

**LMG/Côte d'Ivoire: Program Year 4, Quarter 2 PEPFAR Progress  
Report  
January 1 – March 31, 2015**

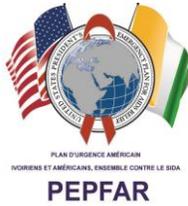
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April 15, 2015

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

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

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#### RAPPORT D'ACTIVITES

**Début de la période:** January 1, 2015

**Fin de la période:** March 31, 2015

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

The following is a summary of activities carried out January 1 through March 31, 2015, by the Leadership, Management and Governance Project in Côte d'Ivoire (LMG/CI), funded by USAID/Côte d'Ivoire through PEPFAR field support. Since December 2011, LMG/CI has been providing technical assistance to the Global Fund Country Coordinating Mechanism (CCM) and Principal Recipients (PRs) to build their capacity in the areas of leadership, management, and governance; monitoring and evaluation; supervision; and resource mobilization. Technical assistance is designed to help clarify the roles and responsibilities of the CCM and the PRs, with the goal of enabling these entities to more effectively rally all sectors to combat HIV and AIDS, malaria, and tuberculosis (TB).

The approved LMG/CI workplan to support the Global Fund CCM for October 2014 through September 2015 contains the following four objectives:

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

During this reporting period (January-March 2015), the following activities and results were achieved under these objectives:

### **Objective 1:**

- LMG/CI supported the each of the CCM's four technical committees to develop budgeted annual workplans.
- The project provided technical support to the CCM Secretariat to develop a communication plan for the CCM.

### **Objective 2:**

- The project supported nine technical committee meetings with CCM members.
- LMG/CI supported members of the HIV committee to conduct two supervisory visits, during which they documented each PR's progress on activity implementation.

### **Objective 3:**

- The project provided technical support to the CCM Secretariat to finalize terms of reference (TOR) for the technical working group and select PRs and sub-recipients (SRs) for the TB concept note.

**Objective 4:**

- 14 CCM members participated in the second Leadership Development Program Plus (LDP+) workshop from February 11-13, 2015.
- 16 CCM members participated in the third LDP+ workshop and presented their results of the LDP+ process from March 25-27.

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

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

The two-year goal of the LMG Decentralization Pilot Project is to improve health service delivery and health outcomes through health systems strengthening and by creating motivated leaders with strong skills in governance, leadership, and management at the Regional Health Directorates (DR) and the Departmental Health Directorates (DD) to promote ownership and sustainability of all interventions, including HIV activities at the decentralized level. Accordingly, the project continued to enhance capacity in the health regions of Indénié-Djuablin and N'Zi-Iffou-Moronou.

The approved LMG/CIDMP workplan for the two regions and their nine districts (for the period October 2014 – September 2015), has three main objectives:

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

During this reporting period (January-March 2015), the following activities and results were achieved under LMG/CIDMP:

**Objective 1:**

- LMG/CIDMP provided technical support to 17 monthly meetings of district health management teams (*Equipe cadre de district*, ECD) and regional health management teams (*Equipe régionale de santé*, ERS).
- The project provided financial and technical support to both the Indénié-Djuablin and N'Zi-Iffou-Moronou DRs and their nine DDs to hold six quarterly coordination meetings.
- LMG/CIDMP provided technical and financial assistance to both the Indénié-Djuablin and N'Zi-Iffou-Moronou DRs to hold their annual review meetings.
- The project provided technical and financial support to both DRs to develop regional workplans for 2015, integrating components from each district's workplan.

### **Objective 2:**

- 46 ECD and ERS members presented their results and challenge models to key stakeholders during the final LDP+ workshop and results presentation from January 22-23, 2015.
- LMG/CIDMP held nine alignment meetings to launch the next cycle of the LDP+ with partners and stakeholders in each of the districts supported by the project.

### **Objective 3:**

- 100% of DDs and DRs completed a quarterly supervision mission, with technical and financial support of LMG/CIDMP.
- 23 staff of the Indénié-Djuablin and N’Zi-Iffou-Moronou DRs were trained in financial management, USAID rules and regulations, and management of the state budget.

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

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

In line with the LMG/CI approved workplan to support the Global Fund CCM, the following activities were carried out during the reporting period of January-March 2015:

**Technical support to the CCM for concept note development:** Côte d’Ivoire’s Ministry of Health and Fight Against AIDS (MSLS) and CCM achieved a major milestone on January 15, when the malaria concept note for Côte d’Ivoire was accepted by the Global Fund for a total of € 64,689,567 (~\$76,623,500 USD) for the two-year grant (2015-2017). Following acceptance of Côte d’Ivoire’s malaria concept note, the project supported the CCM during ongoing negotiations with the Global Fund. The CCM President traveled to Geneva, Switzerland, from March 24-27, 2015, to participate in negotiations; the final malaria grant agreement is expected to be signed in the next reporting period.

In addition, the CCM plans to submit a concept note to fund the tuberculosis component from 2014-2017, since current funding for this effort ends June 30, 2015. The LMG/CI Technical Advisor helped the CCM Secretariat finalize the terms of reference (TORs) and workplan for the technical working group responsible for concept note development. In addition, the project aided the CCM in preparing a request for the German Federal Enterprise for International Cooperation (GIZ) to provide technical assistance for the selection of PRs and SRs for the TB concept note. The LMG/CI Technical Advisor also provided key inputs on the technical proposal and budget for activities during two concept note development workshops, in Dabou from February 19-20 and in Agboville on March 12.

**Continued support to the CCM Secretariat, Permanent Secretary and President:** LMG/CI continues to work closely with the CCM leadership, participating in all regular CCM meetings as well as regular working sessions with the CCM President and Permanent Secretary. The LMG/CI Technical Advisor took part in conference calls with the Global Fund and supported the CCM to review the CCM improvement plan which was originally developed following the CCM eligibility and performance assessment (EPA), conducted in August 2014. Since the original improvement plan contained many recommendations for the CCM, the Global Fund Portfolio Manager requested that the CCM identify priority activities for the remainder of the implementation period. The LMG/CI Technical Advisor

supported the CCM in this process, and the Permanent Secretary will submit the priority activities to the Global Fund for validation in April 2015.

The project also supported the CCM Secretariat to review CCM policies regarding appointment and rotation of CCM members and leadership. Since the CCM President's first mandate will expire in September 2015, the Secretariat is preparing for elections that month to determine whether the current President's mandate will be renewed for a second term, or if a new President will be elected. The CCM Secretariat is also preparing for general elections of CCM members, to begin in mid-April 2015. A formal review of CCM policies regarding appointment and rotation of CCM members and leadership will be conducted during the next CCM General Assembly on April 16, 2015.

### **Progress towards full compliance with the Global Fund's Eligibility Requirements:**

***Program oversight:*** In line with the performance improvement plan developed during the CCM Eligibility Performance Assessment (EPA) process, LMG/CI has provided ongoing technical assistance to the CCM to work towards becoming fully compliant with each of the Global Fund's Eligibility Requirements. In terms of program oversight, LMG/CI provided technical assistance to revise the CCM's strategic oversight plan, which was integrated into the CCM's workplan for May 2015- December 2016. As reported earlier, the CCM's overall annual workplan, which includes activities for each of the technical committees, was submitted to the Global Fund for approval on April 7, 2015. LMG/CI also continued to provide technical and financial support to the three CCM technical committees (HIV, TB, malaria) to hold regular meetings and conduct supervision visits. The three technical program managers are in place, and during this reporting period, the project continued to orient and coach them in their supportive roles to the HIV and AIDS, malaria, tuberculosis, and finance committees.

***Membership from People Living with Diseases (PLWD) and Key Affected Populations (KAP):*** CCM membership of key affected and most at risk populations may include representatives of commercial sex workers (CSWs), men who have sex with men (MSM), injecting drug users (IDUs), transgender people, migrants, etc., either as representatives of organized groups and/or networks or as individual representatives. In countries where these groups are criminalized, CCM has "advocates" instead of direct representation.

At the time of the EPA in Côte d'Ivoire (August 2015), the CCM had two seats for Persons living with HIV (PLHIVs) as key population represented by *Réseau Ivoirien des Organisations de Personnes vivant avec le VIH-SIDA* (RIP+) with representatives from sex workers (SW) and men who have sex with men (MSM) organizations; however, there were no seats specifically allocated for SWs, MSMs, prisoners, vulnerable women, and pregnant women. During the CCM General Assembly on December 22, 2015, this issue was discussed and the CCM decided to hold an extraordinary General Assembly session on February 6, 2015 dedicated to this topic. As a result, representatives of key populations and MSM have been identified and will be part of the next elections in September 2015.

