

Leadership, Management, and Governance: National Malaria Control Program Capacity Building Project

Quarterly Progress Report, April-June 2015

Author: LMG/NMCP Project at MSH

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Development Objective: The goal of the LMG/NMCP Project is to build the capacity of the local NMCPs to effectively implement their national malaria strategies.

Suggested Keywords:

leadership, management, governance, NMCP, malaria, Burundi, Sierra Leone, Guinea, Liberia, Laos, Cote D'Ivoire, Cameroon

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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/NMCP Project

Management Sciences for Health
200 Rivers Edge Drive
Medford, MA 02155
Telephone: (617) 250-9500
<http://www.msh.org>



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

Program Year 2, Quarter III Progress Report
April 1 – June 31, 2015



Submitted to U.S. Government President's Malaria Initiative
on July 15, 2015

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TABLE OF CONTENTS

PROJECT ACTIVITY SUMMARY FORM	3
ACRONYMS.....	4
INTRODUCTION	5
PROJECT MANAGEMENT	8
PROJECT ACTIVITIES	9
LMG/NMCP – GUINEA Senior Technical Advisor Dr. Youssoufa Lo	9
LMG/NMCP – LIBERIA Senior Technical Advisor Kwabena Larbi	15
LMG/NMCP – CÔTE D’IVOIRE Senior Technical Advisor Pépin Miyigbena.....	19
LMG/NMCP – CAMEROON Senior Technical Advisor Maurice A. N’Djoré	24
LMG/NMCP – BURUNDI Senior Technical Advisor Cheikh Gassama	30
LMG/NMCP - SIERRA LEONE Senior Technical Advisor Israel Chauke	33
LMG/NMCP – LAO PDR Senior Technical Advisor Rémy Prohom.....	37
QUARTERLY TRAVEL PLAN	41
ANNEX I: LDP+ TEAMS	43
ANNEX II: GLOBAL FUND PERFORMANCE MATRICES	47
ANNEX III: SUCCESS STORIES.....	59
ANNEX IV: PERFORMANCE MONITORING PLANS.....	60

Cover Photo: Volunteers crossing a swamp to distribute PMI donated LLINs in the Chicken Soup Factory community outside of Monrovia, Liberia.

PROJECT ACTIVITY SUMMARY FORM

Project Name: Leadership, Management and Governance National Malaria Control Program Capacity Building Project
Project Objectives: The three-year goal of the Leadership, Management and Governance National Malaria Control Program Capacity Building Project (LMG/NMCP) is to strengthen the National Malaria Control Programs' capacity as leaders to improve the coordination of national efforts in the fight against malaria. LMG/NMCP will achieve this goal through providing direct technical assistance to the National Malaria Control Programs in the following seven confirmed countries identified by the U.S. Government President's Malaria Initiative (PMI): Burundi, Cameroon, Côte d'Ivoire, Guinea, Lao PDR, Liberia, and Sierra Leone.
Implementing Partner(s): Management Sciences for Health
Agreement/Contract No: AID-OAA-A-11-00015
Life of Project (start and end dates): October 1, 2013 – September 30, 2016
Reporting Period (start and end dates): April 1, 2015 – June 30, 2015
Total Estimated Contract/Agreement Amount: \$10,145,456
Obligations to Date, June 30, 2015 (SF425): \$6,724,000
Project Expenditures through March 2015: \$1,900,715
April - May 2015 Expenses: \$412,992
Estimated June 2015 Expenses: \$189,598
Accrued Expenditures for the Reporting Period: \$56,701
Total Estimated Expenditures for Reporting Period: \$659,292
Total Estimated Project Expenditures to Date (as of June 30, 2015): \$2,560,007
Obligated Funds Remaining (as of June, 2015): \$4,163,993
Estimated Expenditures for Next Reporting Period: \$568,795
Report Submitted by: Emmanuel Le Perru, Principal Technical Advisor
Report Submission Date: July 15, 2015

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

ACRONYMS

ACMS	<i>Association Camerounaise pour le Marketing Social</i>
ACT	Artemisinin-based Combination Therapy
ALUMA	<i>Action de lutte contre la malaria au Burundi</i>
AMP	Alliance for Malaria Prevention
CCM	Country Coordination Mechanism
CDC	Center for Disease Control
CHAI	Clinton Health Access Initiative
CMPE	Center for Malaria, Parasitology and Entomology
CRS	Catholic Relief Services
HR	Human Resources
IHP	Integrated Health Project
IP	Implementing partner
LDP+	Leadership Development Program Plus
LFA	Local Funding Agent
LLIN	Long-lasting Insecticide-treated net
LMG	Leadership, Management and Governance
M&E	Monitoring and evaluation
MIP	Malaria in Pregnancy
MOHSW	Ministry of Health and Social Welfare (Liberia)
MOP	Malaria operational plan
MOU	Memorandum of understanding
MSF	Médecins Sans Frontières
MSH	Management Sciences for Health
NFM	(Global Fund's) New Funding Model
NMCP	National Malaria Control Program
NSP	National Strategic Plan
OCAT	Organizational Capacity Assessment Tool
PMI	President's Malaria Initiative
PR	Principal Recipient (of Global Fund grant)
PSI	Population Services International
PUDR	Progress Update and Disbursement Request
RBM	Roll Back Malaria
RDT	Malaria Rapid Diagnostic Tests
SIAPS	Systems for Improved Access to Pharmaceuticals and Services
SMC	Seasonal malaria chemoprevention
SR	Sub-recipient (of Global Fund grant)
TRP	Technical Review Panel
TWG	Technical Working Group
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization

INTRODUCTION

The Leadership, Management and Governance Project (LMG) is a global, five-year Cooperative Agreement awarded by USAID/Washington, designed to strengthen and expand the people-centered capacity-building strategy pioneered under the previous Leadership, Management and Sustainability Program. The LMG Project's objective is to strengthen health systems and therefore service delivery by emphasizing leadership, management, and governance among policy makers, health care providers, and program managers.

The President's Malaria Initiative (PMI) is providing technical assistance to seven National Malaria Control Programs (NMCPs) through the Leadership, Management and Governance National Malaria Control Program Capacity Building Project (LMG/NMCP). The two-year goal of the LMG/NMCP Project is to build the capacity of the local NMCPs to effectively implement their national malaria strategies. This is accomplished through targeted technical and organizational capacity building support provided by Senior Technical Advisors who are seconded to NMCPs in the target countries: Burundi, Cameroon, Côte d'Ivoire, Guinea, Lao PDR, Liberia, and Sierra Leone.

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

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

The following report summarizes activities carried out from April 1 to June 30, 2015.

Activities completed during this period are described in detail in the following sections, organized by objective. Some notable **activities** completed this quarter by LMG/NMCP include:

- the second **Leadership Development Program Plus (LDP+)** workshops in Cameroon, Côte d'Ivoire, and Guinea;
- a **seasonal malaria chemoprevention roadmap** in Guinea;
- final approval of the **NMCP Code of Conduct** in Côte d'Ivoire;
- continued support for the long-lasting insecticide-treated net (**LLIN**) **distribution** campaigns in Cameroon, Côte d'Ivoire, and Liberia;
- a follow-up **LLIN installation "hang up" campaign** in Côte d'Ivoire;
- a **supply chain information assessment** in Laos;
- Burundi NMCP participation in a **Malaria Best Practices workshop**;
- a provisional **project workplan for LMG/NMCP** in Sierra Leone and Laos; and
- an **Artemisinin-based Combination Therapy (ACT) stock management review** in Sierra Leone.

SNAPSHOT: APRIL-JUNE 2015 LMG/NMCP

NETS DISTRIBUTED-
17 million



to
DATE



AV. INCREASE: GF TOP TEN INDICATORS
with SATISFACTORY RATING*

22.5%



ACCEPTED GF CONCEPT NOTES:

US 245 million



First supportive supervision visits in Guinea

Net installation campaign in Côte d'Ivoire

*38% increase in Cote d'Ivoire. 7% increase in Cameroon.



HIGHLIGHTS



Monitoring and evaluation manual developed in Guinea.

MANAGEMENT

ASSESSMENTS

Supply chain information assessment completed in Laos. Organizational capacity assessment finalized in Cameroon.

MALARIA GUIDELINES

Seasonal chemoprevention guidelines developed in Guinea

Leadership Development Programs carried out in Cameroon, Cote d'Ivoire, and Guinea

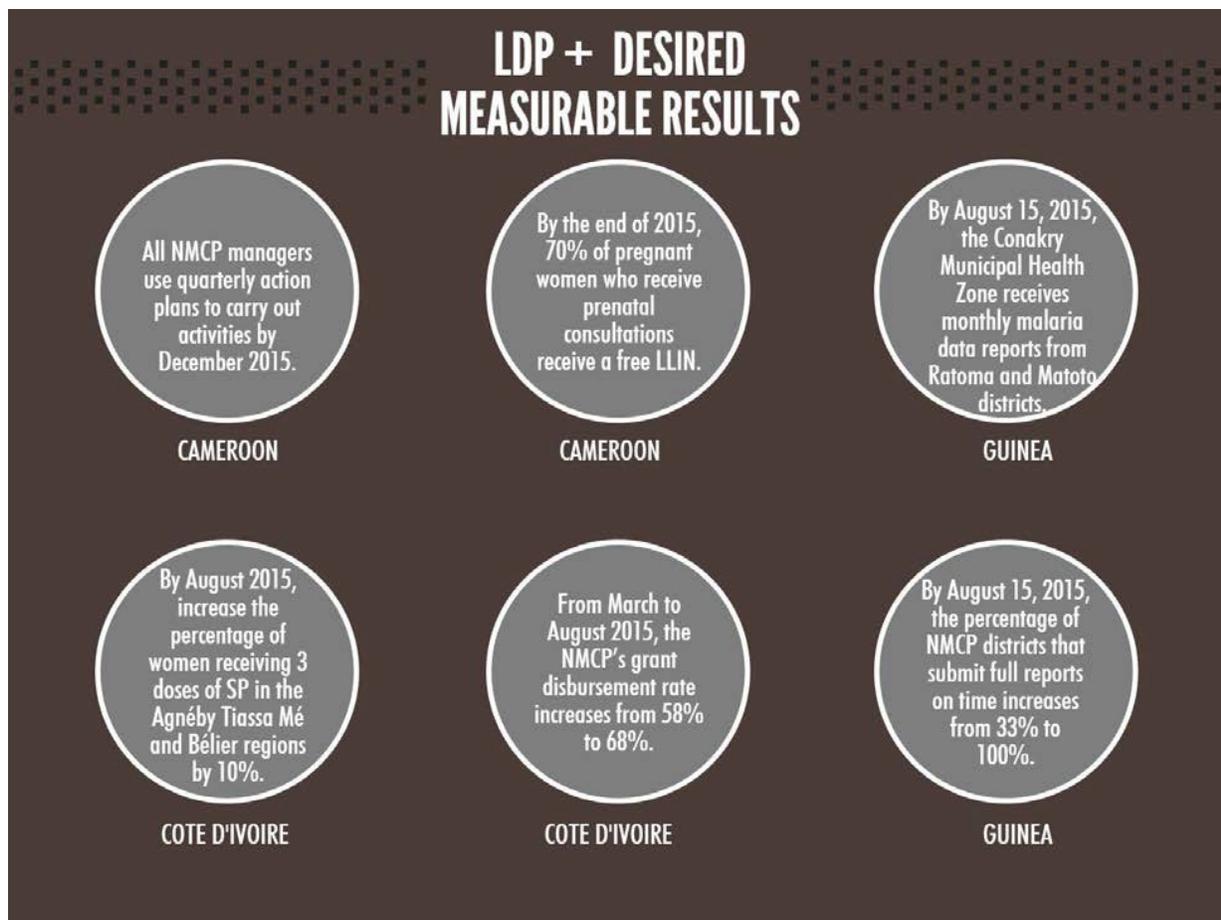
LEADERSHIP

GOVERNANCE

Code of conduct, timesheets, and conflict of interest forms standardized in Cote d'Ivoire.

