

Leadership, Management, and Governance Project- Cote D'Ivoire Project and Cote D'Ivoire Decentralization Pilot Project

Quarterly Progress Report, April-June 2015

Author: LMG/CI Project at MSH

Date of Publication: July 15, 2015

Development Objective:

The Côte d'Ivoire CCM committees will have strengthened capacity in the critical functions of a CCM, including grant oversight, and the PRs and civil society advocacy networks have strengthened leadership and management skills to implement, monitor, and evaluate programs and effectively fulfill their roles within the health system.

and

Improve health service delivery and health outcomes through health systems strengthening and by creating leaders motivated with strong skills in governance, leadership and management at the Regional Health Directorates (DR) and the Departmental Health Directorates (DD) to ensure ownership and sustainability of all interventions, including HIV activities at the decentralized level.

Suggested Keywords:

Cote D'Ivoire, decentralization, leadership, management, governance, CCM, Global Fund

This report was made possible through support provided by the US Agency for International Development and the _____, under the terms Of 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.

LMG/CI Project and LMG/CIDMP Project

Management Sciences for Health

200 Rivers Edge Drive

Medford, MA 02155

Telephone: (617) 250-9500

<http://www.msh.org>



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

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

Domaines programmatiques couverts par l'Accord de Coopération:

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

ANNEE FISCALE: 2015

RAPPORT D'ACTIVITES

Début de la période: April 1, 2015

Fin de la période: June 30, 2015

Rédigé par: Serges ANOH

Signature:
.....

Date: 15/07/2015

Approuvé par : Rose N'GUESSAN

Signature:
.....

Date: 15/07/2015

Date de transmission du rapport: 15/07/2015

SOMMAIRE

I – RESUME SYNTHETIQUE DE LA PERIODE

II – NARRATIF DES RESULTATS ATTEINTS

III – DIFFICULTES ET/OU CONTRAINTES DE LA PERIODE

IV – BESOINS EN ASSISTANCE TECHNIQUE

V – PERSPECTIVES/Activités clés pour la prochaine période

VI – FICHE RECAPITULATIVE DES FORMATIONS DE LA PERIODE

VII – INDICATEURS A RENSEIGNER

I – RESUME SYNTHETIQUE DE LA PERIODE

The following is a summary of the activities carried out April 1 through June 30, 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 developed to support the Global Fund CCM (for the period 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 (April-June 2015), the project achieved the following:

Objective 1

- LMG/CI assisted the CCM Secretariat to develop a budgeted workplan for May 2015-December 2016.
- The project provided technical support to the CCM Secretariat to develop a membership renewal plan for CCM members.
- LMG/CI coached technical program managers in providing support to the HIV, malaria, tuberculosis (TB), and finance committees.
- The project aided the CCM Secretariat to develop a master plan to monitor implementation of recommendations.

Objective 2

- LMG/CI supported nine technical committee meetings.
- LMG/CI provided technical and financial support for three supervisory visits during which committee members documented each PR's progress on activity implementation.

Objective 3

- LMG/CI assisted the CCM Secretariat to finalize its TB concept note, which was submitted to the Global Fund May 4, 2015.
- The project trained 14 CCM members and Secretariat staff on how to use the new intranet site, established with support from LMG/CI.
- LMG/CI provided seven computers to CCM technical program managers for their work.

Objective 4

- LMG/CI continued to provide tailored technical support to PRs and technical committees upon receipt of Global Fund management letters to resolve management issues and improve grant performance.

LMG/CI continued to provide capacity building to the Global Fund CCM and the technical committees (HIV, TB, malaria, and finance). The project has ensured that the CCM meets Global Fund requirements and has adequate capacity in 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.

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

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

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

Objective 1:

- LMG/CIDMP provided technical support to 16 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 10 quarterly coordination meetings.

- LMG/CIDMP provided technical and financial assistance to both the Indénié-Djuablin and N’Zi-Iffou-Moronou Regional Health Directorates (DRs) to train 34 ERS and ECD members in governance
LMG/CIDMP provided support to 11 regional and reference hospitals (100%) to draft governance improvement plans, which are now being finalized.

Objective 2:

- LMG/CIDMP continued to implement the LDP+ with 19 health facilities in each of the districts supported by the project, conducting a total of 19 workshops and 19 coaching sessions in the two regions during this reporting period.
- The project trained 87 members from selected health facilities in leadership, management, and governance through the LDP
LMG/CI completed 100% of its planned coaching visits to each of the LDP+ improvement teams from the 19 selected health facilities.

Objective 3:

- LMG/CIDMP provided financial and technical support to assist 100% of health districts and DRs to complete a quarterly supervision mission.
- LMG/CIDMP provided technical and financial assistance to both the Indénié-Djuablin and N’Zi-Iffou Regional Health Directorates (DRs) to organize five HIV data validation site visits.
-

II – NARRATIF DES RESULTATS ATTEINTS

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

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

Technical support to the CCM for concept note development: Côte d’Ivoire’s malaria concept note, developed by the CCM and the Ministry of Health and Fight Against AIDS (MSLS) was accepted by the Global Fund for a total of approximately €72 million in January 2015. It will be signed in July 2015. LMG/CI is continuing to support the two PRs that will receive grant funding: the NMCP, which is launching activities in July 2015; and the community PR, which is expected to launch activities in October 2015, following an evaluation by the Local Fund Agent (LFA).

The Côte d’Ivoire CCM also submitted a concept note to the Global Fund on May 4, 2015, for €19 million, to fund the tuberculosis (TB) component from January 2016 to December 2017. LMG/CI provided substantial technical support to the CCM’s TB committee to reach this milestone--assisting with the preparation of key documents, identifying stakeholders, and participating in concept note development workshops. In partnership with the Global Fund, the project provided financial support to hold a proofreading and concept note harmonization workshop from April 27-29 in Adzopé. LMG/CI ensured the involvement of key stakeholders in the process by identifying partners, sending invitations, and sharing updated documents. The project will continue to support to the CCM TB committee as it responds to Global Fund questions on the concept note and negotiates the grant.

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. With the beginning of the Global Fund's fiscal year in April, LMG/CI helped CCM leadership prepare the budget for May 2015 to December 2016. The CCM submitted the final budget for €19,415 to the Global Fund for review and approval on April 7, 2015.

The mandates for all current CCM members are scheduled to end in 2015. Therefore, LMG/CI supported the CCM President to develop a plan to renew CCM membership. It was submitted to the CCM Secretariat June 4. The project is currently supporting the implementation of activities in the CCM membership renewal plan, including organizing meetings and developing and reviewing materials. LMG/CI played an active role in meeting with representatives of civil society organizations and the private sector, orienting them to the CCM's membership renewal process, and promoting involvement of all NGOs and associations involved in the fight against the three diseases (HIV, TB, and malaria).

Project staff provided ongoing coaching to the CCM Secretariat, Permanent Secretary, and President to prepare for a total of three Global Fund missions during the reporting period. Specifically, LMG/CI helped schedule meetings, organized CCM committee members to support the delegations, and attended a variety of meetings.

LMG/CI provided technical assistance to the CCM's Permanent Secretary to establish a master plan to monitor recommendations to and made by the CCM, as well as to implement this plan with the CCM Secretariat. The newly-developed recommendations monitoring plan is a tool to track and monitor recommendations from all levels, including: the Global Fund to the CCM and PRs; CCM General Assembly to CCM technical committees; CCM technical committees to CCM Secretariat; CCM technical committees to PRs/SRs; and the LFA to CCM technical committees and PRs/SRs. LMG/CI trained CCM Secretariat staff on the use of this tool during a meeting June 29, and continues to support its implementation. Please see Annex 2 for the CCM master recommendations monitoring plan template.

