logistics, communication, and micro-planning);
- reviewed the implementation strategy and targeted intervention areas for community activities; and
- continued discussions with various mobile operators (including SMS for Life and MTN) to examine the feasibility of using ICT services and mobile payments during grant implementation.

### ***Coordination of NMCP activities***

LMG/NMCP continued to improve coordination and monitoring of NMCP interventions, including prevention, care, information, education, and communication (IEC), behavior change communication (BCC), research, and monitoring and evaluation. In line with a recommendation from the NMCP capacity assessment to hold regular coordination meetings, the various units of the NMCP began to do so. LMG/NMCP provided technical assistance to the NMCP to prepare key documents for submission to the Global Fund, such as the NMCP's semi-annual report and Global Fund concept note, and assisted the NMCP in preparing responses to questions on the concept note from the Global Fund's TRP. The project recommended that the NMCP's financial and accounting staff hold regular meetings with all NMCP staff to discuss best practices in this area. During the next reporting period, the LMG/NMCP Senior Technical Advisor will assist the NMCP to develop a detailed implementation plan for the new funding model grant in order to systematically monitor and coordinate grant activities.

### ***NMCP Mass Distribution Campaign***

To prepare for the LLIN mass distribution campaign, LMG/NMCP provided key technical assistance to the NMCP during several rounds of negotiations with the Global Fund, the LFA, and key technical and financial partners, including WHO, Malaria No More, *Institut pour la Recherche, le Développement Socio-économique et la Communication* (IRESCO), PLAN, *l'Association Camerounaise pour le Marketing Social* (ACMS), and UNICEF. These negotiations were held to provide additional clarification to the Global Fund regarding the 2015 distribution campaign, and prepare for grant implementation.

The LMG/NMCP Senior Technical Advisor reviewed the NMCP's phased campaign strategy with LLIN distribution activities to take place in Central, South, and East regions in May-June; far North, North, and Adamaoua regions in October; and Littoral, Center, and West regions in November and December 2015. As part of the planning, the LMG/NMCP Senior Technical Advisor worked with NMCP staff to review the pharmaceutical stock management plan, which took into account the quantification of LLINs, customs and security concerns, and the transport

and storage of malaria products to the counties. LMG/NMCP further assisted in campaign planning by helping the NMCP to review the overall distribution campaign budget and funds allocated for activities (including macro planning, micro planning, training, delivery, and supervision), and reviewing lessons learned from past campaigns. LMG/NMCP also worked with the NMCP to identify innovative and transparent payment methods, such as mobile money and money transfers, for use during the LLIN distribution campaign to minimize security risks and prevent fraud. The Minister of Health set up a National Coordination Committee for the LLIN distribution campaign on March 10, 2015.

During the next reporting period, LMG/NMCP will continue to support the NMCP with the distribution campaign, specifically by pushing forward the final signature of grant agreements between the PR and SR, coordinating reception of final grant documents from the Global Fund, working with NMCP finance and contracts staff to oversee the first disbursements under the new grant, and providing technical support throughout the LLIN distribution campaign.

***Coordination of NMCP Human Resources Management***

During the previous reporting period, the NMCP was negatively affected by staff departures, including four staff from the Monitoring and Evaluation unit and four from the Administrative and Finance unit. In response, the LMG/NMCP Senior Technical Advisor held lengthy discussions with the NMCP Permanent Secretary and leadership team to better understand the causes of these departures and identify solutions. The project shared the capacity assessment with NMCP leadership, using the results to encourage implementation of recommendations, such as hiring a Senior Human Resources Officer for the human resources management unit. To address these challenges, the project successfully assisted the NMCP to fill three of the Monitoring and Evaluation unit vacancies and two vacancies in the Administrative and Finance unit. LMG/NMCP will continue to encourage the NMCP to implement specific recommendations for human resources management, such as fill vacancies identified in the NMCP organizational chart, improve the work climate within the NMCP, and equip all NMCP staff with a functional office environment.