As a result of these and other activities, the project has observed the following **results** this quarter:

- The NMCP carried out **the first supportive supervision visits** to districts in Guinea.
- The NMCP in Liberia distributed **2,780,000 LLINs** as part of the national distribution campaign. This number represents **95% of the total** LLINs to be distributed, with one month of the campaign remaining.
- The NMCP in Côte d'Ivoire distributed **14,667,718 LLINs**, exceeding the national target by 7%, during the national distribution campaign.
- The Global Fund approved **the first Burundi malaria concept note** with the Burundi NMCP as the Principal Recipient (PR), for \$24,921,567 USD.
- The Liberia NMCP secured an additional **100,000 LLINs for the mass distribution campaign**.



PROJECT MANAGEMENT

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

Management priorities addressed during this reporting period		
Management priorities	Status	Comments
Staff recruitment	In progress	<p>The project recruited Senior Technical Advisors to support the NMCP in Sierra Leone and the Center for Malaria, Parasitology and Entomology (CMPE) in Lao PDR.</p> <p>The project launched recruitment of supply chain management Senior Technical Advisor to support the NMCP in Côte d'Ivoire, and began discussions with PMI to recruit similar advisors to support the NMCPs in Togo, Cameroon, and the Democratic Republic of Congo.</p>
Conduct local organizational capacity assessments	In progress	<p>Burundi: Completed and under review</p> <p>Cameroon: Completed and validated</p> <p>Côte d'Ivoire: Completed and under review</p> <p>Guinea: Completed and validated</p> <p>Liberia: Completed and validated</p> <p>Sierra Leone: Planned, not yet completed</p> <p>Lao PDR: Supply chain review completed and under review</p>
Coordinate PMI-funded Senior Technical Advisors	In progress	Per USAID/PMI's request, LMG/NMCP home office staff have begun providing coordination and evaluation support to other PMI-funded Senior Technical Advisors who are providing capacity building support to NMCPs.

Management priorities for next reporting period	
Management priorities for next reporting period	Comments
Complete the recruitment of remaining Senior Technical Advisor positions	Recruitment has begun for a supply chain management Senior Technical Advisor to support the NMCP in Côte d'Ivoire, and recruitment for similar advisors to support NMCPs in Togo, Cameroon, and Democratic Republic of Congo will be launched.
Develop and submit annual workplans	Develop project year 3 annual workplans and budgets for all countries.
Coordinate PMI-funded Senior Technical Advisors	LMG/NMCP home office staff will move forward with initiatives to coordinate PMI-funded long-term

Management priorities for next reporting period	
Management priorities for next reporting period	Comments
	technical advisors and identify, document, and share the added value of their support to NMCPs.
Finalize Memoranda of Understanding (MOU) with NMCPs	LMG/NMCP will develop and sign MOUs for Burundi, Cameroon, Lao PDR, and Sierra Leone in the next reporting period.
Complete all required reports, including the Quarterly Accruals Report and Quarterly Report	All reports have been submitted on time during this reporting period.

PROJECT ACTIVITIES

LMG/NMCP – GUINEA Senior Technical Advisor Dr. Youssoufa Lo

During this quarter, the LMG/NMCP Senior Technical Advisor helped plan for the closing of the round 10 Global Fund grant and prepared for the beginning of the New Funding Model (NFM) grant, assisted with the recruitment of key personnel, carried out the second LDP+ workshop, and supported the first supportive supervision visits to districts.

Project Activities

Human, financial, and material resources managed

Human Resources Strengthening

Following the Global Fund’s approval of job descriptions for key personnel, the LMG/NMCP Senior Technical Advisor helped the NMCP begin recruiting seven staff and facilitated communication between stakeholders. These personnel will reinforce specific NMCP units and the NMCP’s ability to manage the Global Fund grant. They include a public health physician who will be in charge of the prevention unit, a public health physician responsible for the care unit, a communications specialist, an accountant, a data manager, a pharmacist responsible for inventory management, and an epidemiologist responsible for research and epidemiological surveillance. To date, the NMCP has received over 200 applications and held a pre-selection meeting to narrow down the pool of applicants, on June 17, 2015.

The LMG/NMCP Senior Technical Advisor will continue to support the NMCP in this process by participating in interviews with shortlisted candidates, and developing a



LDP+ Workshop 2 participants in Guinea.

coaching program for NMCP staff. The coaching program will be based on established job descriptions and geared towards preparing staff to carry out and take responsibility for their respective tasks. It will also aim to continue to build the capacity of staff to plan and coordinate activities. This work is aimed at improving the NMCP's organizational staff capacity and structure, which will contribute improved human resources management at the NMCP.

Weekly internal coordination meetings

During the quarter, the NMCP held seven of twelve planned internal weekly coordination meetings. The purpose of these meetings is to discuss activities, results, challenges to implementation, and potential solutions. Since the launch of these meetings in February 2014, the LMG/NMCP Senior Technical Advisor has actively helped to schedule and facilitate the meetings, as well as to use them as a forum to share updates on the Leadership Development Program (LDP +), which NMCP teams are currently completing. These regular meetings have improved internal communication at the NMCP, and have provided a forum where NMCP staff routinely review delayed activities and strategize solutions.

Leadership Development Program Plus (LDP+) The second LDP+ workshop in the series of four workshops was held from April 28-30, 2014, with participating teams from NMCP management, the Matoto district, Kindia district, the Conakry municipal health zone, and the Kindia regional health department, for a total of 21 participants. The LMG Senior Technical Advisor, the LDP+ consultant, and the NMCP assistant coordinator facilitated the workshop, which focused on applying leading, managing, and governing practices to move from vision to action. During the workshop, participating teams developed their challenge models by identifying obstacles and their root causes, and learned how to focus on priorities to achieve desired results. Each team developed an action plan to accompany their challenge model and guide the team toward their measurable results. Please see Annex 1 for each team's mission, challenge, current situation, and desired measurable result.

Between the two LDP+ workshops, the LMG/NMCP advisor and LDP+ expert consultant met twice with the LDP+ technical coaching team to review

MATOTO DISTRICT LDP+ TEAM

The mission of the Matoto District team is to have greater prevention coverage thanks to the full integration of private health structures into national malaria management, according to Guinea's national health policy.

To support the integration of the private sector in malaria control efforts and ensure that monthly reports are complete, the LDP+ coaches and LMG/NMCP Senior Technical Advisor met to share the team's challenge model with private sector counterparts. There were 29 participants from the Conakry Health Department and 21 private health structures involved in integration. At the end of the meeting, the Matoto District team updated their challenge model with priority activities and detail on each of the private health structures involved in integration.

Private sector integration has now moved forward. Following the signing of an MOU between the NMCP and private sector entities, the team helped to organize a training for 25 private health providers on malaria prevention and management; and private sector entities have donated antimalarial drugs.

recommendations from the first two workshops and prepare for the next coaching mission. The 12 NMCP coaches shared best practices for coaching and participated in practice exercises to develop their capacity in this area. Following these meetings, the technical coaching team completed two coaching missions in the Matoto district, Ratoma district, Kindia district, Conakry municipal health zone, and the Kindia regional health department. During the first coaching mission, LDP+ facilitators noted early implementation of recommendations at the district level and a strong commitment from district health leaders to the LDP+ process. LDP+ coaches helped teams finalize their challenge models and action plans during the second coaching missions in May 2015.

Policies and norms developed for implementation of the national malaria control strategy ***Seasonal malaria chemoprevention (SMC)***

The NMCP wants to administer SMC to 500,000 children in eight districts in Guinea. The first two years will be financed by UNITAID through the malaria consortium and CRS, and the Global Fund has committed to financing a third year. To support this initiative, the LMG/NMCP Senior Technical Advisor participated in a regional microplanning workshop from April 3-4, 2015, where he supervised the working groups and provided planning documents that helped to guide the development of the SMC guide. LMG/NMCP also helped the SMC monitoring committee to adapt data collection tools, and operationalize key components of SMC, including regular communication, pharmacovigilance and training. The LMG/NMCP Senior Technical Advisor and the SMC monitoring committee worked together to develop a roadmap to guide the SMC campaign, which will take place on July 23-26, 2015. The scale up of SMC will contribute to achieving LMG/NMCP's objective of supporting the NMCP to develop and direct policy and norms for the implementation of the national malaria control strategy.

Monitoring and evaluations procedures manual

During this quarter, the LMG/NMCP Senior Technical Advisor helped finalize the NMCP's monitoring and evaluations procedures manual through supervision of a working group, assisted a consultant to coordinate the validation workshop, and reviewed and edited earlier drafts of the manual. The manual was validated during a workshop from May 13-14, 2015, concluding over a year of efforts by the NMCP to produce and finalize the manual. The manual describes the various stages of data management for malaria, processes for integrated supervision, evaluation tools and methods, and data quality control. The NMCP will use the manual to monitor its own operational plan and train stakeholders on the various modules of the plan, building their capacity to monitor malaria programs. Training on the module will begin on June 22, 2015, with funding from StopPalu/PMI.

Integrated supportive supervision

During the last reporting period, the NMCP rolled out integrated supportive supervision for malaria control. The NMCP is now using integrated supportive supervision as a strategy for monitoring and evaluating activities to assess the capacity and gaps of health facilities in controlling and treating malaria-related cases. Following the first supervision visits in March 2015, the LMG/NMCP Senior Technical Advisor worked with NMCP staff to develop a final report to share with partners. To develop the report, the project team led working sessions to

review the results by region, analyze data, and develop recommendations to strengthen interventions for the fight against malaria. The final report identifies lessons learned, recommendations for the next round of supervision, and an implementation plan in line with the national supportive supervision guide.

Excel database design

In line with the approved annual workplan for LMG/NMCP Guinea, the project completed the development of an Excel database for the NMCP, which will be used to collect routine data (morbidity, mortality, LLIN use, intermittent preventive treatment, medication, etc.). The purpose of the database is to facilitate the use of data for decision-making at every level of the health pyramid. The national-level Windev database is not accessible at the regional and district level. This Excel-based database will be used at the district and health center levels, and data will feed into the national-level database. In the next reporting period, the database will be tested in the areas involved in the LDP+ training and then may be used by NMCP to supplement the Windev database.

Stakeholders mobilized

Concept note development

Negotiations for Guinea's Global Fund malaria grant concluded on March 21, 2015, with a final grant total of \$62,966,765 USD. On June 1, 2015, the LMG/NMCP Senior Technical Advisor participated in a coordination meeting between the grant management team, comprised of representatives from CRS and NMCP, and other SRs, including PSI, the Child Fund, and PLAN Guinea. The LMG/NMCP Senior Technical Advisor helped facilitate discussion regarding the closing of the Round 10 grant (on June 30, 2015), and the beginning of the NFM grant on July 1, 2015. In order to ensure consistent implementation of the NFM grant among partners, a periodic dialogue framework will be established. With the implementation of the NFM grant, LMG/NMCP assistance will aim to improve communication between the NMCP as an SR and CRS as the PR, focusing on prioritizing the most effective means of communication (email, phone calls, etc.) and carefully planning meeting agendas.

Strengthened NMCP communication

To help improve the visibility of the NMCP, the LMG/NMCP Senior Technical Advisor supported the NMCP communications unit in the development of the first quarterly NMCP newsletter. The LMG/NMCP Senior Technical Advisor contributed to the newsletter by writing a section on program management, providing documentation, and helping the communication unit to draft different chapters. The newsletter, which is currently being finalized, summarizes the key results achieved in 2014 in all intervention areas. Once finalized, the quarterly newsletter will be disseminated nationally.

Coordination with partners

The LMG/NMCP Senior Technical Advisor continued to assist the NMCP to schedule, hold, and facilitate monthly coordination meetings with working and technical groups (monitoring and evaluation, department heads, communication and supply management, monitoring and evaluation, case management, information, education, communication and behavior change

communication, commodities, and vector control). These technical groups, led by NMCP unit leaders, are composed of representatives from StopPalu, Catholic Relief Services (CRS), Systems for Improved Access to Pharmaceuticals and Services Program (SIAPS), the Ministry of Health, universities, and the private sector. Although not all planned meetings were held due to scheduling issues and conflicting priorities, such as preparation for World Malaria Day activities, each of the committees completed all major activities scheduled during this period and the goals set for this quarter were achieved. During this quarter, the groups held eight of 15 planned meetings.