Progress toward full compliance with the Global Fund's eligibility requirements:

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 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 reserved two seats for Persons living with HIV (PLHIVs) as a key population represented by *Réseau Ivoirien des Organisations de Personnes vivant avec le VIH-SIDA* (RIP+) with representatives from sex workers (SW) and MSM organizations. However, there were no seats specifically allocated for SWs, MSMs, prisoners, vulnerable women, and pregnant women. The CCM held an extraordinary General Assembly session on February 6, 2015, dedicated to this topic. As a

result, representatives of key populations and MSM were identified and mobilized during this reporting period, in partnership with AFRICASO and with additional funding from the Global Fund to support this activity. PLWD and KAP will take part in the next elections in September 2015.

Transparent election of CCM Members: During this reporting period, LMG/CI continued to provide support to the CCM to prepare for upcoming elections and renewal of CCM membership in September 2015. Following an announcement to launch the CCM membership renewal process, LMG/CI worked closely with the CCM's Permanent Secretary to develop a membership renewal plan which was submitted to the CCM Secretariat and validated on June 4, 2015. (Please see Annex 3 for the CCM's membership renewal plan).

From June 8-24, 2015, LMG/CI assisted the CCM Secretariat during meetings with CCM members, representatives from civil society, and private sector representatives to orient them to the membership renewal and election processes, reviewing the following subjects:

The Global Fund

- History, mission
- Principles of the Global Fund model
- Structure and organization of the Global Fund

Côte d'Ivoire CCM

- History, mission
- Structure, organization and purpose of the Côte d'Ivoire CCM

Roles and responsibilities of CCM members

- Roles of CCM committee members
- Members responsibilities
- Process for appointing members

An additional session is planned with public sector representatives for the next reporting period. The deadline to complete member designation meetings is July 31, 2015, for NGOs and the private sector, and August 20, 2015, for the public sector.

Management of conflict of interest: The performance improvement plan recommended that the CCM update and apply its 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 revised and signed documents on conflict of interest with support from LMG/CI. Of 50 CCM members, 48 have signed declarations of conflict of interest, for a 97% completion rate. During the General Assembly on April 16, 2015, the CCM President presented the conflict of interest documents and the policy.

Support to the four CCM technical committees: 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. The project also launched weekly meetings with the CCM technical program managers, who were assigned the following functions:

- Dr. Gbane (malaria program manager): responsible for archiving and maintaining the institutional memory of each committee in a central location;

- Dr. Dia (HIV and pharmaceutical stock program manager): responsible for meeting minutes;
- Dr. Monan (TB program manager): responsible for monitoring and evaluation of the CCM’s annual workplan.

Project staff also provided technical assistance to the CCM’s technical program officers to develop the following table of priority topics to focus on during the next reporting period:

Table 1: Priority topics for CCM technical program managers

Priority	Timeline
1. Review of action items following each technical committee oversight visit	July 2015
2. Conduct review of Global Fund management letter (sent by the Global Fund to PRs)	July 2015
3. Analyze PR performance using the Dashboard grant management tool	July 2015
4. Complete mapping of all Global Fund grants in Côte d’Ivoire (by funding component)	August 2015

LMG/CI met with each technical program manager individually to review progress on implementation of recommendations and prepare for committee meetings by developing agendas and terms of reference for improved grant monitoring and oversight.

The project 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. The project continued to fund CCM visits to oversee grant implementation, in addition to the Global Fund-supported site visits. A total of three oversight visits were completed by the CCM’s technical committees during this reporting period, with the HIV committee completing two visits and the malaria committee completing one. The TB committee will conduct its site visit from July 7-9, 2015.

The following summarizes LMG/CI’s support to the technical committees:

CCM malaria committee: The CCM’s malaria committee held all three planned meetings. The first, April 16, was dedicated to reviewing reports from PR supervision and as well as concepts covered in the third LDP+ workshop. Following a Global Fund management letter sent to CARE international (the community PR), the malaria committee reviewed implementation of key recommendations to resolve management issues and improve grant performance. While the PR was implementing these recommendations, the disbursement rate for the PR was only 59%, with an absorption rate of 57%. The Global Fund rejected expenses submitted by the PR due to poor documentation and non-compliance. CARE’s grant ended June 30, and the CCM has selected a new community PR for the grant beginning in October 2015. The new PR is expected to be confirmed by the Global Fund in the next reporting period. To prevent similar issues with future grants, LMG/CI is helping the CCM develop better monitoring systems for PR funding and spending.

At the second meeting on May 12, the committee prepared for an oversight visit in the southern region of Comoé from May 18-22, to assess malaria services offered in health centers supported by the Global Fund. The site visit revealed the following:

Strengths

- Directives are posted and partially applied
- Targeted fees are applied
- Community activities are implemented
- The community PR and districts collaborate well.

Weaknesses

- Lack of communication regarding the availability of essential laboratory supplies for malaria diagnostic tests.

See Table 2 for recommendations following this site visit.

Table 2: Principal recommendations from Comoé site visit (CCM malaria committee)

Party responsible for implementation	Recommendations
CCM	Improve communication materials regarding the Global Fund’s free care package
<i>Programme National de Lutte contre la Paludisme (PNLP)</i>	Improve communications regarding new blade washing technique
	Secure necessary equipment for laboratories
	Disseminate new management guidelines for malaria
CARE (community PR)	Enhance public awareness of malaria and prevention through local radio stations
<i>Pharmacie de la santé publique (PSP)</i>	Provide pharmacists with complete list of free medicine and laboratory equipment provided by the Global Fund
	Inform pharmacists about the possible modification of the control slip
	Provide pharmacies with tools to manage billing
	Provide pharmacists with pharmacovigilance sheets
Health district	Foster communication among stakeholders and implementing partners
	Report stock-outs of malaria commodities through official channels
	Strengthen communication on malaria guidelines and the Global Fund’s free care package

During the third committee meeting on June 12, the CCM’s malaria committee reviewed the visit report, which is now being finalized to share with all CCM members during the next General Assembly meeting. LMG/CI will continue to support the CCM malaria committee to ensure timely implementation of recommendations from the Comoé site visit.

CCM TB committee: The CCM’s TB committee held two of three planned meetings for this quarter. During the first, May 8, the committee reviewed the report from the oversight visit which was conducted in the Bas Sassandra region during the previous reporting period to investigate the reliability of a high detection rate score. The committee’s report highlighted communication challenges between the DDs and health facilities regarding the sale of “TB stamps” for treatment, which the Global Fund plans to end. The CCM is planning a follow-up oversight visit in early July to observe the impact on treatment and care of not selling TB stamps.

On June 26, the CCM TB committee reviewed the report from the San Pedro oversight mission, which was completed March 17-21. The report revealed the following:

Strengths:

- TB activities are being conducted at all sites

Weaknesses:

- Insufficient community activities at the facility level
- Weak donor visibility at treatment sites
- Stock-outs of some commodities and materials
- Weak partner participation in site visits and results presentations.

Table 3 summarizes recommendations following the oversight visit.