***Transparent election of CCM Members:*** One of the main compliance issues identified in the CCM EPA was the lack of a documented and transparent process for the selection/election of CCM members from civil society as well as the rotation of leadership and division of

leadership among sectors. The Côte d'Ivoire CCM is now rated as “fully compliant” in this category, and the next elections will be held in September 2015, with support provided by the LMG/CI project.

During the previous reporting period, the CCM Permanent Secretary developed terms of reference and workplans for each of the four constituent parties of the CCM (including the private sector, public sector, civil society, and bilateral partners) in accordance with the CCM performance improvement plan. Each civil society representative on the CCM has a workplan from their constituency that specifies key tasks and communication responsibilities which they need to fulfil as a representative of the constituency. USAID/Côte d'Ivoire removed direct support to the CSOs from the LMG/Côte d'Ivoire workplan, so the project no longer has a role in this area.

***Management of conflict of interest:***

The performance improvement plan recommended that the CCM update and apply the CCM policy to manage conflicts of interest, sign the remaining 20 declarations of conflict of interest, and systematically document cases of conflict of interest. In line with these recommendations, the CCM's documents on conflict of interest have been revised and signed.

**Support to the four CCM technical committees:** During this reporting period, LMG/CI provided technical support to the CCM's four technical committees to develop and finalize their detailed annual workplans for May 2015-December 2016. Each committee's workplan was integrated into the CCM's overall annual workplan in order to avoid any potential conflicts in planning and activity implementation. The project also supported the CCM's finance committee to develop the accompanying budget for the CCM's annual workplan. The CCM's overall annual workplan was submitted to the Global Fund for approval on April 7, 2015.

The LMG/CI Technical Advisor continued to orient and coach technical program managers in their supportive roles to the HIV and AIDS, malaria, tuberculosis, and finance committees. Specifically, the project held two orientation sessions focused on CCM strategic monitoring with the technical program managers. Additional working sessions were held with the malaria and TB program managers to plan and prepare for oversight visits, which were conducted by the TB committee from March 9-14, 2015, and the malaria committee from March 17-20, 2015.

LMG/CI also continued to provide technical and financial support to the three CCM technical committees (HIV, TB, malaria) for their monthly meetings and for the finance committee to hold quarterly meetings. Despite many competing priorities, nine of the ten scheduled meetings for the quarter were held, with support from LMG/CI. The project is working with the CCM Permanent Secretary to develop strategies to increase the attendance of members at committee meetings. The summary of LMG/CI's support to these committees is as follows:

***CCM malaria committee:*** The CCM's malaria committee held all three planned meetings. The first, on January 15, was dedicated to reviewing the committee's 2014 results.

***Table 1: CCM malaria committee 2014 results:***

6 Regular committee meetings held
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5	Dashboard review meetings held
13	Concept note development meetings held
3	Partner meetings held
1	Review meeting held with CARE and the local funding agent (LFA)
1	Coordination meeting held with PR, CARE
1	Site visit completed

At the second meeting on February 19, the committee prepared for its site visit to the health regions of Gontougo (Bondoukou) and Indénié-Djuablin (Abengourou), which were conducted from March 10-14. The visit's findings were presented during the third malaria committee meeting on March 24. Committee members reported that authorities and health officials had been informed of the mission in the regions of Gontougo and Indénié-Djuablin; nevertheless, the team observed stock-outs of key medicines, a lack of action plans to mobilize urban communities, and poor quality of laboratory equipment. However, treatment and care protocols were closely followed and respected in all sites visited.

In its report, the malaria committee suggested the following:

- Strengthen communication with units responsible for tracking long lasting insecticide treated nets (LLIN) inventory as well as malaria treatment medicines
- Conduct all planned supervisory activities and respect delivery deadlines
- Make LLINs available for routine distribution in all health centers

The report also included the following recommendations for the community PR:

- Strengthen activities for urban areas, since current interventions primarily target rural areas
- Implement a research strategy for closer monitoring of LLIN use

The malaria committee conducted supervision visits to the PRs on April 1-2, after developing tools for closer monitoring of PR activities. The committee's main recommendations to the PRs were to document all observations and findings from supervision visits, and plan supervision visits at the health center as well as district levels.

**CCM TB committee:** The CCM's TB committee held two of three meetings planned for this quarter. During the first meeting, on January 21, committee members reviewed activities completed in 2014 and discussed proposed activities for 2015. They recommended harmonizing dates for planned activities and integrating PR activities into the committee's workplan in order for committee members to increase their participation in key activities and meetings with each PR. In the second meeting, on March 4, the committee validated its 2015 workplan and discussed their progress towards achieving the desired measurable result (DMR) selected during the LDP+. This result was to conduct one monthly meeting, two supervision visits, and one quarterly oversight visit, submitting a report of observations and findings to the CCM by March 31, 2015. Each technical committee's progress toward DMRs are summarized later in the report, in the section on the LDP+ with the CCM.

**CCM HIV committee:** The CCM’s HIV committee held two of three planned meetings. On January 22, committee members discussed findings from the site visit of public and community sites, supported by the Global Fund. Major issues found were: defective laboratories, inefficient transport of medical samples, stock-outs, poor record keeping and documentation, increase in the number of patients who have lost their vision while undergoing ARV treatment, lack of delegation, and issues with community advisors in health centers. Positive practices identified by the team included nutritional support provided by the World Food Program (WFP), which is improving patients' quality of life, and the coordinated involvement of many partners in activity implementation. Following the site visit, the HIV committee briefed the PRs on their findings and to encourage continued monitoring of the identified issues in partnership with the PRs. On March 5, committee members reviewed 2014 activities and discussed plans for 2015.

**CCM finance committee:** The CCM finance committee held its quarterly meeting on January 30, to review low spending rates of Global Fund grants for the public PRs in Côte d’Ivoire, following a notification from the Global Fund Portfolio team. From January 2013 to June 2014 (or September 2014 for the *Programme National de Lutte contre le SIDA*, PNLs), the spending rate of the public PRs was very low, at only 58% for the *Programme National de Lutte contre la Paludisme* (PNLP), 33% for the PNLs, and 39% for the *Programme National de Lutte contre la Tuberculose* (PNLT). The committee analyzed the following possible causes and suggested recommendations to remedy the situation.

**Table 2: CCM finance committee root cause analysis and suggested recommendations:**

Root Cause	Suggested Recommendation
PRs and implementing partners have insufficient knowledge of Global Fund requirements	CCM should organize training with all implementing partners to review and analyze key Global Fund grant documents to better understand implications for reporting and activity implementation (a schedule of trainings has been developed by the CCM)
Lack of systematic planning for each PR	Organize a workplan meeting with the PNLp upon signature of the new grant agreement with the Global Fund (next quarter)
Weak or lacking systems for budget monitoring and control	Organize a planning meeting with the PNLt prior to the next Global Fund Portfolio Manager mission (completed)
Lack of expertise within the PR team to develop solicitations	Develop a dashboard of operational activities which will be updated regularly for solicitations (next quarter)
Insufficient monitoring of sub-contracts and ongoing activities	Recruit an officer to manage tenders and offers for the three public PRs (next quarter)

**Support for CCM technical committee oversight visits:** LMG/CI continued to provide financial support to the CCM to carry out visits to oversee grant implementation, in addition to the Global Fund-supported site visits. All site visits completed during this quarter were funded by the Global Fund;

however, LMG/CI will fund the next round of site visits planned for April 2015. The malaria and TB committees carried out their quarterly oversight visits as planned; however, the HIV committee's visit has been rescheduled for April 20-24, 2015, to avoid a conflict with the CCM General Assembly meeting on April 16. Malaria committee members conducted visits to the regions of Gontougo and Indénié-Djuablin March 9-14 to oversee grant implementation and evaluate the package of services offered to patients. TB committee members visited the Bas Sassandra region from March 17-20 to investigate the reliability of a high detection rate score. Reports from both oversight visits are currently being finalized, and will be shared with all CCM members during the next General Assembly meeting.

**CCM website (intranet) development:** The MSH IT specialist completed the intranet for CCM members, including a platform for Dashboard revision to facilitate oversight. An orientation for CCM members is planned for April 2015.

**CCM strategic oversight plan revision:** In accordance with the performance improvement plan developed during the CCM Eligibility Performance Assessment (EPA) process, LMG/CI provided technical assistance to revise the CCM's strategic oversight plan. The revised plan was integrated into the CCM's workplan for May 2015-December 2016 and emphasizes regular supervision missions and site visits, monitoring of recommendations, and analysis of progress update disbursement reports (PUDR) before submission to the Global Fund.