Despite not being able to hold all planned meetings, the LMG/NMCP's efforts to institutionalize strong coordination within the NMCP have greatly reinforced the NMCP's leadership role in malaria control efforts. Technical groups now meet regularly to review and monitor implementation of recommendations from monthly working group meetings. Following up on past action items is now part of the routine meeting agenda. The working groups also systematically share action items and implementation plans for recommendations with the central coordination unit during coordination meetings. More routine meetings, both internally and with external partners, are improving the NMCP's ability to mobilize stakeholders and play a central coordination role in Guinea's malaria control efforts.

In coordination with the Conakry Health Directorate and NMCP staff, the LMG/NMCP Senior Technical Advisor organized a meeting to discuss challenges encountered during integration of the private sector in national malaria control efforts. Obtaining data from private health structures in order to have a more complete picture of malaria in Guinea, as well as meeting data quality criteria in two districts given the lack of private-public integration, are two key challenges. During the meeting, the NMCP and partners proposed implementing the NMCP private sector convention, holding a meeting to orient private sector entities to the public sector's malaria control efforts, improving coordination between private and public structures at the prefecture (county) level, and regularly sharing guidance documents with the private sector.

The LMG/NMCP Senior Technical Advisor also participates in regular meetings with partners involved in malaria control efforts in Guinea (WHO, USAID, Plan, StopPalu, LMG, SIAPS, and CRS) to ensure smooth and coordinated implementation of the annual workplan, review monitoring data, and share the new database. The table below summarizes the main meetings held during the quarter:

Partner(s)	Dates	Purpose
CRS, NMCP, StopPalu, LMG	April 3-4, 2015	SMC macroplanning
NMCP, CRS, SIAPS, StopPalu, LMG	April 13-14, 2015	Finalize integrated supportive supervision reports
NMCP, StopPalu, SIAPS, LMG, Ministry of Health, CRS	April 13-14, 2015	Preparatory meeting for World Malaria Day

NMCP, CRS, StopPalu, SIAPS, LMG, PSI, Child Fund, USAID/PMI	April 15, 2015	Review the results of integrated supportive supervision
NMCP, CRS, StopPalu, SIAPS, LMG, PSI, Child Fund	May-June 2015	NMCP thematic working group meetings
NMCP, CRS, LMG, CCM, Plan Guinea, PSI, Child Fund	June 1, 2015	CRS coordination meeting to close round 10 malaria grant and launch the NFM grant
NMCP, USAID/PMI, StopPalu, SIAPS, LMG, Regional Departments of Health, Prefectural Departments of	June 4-5, 2015	Quarterly NMCP data review meeting with the Regional and Prefectural Departments of Health
NMCP, Conakry municipal health zone, 21 private structures of the city of Conakry	June 13, 2015	Review challenges of the integration model of the private sector in national malaria control efforts

Challenges/Lessons Learned

During this quarter, it has become clear that strong coaching after each workshop is essential to ensuring that LDP+ teams are able to carry out their action plans, especially given that the NMCP teams have chosen pressing challenges. Involving all stakeholders in the implementation of the LDP+ team action plans (districts, private facilities, the NMCP), while also taking into account the workload and gaps identified during microplanning, is challenging. LMG/NMCP is assisting in this regard by meeting regularly with teams and ensuring that coaching is consistent.

Meanwhile, Ebola is not yet eradicated in Guinea, and remains a major concern for health managers at all levels. Given the current context, ensuring that the NMCP workplan is carried out to the furthest extent possible remains a challenge.

The LMG/NMCP project is coaching the NMCP to use leadership practices to carry out all malaria control activities, while also taking into account insufficient human resources, both in terms of existing skill and sufficient personnel. LMG/NMCP is assisting by helping with recruitments.

Next steps and priority actions for the next quarter

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

- assist the NMCP coordination unit to continue weekly meetings;
- organize and conduct the third LDP+ workshop and final results presentation;
- conduct coaching missions with LDP+ teams at the district level;
- assist with coordinating monthly meetings for technical working groups as well as quarterly coordination meetings with monitoring and evaluation partners;
- continue to assist CRS and the NMCP in the recruitment of contract staff to assist with the Global Fund grant;

- assist CRS in the launch of the NFM grant; and
- maintain communication between the NMCP and CRS and StopPalu.

LMG/NMCP – LIBERIA

Senior Technical Advisor Kwabena Larbi

During this reporting period, the LMG/NMCP project worked with the NMCP to move forward with finalizing the National Strategic Plan (NSP), promote key activities and partnerships during USAID’s malaria operational planning, and move forward with the LLIN mass distribution campaign.

Project Activities

Human, financial, and material resources managed

Global Fund Concept Note Development

During this reporting period, LMG/NMCP supported the NMCP to finalize the NSP for 2015-2020. This document is the basis for conducting country dialogue and writing the malaria concept note for the NFM grant. To support the NMCP’s efforts to mobilize and coordinate resources, the LMG/NMCP Senior Technical Advisor worked with a core team of NMCP and Clinton Health Access Initiative (CHAI) staff to revise the NSP budget. From May 20-22, 2015, the LMG/NMCP Senior Technical Advisor helped to plan and facilitate the NSP validation workshop with the Deputy Minister of Health, USAID/PMI, CDC, WHO, local and international NGOs, and senior directors from the Ministry of Health. LMG/NMCP is supporting the NMCP to revise the NSP budget and narrative based on feedback from these participants. These revised documents will be the basis for the country dialogue, which takes place in the next quarter.

Policies and norms developed for implementation of the national malaria control strategy

NMCP Mass Distribution Campaign and Continuous Distribution of LLINs

The NMCP and other partners celebrated World Malaria Day on April 25, 2015, by launching the mass distribution campaign of 2.8 million LLINs. The Minister of Foreign Affairs, Minister of Health and Chief Medical Officer, the US Ambassador to Liberia, the Global Fund Portfolio Manager, and the Chief of Party of Plan International and senior members of local and international NGOs were all present at the event. The campaign is fully underway, and the NMCP has already distributed more than 2.78 million (95% of the total) of the LLINs across Liberia’s 15 counties.

To prepare, the LMG/NMCP Senior Technical Advisor helped partners plan and develop data collection and monitoring tools for the LLIN distribution campaign. The LMG/NMCP Senior Technical Advisor accompanied NMCP program managers to visit eight of the 15 counties to brief county health teams (CHT) on their roles and responsibilities throughout the LLIN distribution campaign, resolving communication and coordination issues between the CHTs and the implementing NGOs. One recurring misunderstanding among the CHT members was the guidelines for selecting iCCM communities. They were strictly applying the guidance that iCCM communities should be more than 5km from health centers, irrespective of accessibility conditions. The LMG/NMCP Senior Technical Advisor encouraged flexibility in interpreting these criteria to ensure that the truly hard to reach communities are the ones who benefit from iCCM. The project worked with the IEC/Behavior Change Communication technical working

group to design LLIN distribution campaign documents and organize events and communication messages regarding the LLIN distribution campaign launch.

The LMG/NMCP Senior Technical Advisor was able to work with the USAID/PMI MOP team to secure its donation of 100,000 LLINs to cover households and communities not included during the mass distribution campaign due to lack of LLINs. To do this, the LMG/NMCP TA coached the NMCP program manager to appeal to the PMI MOP team to donate its reserve LLINs meant for antenatal and institutional delivery distribution. With the campaign set to be finished by the end of June 2015, the LMG/NMCP Senior Technical Advisor is actively working with the NMCP and partners to identify and document successes and challenges to inform future campaigns.

The success of this year's mass LLIN distribution has highlighted the NMCP's strong coordination and leadership. In comparison to past campaigns, throughout this campaign the NMCP has

- ensured that weekly LLIN teleconferences with GF, PMI, and the Alliance for Malaria Prevention (AMP) were attended by senior members from the Liberia campaign SRs and PRs;
- chaired the twice a week LLIN coordination meetings held at the NMCP offices; and
- developed and shared monitoring tools and coordinated monitoring of the LLIN distribution campaign with the PR to ensure quality and avoid duplication.

The campaign will serve as a model for coordinating other malaria control interventions, and the management, organization, and leadership practices that NMCP staff applied will continue to be strengthened. With LMG/NMCP support, the NMCP now demonstrates stronger leadership and accountability capacity, as demonstrated by chairing LLIN distribution campaign coordinating meetings, raising concerns about the campaign, and producing communication messages to reduce misuse of LLINs by the public.



The LMG/NMCP Senior Technical Advisor (far left) in Liberia with NMCP staff and volunteers on World Malaria Day, during the launch of the national LLIN distribution.

Stakeholders mobilized

Support for USAID/PMI's 2015 malaria operational planning (MOP)

LMG/NMCP provided technical support to the NMCP to prepare for USAID/PMI's 2015 malaria operational plan (MOP). The LMG/NMCP Senior Technical Advisor helped the NMCP prepare for the MOP 2015 by working with the PMI/CDC/USAID team to finalize the MOP 2016-17 meeting agenda, presentation schedules, and participant list. LMG/NMCP provided technical support to the NMCP to revise their presentations for the MOP, as well as overall coordination and facilitation support. Given the importance of human resource development within the NMCP, the LMG/NMCP Senior Technical Advisor encouraged the NMCP to request funding from PMI for staff to attend short professional courses, based on the training needs identified in the initial LMG/NMCP assessment.

LMG/NMCP also successfully encouraged the NMCP's iCCM and private sector coordinators to request PMI funding to supply rapid diagnostic tests (RDTs) and malaria drugs to fill the gap created by a delay in the Global Fund's approval of the NMCP procurement plans (due to changes in the Ebola crisis). USAID/PMI granted both of these requests during the MOP, with the LMG/NMCP Senior Technical Advisor successfully fulfilling the role of supporting NMCPs to mobilize and coordinate resources towards lifesaving interventions.

With LMG/NMCP support, the NMCP has strengthened capacity to advocate to partners and funders like PMI to fund activities that do not traditionally receive funding, such as the short-term training of staff and bridge funding of iCCM and private sector malaria case management commodities.

Coordination with partners

During this reporting period, LMG/NMCP reinvigorated the NMCP's technical working groups, which serve as the primary venue for coordination with partners, by regularly reminding NMCP coordinators that the meetings should be held again, in the wake of the Ebola outbreak. The NMCP participated in a weekly international LLIN campaign meeting to discuss LLIN distribution campaign issues and resolve challenges. The LMG/NMCP Senior Technical Advisor also designed a tool for partners to use to provide regular updates on the progress of the LLIN distribution campaign.

The LMG/NMCP Senior Technical Advisor mentored the integrated vector control coordinator to take leadership during coordination meetings by ensuring that senior representatives are regularly invited and attend, meeting minutes are recorded and shared, and that there is follow-up on action points and decisions. LMG/NMCP also fostered coordination with partners by attending quarterly iCCM and private sector technical working group meetings as well as monthly malaria steering committee meetings. LMG/NMCP encouraged NMCP staff to record and share meeting minutes, and to follow up on action points from the meetings.

Communications between the NMCP and the Global Fund have improved with project support; and the NMCP is now more proactive in communicating challenges to the Global Fund Portfolio Manager to ensure that issues are quickly resolved. Even in minor ways, the NMCP staff are increasingly proactive when faced with challenges. For example, during this period, the NMCP

program manager called the Global Fund portfolio manager for advice when it became clear that the LLIN distribution campaign would need to be extended, and he had not received a reply from the Global Fund by email. This kind of follow up and action is new and increasingly common at the NMCP. The table below summarizes the main meetings held during the quarter:

Partner(s)	Dates	Propose
NMCP, CHAI, Childfund, Conhnol, AMP, PLAN International PMI/CDC/USAID	Every Tuesday and Friday	Discuss LLIN distribution campaign progress, identify challenges, and recommend solutions at the national level
Global Fund, NMCP, AMP, Plan International, PMI/CDC/USAID, WHO, UNICEF	Every Thursday	Discuss LLIN distribution campaign progress, identify challenges and recommend solutions at the donor/PR/MOH level/international partner level
USAID DELIVER, NMCP, Vector Works, USAID/PMI	April 13, 2015	Discuss delivery of LLINs to health facilities, training of health workers in documenting and recording
Global Fund, NMCP	April 22, 2015	Discuss technical assistance needs for malaria concept note, NSP validation, concept note country dialogue, and the pros and cons of a concept note application or a grant extension
USAID/PMI, Global Fund	April 23, 2015	Discuss grant progress, implementation challenges, and coordination between the Global Fund and USAID/PMI
RBM West/Central Africa Coordinator, UNICEF, AMP, Mentor Initiative, Hope Worldwide, Plan International	April 24, 2015	Discuss the NMCP technical assistance needs, partner coordination, preparation for the PMI MOP exercise, NMCP resource mobilization and gap analysis, NMCP annual planning and concept note development

Challenges/Lessons Learned

The Ebola outbreak continued to delay the implementation of most of the NMCP's planned activities, and there is a slow return of the NMCP staff who were seconded to fight the outbreak. The NMCP was unable to conduct the household assessment due to the Ebola outbreak, resulting in an insufficient number of LLINs to cover all communities for the mass distribution campaign. Restoring NMCP work to pre-Ebola levels is proving slow, as systems, staffing levels, and motivation have been negatively impacted. LMG/NMCP will continue to monitor the NMCP's capacity in this context, helping to prioritize interventions and support the NMCP to advocate with funders/donors to exercise flexibility in programming and redouble their support towards restoring general health and malaria service delivery in Liberia.