Table 3: Principal recommendations from San Pedro site visit (CCM TB committee)

Party responsible for implementation	Recommendations
CCM	Revise supervision tool used for oversight visits Include other PEPFAR implementing partners working in San Pedro (and future sites) in site visits and results presentations

During this meeting, the TB committee also reviewed a Global Fund management letter, which was sent to Caritas, (the community PR). The letter highlighted the following for July-December 2014:

- A reduction in the percentage of patients lost to follow-up, from 7% to 6%
- High mortality rate (7% nationally), with rates as high as 17% in Odienne
- A reduction in the number of community health workers under the next TB grant.

CCM HIV committee: The CCM’s HIV committee held all three planned meetings. On April 2, committee members discussed the methodology for monitoring PR Dashboards and PUDR reports, and validated the terms of reference for upcoming site visits. The committee discussed the importance of completing analysis and review of PR Dashboards before submission to the Global Fund. The HIV committee suggested that the Permanent Secretariat send reminders to each PR regarding upcoming deadlines for PUDR and Dashboard submissions. LMG/CI plans to conduct refresher trainings for CCM members on how to review and analyze PR PUDR and Dashboard reports, in response to a request from the HIV committee.

The HIV committee completed an oversight visit in the Poro and Loh Djiboua regions from April 20-24, to assess the complete package of HIV and AIDS services offered to patients in health centers supported by the Global Fund. LMG/CI provided financial support for the oversight visit to the Poro region, and the Global Fund supported the Loh Djiboua visit. See Tables 4 and 5 for principal recommendations.

Table 4: Principal recommendations from Poro site visit

Party responsible for implementation	Recommendations
<i>Programme National de Lutte contre le SIDA (PNLS)</i>	Procure Konelab/Faxcompte medical device for the regional hospital so it can conduct patient assessments
	Maintain laboratory equipment, since the hospital and health centers throughout Poro rely on it
	Allow the regional hospital to use available equipment in good condition to perform secured analysis
	Identify a method for the Korhogo Regional Blood Transfusion Center and other transfusion centers to inform patients of a change in sero-status.

Table 5: Principal recommendations from Loh Djiboua site visit

Party responsible for implementation	Recommendations
CCM	Investigate causes of the rupture of AZT/3TC stock
Health Authorities	Update mapping of Global Fund interventions in Côte d’Ivoire
	Accelerate the renovations of the Divo regional hospital and pharmacy
	Identify solutions to maintenance issues that led to a break in water supply at the Divo regional hospital
	Encourage the recruitment and deployment of health workers in the region
	Identify the cause of delayed results of PCR in child samples
Alliance-CI (community PR)	Identify stable electricity sources in the Divo DD and Guitry General Hospital
	Address the challenge posed by the relocation of the Divo Anti-Tuberculosis Center
	Train community counselors to improve work quality
	Ensure the participation of subrecipients (SRs) and sub-subrecipients (SSRs) in district coordination meetings
	Keep the regional health team informed of all planned supervision visits and missions in the region
	Renew the grant with the Divo <i>Association pour la sante et le developpement</i> (ASD) and include activities for people living with HIV/AIDS (PLWHA) in the district

During the second HIV committee meeting on May 22, committee members reviewed the visit reports; they are now being finalized and will be shared with all CCM members at the next General Assembly meeting.

The HIV committee held its third meeting June 26 to prepare for the HIV program review and the transition process to Option B+, as recommended by WHO. Led by the *Programme National de Lutte contre le SIDA* (PNLS) with support from WHO, the Global Fund, PEPFAR and UNICEF, the program review addressed implementation of the 2012-15 national strategic plan for HIV and AIDS. Started June 29, the review will encompass thematic review meetings and data-collection field visits. The final review report will be available by the end of July to assist in strategic planning for 2016-20.

Côte d’Ivoire is in the process of transitioning to WHO’s “Option B+” at the national level, which recommends providing lifelong ART to all pregnant and breastfeeding women living with HIV, regardless of CD4 count or WHO clinical stage. National guidelines for option B+ are now available and the strategy for providers has been developed. A quantification of key commodities is scheduled for July 8-29 in Yamoussoukro.

CCM finance committee: The CCM finance committee held its quarterly meeting with representatives from each of the PRs on June 19 to review recommendations from internal and external PR audits and to better understand bottlenecks. Although the audit reports are still being finalized, the finance committee requested that each PR submit drafts to help PRs follow up on recommendations. During the meeting, the PRs expressed many issues with delayed disbursements (see Table 6).

Table 6: PR Disbursements

PR	Disbursements
PLNS	Last disbursement received in May 2014; latest disbursement request initiated in May 2015
CARITAS	No disbursements received since 2014; Caritas is reducing the number of SRs in order to ensure better grant oversight
ALLIANCE	No issues with disbursements; last disbursement received from the Global Fund in April 2015 (for the period April-September 2015)
PNLT	Last disbursement received in June 2014; awaiting disbursement to cover period between June-December 2015

During this meeting, the CCM finance committee noted the following training needs to reinforce the financial management capacity of the PRs:

- Budget management;
- Contract planning and management;
- Global Fund policies for cash accounting; and
- Budget forecasting.

The finance committee encouraged each PR to send their specific list of training needs to the CCM’s Permanent Secretary for planning capacity building activities.

CCM website (intranet) development: LMG/CI continued to support development of an internal CCM website (intranet) for CCM members, including a platform for Dashboard revision to ensure transparency and facilitate oversight. On May 12, LMG/CI trained 14 Secretariat members in the use of the CCM intranet site and Google applications.

CCM Resource mobilization: The project provided technical assistance to the CCM's Permanent Secretary to closely monitor funding agreements with the *Fonds National de Lutte contre le SIDA* (FNLS) and the German Agency for International Cooperation (GIZ). The former is being reviewed by the MSLS. For the GIZ funding request, since the previously identified activity has been completed, the CCM plans to ask GIZ to redirect funding to an assessment of policies for free drug and laboratory products. LMG/CI also provided support to the CCM to launch a technical assistance request to GMS for Dashboard assistance in June 2015. GMS responded positively to this request, and plans to train CCM PR's on the new PR Dashboard tool and CCM Dashboard tool in November 2015.

CCM Equipment: LMG/CI procured seven computers for the CCM. The computers were given to the technical program managers appointed to the CCM by the MSLS, so that they can better support the technical committees.

Other activities for the reporting period (April-June 2015):

- LMG/CI participated in a meeting April 22-24 on membership of PLWD and Key Affected Populations (KAP) within the CCM, and how to integrate these groups into the CCM;
- The LMG/CI Technical Advisor participated in a performance review of the CCM Permanent Secretary led by CCM members on May 21, as well as a follow-up interview on June 4, 2015.
- LMG/CI held a working session with GCC to plan the follow-up training of two CCM advisors on pharmaceutical stock management in July 2015.

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

The following summarizes achievements this quarter in the Decentralization Pilot Project.

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 ECD and ERS meetings: MSLS norms require ECD and ERS teams to hold regular monthly meetings. The establishment of monthly ERS and ECD meetings as a standard practice in the two regions supported by LMG/CIDMP has enabled health leaders to better coordinate interventions and work towards achieving targets. ECD and ERS teams now have a more accurate view of the current state of health interventions in their respective DRs/DDs, and can make more informed decisions.

During this quarter, the LMG/CIDMP project provided technical support for the organization and facilitation of 12 monthly ECD meetings at the DD level, and four meetings at the DR level. LMG/CIDMP mobilized the Regional Directors to fund all of the ERS and ECD meetings during this

reporting period from either their own budgets or from local partners, reinforcing the sustainability and ownership of this practice among DR and DD teams.