**COORDINATION WITH PARTNERS**

Throughout this quarter, LMG/NMCP participated in several meetings and discussions with NMCP partners, as shown below:

Partner	Timing	Purpose
NMCP, Malaria No More	January 2015	Continue efforts to mobilize and involve the private sector in the fight against malaria and prepare for grant implementation

NMCP, Malaria No More, Cameroon Coalition Against Malaria (CCAM), Clinton Health Access Initiative (CHAI), WHO	January 2015	Coordination meeting to strengthen partnerships between NGOs and institutions involved in the fight against malaria in Cameroon
NMCP, CCAM	January 2015	Update mapping of partners in the fight against malaria and develop community intervention strategies for the malaria concept note
USAID/ Cameroon	February 25, 2015	Quarterly LMG project monitoring meeting to review activities and results, progress and challenges of the NMCP
USAID/Cameroon, MSH	March 18, 2015	Provide updates and overviews of each MSH project (LMG, SIAPS, E2A) to the visiting USAID West Africa Regional Health Office Director, Rachel Cintron

#### **ACCOMPLISHMENTS AND DELIVERABLES**

- The Global Fund signed the malaria concept note for Cameroon on February 17, 2015, for a total of € 77,168,234 for the two-year grant (2015-2017).
- LMG/NMCP developed a comprehensive report of findings from the NCMP capacity assessment (currently being finalized to be shared with partners during the next reporting period).
- The Cameroon Minister of Health instituted the National Coordination Committee for the LLIN distribution in early March.
- LMG/NMCP held the LDP+ alignment meeting with NMCP staff and leaders.
- LMG/NMCP held a training of trainers session with four NMCP coaches to train them to deliver the LDP+ curriculum.
- LMG/NMCP organized and held the first LDP+ workshop with 11 NMCP staff, forming two improvement teams.

#### **CHALLENGES**

During this reporting period, the LMG/NMCP Senior Technical Advisor reviewed the project workplan, making revisions to align the goals more closely to recommendations from the NMCP capacity assessment and current priorities, including grant implementation and planning of the LLIN mass distribution campaign.

Although many vacant positions were filled at the NMCP during this reporting period, the NMCP still lacks a Senior Officer for the human resources management unit. The LMG/NMCP Senior Technical Advisor will continue to encourage the NMCP to implement specific recommendations for human resources management, as discussed in the above section.

The NMCP's lack of familiarity with the LDP+ was initially a challenge for the project, as NMCP leaders were not convinced that the time commitment was worthwhile. The LMG/NMCP Senior Technical Advisor, supported by LMG/Benin's Senior Technical Advisor, addressed these concerns by clearly articulating the advantages of the program to NMCP leadership and staff and securing their commitment and buy-in, which has been an important step in ensuring that the program is successful.

## **NEXT STEPS AND PRIORITY ACTIONS FOR THE NEXT QUARTER**

LMG/NMCP's priorities for next quarter are to:

- finalize and submit NMCP capacity assessment report;
- follow up recommendations from the NMCP capacity assessment;
- prepare and hold coaching sessions and second LDP+ workshop with NMCP staff (April 2015);
- finalize revisions to LMG/NMCP project workplan according to recommendations from the NMCP capacity assessment;
- establish a Memorandum of Understanding (MOU) between MSH and the NMCP;
- monitor signing of grant agreements between the NMCP, PR and SR under the grant agreement and provide guidance to SRs on grant implementation requirements;
- monitor the first disbursement of funds to ensure timely implementation of the grant;
- provide support to the NMCP to prepare for the mass LLIN distribution campaign;
- revise the LMG/NMCP workplan for Cameroon to USAID/PMI in the next reporting period; and
- help monitor and coordinate NMCP activities under the new funding model.

### **LMG/NMCP – Burundi**

### **Senior Technical Advisor Cheikh Gassama**

During this quarter, LMG/NMCP supported the NMCP to develop and submit the Burundi malaria concept note to the Global Fund. The project also completed the initial organizational capacity assessment of the NMCP, contributed to a Global Fund-commissioned self-assessment, and worked with NMCP staff to develop an evaluation of Global Fund grant SRs.