The Ebola outbreak of the past year meant that the NMCP was not able to fully implement the staff rationalization and development plan that was designed to align staff capacity and skills to meet the NMCP's mandate. The LMG/NMCP project will continue to encourage this activity in the next reporting period. In addition, the NMCP is in need of a resource mobilization and communication plan, which the project will work on developing in the next reporting period.

Next steps and priority actions for the next quarter

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

- support completion of the NSP;
- support the NMCP to conduct the national NSP dialogue and write the Global Fund concept note application or the application for a no-cost extension on the current program beyond June 2016;
- support the MOH and NMCP senior management in the implementation of the staff rationalization and development plan;
- support the NMCP to develop and implement a resource mobilization and communication plan; and
- provide technical support to the NMCP to accelerate program activities that were delayed due to the Ebola outbreak, including: iCCM and private sector malaria case management scale up; validation of malaria in pregnancy guidelines; revision of malaria treatment guidelines in pregnancy; and health worker trainings.

LMG/NMCP – CÔTE D'IVOIRE Senior Technical Advisor Pépin Miyigbena

During this quarter, LMG/NMCP continued to support the NMCP's malaria grant negotiation with the Global Fund, assist the NMCP in planning and carrying out the mass LLIN distribution and hang-up campaigns, and finalize and disseminate the NMCP's code of conduct.

Project Activities

Human, financial, and material resources managed

Preparation for external audit

LMG/NMCP provided technical support to the NMCP to prepare for an external audit by developing the terms of reference for the audit, reviewing the technical offer proposed by the audit firm, and providing feedback on the audit report. As previously reported, the Global Fund approved on March 23, 2015, the NMCP's six-month transition budget for \$11,029,400 USD to reprogram funding and serve as a bridge between the round 8 grant and the new funding mechanism. The LMG/NMCP Senior Technical Advisor helped the NMCP accelerate the pace of activity implementation for the transition period, completing 80% of planned activities and spending 76% of the available budget by June 15, 2015.

Improved NMCP governance

The LMG/NMCP Senior Technical Advisor continued to support improvements to NMCP governance by helping to finalize the code of conduct and rules and regulations document for all NMCP staff. LMG/NMCP supported the adoption of these documents by helping to coordinate a validation workshop on March 30-31, 2015, providing advisory support to NMCP

leadership regarding the adoption of the guidelines, and providing financial support to the NMCP to print and disseminate the final documents to the NMCP staff and partners. LMG/NMCP also supported the development and adoption of conflict of interest declaration forms, staff time sheets, and a technical assistance plan for the NMCP. The LMG/Senior Technical Advisor presented these documents to the NMCP Director in late May, and plans to hold an orientation for NMCP staff on the documents and policies in the next reporting period. With the beginning of the NFM grant in July 2015, the NMCP staff salaries will be paid only after staff submit a timesheet. NMCP leadership will share the technical assistance plan with technical and financial partners once finalized.



The NMCP M&E Officer presenting her team's progress during the second LDP+ workshop

Leadership Development Program Plus (LDP+)

Following the first workshop from February 11-13, the project held the second technical coaching team meeting on April 10, 2015, with five LDP+ coaches. The meeting helped reinforce the capacity of the coaches to review team challenge models and coach their respective improvement teams during the implementation of their action plans. The second workshop in the LDP+ series was conducted

from April 28-30, 2015, with 24 participants from the NMCP representing the three improvement teams. The LMG/NMCP Senior Technical Advisor facilitated the workshop in partnership with the master facilitator from the Ministry of Health and seven NMCP facilitators.

Workshop 2 focuses on applying leading, managing, and governing practices to move from vision to action. During the workshop, teams developed their challenge models by identifying obstacles and their root causes, and learned how to focus on priorities to achieve important results. Each team developed an action plan to accompany their challenge model and guide the team toward their measurable results. Please see Annex 1 for each team's mission, challenge, current situation, and desired measurable result. The third technical coaching meetings took place on June 25, 2015.

Policies and norms developed for implementation of the national malaria control strategy NMCP LLIN mass distribution campaign

LMG/NMCP continued to support the LLIN mass distribution campaign during this quarter, by reviewing terms of reference developed by the technical and steering committees responsible for leading the campaign in Abidjan. The LMG/NMCP Senior Technical Advisor helped the NMCP to secure approval for new campaign activities, ensure that all disbursed funds are fully justified and accounted for, and accelerate the disbursement process for additional funding. The NMCP

conducted a household census from April 27-May 6, 2015, engaging 17,413 community agents to identify 1,287,974 households, comprising a total of 6,732,001 residents. During the distribution phase in Abidjan, from May 27-June 2 2015, a total of 24,400 community agents distributed 3,193,265 LLINs, representing a 92% coverage rate. This brings the total number of LLIN distributed during the national campaign to 14,667,718.

To support the NMCP during this activity, LMG/NMCP organized coordination meetings to ensure supervision of the census and campaign activities. During the coordination meetings, the LMG/NMCP Senior Technical Advisor shared lessons learned from previous experiences, addressed concerns, and advised the NMCP in technical decisions. One notable success during the campaign was that, for the first time during a NMCP-led LLIN distribution campaign in Côte d'Ivoire, community agents were paid their per diem and transportation via mobile payments. The LMG/NMCP Senior Technical Advisor provided technical support to the NMCP to establish, implement, and monitor the mobile payment system for effectiveness and compliance. Following the advice of LMG/NMCP, the NMCP has implemented a quantification and remuneration strategy that includes counting the larger households of Ministers, elected officials, executives, and high-level authorities, in order to more accurately count populations. These households in Côte d'Ivoire frequently are much larger than immediate family, and can include household staff families, such as maids and drivers, and extended family; in the past, LLIN census agents have tended to not include these larger households, assuming that they already have access to LLINs.

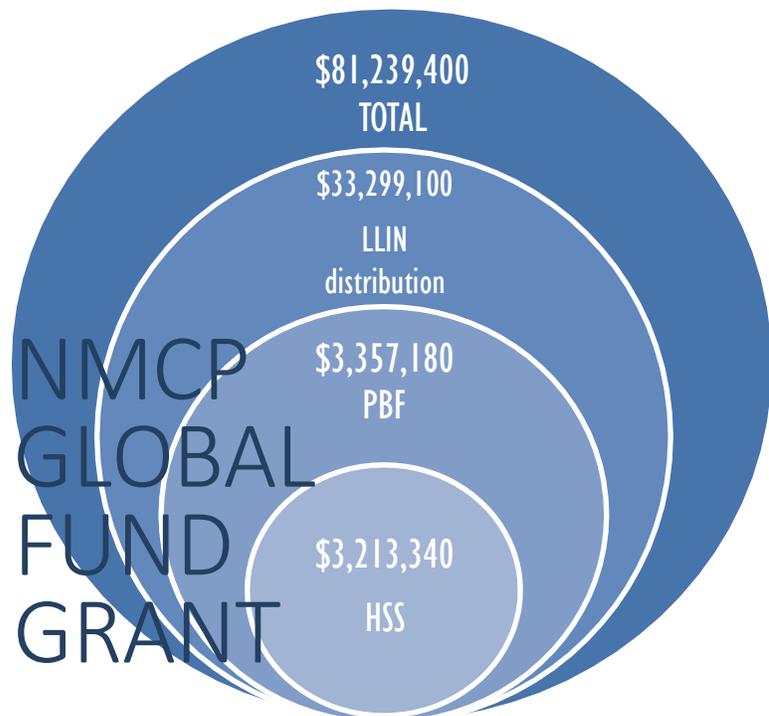
After the two mass distribution campaigns, LMG/NMCP supported the NMCP to plan and carry out a net installation campaign ("hang-up campaign") for households in 68 health districts. In addition to providing support to develop the terms of reference and budget for the hang-up campaign, the LMG/NMCP Senior Technical Advisor accompanied the NMCP Head of Services and Prevention Officer to visit households between May 15 and June 5, 2015, to observe and engage with district community health workers and district health management teams. Thanks to a partnership initiated by LMG/NMCP, the NMCP, UNICEF, and CARE, 10,000 community volunteers participated in the campaign. Preliminary data shows that 170,681 LLINs were correctly installed from May 6-10 and June 4-8, 2015.

At the conclusion of the hang-up campaign, the NMCP staff noted that they would need to revise the LLIN distribution strategy, after community health workers noted, when they visited the household, that many households already had an LLIN installed. The LMG/NMCP Senior Technical Advisor will provide technical support to the NMCP to revise the strategy in preparation for the 2017 campaign.

Stakeholders mobilized

Global Fund grant

Following the second round of grant negotiations in Geneva in March 2015, where the NMCP was informed that their grant total would be lower than initially requested, the LMG/NMCP Senior Technical Advisor provided technical assistance to the NMCP to revise the concept note budget to match the new grant total. The NMCP submitted the revised workplan and budget to the Global Fund on May 2, 2015. The grant will be signed into action on July 8, 2015.



The NMCP, along with the LMG Senior Technical Advisor, participated in a third round of grant negotiations with the Global Fund from May 4-5, 2015. During this round of negotiations, the NMCP finalized the revised budget and submitted it to the Global Fund's Grant Approval Committee (GAC). Additionally, the LMG/NMCP Senior Technical Advisor provided assistance to the NMCP to prepare and submit the grant implementation plan and official notification of signatories for the grant to the Global Fund by the agreed-upon deadlines. The LMG/NMCP Senior Technical Advisor worked with NMCP staff, none of whom had developed a Global Fund grant implementation plan before, to agree upon a methodology for developing the plan, and played a coordination role, assisting each NMCP staff member to understand their tasks and deadlines, compiling different components, and pointing out any obvious gaps.

By the end of the second GAC meeting on May 27, 2015, the final grant budget of \$96,193,000 USD was approved, with \$14,953,600 USD allocated for the community PR and \$81,239,400 USD for the NMCP for the period of July 1, 2015, to December 31, 2017. The NMCP's grant budget includes \$33,229,100 USD dedicated to funding the 2017 LLIN distribution campaign, as well as \$3,357,180 for MSH technical assistance for health system strengthening (HSS) in two health regions, and \$3,213,340 USD dedicated to establishing a performance-based mechanism. The total budget approved for the LLIN distribution only covers 55% of the original budget requested in the concept note application, leaving a funding gap of \$25,396,900 USD that the NMCP must mobilize in order to reach the targeted funding amount for the campaign.



Guests at World Malaria Day activities in Abidjan

World Malaria Day and national malaria symposium

The LMG/NMCP Senior Technical Advisor participated in the malaria scientific symposium from April 22-23, 2015, hosted by the Abidjan Houphouët Boigny University and organized by the NMCP, by serving on the panel that evaluated and selected the top abstracts during the symposium. Following the symposium, the LMG/NMCP Senior Technical Advisor reviewed and provided

feedback on summary presentations from the symposium. The NMCP Head of Research presented at a round table discussion organized by the Port-Bouët General Hospital in conjunction with World Malaria Day on April 25, 2015. During the World Malaria Day activities, the Global Fund Executive Director and French Secretary of State for Development and the Francophonie commended the country for its continuous efforts to fight malaria, and reaffirmed their support for malaria control efforts in Côte d'Ivoire.