In Indénié-Djuablin, the LMG/CIDMP project supported organizing and facilitating six ECD meetings at the DD level and two ERS meetings at the DR level. Each of the DDs within the region held 2 monthly ECD meetings (see Table 7).

Table 7: Indénié-Djuablin ECD meetings:

Number of monthly ECD meetings held during the reporting period (Indénié-Djuablin)		
District	Actual	Target
Agnibilekro	2	3
Abengourou	2	3
Bettié	2	3
TOTAL	6	9

The N’Zi-Iffou-Moronou region held six of 18 planned ECD meetings at the DD level, and two ERS meetings at the DR level (see table 8).

Table 8: N’Zi-Iffou-Moronou ECD meetings

Number of monthly ECD meetings held during the reporting period (N’Zi-Iffou-Moronou)		
District	Actual	Target
Bocanda	2	3
Dimbokro	2	3
Bongouanou	1	3
M’Bahiakro	0	3
Prikro	1	3
Daoukro	0	3
TOTAL	6	18

The project was unable to reach all targets for ERS and ECD meetings due to conflicting calendars and priorities for the regional and district health teams. During the next reporting period, LMG/CIDMP staff will continue to monitor meetings and advocate with the DR and DDs to ensure that priority is given to these meetings.

Quarterly regional coordination meetings: The project supported organization and facilitation of 10 of 11 coordination meetings planned for the reporting period. Of the six districts in the N’Zi-Iffou-Moronou Region, the Bongouanou DD was the only district that did not hold a quarterly meeting. In the Indénié-Djuablin Region, all three districts--Abengourou, Agnibilekro, and Bettié--held their coordination meetings as planned. At the Regional Health Directorate level, each DR organized its respective coordination meeting.

During each coordination meeting, LMG/CIDMP provided technical support to DR and DD teams to present, analyze, and review activities from the previous quarter and continue monitoring of baseline indicators. Outside of the coordination meetings, LMG/CI supported the DRs to organize a meeting to plan the second LDP+ workshops, to be held with district and health facility teams in July 2015.



Participants in the DR/DD Governance workshop led by LMG/CI

DD and DR governance workshop: LMG/CIDMP organized and held a meeting to strengthen the governance capacity of DR, DD, hospital directors, and management committees (COGES) in each of the two regions supported by the project from June 1-3, 2015. Project staff trained 34 participants in the four essential practices for good governance: creating a culture of accountability; engaging diverse stakeholders; setting strategic direction and stewarding scarce resources. Participants developed 11 governance improvement plans, one for each general and referral hospital. In preparation for this workshop, the project held a training of trainers with six MSLS staff and five LMG/CIDMP staff from May 28-29 in Abidjan. With reinforced knowledge of the four essential practices for good governance, DR and DD staff now have the necessary capacity to participate in the improvement of governance practices in reference hospitals. Next steps were agreed (see Table 9).

Table 9: Next steps following DD/DR governance workshop

	Activity :	Due by :
1	Plan follow-up governance trainings with other COGES and hospital management teams	June 15, 2015
2	Hold restitution/follow-up governance training with COGES and hospital management teams to develop governance improvement plans using the challenge model	June 30, 2015
3	Coach improvement teams to finalize governance improvement plans	July 14-16, 2015
4	Meet with COGES and hospital management teams to finalize governance improvement plans	July 15, 2015
5	Meet with key stakeholders to validate team challenge models and governance improvement plans	July 30, 2015
6	Implement governance improvement plans	August 1-December 31, 2015
7	Follow-up meeting with COGES and hospital management teams to track implementation of governance improvement plans	September 30, 2015
8	Present results to key stakeholders during regional annual review meetings	January 1, 2016

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+): During this reporting period, LMG/CIDMP continued the second cycle of the LDP+ with health facilities in each DD supported by the project. 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.

LMG/CIDMP held the first LDP+ workshops and coaching visits with improvement teams in selected health facilities to help teams refine their challenge models and action plans, and monitor progress. The project also introduced one-day sessions with all LDP+ coaches to prepare for the second LDP+ workshops and ensure consistency in the LDP+ process.

As Table 10 shows, the majority of health facility improvement teams focused on maternal and child health. Desired Measureable Results will continue to be refined during the next workshop.

Table 10: LDP+ with health facilities

District	Health facility improvement team	Date	Number of participants	Desired measurable result (DMR), between early April and the end of December 2015, unless otherwise stated
Bocanda	<i>Bocanda General Hospital</i>	April 1-3	4	Increase the ANC 4+ coverage rate in the Bocanda General Hospital zone from 32% to 45%
	<i>N'Zecrezessou health center</i>	April 1-3	5	Increase the ANC 4+ coverage rate in the N'Zecrezessou health center zone from 12% to 20%
Daoukro	<i>Daoukro General Hospital</i>	April 8-10	4	Increase the rate of PLWHIV on ARV treatment from 40% to 80% in the Daoukro General Hospital zone
	<i>Ouelle health center</i>	April 8-10	4	Increase the ANC 4+ coverage rate in the Ouelle health center zone from 40% to 60%
M'bahiakro	<i>Bonguera health center</i>	April 2-4	4	Increase the contraceptive prevalence rate in the Bonguera health center zone from 2% to 10%
	<i>M'bahiakro General Hospital</i>	April 2-4	7	Increase the rate of post-natal consultations in the M'bahiakro General Hospital zone from 2% to 50%
Bongouanou	<i>Bongouanou General Hospital</i>	April 7-9	4	Increase the ANC 4+ coverage rate in the Bongouanou General Hospital zone from 43% to 60%
	<i>Kangandi health center</i>	April 7-9	4	Increase the rate of the coverage rate of postnatal consultations in the Kangandi health center zone from 13% to 30%
Dimbokro	<i>Dimbokro Regional Hospital</i>	April 13-15	4	Increase the rate of PLHIV on ARV treatment from 74% to 90% in the Dimbokro Regional Hospital zone
	<i>Dimbokro Maternal and child health center</i>	April 13-15	4	Increase the proportion of pregnant women attending prenatal consultations who have received 2 doses of sulfadoxine-pyrimethamine (SP) from 30% to 50%

Prikro	<i>Prikro General Hospital</i>	April 23-25	4	Increase the ANC 4+ coverage rate in the Prikro General Hospital zone from 60% to 70%
	<i>Koffi Amonkro health center</i>	April 23-25	4	Increase the ANC 4+ coverage rate in the Koffi Amonkro health center zone from 16% to 40%
Agnibilekrou	<i>Agnibilekrou General Hospital</i>	April 1-3	7	Increase the polymerase chain reaction (PCR) completion rate in children born to HIV-positive mothers from 40% to 80% in the Agnibilekrou General Hospital zone
	<i>Tanguelan health center</i>	April 1-3	5	100% of infants born to HIV-positive women who had a virologic HIV test done within 12 months of birth infants in the Tanguelan health center zone from May 1-December 31, 2015
Bettié	<i>Bettié General Hospital</i>	April 7-9	4	Increase the ANC 4+ coverage rate in the Bettié General Hospital zone from 31% to 80%, from May 1-December 31, 2015
	<i>Diamarakro health center</i>	April 7-9	4	Increase the ANC 4+ coverage rate in the Diamarakro health center zone from 47% to 80%, from May 1-December 31, 2015
Abengourou	<i>Abengourou Regional Hospital</i>	April 27-29	7	Reduce the maternal death rate from 40% to 20% in the Abengourou Regional Hospital zone, from May 1-December 31, 2015
	<i>Sankadiokro health center</i>	April 20-22	4	Increase the contraceptive prevalence rate from 10% to 25%, from May 1-December 31, 2015
	<i>Cafetou Dr Kouame health center</i>	April 20-22	4	Increase the coverage rate of postnatal consultations in the Cafetou Dr Kouame health center zone from 8 to 50 per quarter, from May 1-December 31, 2015

Coaching visits: LMG/CIDMP provided technical and financial support for the first series of coaching visits with LDP+ improvement teams, May 20-June 11 (see Table 11). LDP+ coaches guided improvement teams in the completion of their challenge models through the following steps: review the organization’s mission and strategic priorities; create a shared vision of the future; assess the current situation; and agree on one measurable result. Each participating health facility improvement team received a coaching visit to help refine its challenge model.