**CCM communication plan development:** In addition to the CCM's four technical committees, the CCM Secretariat is divided into four "services" (or units) to coordinate Global Fund grant implementation and oversight: administration, communication, finance, and Secretariat. During this reporting period, LMG/CI worked closely with members of the communication unit to develop a communication plan for the CCM. The project will continue to support the CCM on communication, including developing a monthly calendar of CCM and PR activities, and a twice-weekly email reminder of upcoming activities to CCM Secretariat staff.

#### Resource mobilization

The LMG/CI Technical Advisor assisted the CCM finance committee and Secretariat to identify financial needs and coordinate with donors and stakeholders by mobilizing resources from the National Fund for the Fight against AIDS to develop the TB concept note for an estimated \$50,000 USD. The LMG/CI Technical Advisor also helped the CCM mobilize resources from GIZ, which agreed to provide two consultants to support the assessment of PRs for the TB concept note for a maximum contribution of €40,000 (~\$43,266 USD).

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

**LDP+ workshop 2:** The second workshop in the LDP+ series was held from February 11-13, 2015, with 14 participants from the CCM to apply the leading, managing, and governing practices to move from vision to action. Facilitated by two local consultants through the GCC subcontract, the second workshop succeeded in:

- Introducing tools and techniques to understanding "focusing" as a leadership practice;
- Familiarizing participants with the effect of gender on leadership approaches;
- Identifying obstacles and their root causes;
- Proposing priority actions with a gender perspective;

- Demonstrating how to focus on priorities to achieve important results; and
- Creating action plans that will guide teams toward their measurable results.

**LDP+ workshop 3 and results presentation:**

The third and final workshop in the LDP+ series was held March 25-27 with 16 participants from the CCM and facilitated by local consultants through the GCC subcontract. The workshop focused on aligning, mobilizing, and inspiring to increase and sustain LDP+ participants’ capacity to work in teams, face challenges, and achieve measurable results.

The specific objectives were to:

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

As a result of the LDP+, CCM teams have come closer to achieving the mission, vision, and DMR that they selected at the beginning of the LDP+ process, as follows:

**Mission:** Provide advocacy and resource mobilization for malaria, TB, and HIV

**Vision:** By March 31, all PRs receive an “A” performance rating from the Global Fund

**DMR:** From November 22, 2014- March 31, 2015, each CCM technical committee conducts one monthly meeting, two supervision visits, and one quarterly oversight visit, submitting a report of observations and findings to the CCM.



**Table 3: CCM results towards achieving DMRs:**

DMR Results	Malaria Committee		HIV Committee		TB Committee	
	Target	Actual	Target	Actual	Target	Actual
Monthly committee meeting	4	3	5	3	3	2
Oversight visit	1	1	2	0	1	1
Supervision	2	0	4	0	2	0

During the results presentation, CCM participants expressed gratitude for the new leadership practices introduced in the LDP+, and they said they will apply them to revitalize the CCM’s technical committees and improve coordination and supervision of Global Fund grants in Côte d’Ivoire.

Following the LDP+ process, participants reported a better understanding of their role and responsibilities as CCM members and expressed eagerness to use the tools and approaches introduced in the LDP+ to plan and coordinate key activities including monthly committee meetings, oversight visits and supervision. The final report of the LDP+, which shares the successes, obstacles, and lessons learned from this LDP+ cycle, is currently being finalized in partnership with GCC.

**Other activities for the reporting period (January-March 2015):**

- LMG/CI provided approximately \$8,700 USD of computer equipment to the CCM so that the four program managers and members of the communication unit can more effectively carry out their functions.
- The DGS requested that MSH extend the LMG/CIDMP decentralization approach to two new health regions: Bélier with its four DDs, and Agnéby Thiassa Me, with six DDs. LMG/CIDMP provided MSH home office with input to prepare an expression of interest to include with the CCM’s concept note for malaria for submission to the Global Fund for review on March 13. MSH is awaiting formal feedback from the Global Fund.
- During a meeting with the Director General (DG) of the MSLS and the Global Fund portfolio manager, the DG praised LMG/CI for results achieved during the implementation of the LDP+. The DG also submitted a formal application to the Global Fund portfolio manager to extend the LMG/CIDMP experience to two other health regions via the CCM’s TB concept note. The Global Fund portfolio manager responded positively to the above request, mentioning that this was already a subject of discussion with MSH.
- The LMG/CI Technical Advisor joined the CCM Permanent Secretary at a meeting March 6 with the Country Director for the International Rescue Committee (IRC), to discuss grant preparations in the event that the organization is designated as the community PR for the malaria concept note.

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

The following are results achieved for January-March 2015, in line with the approved workplan.

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

**Monthly District health team (*Equipe cadre de district, ECD*) and Regional health team (*Equipe Régionale de santé, ERS*) meetings:** To strengthen governance practices, MSLS norms require ECD and ERS teams to hold regular monthly meetings. Making this standard practice has enabled health leaders to better coordinate and achieve targets. The teams now have a more accurate view of health interventions and can make more informed decisions.

During this quarter, the LMG/CIDMP project provided technical and financial support for the organization and facilitation of 15 monthly ECD and ERS meetings at the DR and DD levels. Although no ERS meetings were held in the Indénié-Djuablin region due to scheduling conflicts, five of the nine planned ECD meetings were held (see table below).

**Table 4: Indénié-Djuablin ECD meetings:**

Number of monthly ECD meetings held during the reporting period (Indénié-Djuablin) :	
Agnibilekro	3
Abengourou	2
Bettié	0
<b>TOTAL</b>	<b>5</b>

The project was unable to reach all targets for the number of ERS and ECD meetings held during this reporting period, as annual review meetings were prioritized by regional and district health teams during this quarter. During the next reporting period, LMG/CIDMP staff will continue to monitor meetings to ensure that they are well organized and held regularly. In the N'Zi-Iffou-Moronou region, two of the three planned ERS meetings were held, on February 24 and March 31; and 10 of the 18 planned ECD meetings were held. See below.

**Table 5: Indénié-Djuablin ECD meetings:**

Number of monthly ECD meetings held during the reporting period (N'Zi-Iffou-Moronou) :	
Bocanda	2
Dimbokro	2
Bongouanou	2
M'Bahiakro	0
Prikro	2
Daoukro	2
<b>TOTAL</b>	<b>10</b>

LMG/CIDMP staff provide support for monthly ECD and ERS meetings by helping prepare terms of reference (TOR), agendas, and other materials. At the beginning of the project, the monthly ECD and ERS meetings were supported by funding from USAID/PEPFAR; however, the project has successfully advocated for the ownership of these meetings by each of the Regional Directors. By

encouraging the DRs to take financial and technical ownership of the meetings, LMG/CIDMP is working to foster the sustainability of this activity.

**Quarterly regional coordination meetings:** The project supported organization and facilitation of six of 11 coordination meetings planned for the reporting period. Five meetings were not held because DR and DD teams were focused on preparing for regional annual review meetings. In the N’Zi-Iffou-Moronou region, the M’Bahiakro DD held two coordination meetings (January 20 and March 20), and the Prikro DD held one on January 30. In the Indénié-Djuablin region, the Abengourou, Agnibilekro, and Bettié DDs each organized a quarterly coordination meeting in February 2015. No quarterly coordination meetings were held at the Regional Health Directorate level due to the focus on the annual review workshops.

**Regional Annual Review Meetings:** LMG/CIDMP provided technical and financial support to both DRs in planning and implementing annual review meetings. During these meetings, the DRs presented regional results and achievements on indicators for 2014. LMG/CIDMP staff facilitated these meetings and helped identify next steps and recommendations to improve performance.