## **ACTIVITIES**

### ***Concept note development and submission***

This quarter, LMG/NMCP worked closely with the Burundi NMCP to develop and submit its first malaria concept note to the Global Fund for \$40,107,823. Of this sum, \$21,612,213 has already been obligated by the Global Fund, and the NMCP has requested an additional \$18,495,610. Since arriving at post in October of 2014, the LMG/NMCP Senior Technical Advisor provided valuable technical and coordination support to the NMCP to integrate the Global Fund's recommendations into the concept note. The recommendations included: correct the budget, describe all activities from the administrative perspective in the program management component, prioritize all anticipated activities within the Global Fund budget, more fully describe the monitoring and evaluation component, adapt a national Results-based financing (RBF) model within the context of the NMCP, update the modular tool, and compile all the

necessary annexes in the concept note. The LMG/NMCP Senior Technical Advisor also assisted in the comprehensive review of the concept note prior to its submission to the Global Fund on January 30, 2015.

From March 16-20, 2015, Roll Back Malaria held the second Africa NMCP managers meeting in Zimbabwe. Representatives from the Burundi NMCP and the LMG/NMCP Senior Technical Advisor attended the meeting, where representatives from 48 NMCPs across Africa met to share experiences in developing business plans, filling financial gaps, organizing technical assistance, and improving concept notes. RBM and WHO provided feedback to the Burundi NMCP team on their 2015 roadmap, and discussed bottlenecks in implementation of the Global Fund grant. LMG/NMCP helped the NMCP prepare two presentations: one on resource mobilization and one on Burundi NMCP interventions, results, successes, and challenges.

### ***Organizational capacity assessment***

The LMG/NMCP Senior Technical Advisor conducted an organizational capacity assessment of the NMCP on January 15-16, 2015. Based on the same tool (OCAT) used for NMCPs in Liberia, Côte d'Ivoire and Cameroon, the assessment evaluated the capacity of the Burundi NMCP in ten key areas (see OCAT graphic).

The LMG/NMCP Senior Technical Advisor discussed and validated the terms of reference, objectives, methodology, and anticipated results with the NMCP, then reviewed key documents.

Following the participatory assessment, sub-groups evaluated indicators before they were discussed and validated in a plenary workshop. Staff achieved consensus on scores for each area, and many expressed appreciation for this step. LMG/NMCP is now reviewing and finalizing the interim report, expected to be submitted to the NMCP and USAID/PMI this quarter.

The assessment showed that the Burundi NMCP should work to improve its management of finances, human resources, governance, and grants. LMG/NMCP Burundi has used the findings of the OCAT, as well as the NMCP's strategic priorities, to inform its project year 1 workplan, which will be submitted to USAID/PMI for approval in April 2015.



- To address weaknesses in financial management, the LMG/NMCP project proposes to work with the NMCP to train staff to use accounting software and monitor its use, develop financial reports using the Global Fund templates, and record and document expenses in compliance with Global Fund policies.
- For human resources management, LMG/NMCP will assist the NMCP to revise job descriptions, clarify roles and responsibilities, and propose new letters of nomination to to the Ministry of Health based on revised job descriptions.
- To improve governance, the project will help the NMCP to develop mechanisms to gauge governance and its impact on NMCP functions, as well as provide governance coaching to NMCP staff.
- With the NMCP becoming a PR in mind, LMG/NMCP will train NMCP staff on Global Fund grant management tools (PUDRs, procurement and supply chain tools, and reporting system).

***Global Fund request for NMCP self-evaluation***

From March 9-13, 2015, the LMG/NMCP Senior Technical Advisor helped the NMCP perform a self-evaluation according to Global Fund guidelines and in cooperation with the LFA. The Global Fund requires PRs to complete this self-evaluation, which covers four domains: governance, procurement management systems, accounting and financial systems, and monitoring and evaluation. The goal of the evaluation is to assess a PR’s capacity to effectively manage and monitor the Global Fund grant. LMG/NMCP supported this exercise by guiding the NMCP to objectively respond to the Global Fund’s questions and provide a full picture of the NMCP’s capacities, to prepare all documents requested by the LFA, and to fully understand which areas they will need to improve in order to manage the Global Fund grant. The NMCP was prepared for this exercise in large part due to the assessment LMG/NMCP had carried out with them in January, using the OCAT.