Table 11: Health facility LDP+ coaching sessions

LDP+ Coaching Visits	
Location	Dates
Indénié-Djuablin DR	
Bettié DD	June 11, 2015
Agnibilekro DD	May 28, 2015
Abengourou DD	May 26, 2015
N’Zi-Iffou-Moronou DR	
Daoukro DD	May 21, 2015
Bocanda DD	May 20, 2015
Prikro DD	May 22, 2015
Dimbokro DD	May 20, 2015
Bongouanou DD	May 22, 2015
M’Bahiakro DD	May 21, 2015

The second technical coaching team meetings were held in Indénié-Djuablin DR on June 11 and in the N’Zi-Iffou-Moronou DR on June 12. LMG/CIDMP led these meetings to harmonize LDP+ methodology, content, and tools to ensure that coaches in each facility share a deep understanding of the LDP+ process. During the next reporting period, LMG/CIDMP will continue to support LDP+ implementation by organizing the second LDP+ workshop and coaching mission with each of the participating health facility improvement teams.

Organization of integrated supervision visits: The project assisted district health teams to conduct integrated, supportive supervision on a quarterly basis at selected health facilities and referral hospitals. LMG/CIDMP provided technical and financial support for the organization of 11 integrated supportive supervision missions. The nine districts supported met their supervision oversight goals of 100% (see Table 12).

Table 12: Integrated supervision visits

Integrated supervision visits	
Location	Dates
Indénié-Djuablin	
Bettié District	April 19-26, 2015
Agnibilekro District	June 7-17, 2015
Abengourou District	June 15-23, 2015
N’Zi-Iffou-Moronou	
Daoukro District	June 15-19, 2015
Bocanda District	June 15-22, 2015
Prikro District	June 16-23, 2015

Dimbokro District	June 16-25, 2015
Bonouanou District	April 16-29, 2015; May 12-28, 2015
M'Bahiakro District	June 16-23, 2015

All planned supervision missions were completed at the regional level, with the Nzi-Iffou-Moronou DR completing its supervision mission from June 22-27 and the Indénié-Djuablin DR Region completing its supervision mission from May 12-16. Each supervision mission is conducted with financial and technical support provided by LMG/CI, EGPAF, and SCMS.

LMG/CI 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. The supervision missions help improve the quality of care in district health facilities by ensuring availability of key commodities, ascertaining that patient records are filled out completely, and revising patient flow as necessary to help reduce patient waiting time. DR involvement in supervision missions has contributed to an improvement in quality of district-level interventions and activities and coordination between the regional- and district-level health teams.

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

Quarterly data validation workshops: The two planned data validation workshops for HIV indicators were held with technical support from LMG/CIDMP and financial support from the *Programme Nationale de lutte contre le SIDA* (PNLS). The workshop in Indénié-Djuablin was held in Agbengourou on April 20-22, and the workshop for N'Zi-Iffou-Moronou was held in Daoukro from April 16-18. The project continued to encourage the DRs to include representatives and data from all regional health programs (HIV, malaria, reproductive health, and other programs) in these workshops.

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, two DDs in Indénié-Djuablin completed a site visit, as did three DDs in N'Zi-Iffou-Moronou (see Table 13). The data validation site visits are crucial to prepare the validation workshop for the regional Health Directorates and the National Programs, including PNLS and PNLN.

Table 13: Data validation site visits

Data validation site visits	
Location	Dates
Indénié-Djuablin	
Bettié District	June 16-18, 2015
Agnibilekro District	May 11-15, 2015
N'Zi-Iffou-Moronou	
Prikro District	May 26-30, 2015
Dimbokro District	June 11-19, 2015
M'Bahiakro District	May 11-15, 2015

With LMG/CIDMP technical support, the data validation visits highlighted the following strengths in the sites:

- Prompt and thorough completion of health information system (HIS) reports at the district level
- Availability of data collection and management tools at the visited health centers
- Use of national collection tools in the health centers
- Diffusion of information from HIS reports
- Retention rate properly calculated by providers
- Reports completed correctly in almost all centers
- Center managers involved in the production of reports
- Data consistency significantly improved during PNLs and PNL data validation.

Strengthened DR administrative and financial management capacity:

LMG/CI finance staff conducted a coaching visit for district and regional managers from April 20-24. LMG/CIDMP trained five managers on administrative and financial management during this mission, which followed the January financial management training for DR/DD staff. In addition, managers from the Dimbokro and Abengourou DDs led a work session on procurement procedures, including equipment management.

Other activities for the reporting period include the following:

- The project held the bi-monthly program monitoring meeting to review activities, progress, and results with all LMG/CI-CIDMP staff in Abidjan on May 27, 2015.
- The LMG/CI-CIDMP Monitoring and Evaluation Technical Advisor participated in a national workshop on tools for documentation of best practices in health from May 11-12 in Abidjan.
- The project developed and submitted an abstract to the annual ICASA conference on HIV and health systems strengthening on May 29. The abstract focuses on improving the retention rate of PLHIV on ART at 12 months in two health regions of Côte d'Ivoire through the LDP + process and health systems strengthening.
- LMG/CIDMP staff participated in the official ceremony to donate vehicles to the Prikro and M'Bettie DDs.
- The project drafted and submitted a proposal to the Director General for Health to extend the LDP+ to new regions with new partners and continue to implement the next phase of the LDP+ process in the two regions targeted by the LMG/CIDMP pilot project, Indénié-Djuablin and N'Zi-Iffou-Moronou.
- LMG/CIDMP staff participated in a PEPFAR mission in May 2015 to review the quality of prevention, care, and ARV treatment for PLHIVs in the Abengourou, Bettie, and Agnibilekrou districts.

III – DIFFICULTES ET/OU CONTRAINTES DE LA PERIODE

III.1: Difficultés et/ou Contraintes

During this reporting period, the DR and DD teams frequently received time-consuming requests for activities and meetings from the MSLS and other programs, which slowed the implementation of certain planned activities in the LMG/CIDMP annual workplan.

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

LMG/CIDMP staff closely monitored activities at the DR/DD level. LMG/CIDMP also supported DR/DD teams to draft terms of reference for activities to ensure effective implementation. The planned activities that were not completed during the quarter were rescheduled in agreement with the DD and DR.

III.3 : Examen environnemental initial (EEI)

N/A.

IV – BESOINS EN ASSISTANCE TECHNIQUE

None at this time.