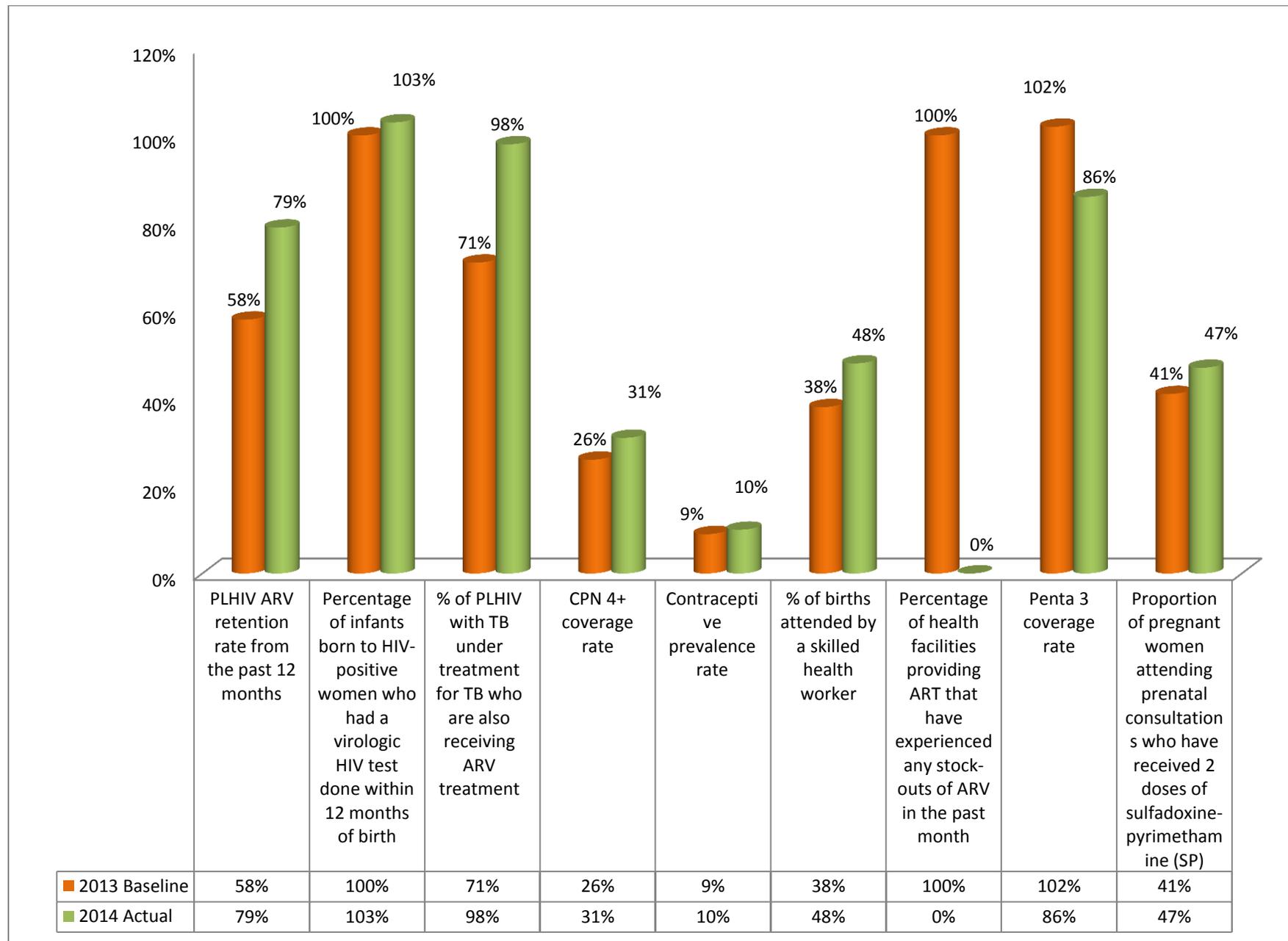
**N’Zi-Iffou-Moronou Annual Review Meeting:** Seventy-four participants from all levels of the regional health structure, the central level of the Directorate General of Health, and local political leaders attended the N’Zi-Iffou-Moronou annual review meeting in Daoukro on February 3, 2015. The annual review meeting provided the DR team with the opportunity to share results from the region as a whole as well as from each DD in 2014.

**Table 6: Strengths and weaknesses observed during N’Zi-Iffou-Moronou annual review:**

Strengths	Weaknesses
<ul style="list-style-type: none"> <li>Improved provider-initiated screening guidance from 2012 to 2014 (from 7% to 18%)</li> </ul>	<ul style="list-style-type: none"> <li>CPN4 + coverage rates remain low in the region (31%)</li> </ul>
<ul style="list-style-type: none"> <li>Improved CPN testing from 2013 to 2014 (from 72% to 95%)</li> </ul>	<ul style="list-style-type: none"> <li>The percentage of births attended by a skilled health worker remains low in the region (48%)</li> </ul>
<ul style="list-style-type: none"> <li>Improved patient enrollment rates in care from 2013 to 2014 (77% to 100%)</li> </ul>	<ul style="list-style-type: none"> <li>Low rates of postnatal consultations in the region (16%)</li> </ul>
<ul style="list-style-type: none"> <li>Improved retention rate for people living with HIV/AIDS on treatment 12 months after initiation of antiretroviral therapy (58% to 79%)</li> </ul>	<ul style="list-style-type: none"> <li>Low contraceptive prevalence in the region (10%)</li> </ul>
<ul style="list-style-type: none"> <li>Improved malaria prevention activities (including SP2 and LLIN distribution) in the region from 2013 to 2014</li> </ul>	<ul style="list-style-type: none"> <li>Low HIV detection rates for spouses of pregnant women tested, as most spouses do not agree to HIV screening (3%)</li> </ul>
	<ul style="list-style-type: none"> <li>Poor SP distribution in all districts</li> </ul>
	<ul style="list-style-type: none"> <li>No vehicle available for supervision in the districts</li> </ul>

Health indicators regularly monitored by LMG/CIDMP for the N’Zi-Iffou-Moronou DR improved significantly from 2013 to 2014, as outlined below.

**Figure 1: N'zi-Iffou-Moronou health indicators:**



As the graphic shows, most indicators regularly monitored by LMG/CIDMP for the N’Zi-Iffou-Moronou DR improved significantly from 2013 to 2014, with the exception of the Penta 3 coverage rate. This reported decline can be partly, if not fully, explained by a calculation problem. Specifically, the denominator for the Penta 3 coverage rate is not accurate, as it only counts children who normally reside in the district, despite the presence of internal migrants who get vaccinated there. There is also an issue with the calculation of the percentage of infants born to HIV-positive women who had a virologic HIV test done within 12 months of birth. The denominator of this indicator does not account for death, resulting in a value which exceeds 100%. The MSLS plans a thorough analysis of national health indicators, including a review of how they are calculated.

During the annual review meeting, a ceremony rewarded high performance of health districts, facilities and providers in 2014. Awards were given based on the following criteria:

**Table 7: N’Zi-Iffou-Moronou 2014 award ceremony:**

Award	Criteria	Recipient(s)
<b>Best health provider(s)</b>	<ul style="list-style-type: none"> <li>• Performance</li> <li>• Punctuality</li> <li>• Responsibility</li> <li>• Teamwork</li> </ul>	<ol style="list-style-type: none"> <li>1. Dr. N’goh Armand Koffi, Doctor, Bongouanou hospital</li> <li>2. Ms. Amenan Fleur Koko, Midwife, Totodougou regional health center</li> </ol>
<b>Best health facility (public &amp; private)</b>	<ul style="list-style-type: none"> <li>• Organization</li> <li>• Management</li> <li>• Quality of services provided</li> </ul>	<ol style="list-style-type: none"> <li>1. M’Bahiakro General Hospital</li> <li>2. Our Lady of Apostles (NDA), Dimbokro</li> </ol>
<b>Best health district (DD)</b>	<ul style="list-style-type: none"> <li>• Performance on baseline indicators</li> </ul>	<ol style="list-style-type: none"> <li>1. Dimbokro DD</li> </ol>



Recognition of merit is one of the practices introduced in the Leadership Development Program Plus (LDP+), implemented in the two regions by the LMG/CIDMP project. As rewards, the project provided the selected districts, facilities, and health providers with computer equipment and office furniture valued at approximately \$80,000.

**Photo (left):** The Dimbokro health district accepts the award for the best health district in the N’Zi-Iffou-Moronou health region during an award ceremony on February 3, 2015.