Coordination with partners

During the reporting period, the LMG/NMCP Senior Technical Advisor participated in the following meetings to provide technical guidance, share experience, and assist the NMCP in decision making:

Partner(s)	Dates	Purpose
NMCP, PKF	April 3, 2015 May 20, 2015	Planning session for NMCP external evaluation; PKF debrief of results of the NMCP external audit
USAID Côte d'Ivoire	April 6, 2015	Debrief following grant negotiation mission in Geneva (March 23-28, 2015)
	June 3, 2015	Review of LMG/NMCP activities with USAID Health Director
NMCP, UNICEF	April 8, 2015	Abidjan LLIN distribution campaign planning; Biennial workplanning (2014-2015) between UNICEF and the Government of Côte d'Ivoire
NMCP, MSLS, USAID	April 10, 2015	NMCP Annual report review meeting
NMCP, CARE	April 9, 2015	LLIN distribution and hang-up campaign planning
	April 14, 2015	Budget review for hang-up campaign activities
UNICEF, LMG/NMCP, GF	April 21, 2015	Discussed the strategy for community care indicators with Global Fund Director

NMCP, IRD, GF	April 25, 2015	Roundtable discussion following malaria scientific symposium
GF, NMCP, UNICEF	May 12, 2015	Clarify roles and responsibilities of implementing partners
NMCP, UNICEF, NPSP, Save the Children	May 25, 2015	Debriefing by UNICEF consultant regarding implementation of the integrated iCCM strategy in the concept note

Challenges/Lessons Learned

One of the biggest challenges encountered by the NMCP pertains to the gap in funding for the mass distribution campaign. As previously mentioned, the total budget approved for the LLIN distribution only covers 55% of the original budget requested in the concept note application, leaving a funding gap of \$25,396,900 USD that the NMCP will need to mobilize in order to reach the target funding amount for the campaign. LMG/NMCP will assist the NMCP in resource mobilization efforts to cover this gap in funding.

Implementation of the LDP+ has significantly improved the NMCP's working climate and communication with the Global Fund. Teams have gained self-confidence, are meeting Global Fund deadlines, and exhibit greater mutual respect in communication with the Global Fund. In turn, the Global Fund has recognized this improved performance and will pay for staff bonuses for the first time ever. The NMCP coordination team is utilizing the four leadership practices outlined in the LDP+ (scanning, focusing, aligning/mobilizing and inspiring) to overcome difficulties encountered during the final negotiations of the Global Fund NFM grant.

Next steps and priority actions for the next quarter

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

- support the development of the final report on the mass campaign completed in 82 health districts;
- plan and conduct the fourth technical coaching team meeting;
- plan and conduct the third workshop in the LDP+ series;
- support the NMCP coordination team to address conditions precedent for the new grant; and
- support the launch of activities under the new grant.

LMG/NMCP – CAMEROON

Senior Technical Advisor Maurice A. N'Djoré

During this quarter, LMG/NMCP supported the NMCP's grant implementation planning, assisted the NMCP in planning the phased LLIN mass distribution campaign, coordinated updates to NMCP human resources management, finalized the NMCP capacity assessment report, continued LDP+ implementation with the NMCP, and helped the NMCP to prepare for World Malaria Day.

Project Activities

Human, financial, and material resources managed

Organizational capacity assessment and year 1 workplan

During this quarter, the LMG/Senior Technical Advisor finalized and shared the comprehensive NMCP capacity assessment report with partners. LMG/NMCP submitted the final organizational capacity assessment report to USAID/PMI on June 2, 2015. The results of the assessment have informed the LMG/NMCP Cameroon workplan and LMG/NMCP's recommendations for improving organizational capacity at the NMCP. The LMG/Senior Technical Advisor shared the recommendations, which highlight the need to improve the NMCP's management of human and financial resources, with the NMCP. The NMCP in turn is sharing the report with relevant stakeholders in Cameroon. LMG/NMCP is regularly monitoring the implementation of key recommendations from the assessment with the NMCP.

To support the implementation of recommendations and foster collaboration, the LMG/Senior Technical Advisor also completed a profile mapping of the Cameroon NMCP's partners, to clearly identify what each organization involved in the malaria control effort is doing.

Coordination of NMCP Human Resources Management

During this reporting period, LMG/NMCP continued to encourage the NMCP to implement specific recommendations for human resources management, such as filling vacancies identified in the NMCP organizational chart, improving the work climate within the NMCP, and equipping all NMCP staff with a functional office environment. The NMCP successfully filled several vacancies during this reporting period, and the recruitment of the new Chief Accountant and Head of Support Services is ongoing. The LMG/NMCP Senior Technical Advisor continued working with the internal auditor to implement human resource management recommendations, developing the terms of reference for the organizational audit which will be performed during the next quarter.

Leadership Development Program (LDP+)

During this reporting period, LMG/NMCP continued implementation of the LDP+, with support from an expert LDP+ facilitator (co-facilitating with the LMG/NMCP Senior Technical Advisor). LMG/NMCP held the second technical coaching team meeting on April 27, 2015, and the second LDP+ workshop with 12 NMCP participants from April 28-30, 2015. During this workshop, the facilitators introduced participants to focusing practices and processes, the influence of gender on leadership approaches, and ways to identify obstacles and their root causes. Teams proposed priority actions, and were guided to focus on priorities in order to create action plans for achieving their desired measurable results. The LDP+ teams are utilizing the results of the initial capacity assessment to identify root causes and possible priority actions. The second coaching meeting, which was also held this quarter, allowed the LMG/NMCP Senior Technical Advisor and LDP+ facilitator to present concepts of coaching, as well as to assess the coaching skills of the technical leadership team, in order to assist them in supervising the LDP+ teams.



LDP+ Facilitators meet with several LDP+ coaches during the second technical coaching meeting

Policies and norms developed for implementation of the national malaria control strategy

Coordination of NMCP activities

The LMG/NMCP Senior Technical Advisor held working sessions with NMCP staff to review the implementation of free diagnosis and treatment of uncomplicated and severe malaria cases for pregnant women and children under the age of 5. With this support, the NMCP staff recognized the effectiveness and sustainability of measures enacted at the national level by the NMCP or the Ministry of Health.

During regular NMCP coordination meetings, LMG/NMCP assisted in the development of key documents, including the terms of reference for the organizational audit, archive management, the updated LLIN distribution campaign plan, communication strategies on malaria, and the strategy for integrated community management. These regular coordination meetings with partners and SRs enable the NMCP to effectively plan interventions under the malaria grant.

In addition to improved partner coordination, the NMCP has also been holding regular, bi-weekly internal coordination meetings. During this busy quarter, the NMCP staff managed to hold eight of the 12 planned coordination meetings, as well as one meeting on best practices. Prior to the arrival of the LMG/NMCP Senior Technical Advisor, NMCP staff met only sporadically and when problems arose. Thanks to meetings this quarter, the NMCP was able to address the following bottlenecks:

Bottleneck	Solution identified during meeting
Contracts with the four Global Fund grant SRs still not signed.	Organized meetings between the NMCP and each SR in order to discuss any outstanding issues and move forward with signing.
NFM grant disbursement is still not available to begin implementation of the first activities outlined in the grant implementation plan,	During meetings, the NMCP identified priority actions that could be implemented to obtain a non-objection for funding from the Global

such as LLIN campaign preparation activities (microplanning, training for central and regional logisticians, development of monitoring tools for quantification and distribution, development of communication strategies).	Fund in order to begin carrying out LLIN campaign activities.
The NMCP and sub recipients had different understandings of programmatic, accounting, and financial requirements for implementing grant activities.	Thanks to meetings with the SRs, the NMCP was able to establish a common vision and orient all grant partners at the central level on grant requirements.
Backups at the Port of Douala delayed receipt of the shipments of LLINs for the regional distribution.	During a meeting, the NMCP agreed to ask the Minister of Health to intervene and facilitate meetings with port authorities in order to prioritize the release and shipment of LLINs.

NMCP Mass Distribution Campaign

The NMCP engaged external consultants from AMP in April 2015 to provide logistics support to the NMCP in preparation for the LLIN campaign. The LMG/NMCP Senior Technical Advisor worked closely with the AMP consultants to:

- review the logistics and operational action plan for the campaign;
- plan training of central and regional logisticians;
- review campaign strategies, quantification, and micro planning; and
- develop management tools to oversee LLIN distribution.

During their mission, the AMP consultants conducted training for central and regional logisticians on planning, management, and logistics tracking to prepare for the campaign. To support the training, the LMG/NMCP Senior Technical Advisor shared NMCP documents with the AMP consultants, facilitated review of implementation plan for the LLIN distribution campaign, and provided guidance to central and regional logisticians following the training.

During the Global Fund mission to Cameroon from April 27 - May 8, 2015, the NMCP provided an update on preparations for the LLIN distribution campaign. Following the delayed delivery of LLINs by a supplier, the LMG/NMCP Senior Technical Advisor helped the NMCP to troubleshoot, by reviewing and updating action plans for the first phase of LLIN distribution in June-July 2015. LMG/NMCP also supported the selection of regional and district warehouses to store LLINs, the development of LLIN transport strategies, and the review of security, transportation, and storage of LLINs. During the next reporting period, LMG/NMCP will continue to support the NMCP to: finalize the selection of warehouses, complete micro planning, conduct quantification, train distributing agents, sign the agreement between the NMCP and PLAN, and implement the LLIN mass distribution campaign.

Stakeholders mobilized

Global Fund concept note development

The NMCP held a review and planning workshop for the Global Fund grant on April 10-11, 2015, with WHO, CHAI, the *Association Camerounaise pour le Marketing Social (ACMS)*, UNICEF, and selected SRs, including MNM, IRESCO, MC-CCAM, and Plan Cameroon. To increase the ownership of the grant by the NMCP and the selected SRs, the LMG/NMCP Senior Technical Advisor assisted the NMCP's M&E unit to develop a summary of the concept note and to highlight grant financing under the NFM, refocusing on community activities, and the NFM performance framework and database. The LMG/NMCP Senior Technical Advisor and NMCP's Finance and Administrative Manager co-led a review session of the NMCP's administrative, financial, and accounting procedures to reinforce best practices for grant management with NMCP staff.

The Global Fund Portfolio Manager led a mission to Cameroon from April 27 - May 8, 2015, to review implementation of the malaria grant. During this mission, the Global Fund team met with the NMCP, WHO, CHAI, and the selected SRs: Malaria No More, IRESCO, Plan Cameroon, and MC-CCAM. During this mission, the LMG/NMCP Senior Technical Advisor helped the NMCP follow up on agreements with MTN and Orange for mobile payments with new information and communications technology that will be used for different parts of the campaign (distribution, quantification, and supervision). LMG/NMCP supported the NMCP during discussions with the Global Fund regarding priority activities for the mass distribution campaign requiring Global Fund authorization, as funding from the NFM grant is not yet available.



NMCP and partners on World Malaria Day

World Malaria Day

The Ministry of Health and NMCP held events to celebrate World Malaria Day from April 22-28, 2015, with support and participation of partners, including WHO, UNICEF, Malaria No More, IRESCO, Plan, CHAI, MC-CCAM, ACMS, and the Peace Corps. The LMG/NMCP Senior Technical

Advisor provided support to the NMCP to plan and conduct the following activities to celebrate World Malaria Day:

- Commemoration Walk in Yaoundé led by the Minister of Health (April 3, 2015)
- Educational activities in public and private schools (April 22-27, 2015)
- Broadcasts on local radio stations (April 25-28, 2015)
- Scientific meeting on malaria at the University of Yaoundé (April 23, 2015)
- Official ceremony for World Malaria Day led by the Minister of Health (April 27, 2015)

The NMCP was directly responsible for organizing the official ceremony with the Minister of Health, the meeting on malaria at the University of Yaoundé, and educational events in schools. The LMG/NMCP project assisted the NMCP in planning these events, developing budgets, and identifying key IEC/BCC messages for target populations. The LMG/NMCP Senior Technical Advisor fostered coordination and collaboration with partners to maximize the impact and reach of World Malaria Day events.