V – PERSPECTIVES / Activités clés pour la prochaine période

Key LMG/CI activities for the next reporting period include communication about project results with potential donors (PEPFAR, the World Bank, The United Nations, the Global Fund, etc.) under the leadership of the DGS. The objective of these conversations will be to share project results and engage support for the scale up of LMG/CI interventions in other health regions and districts, and eventually in regional hospitals and health centers. These conversations have already begun with the DGS regarding Global Fund funding for MSH technical support in the Bélier and Agnéby-Tiassa-ME regions. The other major priority for the next reporting period is to continue the scaling up of the LDP+ in the health facilities within the targeted DDs.

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

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

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

- | | |
|----------|--|
| 1 | Provide ongoing coaching to the CCM secretariat staff and President on the role of the CCM and on their specific roles and responsibilities, meeting with the CCM leadership both on a regular and ad hoc basis, as requested by the CCM leadership |
| 2 | 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 |
| 3 | 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 duration of the project |
| 4 | Conduct two half-day trainings (of 25 CCM members each), provided by the LMG/CI STA, to |

	train CCM members on the validated conflict of interest policy, in accordance with the CCM performance improvement plan
Objective 2: Oversight and monitoring and evaluation of grant performance is strengthened by utilizing effective tools	
5	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
6	Provide technical and financial support to the four CCM technical committees to hold regular monthly meetings
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
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)	
9	Provide technical assistance to the CCM Finance committee and Secretariat to identify financial needs within the CCM and coordinate resource mobilization activities with donors and stakeholders
Objective 4: CCM and Principal Recipients' leadership, management, and financial skills strengthened and capacity to implement, monitor, and evaluate programs strengthened	
10	Provide tailored technical support to each PR upon receipt of a Global Fund management letter to resolve management issues and improve grant performance

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

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

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

	12 monthly senior departmental health team (ECD) meetings to review management priorities
4	Provide technical and financial support to the district team to hold quarterly coordination meetings with the district health teams (including community representatives as well as representatives from the private and public sector) to evaluate the status of district-level activities, particularly HIV activities
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	
5	Organize technical support mission to help DR and DD teams draft, validate, and disseminate success stories
6	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
7	Provide technical support to the district improvement teams to present their results during each regional semi-annual and annual review meeting
Objective 3: Strengthen the capacity and performance of the DRs and DDs	
8	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, focusing on HIV, malaria, vaccination, reproductive health, and family planning
9	Provide technical support for DR to strengthen their capacity in administrative and financial management, with monthly coaching
10	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
11	Provide financial support to the DR for administrative and maintenance costs not included in the regional budget
12	Provide technical and financial assistance for two-day quarterly coaching missions to build the capacity of district-level M&E officers in data collection, indicators, use of information, and analysis and validation of data
13	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
14	Purchase materials and equipment (detailed in the procurement budget) for the DR regional health teams in coordination with other implementing partners
15	Provide technical assistance and coaching support to the senior district health team to conduct 10-day integrated supportive supervision visits on a quarterly basis to health centers throughout the district
16	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

FICHE RECAPITULATIVE DES FORMATIONS DU TRIMESTRE : 1^{er} April – 30 June 2015										
#	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	Governance training of trainers (TOT)	Leadership and management	0	11	11	May 28, 2015	May 29, 2015	24 hours	Abidjan	MSLS staff (DR, DD) and MSH staff
2	Training on key governance practices	Leadership and management	0	34	34	June 1, 2015	June 3, 2015	72 hours	Agboville	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
3.1		Treatment							
SITE_TX_DSD	Cum	Number of PEPFAR-supported sites: Treatment Direct Service Delivery (DSD)							
SITE_TX_DSD1	Cum	<i>Public service outlets</i>							
SITE_TX_DSD2	Cum	<i>NGO, FBO outlets</i>							
SITE_TX_DSD3	Cum	<i>Private clinics for profit (Cliniques privées)</i>							
SITE_TX_DSD4	Cum	<i>Workplace clinics (Infirmes d'entreprises)</i>							
SITE_TX_DSD5	Cum	PEPFAR-supported pediatric sites							
TX_NEW	Add	Number of adults and children newly enrolled on antiretroviral therapy (ART) (DSD)							
TX_NEW01	Add	<i>By Age/Sex: <1 Male</i>							
TX_NEW02	Add	<i>By Age/Sex: 1-4 Male</i>							
TX_NEW03	Add	<i>By Age/Sex: 5-9 Male</i>							
TX_NEW04	Add	<i>By Age/Sex: 10-14 Male</i>							
TX_NEW05	Add	<i>By Age/Sex: 15-19 Male</i>							

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_NEW06	Add	<i>By Age/Sex: 20-24 Male</i>							
TX_NEW07	Add	<i>By Age/Sex: 25-49 Male</i>							
TX_NEW08	Add	<i>By Age/Sex: 50+ Male</i>							
TX_NEW09	Add	<i>By Age/Sex: <1 Female</i>							
TX_NEW10	Add	<i>By Age/Sex: 1-4 Female</i>							
TX_NEW11	Add	<i>By Age/Sex: 5-9 Female</i>							
TX_NEW12	Add	<i>By Age/Sex: 10-14 Female</i>							
TX_NEW13	Add	<i>By Age/Sex: 15-19 Female</i>							
TX_NEW14	Add	<i>By Age/Sex: 20-24 Female</i>							
TX_NEW15	Add	<i>By Age/Sex: 25-49 Female</i>							
TX_NEW16	Add	<i>By Age/Sex: 50+ Female</i>							
TX_NEW_BS	Add	<i>Breastfeeding status</i>							
TX_NEW_PS	Add	<i>Pregnancy status</i>							
TX_CURR_DSD_C	Pct	Percent children with advanced HIV infection receiving antiretroviral therapy (ART) [CURRENT]							
TX_CURR_DSD_D	Pct	Percent women and girls with advanced HIV infection receiving antiretroviral therapy (ART) [CURRENT]							
TX_CURR_DSD	Cum	Number of adults and children receiving antiretroviral therapy (ART) [current] (DSD)							
TX_CURR_DSD1	Cum	<i>Age/Sex: <1 Male</i>							
TX_CURR_DSD2	Cum	<i>Age/Sex: 1-4 Male</i>							

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_DSD3	Cum	<i>Age/Sex: 5-14 Male</i>							
TX_CURR_DSD4	Cum	<i>Age/Sex: 15+ Male</i>							
TX_CURR_DSD5	Cum	<i>Age/Sex: <1 Female</i>							
TX_CURR_DSD6	Cum	<i>Age/Sex: 1-4 Female</i>							
TX_CURR_DSD7	Cum	<i>Age/Sex: 5-14 Female</i>							
TX_CURR_DSD8	Cum	<i>Age/Sex: 15+ Female</i>							
TX_RET	Pct	Percent of adults and children known to be alive and on treatment 12 months after initiation of antiretroviral therapy							
TX_RET_A	Add	Numerator: Number of adults and children who are still alive and on treatment at 12 months after initiating ART							
TX_RET_AS1	Add	<i>Age/Sex: 0-4 Male</i>							
TX_RET_AS2	Add	<i>Age/Sex: 5-14 Male</i>							
TX_RET_AS3	Add	<i>Age/Sex: 15+ Male</i>							
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							