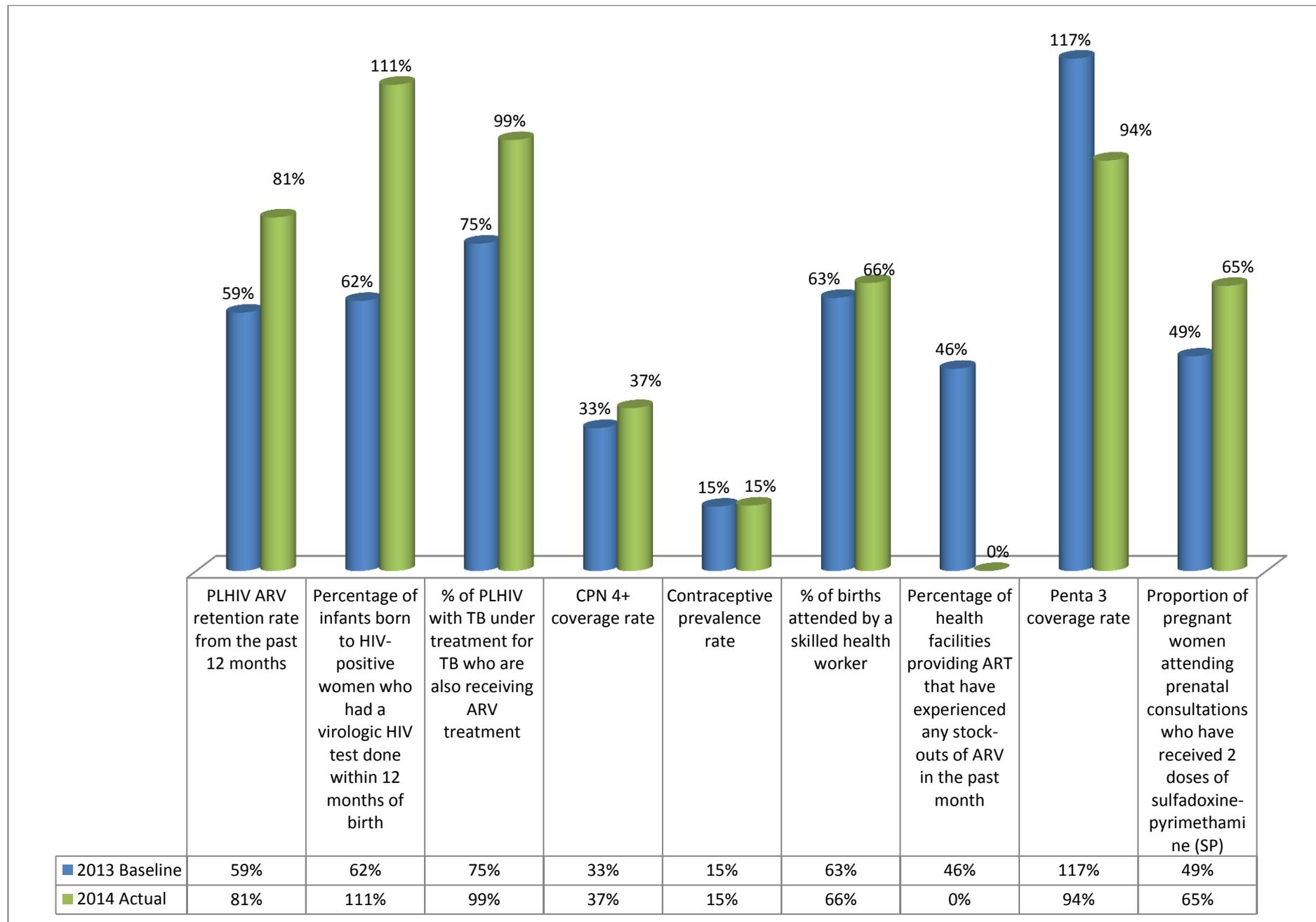
**Indénié-Djuablin Annual Review Meeting:** Forty-one participants from all levels of the regional health structure, the central level of the Directorate General of Health, and local political leaders attended the Indénié-Djuablin annual review meeting in Abengourou on March 4-5, 2015. The annual review meeting provided the DR team with the opportunity to share results from the region as a whole as well as from each DD in the implementation of their annual workplans for 2014. The table below summarizes key strengths and weaknesses from the year.

**Table 8: Strengths and weaknesses observed during Indénié-Djuablin annual review:**

<b>Strengths</b>	<b>Weaknesses</b>
<ul style="list-style-type: none"> <li>Improved rate of births attended by a skilled health worker (from 63% to 66%)</li> </ul>	<ul style="list-style-type: none"> <li>Lack of adequate/functional equipment and materials at many hospitals and health facilities</li> </ul>
<ul style="list-style-type: none"> <li>Improved percentage of pregnant women tested for HIV who received test results (99%)</li> </ul>	<ul style="list-style-type: none"> <li>Lack of refrigerators in some health centers</li> </ul>
<ul style="list-style-type: none"> <li>Improved percentage of PLHIV on treatment 12 months after initiation of antiretroviral therapy (81%)</li> </ul>	<ul style="list-style-type: none"> <li>Low immunization coverage</li> </ul>
<ul style="list-style-type: none"> <li>95% of reported cases of malaria confirmed</li> </ul>	<ul style="list-style-type: none"> <li>Low routine LLIN distribution (32%)</li> </ul>
<ul style="list-style-type: none"> <li>Increased use of curative care services (from 39% to 44%)</li> </ul>	<ul style="list-style-type: none"> <li>Low percentage of patients counseled on screening (13%)</li> </ul>
<ul style="list-style-type: none"> <li>Three ambulances procured for the regional health team</li> </ul>	<ul style="list-style-type: none"> <li>Low CPN4+ coverage rate (37%)</li> </ul>
<ul style="list-style-type: none"> <li>Regular ECD and ERS meetings held to improve coordination</li> </ul>	<ul style="list-style-type: none"> <li>Low contraceptive prevalence rate (15%)</li> </ul>
<ul style="list-style-type: none"> <li>Strong involvement of administrative and political authorities</li> </ul>	

As in N’Zi-Iffou-Moronou, indicators for the Indénié-Djuablin DR improved significantly from 2013 to 2014 (see below).

**Figure 2: Indénié-Djuablin health indicators:**



As reported above, the MSLS plans a thorough analysis of national health indicators, including a review of how they are calculated. As shown above, most indicators regularly monitored by LMG/CIDMP for the Indénié-Djuablin DR improved significantly from 2013 to 2014. LMG/CIDMP clearly has contributed to improved health indicators in both regions. The adoption of new leadership, management and governance practices by DR and DD teams, through the LDP+ and other interventions, has had enabled health providers to achieve better health outcomes.

As in N’Zi-Iffou-Moronou, a ceremony rewarded high performance of health districts, facilities, and providers in Indénié-Djuablin. The awards for 2014 were based on the following criteria:

**Table 9: Indénié-Djuablin 2014 award ceremony:**

Award	Criteria	Recipient(s)
<b>Best health provider(s)</b>	<ul style="list-style-type: none"> <li>• Performance</li> <li>• Punctuality</li> <li>• Responsibility</li> <li>• Teamwork</li> </ul>	<ol style="list-style-type: none"> <li>1. Lancina Amangoua, Nurse, Apromprom Afewa health center, Bettié DD</li> <li>2. Eugene Kadja Gnui, Physician, Akoboissué health center, Agnibilekrou DD</li> <li>3. Loukou Yaou, Nurse, Ehuasso regional health center, Abengourou DD</li> </ol>
<b>Best health facility/Urban health center (CSU)</b>	<ul style="list-style-type: none"> <li>• Organization</li> <li>• Management</li> <li>• Quality of services provided</li> </ul>	<ol style="list-style-type: none"> <li>1. Diamarakro CSU, Bettié</li> <li>2. Akoboissué CSU, Agnibilekrou</li> <li>3. Zaranou CSU, Abengourou</li> </ol>
<b>Best health district (DD) *Note: All three DDs were awarded at the ceremony</b>	<ul style="list-style-type: none"> <li>• Performance on baseline indicators</li> </ul>	<ol style="list-style-type: none"> <li>1. Bettié DD</li> <li>2. Abengourou DD</li> <li>3. Agnibilekrou DD</li> </ol>

Photo (right): The Abengourou health district team accepts an award for high performance at the Indénié-Djuablin award ceremony on March 5, 2015.



**Regional workplan development workshops:** During this reporting period, the LMG/CIDMP team provided technical and financial support to the regional health teams to conduct participatory workshops to develop regional workplans for 2015, integrating components from each district's workplan. The support provided by LMG/CIDMP resulted in a fully developed workplan for each region. The N’Zi-Iffou-Moronou health team held a workplan validation workshop with departmental, regional, and central-level health staff on February 4; the Indénié-Djuablin DR will hold its workplan validation workshop in April. Regional project staff will continue to monitor the implementation of the validated workplans during quarterly coordination meetings with regional and district health teams.

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

**Leadership Development Program Plus (LDP+) with DR and DD teams:** During this reporting period, the first LDP+ cycle with DR and DD teams was completed, and the second cycle of LDP+s with health facilities was launched.



Participants receive certificates of completion during the results presentation for the regional Leadership Development Program Plus (LDP+) led by LMG/CIDMP in January 2015.

**Regional LDP+ workshop 4 and results presentation:** The final workshop in the first LDP+ series with DR and DD teams was held from January 22-23, 2015. Each of the 11 improvement teams presented their results to stakeholders from the MSLS, World Bank and the United Nations Population Fund (UNFPA), demonstrating how LDP+ approaches for improved leadership, management and governance have led to improved health indicators in each of the DRs/DDs. All the teams worked toward improving the number of patients who stay on ART treatment. Selected activities from the action plans include the following:

- Develop processes to improve the quality of data collected by DR and DD teams;
- Mobilize stakeholders to invest in research to identify techniques to reduce the number of patients who lose their vision during ARV treatment;
- Increase health providers' involvement in care and treatment of PLHIV
- Train health providers on the use of cohort analyses to track ART retention rates;
- Involve stakeholders to sensitize traditional healers and encourage them to refer PLHIV on ART to health facilities.