Coordination with partners

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

Partner(s)	Dates	Purpose
Malaria No More	May 28-June 2, 2015	Discuss Malaria No More's role as a subrecipient on the Global Fund grant, and coordinate activity implementation with the NMCP
MC-CAM	May 4-June 2, 2015	Support the NMCP in the implementation of community intervention strategies for malaria prevention and the treatment
IRESKO	May 28, 2015	Review activities in NFM grant and plan collaboration with the NMCP
USAID/PMI	June 2, 2015	Quarterly program review meeting with USAID/PMI to review LMG/NMCP activity implementation and results

Challenges/Lessons Learned

The departure of the Head of Support Services at the launch of the LLIN distribution campaign posed a challenge for the NMCP, and will continue to do so, especially as the NMCP begins to implement its community strategy. The NMCP is actively recruiting to fill his post, as well as several other vacant positions. However, lack of specialized staff is creating a heavy workload for existing staff, and taking a toll on the implementation of the concept note.

The support and engagement of the branches of the Ministry of Health (the Directorate of Pharmacy and Medicine, Inspector General of Health, etc.) and other stakeholders is essential for the NMCP to implement recommendations to provide free diagnosis and treatment. The

NMCP has little control or influence over these stakeholders, which will continue to slow down the implementation of these important malaria control efforts.

The LMG/NMCP Senior Technical Advisor has also noted that during the reporting period that careful coordination, regular meetings, and consistent communication both within the NMCP and with NMCP partners is essential to agreeing upon a common vision and addressing bottlenecks.

Next steps and priority actions for the next quarter

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

- organize and conduct the third LDP+ workshop and final results presentation;
- conduct coaching missions with LDP+ teams;
- monitor implementation of recommendations from the organizational capacity assessment report;
- provide ongoing technical assistance during the LLIN distribution campaign;
- ensure the submission of the NMCP's Progress Update and Disbursement Request (PUDR) reports to the Global Fund;
- finalize the NFM agreement between the NMCP and PLAN Cameroon;
- orient subrecipients on NFM grant implementation; and
- monitor and coordinate NFM grant implementation.

LMG/NMCP – BURUNDI

Senior Technical Advisor Cheikh Gassama

During this reporting period, the LMG/NMCP team focused on implementing activities in the PY1 workplan and continued to collaborate with partners. Due to political instability and insecurity related to the elections in Burundi, the LMG/NMCP Senior Technical Advisor was evacuated to Dakar, Senegal, following the Department of State's evacuation order for non-essential personnel on May 14, 2015. Despite his relocation, the LMG/NMCP Senior Technical Advisor has continued to provide technical support to the NMCP in Burundi by participating remotely in working sessions and conference calls. The LMG/NMCP Senior Technical Advisor returned to Bujumbura, Burundi, from June 23-July 4, 2015, to participate in and facilitate a workshop to develop and finalize key documents required by the Global Fund by mid-July for the signature of a grant to the NMCP as prime recipient.

Project Activities

Human, financial, and material resources managed

Preparation for LDP+ alignment meeting

During this reporting period, the LMG/NMCP Senior Technical Advisor developed, shared, and validated the terms of reference for the LDP+ alignment meeting with NMCP leadership. LMG/NMCP originally planned to hold the alignment meeting in May 2015; however, the project postponed the meeting due to insecurity related to the elections in Burundi. The project plans to launch the LDP+ with the NMCP in the next reporting period, once the political situation stabilizes.

Policies and norms developed for implementation of the national malaria control strategy

NMCP Best Practice Sharing Workshop

The LMG/NMCP Senior Technical Advisor accompanied the Director of Burundi's NMCP at the 14th NMCP Best Practice Sharing Workshop from June 8-12, 2015, in Maputo, Mozambique. The workshop, focused on efforts towards malaria elimination, provided the NMCP team with the opportunity to meet with other NMCP leaders and malaria experts to exchange experiences and best practices, enriching the planned interventions and strategies of the NMCP in Burundi. The main themes discussed during the workshop include malaria eradication strategies, the prevention of malaria through ICT, challenges encountered by NMCPs, malaria funding, and strategies to combat malaria in the context of Ebola.

Building on the best practices presented at the workshop, LMG/NMCP will provide technical support to the NMCP to develop an ICT strategy for malaria prevention based on the "SMS for life" strategy led by Novartis and partners within the global Roll Back Malaria Partnership. SMS for Life uses a combination of mobile phones, SMS messages, the internet, and electronic mapping technology to track weekly stock levels at public health facilities in order to eliminate stock-outs, increase access to essential medicines, and reduce the number of deaths from malaria. The NMCP will present the adapted strategy to local partners to solicit their commitment and support. After this step, the NMCP will coordinate with Novartis for a first diagnostic visit to assess the potential for implementation in Burundi.

Stakeholders mobilized

Implementation plan for Global Fund grant

Following the submission of the Burundi NMCP's first malaria concept note to the Global Fund last quarter, the LMG/NMCP Senior Technical Advisor worked with NMCP staff to develop the implementation plan for the grant. The plan, which accompanies the concept note application, details each stage of grant implementation. The LMG/NMCP Senior Technical Advisor provided technical assistance to the NMCP to develop the description of the context, implementation design, sub-recipient selection process description, monitoring and evaluation strategy, and financial and programmatic implementation plans. The NMCP submitted the full implementation plan, which is required to launch grant negotiations, to the Global Fund on April 17, 2015.

Global Fund concept note development and approval

The Global Fund Portfolio Manager notified the NMCP that the concept note was approved by the TRP on May 19, 2015. The Global Fund provided very positive feedback on the submitted concept note, allocating an additional \$3,303,352 USD in funding based on the high quality of the concept note application. With this additional allocation, the grant amount totals \$24,921,567 USD.

LMG/NMCP is providing technical assistance to the NMCP to prepare responses for the Global Fund TRP and develop the performance framework, action plan, detailed budget, monitoring and evaluation plan, audit plan, pharmaceutical stock management plan, and SR capacity assessment/plan. The LMG/NMCP Senior Technical Advisor's role in this process is to assist the NMCP to know and understand how to develop the required documents; ensure that

documents are carefully reviewed for compliance to Global Fund guidelines; assist with planning to ensure that documents are submitted by deadlines; and review documents to ensure they are coherent and consistent, providing ongoing feedback to NMCP staff. As previously mentioned, the LMG/NMCP Senior Technical Advisor is helping to facilitate a workshop in late June and early July to develop and finalize key documents required by the Global Fund for grant signature.

Support for USAID/PMI's 2015 Malaria Operational Planning

The LMG/NMCP Senior Technical Advisor helped the NMCP prepare for the MOP 2015 in Burundi by reviewing gaps in the strategic plan and identifying key NMCP activities for the based upon USAID/PMI's programmatic and financial priorities in Burundi. With support from LMG/NMCP, the NMCP identified the following high-impact activities for USAID/PMI to consider during the MOP. With LMG/NMCP's support, the following activities were selected:

- entomology laboratory renovation;
- training for medical staff (both at the central and district level);
- scale up of iCCM;
- improvement of the quality of malaria data by reviewing data collection systems;
- inclusion of information and communications technology in malaria prevention; and
- scale up of educational campaigns against malaria within schools.

The following procurements were selected:

- LLINs for routine distribution;
- equipment for sentinel sites;
- laboratory supplies; and
- treatment for chronic/severe malaria.

USAID/PMI is now preparing agreements with each malaria control partner in Burundi.

Coordination with partners

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

Partner(s)	Dates	Purpose
SEP/CNLS Management Unit	April 3, 2015	Discuss terms of reference for the signature on the Global Fund grant agreement between the SEP/CNLS and the NMCP
PSI, World Vision International, <i>Action de lutte contre la malaria au Burundi (ALUMA)</i> , World Health Organization (WHO), International Health Project (IHP)	April 7, 2015	Evaluation of malaria in Burundi and coordination of priority activities

USAID/PMI Activity Manager	April 10, 2015	Prioritization of key activities following \$3,000,000 USD increase to the 2015 MOP budget
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Challenges/Lessons Learned

Political instability and insecurity related to the elections in Burundi have posed major challenges for program implementation during this reporting period. As previously mentioned, the LMG/NMCP Senior Technical Advisor was evacuated to Dakar, Senegal, following an evacuation order for non-essential personnel issued by the Department of State on May 14, 2015. Election-related conflict has caused the delay and postponement of the following activities: development of grant making documents requested by the Global Fund; launch of grant negotiations with the Global Fund; LDP+ alignment meeting with NMCP; and the capacity assessment of SRs in the 17 provinces of Burundi. The project is closely monitoring the situation, and the LMG/NMCP Senior Technical Advisor developed a list of priority activities to continue to support the NMCP despite the uncertain political situation.

Next steps and priority actions for the next quarter

LMG/NMCP's priorities for next quarter are to

- provide technical support to the NMCP during negotiations with the Global Fund;
- support the NMCP to develop a recruitment plan for new staff;
- provide technical support to the NMCP to develop key documents such as the budget and action plan;
- hold the alignment meeting and first workshop of the LDP+;
- provide technical support to the NMCP to evaluate the capacities of the SRs and to develop a capacity building plan;
- support the NMCP during the next regional RBM/WHO meeting in August 2015, focused on gaps analysis, program review, and mobilization of resources; and
- participate in the next USAID implementing partners meeting in Burundi.

LMG/NMCP - SIERRA LEONE

Senior Technical Advisor Israel Chauke

During this reporting period, the LMG/NMCP Senior Technical Advisor selected for Sierra Leone, Israel Chauke, traveled to the MSH home office for orientation from May 17-23, 2015, before relocating to post in Freetown, Sierra Leone, on May 24, 2015. The Principal Technical Advisor for the LMG/NMCP project accompanied Mr. Chauke to Sierra Leone, participating in official introductions with USAID mission contacts and the National Malaria Control Program team from May 25-27, 2015. NMCP staff and other key in-country stakeholders, including the Country Coordination Mechanism (CCM), positively received the Senior Technical Advisor. Following his arrival, the LMG/NMCP Senior Technical Advisor held several meetings with the Director of the NMCP to identify the NMCP's urgent support needs, which will guide the first quarter of technical assistance support provided LMG/NMCP Sierra Leone.

Project Activities

Human, financial, and material resources managed

Provisional year 1 workplan and organizational capacity assessment planning

At the time of the LMG/NMCP Senior Technical Advisor's arrival, the NMCP was preparing for the Global Fund country portfolio mission, development of the national malaria control strategy, and addressing specific conditions precedent under the current Global Fund grant. To support these needs, the LMG/NMCP Senior Technical Advisor developed an interim workplan focused on priority activities for the period of June-September 2015. The LMG/NMCP Senior Technical Advisor also shared the organizational capacity assessment tool with the NMCP Program Manager to garner their buy-in and approval of the initial assessment process.

Policies and norms developed for implementation of the national malaria control strategy

Stock outs and medicines management

One of the key observations the Global Fund mission made during their visit was that stock of ACT for infants is poorly managed. To respond to this observation, the LMG/NMCP Senior Technical Advisor assisted the NMCP to carry out a thorough review of ACT stock management processes at all levels of the health system. This review helped identify a large quantity of infant ACTs with approaching expiry dates remaining at the national and district warehouses. The LMG/NMCP Senior Technical Advisor engaged the National Procurement and Pharmaceutical Unit (NPPU) Director, NMCP, and Procurement and Supply Chain Management (PSM) to develop potential solutions to submit to the NMCP Program Manager for consideration. Some solutions suggested by the LMG/NMCP Senior Technical Advisor included engaging private health facilities to accept ACT stocks, researching whether or not infant ACTs can be prescribed to toddlers (as toddler dosage is higher and consumption rates are higher), and conducting an immediate analysis of consumption rates to prevent similar situations in the future. The potential solutions are expected to provide the NMCP with better alternatives to reduce the quantity of infant ACTs to manageable levels before they expire.

National malaria strategic planning

The LMG/NMCP Senior Technical Advisor's arrival in Sierra Leone coincided with the development of the NMCP 2016-2020 strategic plan. To support this process, the LMG/NMCP Senior Technical Advisor assisted the following working groups to conduct a situational and gap analysis, in order to support the strategic planning process: information, education, and communication (IEC)/behavior change communication (BCC); integrated vector management (IVM); and pharmaceutical stock management (PSM). The national strategic planning process will continue through the end of July 2015. The LMG/NMCP Senior Technical Advisor will support the NMCP during the development of the five-year malaria strategic plan by mentoring NMCP staff on strategic planning.