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
		prior to the beginning of the reporting period, including those who have died, those who have stopped ART, and those lost to follow-up							
TX_RET_B_AS1	Add	<i>Age/Sex: 0-4 Male</i>							
TX_RET_B_AS2	Add	<i>Age/Sex: 5-14 Male</i>							
TX_RET_B_AS3	Add	<i>Age/Sex: 15+ Male</i>							
TX_RET_B_AS4	Add	<i>Age/Sex: 0-4 Female</i>							
TX_RET_B_AS5	Add	<i>Age/Sex: 5-14 Female</i>							
TX_RET_B_AS6	Add	<i>Age/Sex: 15+ Female</i>							
TX_RET_BP	Add	<i>Pregnancy and breastfeeding status</i>							
TX_SITE	Pct	Percentage of PEPFAR-supported ART sites achieving a 75% ART retention rate							
TX_SITE_A	Cum	Numerator: Number of PEPFAR-supported ART sites with a retention rate of 75% or greater for patients 12 months after ART initiation							
TX_SITE_A1	Cum	<i>By support type: Direct Service Delivery (DSD)</i>							
TX_SITE_B	Cum	Denominator: Total number of PEPFAR-supported ART sites							
TX_SITE_B1	Cum	<i>By support type: Direct</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
		<i>Service Delivery (DSD)</i>							
T1_4_D	Cum	Number of adults and children with advanced HIV-infection who ever started on ART							
T1_4_D1	Cum	<i>Male (0-11months)</i>							
T1_4_D2	Cum	<i>Female (0-11 months)</i>							
T1_4_D3	Cum	<i>Male (1-14)</i>							
T1_4_D4	Cum	<i>Female (1-14)</i>							
T1_4_D5	Cum	<i>Male (15+)</i>							
T1_4_D6	Cum	<i>Female (15+)</i>							
T1_4_D7	Cum	<i>Pregnant women</i>							
TX_DIST	Pct	Percentage of Districts that are PEPFAR supported with documented routine supportive supervision visits to 75% of ART sites in District		100%	100%	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	9			
TX_DIST_B	Cum	Denominator: Total number of PEPFAR supported District Health Offices	9	9	9	9			
L45	Add	Number of health workers trained to deliver ART services,							

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
		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 2014	Q2: Jan-Mar 2015	Q3: Apr-Jun 2015	Q4: Jul-Sep 2015	TOTAL	% Realisation
4.2		Human Resources for Health							
H2_2_D	Add	Number of community health and para-social workers who successfully completed a pre-service training program (DSD)							
H2_2_D1	Add	<i>Male</i>							
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>							

code indicateur	Mode de calcul	Libellé Indicateur	TARGETS	Q1: Oct-Dec 2014	Q2: Jan-Mar 2015	Q3: Apr-Jun 2015	Q4: Jul-Sep 2015	TOTAL	% Realisation
HRH_PRE_GR4	Add	<i>By graduates: Social service workers</i>							
HRH_PRE_GR5	Add	<i>By graduates: Laboratory professionals</i>							
HRH_PRE_GR6	Add	<i>By graduates: Other</i>							
HRH_PRE_LR1	Add	<i>By new graduates who are licensed and registered: Doctors</i>							
HRH_PRE_LR2	Add	<i>By new graduates who are licensed and registered: Nurses</i>							
HRH_PRE_LR3	Add	<i>By new graduates who are licensed and registered: Midwives</i>							
HRH_PRE_LR4	Add	<i>By new graduates who are licensed and registered: Social service workers</i>							
HRH_PRE_LR5	Add	<i>By new graduates who are licensed and registered: Laboratorians</i>							
HRH_PRE_LR6	Add	<i>By new graduates who are licensed and registered: Other (where applicable)</i>							
L55	Add	Number of individuals trained in Leadership and Management	100	67	23	45			135%

4.3 Strategic Information

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
4.3		Strategic Information							
L58	Add	Number of individuals trained in Strategic Information (includes M&E, Surveillance including Human Ethics, and/or HMIS)	185	16	0	0			8.6%
L58A	Add	<i>Monitoring & Evaluation</i>	95	16	0	0			16.84%
L58B	Add	<i>Surveillance, Human Ethics</i>							
L58C	Add	<i>HMIS or Informatics</i>	90	0	0	0			

Annex 1: LMG/CI Success Story

SUCCESS STORY

Improving HIV/TB care in Côte d'Ivoire through better management—and a little inspiration

The challenge: Improve screening for HIV/TB co-infections in the health district of Prikro



Photo: Management Sciences for Health

Dr. Djah Beugré, Director of Prikro General Hospital (center) with Assetou Silue (left) and Lacina Coulibaly N'golo (right), biomedical technicians who helped identify strategies to screen for TB on site at the Prikro General Hospital.

“[LDP+ practices] teach us that we can meet the greatest challenges from nothing...especially for the well-being of our people.”

- *Dr. Djah Beugré, Director of Prikro General Hospital*

When HIV treatment lapses, opportunistic infections and illnesses can arise, posing a real threat to patients' health. Tuberculosis (TB) is one such infection and the fifth most common cause of death in Côte d'Ivoire. While all health facilities treating HIV and AIDS patients in Côte d'Ivoire should also regularly screen for TB, this is often not the case due to a lack of resources.

The Prikro General Hospital was one such health facility; under-financed and lacking sufficient facilities, it was forced to refer patients to the Daoukro district hospital, 72 km away, for TB screening and treatment.

The Prikro General hospital was one of 11 health teams participating in the Leadership Development Program Plus (LDP+), a program developed by Management Sciences for Health (MSH) and implemented by the USAID-funded Leadership, Management and Governance Decentralization Pilot Project (LMG/CIDMP). 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. After the Prikro team successfully increased the number of patients on antiretroviral therapy (ART) who adhere to their treatment plan, the team members then applied the LDP+ concepts to improve screening for HIV/TB co-infections.

Dr. Djah Beugré, Director of Prikro's General Hospital, focused on the challenge of establishing TB screening on site, despite the limited laboratory space available (10 m²) on hospital grounds. He aligned his team around this shared vision, arranging for two staff members to participate in training at the Abengourou Antituberculosis Center.

These staff then solved the space issue by a simple, inspired solution: spreading sputum samples to dry in a secure location in the hospital courtyard—and using lab space only to analyze them. As a result, the Prikro hospital now has the capacity to screen and treat HIV/TB co-infected patients, who no longer have to travel to Daoukro for care.

As Dr. Djah Beugré, explained, “this solution would not have occurred to us, and we would not have a functional TB screening and treatment center so soon, if we had not learned the practices introduced in the LDP+. They teach us that we can overcome the greatest challenges with few resources... especially for the well-being of our people.”