By the end of the LDP+, every team had increased retention rates for people living with HIV on antiretroviral therapy--with seven of the eleven teams exceeding the original target of 80 percent retention. Impressed by these results, donors, including the World Bank, have expressed interest in supporting similar leadership, management, and governance interventions in other parts of Côte d'Ivoire.

***Launch of second LDP+ cycle with selected health facilities:***

***Training of trainers (TOT):*** To launch the next cycle of LDP+, the project organized two training of trainers (TOT) workshops. The first TOT session, held on March 11-13, prepared 24 participants from the N'Zi-Iffou-Moronou region to become facilitators. The second TOT session in the Indénié-Djuablin DR was held March 18-20, with 13 participants. All DDs now have trained facilitators and coaches to oversee LDP+ implementation and support each of the improvement teams from health facilities.

***Alignment meetings:*** During the quarter, all nine districts held their LDP+ alignment meeting, to build the commitment of key stakeholders to develop leaders at all levels of health care organizations that can face challenges and achieve results. The alignment meeting succeeded in:

- Familiarizing participants with the LDP+ process and its contents
- Familiarizing participants with definitions of leading, managing, and governing practices
- Discussing government policies, proven health interventions, and national/regional indicators in the priority health area
- Obtaining a commitment from each of the top officials to assist their teams in achieving their desired results
- Selecting team members and coaches for each team

***Table 10: District LDP+ alignment meetings:***

<b>LDP+ Alignment Meetings (Cycle 2)</b>	
<b>Location</b>	<b>Dates</b>
<b>Indénié-Djuablin DR</b>	
Bettié DD	March 30, 2015
Agnibilekro DD	March 27, 2015
Abengourou DD	March 26, 2015
<b>N'Zi-Iffou-Moronou DR</b>	
Daoukro DD	March 26, 2015
Bocanda DD	March 27, 2015
Prikro DD	March 30, 2015

Dimbokro DD	March 26, 2015
Bongouanou DD	March 27, 2015
M'Bahiakro DD	March 26, 2015

During the next reporting period, LMG/CIDMP will support the following steps in the LDP+ process:

- Organize each of the LDP+ workshops in the series of four workshops with participating improvement teams from selected health facilities. The LDP+ process will encourage the improvement teams to apply leading, managing, and governing practices to: carry out proven interventions to achieve measurable results in the priority health areas, build a productive workgroup climate, measurably improve performance in priority health areas, and incorporate ongoing performance improvement processes into their work.
- Organize three coaching missions in each district to help teams refine their challenge model and action plan, and monitor progress.

**Organization of integrated supervision visits:** The project assisted the senior regional health team to conduct integrated, supportive supervision on a quarterly basis to all six districts and referral hospitals. LMG/CIDMP provided technical and financial support for the organization of 10 integrated supportive supervision missions. The nine districts supported met their supervision oversight goals of 100%. These visits took place as presented in the following table.

**Table 11: Integrated supervision visits:**

Integrated supervision visits	
Location	Dates
Indénié-Djuablin DR	
Bettié DD	February 16-19, 2015
Agnibilekro DD	March 23-April 3, 2015
Abengourou DD	March 19-27, 2015
N'Zi-Iffou-Moronou DR	
Daoukro DD	March 16-23, 2015
Bocanda DD	March 16-27, 2015
Pikro DD	March 16-24, 2015
Dimbokro DD	March 16-25, 2015
Bonouanou DD	March 10-31, 2015
M'Bahiakro DD	March 23-30, 2015

In addition to the DD supervision visits, the Nzi-Iffou-Moronou DR held a supervision mission from March 23-29. Each supervision mission is conducted with financial and technical support provided by LMG/CIDMP, EGPAF, and SCMS. LMG/CIDMP provides technical support to draft terms of reference and participate in supervision missions. The project's financial support included providing vehicles and fuel to the DR teams to conduct supervision visits. At the beginning of the LMG/CIDMP project (between January and March 2014), no supervision missions were organized in the DRs. As a result of the integrated supportive supervision visits to the supported districts and referral hospitals, the DR teams have observed improved organization of health services offered by the district teams.

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

**Quarterly data validation workshops:** During this quarter, the two planned data validation workshops for HIV data were held with the technical support of LMG/CIDMP and financial support from the *Programme Nationale de lutte contre le SIDA* (PNLS). At the regional level, the workshop in Indénié-Djuablin was held in Agnibilekrou on January 18-21, and the workshop for N’Zi-Iffou-Moronou in Daoukro from January 15-17. The project encourages the DRs to include representatives and data from all regional health programs (HIV, malaria, reproductive health, and other programs).

**Data validation site visits:** Technical and financial support from LMG/CIDMP enabled the district epidemiological monitoring staff to carry out data validation site visits at health centers. During this reporting period, all nine DDs carried out at least one data validation site visit. The data validation site visits are crucial to prepare the regional validation workshop for the regional Health Directorates and the National Programs, including PNLS and PNLP.

**Table 12: Data validation site visits:**

<b>Data validation site visits</b>	
<b>Location</b>	<b>Dates</b>
<b>Indénié-Djuablin DR</b>	
Bettié DD	February 20-23, 2015
Agnibilekro DD	March 12-16, 2015
Abengourou District	February 23-27, 2015
<b>N’Zi-Iffou-Moronou DR</b>	
Daoukro DD	March 12-18, 2015
Bocanda DD	March 23-27, 2015
Prikro DD	March 25-30, 2015
Dimbokro DD	February 6-11, 2015
Bonouanou DD	February 17-23, 2015
M’Bahiakro DD	February 23-27, 2015

The site visits provide district epidemiological monitoring staff with the opportunity to review data and provide regular feedback on the quality of reporting at the health centers. During the visits, DD teams confirmed that most health centers have completed high quality reports.

**Training for financial and administrative staff:** LMG/CIDMP and MSLS staff conducted training on financial management and USAID rules and regulations in Dimbokro from January 27-29, with 23 DR/DD participants. Prior to the training, the project gave a questionnaire to all DR/DD managers to assess their financial management capacity. The results helped identify capacity building needs to address in this training. Also during the workshop, participants revised the state budget management procedures. The objectives of the training were to:

- Orient DR/DD staff to good financial management practices
- Demonstrate how to produce quality documentation of spending while respecting procedures governing allowable expenditures
- Demonstrate how to properly monitor activity expenses in a budget
- Instruct DR/DD staff how to prepare financial reports requested by partners and donors

- Familiarize DD/DR staff with good procedures for archiving financial documents.

Project staff will follow up with quarterly, on-site coaching sessions with participants.

**Equipment purchases for DR and DD:** Under the LMG/CIDMP approved workplan (detailed in the procurement budget), the project has purchased materials and equipment for the DRs in coordination with other implementing partners to enable effective and efficient operations of the regional health team. As reported above, the project provided equipment to the highest performing health districts, facilities and providers in each of the two regions during their annual review meetings. The equipment included computer equipment (desktops, laptops, copiers) and office furniture valued at approximately \$80,000 for both DRs.

**Other activities for the reporting period include the following:**

- The LMG/CI-CIDMP Deputy Director and M&E Officer participated in a training provided by PEPFAR on new Data for Accountability, Transparency, and Impact software (DATIM) on March 12, 2015.
- The LMG/CI-CIDMP Project Director and Deputy Project Director participated in an annual review meeting with the MSLS of all DR activities for 2014 from February 23-28, 2015.
- LMG/CIDMP staff participated in PEPFAR's assessment of the Dimbokro and Daoukro DDs from March 2-3, 2015.
- The LMG/CI-CIDMP Project Director represented the project at a meeting of PEPFAR-funded implementing partners with the *Direction de la Prospective, de la Planification, de l'Evaluation et de l'Information Sanitaire* (DPPEIS) on February 26, 2015. The purpose of this meeting was to discuss the vision and strategic planning for health systems strengthening and the improvement of health information systems in Côte d'Ivoire.
- Project staff participated in a meeting with *Programme National de Développement des Activités Pharmaceutiques* (PNDAP) to plan a ceremony for the distribution of procured vehicles to DR and DD teams.
- All LMG/CIDMP staff participated in a bi-monthly meeting on February 13, 2015, to review program implementation, approaches, and technical strategies in order to plan and prepare for the second LDP+ cycle which was launched in each of the nine districts in March 2015.
- The LMG/ CIDMP Project Director participated in a ceremony hosted by the DG of the MSLS to honor the women's association of Totodougou for its significant contribution to improve the health of women in its community, on January 16. Adopting practices introduced during the LDP+, the Totodougou women's association raised more than US \$700 to fully fund the purchase and installation of a solar panel for the town's health center, enabling women to give birth safely, even at night.