Stakeholders mobilized

Global Fund grant management

In preparation for the Global Fund country portfolio mission to Sierra Leone from June 1-5, 2015, the LMG/NMCP Senior Technical Advisor led the NMCP in a review of the existing Global Fund conditions precedent. Following the review, the LMG/NMCP Senior Technical Advisor

assisted the NMCP to collect and compile the necessary documentation, implement appropriate actions, and engage the Program Management Unit to address issues highlighted by the Global Fund. Some of the suggested actions include developing a concise PowerPoint presentation on the CHW incentive payment, revisiting warehouses to ensure that all stock bin cards are in place, and assisting the NMCP to be prepared to respond if asked why the PUDRs are routinely submitted late.

Although no conditions precedent were lifted, the Global Fund mission provided guidance on how to address the five conditions precedent that were identified in the February 2015 grant performance report. One of the conditions precedent that is directly linked to the NMCP pertains to the incentive payments to community health workers (CHWs), which have not been paid since October 2014. With the support of LMG/NMCP in the past several months, the NMCP has developed standard operating procedures, tools, and controls to manage CHW incentive payments. The NMCP has also launched the procurement process to acquire a mobile money payments services provider. With these measures in place, payments are expected to begin in October 2015.

The LMG/NMCP Senior Technical Advisor provided guidance on developing necessary CHW incentive payment tools and on how to engage district level authorities, while mentoring the iCCM focal person on basic processes management. The support the LMG/NMCP Senior Technical Advisor has provided has laid the groundwork for satisfying the current conditions precedent, and the NMCP expects the CHW incentive funds to be released by the Global Fund by October 2015.

PUDR submission

The NMCP in Sierra Leone has frequently submitted malaria PUDR reports to the Global Fund late, to the detriment of malaria program activities, especially linked to the Global Fund release of funds. The Global Fund mission noted this is weakness as well during the June visit. In response, the LMG/NMCP Senior Technical Advisor engaged the Local Fund Agent (LFA), Program Management Unit (PMU), and NMCP M&E team to take a closer look at this issue, and identified poor program information and incorrect financials as the main issues. The LMG/NMCP Senior Technical Advisor then held two meetings with key NMCP staff to address these issues. As a result, the NMCP created a PUDR working group to ensure review of program information. NMCP participants observed that the PMU lacked the necessary accounting software to generate financial reports, demonstrating the need to invest in improved financial software. The LMG/NMCP Senior Technical Advisor encouraged the PMU to develop an action plan to generate financial reports on time.

Another factor the for late submission of the PUDR that the team identified is the lack of coordination and joint planning between the NMCP and the PMU. LMG/NMCP plans to address this issue through the organizational capacity assessment and workplanning process.

Coordination with partners

The LMG/NMCP Senior Technical Advisor met with several key in-country partners and stakeholders during this reporting period to understand the country's malaria context and

partner landscape. The LMG/NMCP Senior Technical Advisor introduced the LMG/NMCP project to key partners, explaining the project’s objectives and expected results.

Partner(s)	Dates	Purpose
NMCP Sierra Leone, WHO, CCM, PMU Manager	May 25, 2015	Introduce the LMG/NMCP project and foster collaboration with key partners in Sierra Leone
USAID Team, US Ambassador	May 26, 2015	Introduce the LMG/NMCP project and Senior Technical Advisor
NMCP, Global Fund	June 1, 2015	Global Fund mission meeting and share mission objectives
IEC/BCC, Partnership and IVM focal points	June 8-12, 2015	National Strategic Planning: meeting with IEC/BCC, Partnership, and IVM focal points and document review
MSP focal person, NPPU Director	June 9, 2015	Action planning for PSM and expiring ACT drugs
Center for Disease Control (CDC Atlanta)	June 26-27, 2015	Update on LMG project activities in Sierra Leone, understand the CDC’s mission to strengthen diseases/epidemic treatment/controls in Sierra Leone. The CDC will strengthening disease testing facilities in Sierra Leone, and is still exploring how to partner with the NMCP, but is interested in supporting the implementation of the new NSP.

Challenges/Lessons Learned

Although the LMG/NMCP Senior Technical Advisor has only been at post for a short amount of time, he has observed the need for better leadership and coordination between key units, especially between the NMCP and PMU. LMG/NMCP will analyze this issue in depth during the organizational capacity assessment of the NMCP, and implement the LDP+ to improve the NMCP’s coordination and leadership. The LMG/NMCP Senior Technical Advisor has also observed the need to ensure comprehensive oversight for management of the Global Fund grant, and has provided support to the NMCP to begin working to lift conditions precedent and submit PUDRs on time.

Next steps and priority actions for the next quarter

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

- conduct the organizational capacity assessment with the NMCP;
- develop the PY1 project workplan based on the results of the NMCP’s organizational capacity assessment; and
- continue coordination with key in-country partners.

Mr. Rémy Prohom, Senior Technical Advisor, who provides malaria supply chain support to the Lao PDR National Center for Malaria, Parasitology and Entomology (CMPE), began work with the project in Vientiane on April 6, 2015, and then traveled to the MSH home office from April 25-May 1, 2015, to complete intensive orientation sessions.

Project Activities

Human, financial, and material resources managed

Assessment of supply chain information flow

Shortly after his arrival at post, the LMG/NMCP Senior Technical Advisor supported an assessment of the information flow (including collection, analysis and reporting) at all levels of the supply chain, including the central level and each of the 4 provinces (Champassack, Attapeu, Khammouane, and Bolikhamxay). To support this activity, the LMG/NMCP Senior Technical advisor helped conduct interviews at all levels of the supply chain in partnership with JSI and CMPE staff to assess major issues encountered by Provincial Anti-Malaria station (PAM), and District Anti-Malaria station (DAM) field staff. Below is a summary of the major challenges and recommendations identified during the assessment:

Component	Challenges	Recommendations
Procurement	<ul style="list-style-type: none"> Multiple sources of manufacturers, inducing confusion to prescribers and patients (highly visible for ACTs) 	<ul style="list-style-type: none"> Drug selection panel should select one formulation and manufacturer per line of treatment
Forecasting	<ul style="list-style-type: none"> Lack of methodology at all levels Poor quality of baseline data No clear link between forecasted needs and distribution plans 	<ul style="list-style-type: none"> Train CMPE, PAM and DAM staff on forecasting Review forecasting method and set up a malaria forecasting task force
Supply planning	<ul style="list-style-type: none"> No tools for proper planning No link between stock levels, forecast, procurement, and distribution plan 	<ul style="list-style-type: none"> Put a robust tool in place for better supply planning Provide training on supply planning to DAM and PAM staff as needed
Distribution	<ul style="list-style-type: none"> No influence from CMPE on the Medical Products Supply Center's (MPSC) actual delivery plans No visibility from MPSC on stock level status at peripheral levels MPSC shortage of staff and limited staff capacity 	<ul style="list-style-type: none"> Distribution committee to be established with Medical Products Supply Center (MPSC), CMPE, and other partners involved with malaria commodities

Component	Challenges	Recommendations
Inventory Management	<ul style="list-style-type: none"> Logistics Management and Information System (LMIS) not tracking batch numbers and expiration date Poor visibility of stock level because of lack of reporting capacity No link between stock levels, forecasts and distribution plans 	<ul style="list-style-type: none"> Train CMPE staff, PAM, and DAM on inventory management Support set up of stock cards and increase visibility of stock levels
Data management	<ul style="list-style-type: none"> Multiple issues with collection and reporting data from communities, health centers, provincial and district levels Lack of or absence of analysis capacity for supply chain management (SCM) Lack of tools Lack of supervision at all levels 	<ul style="list-style-type: none"> Pilot projects like SMS at villages and health centers to increase visibility of stock levels Computerize forms into a smart information system for PUDR reporting Provide training to all levels as needed on data management

In addition to the interviews conducted in the field, the LMG/NMCP Senior Technical advisor helped conduct interviews at the central level, with the CMPE and MPSC, who should ensure the integration of all subsidized commodities and ensure proper distribution across the country. The interviews helped to highlight numerous challenges at this level (including political, managerial, technical, and financial), and the LMG/NMCP Senior Technical Advisor is currently developing a report detailing the supply chain mechanism that should be established to improve the situation. The assessments directly contribute to the first objective of the LMG/NMCP project: NMCP human, financial, and material resources effectively managed, by serving as a baseline for future activities to strengthen the capacity of the CMPE and improve the malaria supply chain in Lao PDR.

Policies and norms developed for implementation of the national malaria control strategy

National Strategic Plan revision:

During this reporting period, the LMG/NMCP Senior Technical Advisor supported the CMPE to prepare for the revision of the 2015-2020 National Strategic Plan for malaria. Additionally, LMG/NMCP helped the CMPE prepare for the Resistance to Artemisinin Initiative (RAI) annual coordination meeting from June 17-19, 2015, and the malaria control and elimination workshop, planned for July 7-10, 2015. The LMG/NMCP Senior Technical Advisor provided financial and logistical support, as well as technical expertise, helping the CMPE to prepare presentations to deliver during each meeting/workshop. The RAI coordination meeting provided LMG/NMCP the opportunity to present challenges in the logistics reporting system, discuss solutions, and pave the way for collaboration with partners, including RAI, which is currently implementing real-time reporting in Myanmar. This support directly contributes to the second objective of the LMG/NMCP project: NMCP develops and directs policy and norms for the implementation of the national malaria control strategy.

Coordination with partners

The LMG/NMCP Senior Technical Advisor met with several key in-country partners and stakeholders during this reporting period to explain the project's objectives and expected results and better understand key malaria issues in order to identify how LMG/NMCP can help address these challenges. The LMG/NMCP Senior Technical Advisor maintains ongoing collaboration with USAID | DELIVER and support to the CMPE to coordinate with the Global Fund, which led a visit to Lao PDR from June 1-5, 2015. Throughout this quarter, LMG/NMCP participated in the following meetings and discussions with CMPE partners:

Partner(s)	Dates	Purpose
CHAI	May-June 2015	Align efforts and optimize resources to alleviate SCM challenges
MOH as PR (Division of Communicable Diseases Department)	June 2015	Convince PR to review the PUDR baseline and definition of critical indicators
GF	June 2015	Present and discuss logistics challenges and how LMG/NMCP will contribute to addressing some of the key issues in stock level reporting, PUDR collection, reporting and data analysis, and forecasting

Challenges/Lessons Learned

During this quarter, LMG/NMCP focused on establishing the project with in-country partners and defining the main areas of support. The project faced several administrative delays, which can be attributed to the lack of MSH presence in Lao PDR; however, the project has engaged a local lawyer to advise on several issues, and expects progress in these areas in the next reporting period. Review of existing CMPE, PAM, and DAM capacity revealed serious gaps and challenges. The LMG/NMCP workplan was developed to respond to these specific challenges, and interventions will be carefully designed to improve the capacity of the CMPE to effectively manage the malaria supply chain in Lao PDR. Initial assessments of CMPE capacity have revealed weakness in human resources. To address this need, the project has proposed a short-term technical assistance mission to review the existing capacity of CMPE staff in relation to the CMPE's actual and projected needs.

Next steps and priority actions for the next quarter

- support the CMPE to pilot a cellphone-based reporting project in Champasak Province and develop a plan to implement SMS reporting from village and health center levels to a centralized platform;

- support the computerization of PUDR forms from **all** levels possible; and
- conduct a participatory staff capacity assessment of the Center of Malariology Parasitology and Entomology (CMPE) **in** collaboration with staff and partners to identify current capacity versus actual needs.