Annex 2: CCM master recommendations monitoring plan template

Annex 3: CCM membership renewal plan

PLAN DE RENOUELEMENT DES MEMBRES DE LA SOCIETE CIVILE ET DU SECTEUR PRIVE

	ACTIVITES	RESPONSABLE DE MISE EN ŒUVRE	CIBLE	LIVRABLES	AVRIL 2015	MAI 2015	JUIN 2015	JUILLET 2015	AOUT 2015	SEPTEMBRE 2015
1	INFORMATION ET SENSIBILISATION									
1.1	Annonce de l'ouverture du processus de renouvellement des membres du CCM	Présidente du CCM	Assemblée Générale	PV AG	16					
1.2	Invitation des réseaux pour information	Présidente du CCM/ Secrétariat Permanent					5			
1.3	REUNION D'INFORMATION des réseaux	Présidente du CCM/ Secrétariat Permanent		CR Liste de Présence			8			
1.4	Invitation des Organisations de la Société Civile ivoirienne <u>actives</u> dans la lutte contre des trois pathologies et des Organisations du Secteur Privé à une REUNION D'INFORMATION - Large diffusion de l'invitation à la réunion d'information	Présidente du CCM/ Secrétariat Permanent	OSC PALU	Décharges			12			
			OSC TUBERCULOSE				12			
			Secteur Privé				12			
			Organisationnelle professionnelles de travailleurs				12			
			OSC VIH SIDA				12			
			Partenaires				17			
			Secteur Public				17			
Enseignement et Recherche			17							
1.5	REUNION D'INFORMATION sur: le Fonds Mondial et sur la Vie et l'animation des CCM la Vie et l'animation des CCM le Rôle et des Obligations de rendre compte des représentants des OSC au CCM Le mode de désignation des membres	Présidente du CCM/ Secrétariat Permanent	OSC PALU	CR Liste de Présence			24 (9H)			
			TUBERCULOSE				25 (9H)			
			Secteur Privé				24 (14H)			
			Organisationnelle (Syndicat) professionnelles de travailleurs				24 (14H)			
			VIH SIDA				25 (14H)			
			Partenaires					9 (10H)		
			Secteur Public					9 (14H)		
Enseignement et Recherche				9 (14H)						
2	DESIGNATION DES REPRESENTANTS DES OSC ET DU SECTEUR PRIVE									
2.1	Invitation des Organisations de la société civile ivoirienne <u>actives</u> dans la lutte contre l'une des trois pathologies et des Organisations du Secteur Privé à la REUNION DE DESIGNATION des représentants au CCM	Présidente du CCM/ Secrétariat Permanent	OSC PALU	Décharges Liste de présence			22			
			TUBERCULOSE				23			
			Secteur Privé				29			
			Organisationnelle (Syndicat) professionnelles de travailleurs				29			
			VIH SIDA				30			
			Partenaires					13		
			Secteur Public					13		
Enseignement et Recherche				13						
2.2	REUNION DE DESIGNATION des représentants au CCM	Présidente du CCM/ Secrétariat Permanent	OSC PALU	CR				Au plutard le		
			TUBERCULOSE					Au plutard le		
			Secteur Privé					Au plutard le		
			Organisationnelle (Syndicat) professionnelles de travailleurs					Au plutard le		

		Secrétariat Permanent	VIH SIDA	Liste de présence				Au plus tard le 28		
			Partenaires						Au plus tard le 20	
			Secteur Public						Au plus tard le 20	
			Enseignement et Recherche						Au plus tard le 06	
2.3	ASSEMBLEE GENERALE ORDINAIRE DE CLOTURE DU MANDAT 2012 - 2015	Présidente du CCM	OSC	PV					10	
2.4	Convocation des Nouveaux membres du CCM à l'AG Elective du Bureau Exécutif	Présidente du CCM	Secteurs	Décharges					10	
2.5	ASSEMBLEE GENERALE ELECTIVE DU BUREAU EXECUTIF MANDAT 2015-2018	Présidente du CCM	CCM	PV Liste de présence					23 - 24	

PLAN DE RENOUVELLEMENT DES MEMBRES DU SECTEUR PUBLIC ET DES PARTENAIRES

	ACTIVITES	RESPONSABLE DE	CIBLE	LIVRABLES	AVRIL 2015	MAI 2015	JUIN 2015	JUILLET 2015	AOUT 2015	SEPTEMBRE 2015
1	INFORMATION ET SENSIBILISATION									
1.1	Annnonce de l'ouverture du processus de renouvellement des membres du CCM	Présidente du CCM	Assemblée Générale	PV AG	16					
1.2	Correspondances aux Structures du Secteur Public (Universités, Ministères, Présidence de la rép.) de l'ouverture du processus	Présidente du CCM	Organisation faitière	Décharges						
1.3	Invitation des Structures du Secteur à une REUNION D'INFORMATION - Large diffusion de l'invitation à la réunion d'information	Présidente du CCM	OSC PALU	Décharges			24			
1.4	REUNION D'INFORMATION sur: Le Fonds Mondial et sur la Vie et l'animation des CCM Le rôle et des Obligations de rendre compte des représentants des OSC au CCM Le mode de désignation des membres	Présidente du CCM	OSC PALU	PV Liste de présence				9		
2	DESIGNATION DES REPRESENTANTS DES STRUCTURES PUBLIQUES ET DES PARTENAIRES									
	Demande des Documents officiels (Note de service ou Arrêtés portant désignation des Représentants des Structures)							24		
2.1	Invitation des Structures Universitaires à la réunion de désignation des représentants	Présidente du CCM	OSC PALU	Décharges				24		
2.2	REUNION DE DESIGNATION des représentants au CCM des Universités	Présidente du CCM	OSC PALU	PV Liste de présence					13	
2.3	ASSEMBLEE GENERALE ORDINAIRE D'INTRODUCTION DES NOUVEAUX REPRESENTANTS AU CCM	Présidente du CCM	OSC	PV Liste de présence						10
2.4	Convocation des Nouveaux membres du CCM à l'AG Elective	Présidente du CCM	OSC	Décharges						10
2.5	ASSEMBLEE GENERALE EXTRAORDINAIRE D'ELECTION DU BUREAU EXECUTIF	Présidente du CCM	CCM	PV Liste de présence						20

BUDGET PROVISOIRE DU PLAN DE RENOUVELLEMENT DU CCM

Activités	Unité de mesure	Quantité	Prix Unitaire	Montant en FCFA	Montant en EURO	
Activité 1.4	Réunion d'informations sur :					
	- le Fonds Mondial et sur la Vie et l'animation des CCM la Vie et l'animation des CCM,					
	- le Rôle et des Obligations de rendre compte des représentants des OSC au CCM					
	- le mode de désignation des membres					
	Pause-café	personne	80	2,500	200,000	304.90
Transport	personne	70	5,000	350,000	533.57	
Sous-total/comité				550,000	838.47	
Total activité 1(OSC PALU, TUBERCULOSE, Secteur PRIVE,VIH/SIDA,Secteur public)				2,750,000	3,353.88	
Activité 2.2	Réunion de désignation des représentants au CCM:					
	Invitation des Organisations de la société civile ivoirienne actives dans la lutte contre l'une des trois pathologies et des Organisations du Secteur Privé					
	Pause-café	personne	80	2,500	200,000	304.90
	Transport	personne	70	5,000	350,000	533.57
	Sous-total/comité				550,000.00	838.47
Total activité 2 (OSC PALU, TUBERCULOSE, Secteur PRIVE,VIH/SIDA)				2,200,000	3353.88	
Activité 2.5	ASSEMBLEE GENERALE ELECTIVE DU BUREAU EXECUTIF MANDAT 2015-2018					
	Pause-café	personne	35	2,500	87,500	133.39
	Jeton de présence	personne	20	50,000	1,000,000	1524.49
	Sous-total/comité				1,087,500.00	1,657.88
	Total				2,175,000	6631.53
REPROGRAPHIE act.1 et 2						
CARTOUCHE HP CE 320A	cartouche	1	50,000	50,000	76.22	
CARTOUCHE HP CE 321A	cartouche	1	50,000	50,000	76.22	
CARTOUCHE HP CE 322A	cartouche	1	50,000	50,000	76.22	

CARTOUCHE HP CE 323A	cartouche	1	50,000	50,000	76.22
RAMES	CARTON	5	3,000	15,000	22.87
Total 4				215,000	327.77

TOTAL GENERAL (activité 1 + activité 2 +Activité 3+Total 4)				7,340,000	13,667
--	--	--	--	------------------	---------------