Dr. Antoine Ndiaye, MSH Côte d'Ivoire Country Lead and LMG/Côte d'Ivoire Project Director (center), poses with honorees from the women's association of Totodougou during a ceremony on January 16, 2015.

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

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

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

The vehicles procured for each of the DR/DD supported by the pilot project were not distributed until late in the reporting period, which forced the project to reorganize its fleet to provide additional logistics support to the pilot DR/DD to carry out planned supervision visits. As previously reported, USAID/PEPFAR finalized the vehicle distribution plan for the 20 pick-up trucks purchased by SCMS, determining that they would be donated to 20 selected health districts based on PEPFAR's focus areas, the number of patients on ART, the presence of other donors/partners, and the current number of functional vehicles in each district. As a result, three out of the nine districts supported by the LMG/CIDMP pilot project (Daoukro, Abengourou and Agnibilekro) will receive a vehicle from SCMS.

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

##### **III.2.2 LMG/CIDMP: Decentralization Pilot Project in Côte d'Ivoire**

A formal ceremony with high-level stakeholders including the Minister of Health and the US Ambassador is planned early in the next reporting period to present the donated vehicles to the selected health district teams. To prepare for the ceremony, LMG/CIDMP is participating in planning meetings and the development of key communication materials. In addition to the vehicles procured under SCMS, the LMG/CIDMP project will present the two vehicles which will be used for supervision visits in each of the DRs supported by the project. The two vehicles will be initially managed by LMG/CIDMP, and then gradually transferred to MSLS management. The DGS confirmed that all DRs

and DDs in the pilot project should receive a vehicle by the end of the year. There is also a possibility that GAVI may provide two 4X4 vehicles to each DR team, in which case the two pick-up trucks procured with PEPFAR funding by LMG/CIDMP would be transferred to the DDs.

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

N/A.

**IV – BESOINS EN ASSISTANCE TECHNIQUE**

Rien à signaler

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

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

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

**Table 13:** Key activities for LMG/CI support to the Global Fund CCM for the next quarter:

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

1. Orient and provide regular coaching to technical program managers through the project's Senior Technical Advisor (STA) in fulfilling their supportive roles to the HIV and AIDS, malaria, tuberculosis, and finance committees
2. Hold a two-day training on Pharmaceutical Stock Management (PSM) through the project's subcontract with Global Challenge Corporation (GCC) for two selected local consultants (one from the CCM and one from the private sector) to increase their capacity to provide PSM support to the CCM and Secretariat beyond the scope of the project
3. Review and revise CCM policies regarding appointment and rotation of CCM members and leadership, per recommendations from the CCM EPA and in accordance with the resulting CCM performance improvement plan

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

4. Provide technical support to the CCM members to analyze, review, and develop recommendations based on completed PR Dashboards in preparation for presentation and discussion during 12 technical committee meetings
5. Provide technical and financial support to the four CCM technical committees to hold regular monthly meetings
6. Provide technical support to train the CCM IT manager on how to enter, update, and maintain data in the CCM intranet, building the CCM's capacity to maintain the intranet beyond the duration of the LMG project

7.	Hold six one-day meetings with the CCM ad-hoc committee (including two civil society representatives, two private sector representatives, and two public sector representatives) to follow up on implementation of the performance improvement plan
8.	Hold a two-day follow-up training for 25 CCM participants (each day) on oversight, using the Dashboard for analysis, as outlined in the CCM performance improvement plan
<b>Objective 3: The CCM harmonizes activities with key stakeholders and mobilizes additional resources to carry out basic CCM functions (harmonization of activities and donor function strengthened)</b>	
9.	Provide technical assistance to analyze PR eligibility criteria for the concept note under the new funding model
10.	Provide financial and technical support to the CCM and national concept note development committee to hold one three-day concept note development and revision workshop, with 30 participants

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

During the next quarter, LMG/CIDMP will continue implementing the second LDP+ cycle, launched in each district supported by the project during this reporting period. The project team will also build on the LDP+ presentation of results from cycle one, held in January 2015, to continue to engage potential donors (PEPFAR, World Bank, UN, Global Fund, etc.) under the leadership of the DGS, as well as other development partners, to support the MSLS to scale up the approach to other health districts, and eventually to regional hospitals and health centers. Discussions are currently underway with the DGS regarding an opportunity for MSH to extend LMG’s technical approach to two new regions, Aries and Agnéby Thiassa-Me, with funding from the Global Fund.

The LMG/CIDMP team will continue to work closely with USAID/PEPFAR and other stakeholders and partners to implement the following activities this quarter:

**Table 14:** Key activities for the LMG/CIDMP Decentralization Pilot Project in Côte d’Ivoire for the next quarter:

<b>Objective 1: Strengthen governance practices including advocacy, strategic planning, coordination, development of guidelines, and the application of regulations and information within the Departmental Health Directorates and Regional Health Directorates</b>	
1	Provide technical and financial assistance to the regional health directorate to hold 12 monthly regional senior health team (ERS) meetings with the DR team, chief medical officer, regional health center director, and regional councils to discuss management priorities
2	Provide technical and financial support to the regional team to hold two four-day semi-annual meetings, to share results, best practices, and lessons learned with all service providers and regional stakeholders, including the district health teams, implementing partners, NGOs, regional prefect, and regional councils
3	Provide technical and financial assistance to the departmental health directorate to hold 12 monthly senior departmental health team (ECD) meetings to review management

	priorities
4	Provide technical and financial support to the district team to hold quarterly coordination meetings with the district health teams (including community representatives as well as representatives from the private and public sector) to evaluate the status of district-level activities, particularly HIV activities
5	Provide technical and financial assistance to hold a Governance Workshop with four representatives from each DD, four MSLS staff, and five LMG/CI project staff members
<b>Objective 2: Develop and implement leadership, management and governance practices for leaders and managers of health in the DRs, DDs, and in the private sector</b>	
6	Organize technical support mission to help DR and DD teams draft, validate, and disseminate success stories
7	Evaluate each LDP+ improvement team's implementation of action plans, progress toward achieving desired measurable results, and success story development during quarterly supervision visits conducted by the regional health teams
8	Provide technical support to the district improvement teams to present their results during each regional semi-annual and annual review meeting
<b>Objective 3: Strengthen the capacity and performance of the DRs and DDs</b>	
9	Provide technical and financial assistance to the regional health directorate to hold quarterly integrated data validation workshops with the M&E managers from all six districts, including data on HIV, malaria, vaccination, reproductive health, and family planning
10	Provide technical support for DR to strengthen their capacity in administrative and financial management, with monthly coaching
11	Provide technical and financial support to the N'Zi-Iffou-Moronou DR for a three-day capacity building workshop on the analysis, interpretation, and dissemination of data with 28 participants from the DR and each of the DDs, in partnership with the <i>Direction de l'Information, de la Planification et de l'Évaluation</i> (DIPE) and implementing partners
12	Provide financial support to the DR for administrative and maintenance costs that are not included in the regional budget to maintain the functionality of the offices
13	Provide technical and financial assistance for two-day quarterly coaching missions to build the capacity of district-level M&E officers in effective data collection, better understanding of indicators, use of information, and analysis and validation of data
14	Provide technical and financial support to the senior regional health team to conduct integrated supportive supervision on a quarterly basis to all six districts and referral hospitals
16	Purchase identified materials and equipment (detailed in the procurement budget) for the DR to allow for effective and efficient operations of the regional health team in coordination with other implementing partners
17	Provide technical assistance and coaching support to the senior district health team to conduct ten-day integrated supportive supervision visits on a quarterly basis to health centers throughout the district
18	Provide technical and financial assistance to the district health directorate to hold quarterly integrated data validation site visits, including data on HIV, malaria, vaccination, reproductive health, and family planning