*Members of the Burundi NMCP using the OCAT to assess their organizational capacity.*

The LMG/NMCP Senior Technical Advisor also supported the NMCP to develop an implementation strategy for the Global Fund grant within the new funding model framework. The strategy outlines the steps that the NMCP intends to follow for grant implementation.

***Development of sub-recipient evaluation***

In the last quarter, LMG/NMCP worked with the NMCP to develop tools and guidance for managing Global Fund grant SRs. With NMCP staff, the LMG/NMCP Senior Technical Advisor developed an evaluation template to assess the capacity of the SRs in monitoring and

evaluation, terms of reference for the evaluation, and a schedule for identifying and planning key activities prior to grant implementation.

***Validation and dissemination of the Administrative, Financial and Accounting Procedures Manual***

Following the organizational capacity assessment, the LMG/NMCP project suggested that the NMCP update its procedural manual to conform to Global Fund requirements. Specifically, the NMCP needed to separate procurement and stock management functions from financial management functions to avoid conflicts of interest, update the organigram, and prepare all documentation needed for recruiting new staff as included in the concept note (audit staff, statistician, finance staff, monitoring and evaluations expert).

**COORDINATION WITH PARTNERS**

Throughout this quarter, LMG/NMCP participated in several meetings and discussions with NMCP partners:

<b>Partner</b>	<b>Timing</b>	<b>Purpose</b>
<b>CCM Burundi</b>	January 19, 2015	Concept note review workshop at the CCM
<b>MSPLS, PNILP, USAID, OMS, CNLS, MSH, PSI, IHPB</b>	January 20, 2015	Quarterly partners meeting
<b>CCM Burundi</b>	January 28, 2015	Concept note validation meeting
<b>USAID/PMI/NMCP</b>	February 23, 2015	Prepare for the MOP 2015, review gaps in the strategic plan, and discuss future financing opportunities
<b>USAID/PMI</b>	February 24, 2015	Prepare for the MOP 2015 and present LMG/NMCP Burundi project and activities
<b>USAID/PMI, NMCP</b>	February 27, 2015	Debriefing meeting for the preparation of the MOP 2015
<b>USAID</b>	March 7, 2015	Technical coordination meeting with Emmanuel Le Perru
<b>Global Fund LFA KPMG</b>	March 12-13, 2015	Self-evaluation workshop with the NMCP

**ACCOMPLISHMENTS AND DELIVERABLES**

- The NMCP, with support from LMG/NMCP, finalized and submitted the malaria concept note to the Global Fund on January 30, 2015,
- The LMG/NMCP Senior Technical Advisor assisted the NMCP to respond to the Global Fund’s questions about the concept note on February 19, 2015.

- LMG/NMCP carried out the initial organizational capacity assessment and submitted the draft report to the NMCP and MSH home office.
- LMG/NMCP assisted the NMCP to complete the Global Fund self-evaluation.
- LMG/NMCP worked with the NMCP to develop tools and guidelines for evaluating the capacity of SRs, and developed TORs for the evaluation of NMCP SRs.
- The LMG/NMCP Senior Technical Advisor, with support from the project's Principal Technical Advisor, developed 2015 LMG/NMCP Burundi annual workplan.
- The LMG/NMCP Senior Technical Advisor participated in two MSH Country Leadership Team meeting.
- The LMG/NMCP Senior Technical Advisor updated and submitted the MOU to the NMCP for feedback.

### **CHALLENGES**

National elections in Burundi are scheduled for May to April 2015, creating possible security concerns, especially in Bujumbura. The NMCP and international partners are carefully monitoring the situation, and making plans to either delay or suspend activities should election-related conflict occur.