**VI – FICHE RECAPITULATIVE DES FORMATIONS DE LA PERIODE**

<b>SUMMARY TABLE OF TRAININGS DURING THE QUARTER: January-March 2015</b>										
#	Name of Training	Program Area	Number of people trained during the reporting period			Start Date	End Date	Training Duration (Hours)	Training Location	Trainees
			Old <i>(already trained during fiscal year)</i>	New <i>(for fiscal year)</i>	Total					
1	LDP+ Training of Trainers (TOT)	Leadership and management	0	24	24	March 11, 2015	March 13, 2015	24 hours	Daoukro	MSLS staff (DR, DD)
2	LDP+ Training of Trainers (TOT)	Leadership and management	0	16	16	18 March 2015	20 March 2015	24 hours	Abengourou	MSLS staff (DR, DD)
3	LDP+ Training: Workshop 2 (with the Global Fund CCM)	Leadership and management	21	0	21	February 11, 2015	February 13, 2015	24 hours	Abidjan CCM Office	Representatives from NGOs and the private sector
4	LDP+ Training: Workshop 3 and results presentation (with the Global Fund CCM)	Leadership and management	16	0	16	March 25, 2015	March 27, 2015	24 hours	Abidjan CCM Office	Representatives from NGOs and the private sector
5	Training on financial management and USAID rules and regulations	Leadership and management	0	23	23	January 27, 2015	January 29, 2015	24	Dimbokro	MSLS staff (DR, DD)

## VII - INDICATEURS A RENSEIGNER

### 3. TREATMENT

#### 3.1 Treatment

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

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

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

code indicateur	Mode de calcul	Libellé Indicateur	TARGETS	Q1: Oct-Dec 2014	Q2: Jan-Mar 2015	Q3: Avr-Jun 2015	Q4: Jul-Sep 2015	TOTAL	% Realisation
TX_RET_B_AS3	Add	<i>Age/Sex: 15+ Male</i>							
TX_RET_B_AS4	Add	<i>Age/Sex: 0-4 Female</i>							
TX_RET_B_AS5	Add	<i>Age/Sex: 5-14 Female</i>							
TX_RET_B_AS6	Add	<i>Age/Sex: 15+ Female</i>							
TX_RET_BP	Add	<i>Pregnancy and breastfeeding status</i>							
TX_SITE	Pct	<b>Percentage of PEPFAR-supported ART sites achieving a 75% ART retention rate</b>							
TX_SITE_A	Cum	Numerator: Number of PEPFAR-supported ART sites with a retention rate of 75% or greater for patients 12 months after ART initiation							
TX_SITE_A1	Cum	<i>By support type: Direct Service Delivery (DSD)</i>							
TX_SITE_B	Cum	Denominator: Total number of PEPFAR-supported ART sites							
TX_SITE_B1	Cum	<i>By support type: Direct Service Delivery (DSD)</i>							
T1_4_D	Cum	Number of adults and children with advanced HIV-infection who ever started on ART							
T1_4_D1	Cum	<i>Male (0-11months)</i>							
T1_4_D2	Cum	<i>Female (0-11 months)</i>							
T1_4_D3	Cum	<i>Male (1-14)</i>							
T1_4_D4	Cum	<i>Female (1-14)</i>							
T1_4_D5	Cum	<i>Male (15+)</i>							
T1_4_D6	Cum	<i>Female (15+)</i>							

code indicateur	Mode de calcul	Libellé Indicateur	TARGETS	Q1: Oct-Dec 2014	Q2: Jan-Mar 2015	Q3: Avr-Jun 2015	Q4: Jul-Sep 2015	TOTAL	% Realisation
T1_4_D7	Cum	<i>Pregnant women</i>							
TX_DIST	Pct	<b>Percentage of Districts that are PEPFAR supported with documented routine supportive supervision visits to 75% of ART sites in District</b>		100%	100%				100%
TX_DIST_A	Cum	Numerator: Number of Districts with documented routine supportive supervision visits to 75% of HIV care and treatment sites supported by the District	3	9	9				
TX_DIST_B	Cum	Denominator: Total number of PEPFAR supported District Health Offices	9	9	9				
L45	Add	Number of health workers trained to deliver ART services, according to national and/or international standards in in-service training program							

## 4.2 Human Resources for Health

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

code indicateur	Mode de calcul	Libellé Indicateur	TARGETS	Q1: Oct-Dec 2013	Q2: Jan-Mar 2014	Q3: Avr-Jun 2014	Q4: Jul-Sep 2014	TOTAL	% Realisation
		training program (DSD)							
H2_2_D1	Add	<i>Male</i>							
H2_2_D2	Add	<i>Female</i>							
HRH_PRE	Add	Number of new HCW who graduated from a pre-service training institution or program as a result of PEPFAR-supported strengthening efforts, within the reporting period, by select cadre (DSD)							
HRH_PRE_GR1	Add	<i>By Graduates: Doctors</i>							
HRH_PRE_GR2	Add	<i>By Graduates: Nurses</i>							
HRH_PRE_GR3	Add	<i>By Graduates: Midwives</i>							
HRH_PRE_GR4	Add	<i>By Graduates: Social service workers</i>							
HRH_PRE_GR5	Add	<i>By Graduates: Laboratory professionals</i>							
HRH_PRE_GR6	Add	<i>By Graduates: Other</i>							
HRH_PRE_LR1	Add	<i>By new graduates who are licensed and registered: Doctors</i>							
HRH_PRE_LR2	Add	<i>By new graduates who are licensed and registered: Nurses</i>							
HRH_PRE_LR3	Add	<i>By new graduates who are licensed and registered: Midwives</i>							
HRH_PRE_LR4	Add	<i>By new graduates who are licensed and registered: Social service workers</i>							
HRH_PRE_LR5	Add	<i>By new graduates who are licensed and registered:</i>							

code indicateur	Mode de calcul	Libellé Indicateur	TARGETS	Q1: Oct-Dec 2013	Q2: Jan-Mar 2014	Q3: Avr-Jun 2014	Q4: Jul-Sep 2014	TOTAL	% Realisation
		<i>Laboratorians</i>							
HRH_PRE_LR6	Add	<i>By new graduates who are licensed and registered: Other (where applicable)</i>							
L55	Add	Number of individuals trained in Leadership and Management	100	67	23				90%

### 4.3 Strategic Information

code indicateur	Mode de calcul	Libellé Indicateur	TARGETS	Q1: Oct-Dec 2013	Q2: Jan-Mar 2014	Q3: Avr-Jun 2014	Q4: Jul-Sep 2014	TOTAL	% Realisation
<b>4.3</b>		<b>Strategic Information</b>							
L58	Add	Number of individuals trained in Strategic Information (includes M&E, Surveillance including Human Ethics, and/or HMIS)	185	16	0				8.6%
L58A	Add	<i>Monitoring &amp; Evaluation</i>	95	16	0				16.84%
L58B	Add	<i>Surveillance, Human Ethics</i>							
L58C	Add	<i>HMIS or Informatics</i>	90	0	0				



# SUCCESS STORY

## Sticking with the program in Côte d'Ivoire: Teams in leadership training ensure that people with HIV stay on ARTs

***"I felt very important [when] you sent me reminders about my appointments; because of this, I prefer to be treated in your [health] facility."***

- HIV patient receiving ART at the Indénié-Djuablin Regional Hospital



Photo: Management Sciences for Health

*Dr. Désiré Eboi, Indénié-Djuablin Regional Hospital Director, checks in with Christine Affoué Ekkra, a community health worker leading the effort to locate people living with HIV who dropped out of treatment.*

The region of Indénié-Djuablin in Côte d'Ivoire has the dubious distinction of recording one of the highest HIV prevalence rates in the country: 3.1% of residents living with HIV and AIDS.

Lowering HIV rates is a priority for the nation's Ministry of Health. Key to doing so is to ensure that those living with HIV remain faithful to their antiretroviral therapy (ART) regimen. Of particular concern are pregnant women and children born to HIV positive mothers, as they experience the highest rates of new infections as well as HIV-related illness and death.

The Ministry of Health engaged the USAID-funded Leadership, Management and Governance Decentralization Pilot Project (LMG/CIDMP) to build leadership abilities of health care providers to help them tackle the challenge of "retention"--i.e., keeping patients in the ART program. The project began implementing the Leadership Development Program Plus (LDP+) -- a program developed by Management Sciences for Health (MSH) -- with eleven health teams in the regions of N'Zi-Iffou-Moronou and Indénié-Djuablin in May 2014.

The LDP+ is a six- to eight-month process that guides a team through identifying a challenge, devising an action plan, addressing the challenge, then measuring progress.

To increase adherence to ARVs, Dr. Désiré Eboi, Director of Indénié-Djuablin's Regional Hospital, mobilized his LDP+ team around two priority actions: 1) to identify people living with HIV who have dropped out of treatment, and 2) to maintain regular contact with these patients to encourage them to stay on their treatment plan.

The result? Not one of the 119 new patients receiving ART at the hospital in 2014 has dropped out of treatment. The hospital's ART retention rate increased from 74% in May 2014 to 80% in December 2014--meeting the national target of 80% retention.

Dr. Eboi says the LDP+ process has had such a positive impact that he is confident his team will continue to apply the practices in other priority health areas.