The Burundi NMCP has found it challenging to navigate communication with the Global Fund, which can complicate planning and lead to disbursement delays. The LMG/NMCP Senior Technical Advisor frequently acts as a liaison between the NMCP and the Global Fund, and this quarter the LMG/NMCP Senior Technical Advisor was introduced to the Global Fund Portfolio Manager, the LFA, and the CNLS Management Unit, to ensure that the project facilitates a good working relationship between the Global Fund and the NMCP.

The current PR's project management unit and the NMCP have not been able to agree on activities through the end of the project management unit's term in July 2015. Therefore the convention remains unsigned, causing significant delay in national malaria activities. The LMG/Senior Technical Advisor has begun holding facilitated discussions between both directors to see if they can come to a consensus before the transition takes place, to prevent further delay of critical malaria interventions.

In general, NMCP staff sometimes express resistance to change. As the NMCP becomes a Global Fund PR, a number of changes are necessary for the NMCP to receive the grant and manage it. The LMG/NMCP Senior Technical Advisor is aware of how these various changes impact NMCP staff, and is moving activities forward in a sensitive and conscientious manner.

### **NEXT STEPS AND PRIORITY ACTIONS FOR NEXT QUARTER**

LMG/NMCP's priorities for next quarter are to:

- support the NMCP to develop a schedule for implementing the Global Fund grant;
- provide technical support to the NMCP during negotiations with the Global Fund;
- support the NMCP to develop a recruitment plan for new staff;
- provide technical support to the NMCP to develop key documents such as the budget and action plan;

- provide technical support to the NMCP to implement the capacity development plan based on the organizational capacity assessment results and the Global Fund self-evaluation results;
- train NMCP staff on Global Fund audit norms;
- provide technical support to the NMCP to evaluate the capacities of the SRs and to develop a capacity building plan; and
- participate with the NMCP at the regional meeting of RBM/OMS at Victoria Falls in Zimbabwe.

#### LMG/NMCP - Sierra Leone

At the end of the last reporting period, the project team secured a letter of attestation from the Sierra Leone Ministry of Health and Sanitation, a prerequisite for in-country registration. The team relaunched recruitment for the Sierra Leone Senior Technical Advisor and identified a top candidate, who, due to unforeseen personnel issues, was not ultimately hired. The project team relaunched recruitment in March 2015, and expects to have another candidate identified for the USAID/PMI team in Sierra Leone to interview in April 2015.

#### LMG/NMCP – Lao PDR

During this reporting period, the LMG/NMCP team focused on identifying a candidate qualified for the Senior Technical Advisor position, who will provide malaria supply chain support to the Lao PDR National Center for Malaria, Parasitology and Entomology (CMPE). The LMG/NMCP team began recruiting for this position in early December 2014, and identified a final candidate, who was interviewed and approved by the CMPE Director and USAID/PMI in Lao PDR in mid-March 2015. The selected candidate, Mr. Rémy Prohom, will begin work April 6, 2015.

#### IV. QUARTERLY TRAVEL PLAN

Traveler	Itinerary	Dates	Purpose
TBD Senior Technical Advisor	TBD – Freetown, Sierra Leone	TBD April 2015	Travel to post to begin role as Sierra Leone Senior Technical Advisor
Rémy Prohom, Senior Technical Advisor, Malaria Supply Chain	Manila, Philippines – Vientiane, Lao PDR	April 4, 2015	Travel to post to begin role as Lao PDR Senior Technical Advisor
Oumar Diakité, LDP+ facilitator	TBD – Kindia, Guinea	April 6-10	Co-facilitate LDP+ workshop 2 with LMG/NMCP Senior Technical Advisor
Gualbert Tolomé, LDP+ facilitator	Cotonou, Benin – Yaoundé, Cameroon	April 25-27	Co-facilitate LDP+ TOT and workshop 2 with LMG/NMCP Senior Technical Advisor
Morsi Mansour, LDP+ facilitator	London, England – Monrovia, Liberia	April TBD	Co-facilitate LDP+ workshop 2 with LMG/NMCP Senior Technical Advisor

## **ANNEXES**

**Annex I: LDP+ Team Information**

<b>CAMEROON NMCP</b>		
	<b>NMCP Central Management Team 1</b>	<b>NMCP Central Management Team 2</b>
<b>Mission</b>	To ensure universal access to the most effective interventions for prevention and management of malaria at an affordable cost to all Cameroonians, including the most vulnerable and disadvantaged.	To ensure universal access to the most effective interventions for prevention and management of malaria at an affordable cost to all Cameroonians, including the most vulnerable and disadvantaged.
<b>Vision</b>	A malaria-free Cameroon <i>(Vision might be revised at next workshop)</i>	A malaria-free Cameroon <i>(Vision might be revised at next workshop)</i>
<b>Current situation</b>	<i>(To be finalized and shared after the next workshop)</i>	<i>(To be finalized and shared after the next workshop)</i>
<b>Desired Measurable Result</b>	<i>(To be finalized and shared after the next workshop)</i>	<i>(To be finalized and shared after the next workshop)</i>

<b>CÔTE D'IVOIRE NMCP</b>			
	<b>Team 1: Sulfadoxine-Pyrimethamine (SP) for Intermittent Preventive Treatment during Pregnancy (IPT) coverage</b>	<b>Team 2 : Commodity availability and stock management</b>	<b>Team 3: Rate of Global Fund grant disbursement and spending.</b>
<b>Mission</b>	To improve coverage of the the third dose of SP (IPT3)	To improve stock management	To ensure optimal management of Global Fund resources
<b>Vision</b>	All pregnant women receive at least 3 doses of SP	Côte d'Ivoire optimally manages antimalarials and other strategic commodities for malaria control	The NMCP has a steady disbursement and spending rate
<b>Current situation</b>	IPT3 coverage data is not currently available, as only IPT2 is provided	No health department reference hospitals currently report monthly data on consumption of artemisinin combination therapy (ACT) or rapid diagnostic tests (RDTs)	The current disbursement rate is 58%
<b>Desired Measurable Result</b>	From March to August 2015, 10% of pregnant women receive all three doses of IPT3	From March to August 2015, the number of department reference hospitals reporting monthly data on consumption of ACTs and RDTs increases from 0 to 41.	From March to August 2015, the NMCP's grant disbursement rate increases from 58% to 68%

GUINEA NMCP				
	NMCP Management Team	Matoto District Team	Conakry Municipal Team	Kindia District Team
<b>Mission</b>	To have universal access to well-managed malaria prevention services according to Guinea's national health policy.	To have greater prevention coverage thanks to the full integration of all Matoto District private health structures into national malaria management, according to Guinea's national health policy.	The Conakry Municipal Health Zone receives, compiles, and analyzes data for decision-making	
<b>Vision</b>	By August 2015 the three health districts transmit reliable and complete data on time.	Malaria data is collected and compiled on time each month, and includes the private sector (all malaria prevention actors are involved in data management).	The Conakry Municipal Health Zone uses timely, complete, and quality data to plan, monitor, and evaluate malaria control efforts.	In 2017, the Kindia Health district's health structures are able to manage statistical data and produce reliable reports.
<b>Current situation</b>	Of the 3 expected reports, the NMCP receives only 2 and only 1 is on time.	Out of 15 expected monthly reports, 7 are submitted (6 public and 1 private), and only 6 arrive on time.	The Conakry Municipal Health Zone does not receive any malaria data from the Ratoma or Matoto districts.	Of the 15 expected Kindia district reports, 12 are received on time. Of the 12 health structure reports to be sent to the NMCP, 8 are received and 4 arrive on time.
<b>Desired Measurable Result</b>	From February 15 to August 15, 2015, the percentage of NMCP districts that submit reports fully and on time increases from 33% to 100%.	From February 15 to August 15, 2015, the number of reports received increases from 7 to 12.	From February 15 to August 15, 2015, the Conakry Municipal Health Zone receives monthly malaria data reports from Ratoma and Matoto districts.	From February 15 to August 15, 2015, the Kindia health district increases the number of reports submitted from 12 to 15, and those submitted on time from 8 to 14. From February 15 to August 15, 2015, the number of health structure reports submitted to the NMCP increases from 8 to 11, and those on time from 4 to 10.

LIBERIA NMCP						
	Program Management Team	Case Management Team	Vector Control Team	Information, Education and Communication Team	Supply Chain Management Team	Monitoring and Evaluation Team
<b>Priority Health Area</b>	To improve NMCP staff commitment to program activities	<i>Under discussion</i>	Low utilization of Long-lasting Insecticide-treated mosquito nets (LLINs) by pregnant women	Sub-optimal capacity of NMCP to adequately communicate, coordinate and mobilize resources towards national malaria control effort	Malaria drugs and rapid diagnosis kits received from different sources difficult to track and account for	Limited use of data to inform programming
<b>Vision</b>	Happy and productive NMCP staff	<i>Under discussion</i>	All pregnant women have their own LLINs	NMCP recognized as leader in malaria control in Liberia and sub-region	Health facilities have all malaria commodities they need	A research and monitoring and evaluations department with an evidence-based reporting mechanism
<b>Current situation</b>	NMCP staff have no clear performance appraisal system and professional improvement plans	<i>Under discussion</i>	Only 37% of pregnant women sleep under LLINs	NMCP does not have a resource mobilization and communication plan	Limited information on malaria commodity stock status and consumption rate	Limited quality supervision at county level
<b>Desired Measurable Result</b>	All NMCP staff have completed performance appraisal and professional improvement plan by September 2015	<i>Under discussion</i>	Increase the proportion of pregnant women who sleep under LLINs from 37% (DHS 2013) to 70% by end of December 2015	NMCP develops a communication, resource mobilization and coordination plan for malaria control in Liberia by end of September 2015	Prepare and disseminate quarterly malaria commodity stock and consumption status report	Strengthen county level supervision to improve timely and complete data reporting by 20% on baseline by September 2015



# SUCCESS STORY

## Partners Unite to Fight Malaria in Cameroon

Successful partner coordination in Cameroon results in award of 77 million Euro malaria grant from the Global Fund



Photo: Management Sciences for Health

*Professor Ibrahim Seck, consultant for RBM/WHO (left), discusses malaria concept note development with Dr. Maurice N'Djore, LMG/NMCP Cameroon Senior Technical Advisor (right), during a concept note development workshop held in Kribi, Cameroon, from May 26-June 2, 2014.*

The Cameroon National Malaria Control Program (NMCP) works with national partners to support malaria interventions and develop national policies and norms for the fight against malaria. The NMCP also is the Principal Recipient of the Global Fund malaria grant. When the USAID-funded Leadership, Management and Governance National Malaria Control Program (LMG/NMCP) was launched in Cameroon in April 2014, the NMCP was struggling to develop a high quality concept note for submission to the Global Fund, to be considered as a recipient for future Global Fund grants for malaria interventions.

LMG/NMCP Cameroon worked closely with partners to develop the malaria concept note, coordinating stakeholders to better harmonize technical and financial inputs. According to Dr. Frenk Jose Bessolo Mba, the NMCP Deputy Permanent Secretary, “Without the contribution of technical and financial partners, including LMG/NMCP Cameroon...the concept note would not have been finalized by the Global Fund deadline. LMG/NMCP Cameroon helped facilitate strategic planning and programmatic reviews, coordination and monitoring between the public sector and the community sector [as well as] performance improvement of the NMCP based on lessons learned and feedback from the Global Fund team. This enabled a breakthrough in finalizing the concept note, while ensuring high quality writing. If the concept note is successfully implemented as designed, the [Cameroonian] people will benefit.”

With LMG/NMCP Cameroon support, the CCM submitted the malaria concept note to the Global Fund as expected on June 15, 2014. During the negotiation process, the Global Fund provided positive feedback to the NMCP on the concept note’s technical content, recommendations, lessons learned, innovative approaches, and efforts to improve management. As a result, the concept note was approved in September 2014, and the grant agreement between the Global Fund and the Government of Cameroon was signed on February 17, 2015, for a total of 77,168,234 Euros for the two-year grant (2015-2017).