QUARTERLY TRAVEL PLAN

Traveler	Itinerary	Dates	Purpose
Kwabena Larbi, Senior Technical Advisor Liberia	Monrovia, Liberia – Geneva, Switzerland	July 5-12, 2015	Attend the Annual RBM Malaria in Pregnancy (MIP) Working Group Meeting with the NMCP Liberia Program Manager and meet with Global Fund Portfolio Management team to discuss progress and address challenges encountered by the Liberia's NMCP.
Youssoufa Lo, Senior Technical Advisor	Conakry, Guinea- Switzerland or Morocco	July 15-30, 2015	Participate in Global Fund new funding model grant launch with Guinea NMCP
Rémy Prohom, Senior Technical Advisor, Malaria Supply Chain	Vientiane, Laos – Yangon, Myanmar	August 11-17, 2015	Meet with UNOPS RAI project staff to discuss possible coordination of project activities occurring simultaneously in the region
Betsie Frei, Senior Project Officer	Boston - DC	August 3-7, 2015	Meet with PMI Activity Manager to plan coordination of PMI-funded Technical Advisors, hold quarterly update meeting with PMI, LMG, SIAPS, and MCSP. Plan PMI M&E activities with LMG M&E staff.
Oumar Diakité, LDP+ facilitator	TBD – Kindia, Guinea	July 2-6, 2015	Co-facilitate LDP+ workshop 3 with LMG/NMCP Senior Technical Advisor
Gualbert Tolomé, LDP+ facilitator	Cotonou, Benin – Yaoundé, Cameroon	TBD	Co-facilitate LDP+ workshop 3 with LMG/NMCP Senior Technical Advisor
Morsi Mansour, LDP+ facilitator	London, England – Monrovia, Liberia	TBD, August 2015	Co-facilitate LDP+ workshop 1 with LMG/NMCP Senior Technical Advisor
Pépin Miyigbena, Senior Technical Advisor Cote	Abidjan, Cote d'Ivoire – Paris, France	July 20, 2015 – August 10, 2015	R&R leave as part of Pepin Miyigbena's allowance package (LMG will only be

d'Ivoire, & family			responsible for paying the cost of the round-trip flight)
Maurice A. N'Djoré , Senior Technical Advisor Cameroon	Yaounde, Cameroon – Paris, France	July 9, 2015 – August 12, 2015	R&R leave as part of Maurice N'Djoré's allowance package (LMG will only be responsible for paying the cost of the round-trip flight) This travel was previously approved.

ANNEX 1: LOP+ TEAMS

CAMEROON NMCP

	TEAM 1	TEAM 1	TEAM 1	TEAM2	TEAM 2	TEAM 2
Mission	To ensure universal access to the most effective interventions for prevention and management of malaria at an affordable cost to all Cameroonians, including the most vulnerable and disadvantaged	To ensure universal access to the most effective interventions for prevention and management of malaria at an affordable cost to all Cameroonians, including the most vulnerable and disadvantaged	To ensure universal access to the most effective interventions for prevention and management of malaria at an affordable cost to all Cameroonians, including the most vulnerable and disadvantaged	To ensure universal access to the most effective interventions for prevention and management of malaria at an affordable cost to all Cameroonians, including the most vulnerable and disadvantaged	To ensure universal access to the most effective interventions for prevention and management of malaria at an affordable cost to all Cameroonians, including the most vulnerable and disadvantaged	To ensure universal access to the most effective interventions for prevention and management of malaria at an affordable cost to all Cameroonians, including the most vulnerable and disadvantaged
Vision	A malaria-free Cameroon by 2035	A malaria-free Cameroon by 2035	Beneficiaries of NMCP activities receive quality services	Beneficiaries of NMCP activities receive quality services	A malaria-free Cameroon by 2035	A malaria-free Cameroon by 2035
Current situation	NMCP managers do not plan activities sufficiently for them to be successful	Supervision visits to regions are not routinely completed	A large number of pregnant women do not use receive a LLIN during prenatal consultations	Most anti-malaria activities are not accompanied by efforts to communicate the activities to beneficiaries (insufficient communication)	One-third of health facilities are experiencing stock-outs of at least one antimalarial drug in the previous quarter	The implementation of community home care for malaria cases is difficult and marginal due to multiple actors and frequent changes to strategy and guidance
Desired Measurable Result	All NMCP managers use quarterly action plans to carry out activities by December 2015	All planned supervision visits to regions are carried out by December 2015	By the end of 2015, 70% of pregnant women who receive prenatal consultations are given a free LLIN	All NMCP activities have a communication plan that is implemented by the end of December 2015	Less than 5% of health facilities have had a complete stock-out of antimalarial drugs during the previous quarter, by the end of December 2015	At least 50% of suspected malaria cases are tested and treated by community health agents in eligible districts by March 2016

CÔTE D'IVOIRE NMCP

	Team 1: Sulfadoxine-Pyrimethamine (SP) for Intermittent Preventive Treatment during Pregnancy (IPT) coverage	Team 2 : Commodity availability and stock management	Team 3: Rate of Global Fund grant disbursement and spending
Health Area	Prevention	Availability of stock and consumption data management	Increased disbursement rate
Mission	To improve coverage of the third dose of SP (IPT3)	To improve stock management	To ensure optimal management of Global Fund resources
Vision	All pregnant women receive at least 3 doses of SP	Côte d'Ivoire optimally manages antimalarials and other strategic commodities for malaria control	The NMCP has a steady disbursement and spending rate
Current situation	<p>9% of pregnant women receive 3 doses of SP in the Bélier region.</p> <p>31% of pregnant women receive 3 doses of SP in the Agnéby Tiassa Mé region</p>	No health department reference hospitals currently report monthly data on consumption of artemisinin combination therapy (ACT) or rapid diagnostic tests (RDTs)	The current disbursement rate is 58%
Desired Measurable Result	By August 2015, increase the percentage of women receiving 3 doses of SP in the Agnéby Tiassa Mé and Bélier regions by 10%	By August 2015, the number of regional reference hospitals in the Agnéby Tiassa Mé and Bélier regions that provide monthly data reports on stock consumption increases from 0 to 13	From March to August 2015, the NMCP's grant disbursement rate increases from 58% to 68%

GUINEA NMCP

	NMCP Management Team	Matoto District Team	Conakry Municipal Team	Ratoma District Team
Mission	To have universal access to well-managed malaria prevention services according to Guinea's national health policy	To have greater prevention coverage thanks to the full integration of all Matoto District private health structures into national malaria management, according to Guinea's national health policy	The Conakry Municipal Health Zone receives, compiles, and analyzes data for decision-making	The Ratomoa health district manages malaria data for decision-making
Vision	The private sector in Guinea is fully integrated in malaria control efforts and regularly transmits quality data from district facilities for better decision-making	Malaria data is collected and compiled on time each month, and includes the private sector (all malaria prevention actors are involved in data management)	The Conakry Municipal Health Zone uses timely, complete, and quality data to plan, monitor, and evaluate malaria control efforts	Public and private health facilities in Ratoma submit complete malaria data on time each month
Current situation	Private health facilities are still not fully integrated into national malaria control efforts, and do not follow national guidelines. Of the 21 expected monthly reports, only 3 are submitted fully and on time. Once received, this data is still not analyzed for decision-making.	Out of 15 expected monthly reports, 7 are submitted (6 public and 1 private), and only 6 arrive on time.	The Conakry Municipal Health Zone does not receive any malaria data from the Ratoma or Matoto districts.	Of the 23 health facilities in the district, only 11 facilities submit monthly malaria data.
Desired Measurable Result	From February 15 to August 15, 2015, the number of private facilities that are fully integrated and participating in national malaria control efforts by submitting complete reports that follow national guidelines, increases from 3 to 21.	From February 15 to August 15, 2015, the number of reports received increases from 7 to 12	From February 15 to August 15, 2015, the Conakry Municipal Health Zone receives monthly malaria data reports from Ratoma and Matoto districts	From February 15 to August 15, 2015, the number of complete monthly data reports the Ratoma health district receives increases from 11 to 22

ANNEX II: GLOBAL FUND PERFORMANCE MATRICES

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

GLOBAL FUND MALARIA GRANT SUPPORT
OCTOBER 2013 – JUNE 2015

COUNTRY	ADVISOR	GF GRANT	PERFORMANCE ISSUES	ADVISOR'S ROLE	RESULTS
Liberia	Kwabena Larbi	LBR-M-MOH	Outstanding conditions precedent: the GF requested an organizational review to rationalize staffing, since salaries seemed to take an inordinate amount of funding. Roles and responsibilities were unclear and overlapped.	The Senior Technical Advisor worked with the technical advisor of the USAID-funded RBHS project and the NMCP program manager to review and update TORs for NMCP and all staff. He assisted them to develop an NMCP organogram and reorganize staffing to align with it, and submitted the changes to Senior MOH management for validation.	The proposed staff rationalization and NMCP organogram were accepted by senior MOH management and submitted to GF. NMCP staff was reduced from 63 to 43, and funding for performance raises was unfrozen.
Liberia	Kwabena Larbi	LBR-M-PII - Liberia	Poor coordination and communication between the NMCP and Plan International on joint programs (LLINs, iCCM).	In preparation for the universal LLIN distribution campaign, the Senior Technical Advisor encouraged senior NMCP management and the IVM	In spite of the Ebola outbreak, the LLIN distribution campaign was successfully implemented and

				<p>coordinator to hold twice a week meetings with Plan international, PMI/CDC/USAID, UNICEF, WHO, AMP and SRs to plan the LLIN distribution campaign, develop tools for training, and coordinate monitoring and reporting.</p> <p>The Senior Technical Advisor helped NMCP to “own” and lead the weekly LLIN distribution campaign teleconference with local partners and GF, CDC Atlanta, AMP, UNICEF, and WHO.</p>	<p>distributed more than 2.7 million LLINs across all 15 counties.</p> <p>Managers acknowledged the role of better coordination.</p>
Burundi	Cheikh Gassama	BDI-M-SEPCNLS	<p>The grant signing will allow the NMCP to become an SR on the grant, implement transitional activities, and receive funds from the Global Fund between January and July 2015 for all malaria coordination activities.</p> <p>The grant agreement between the PR SEP/CNLS and the NMCP has not yet been signed.</p>	<p>The Senior Technical Advisor organized a meeting between the NMCP Director and the Director of the SEP/CNLS Management Unit, to clarify needs and highlight the importance of signing the agreement, and how it will benefit key populations at higher risk of malaria.</p> <p>The STA also facilitated two discussions between the SEP/CNLS and NMCP technical teams. It was difficult to achieve consensus on matters of both implementation and monitoring--especially how the SEP/CNLS should monitor NMCP</p>	<p>The grant agreement has yet to be signed; however, both parties are closer to signing, after communicating more openly.</p>

				activities. The STA supported the two groups to develop an agreement that adheres to GF requirements.	
Cameroon	Maurice N'Djoré		Drafting the Global Fund malaria grant concept note: the NMCP had no clear strategy or plan.	<p>The Senior Technical Advisor supported the NMCP, the country writing team, and the international RBM consultant, during the development and drafting of the malaria grant concept note. He actively participated in each phase of drafting, finalizing, and compiling all related documents (modular framework table, budget, monitoring and evaluation plan) before the submission deadline.</p> <p>His support included reviewing each document for technical quality and posing questions to improve interventions based on lessons learned, efficiency, and cost.</p> <p>He suggested innovative activities (such as joint supervision of all three GF programs, community integration activities, etc.). The advisor facilitated the use of the MSH office internet for the NMCP to upload and submit the concept</p>	<p>The Cameroon concept note was approved and signed.</p> <p>New grant activities under the NFM began in April 2015.</p>

				note on time. He helped the NMCP draft responses to TRP questions.	
Cameroon	Maurice N'Djoré	CMR-M-MOH	Implementation: in previous grant rounds (3 and 5), the Global Fund noted poor programmatic and financial performance.	<p>The Senior Technical Advisor monitored and advised the NMCP resource persons to complete and review the PUDR and dashboards. To support the completion of the PUDR, he proposed increasing the number of team meetings.</p> <p>NMCP teams decided to have different parts of the PUDR written by different resource persons, then reviewed and validated in plenary. This method produced greater consistency between programmatic and financial sections, and improved the overall quality.</p> <p>In order to have data available in time, the Senior Technical Advisor helped the M&E team better plan and coordinate data collection.</p>	<p>Since these efforts, the NMCP has consistently submitted the PUDR and dashboard on time.</p> <p>The Global Fund has noted that the quality and timeliness of submissions has improved.</p>
Cameroon	Maurice N'Djoré	CMR-M-MOH; CMR-910-G08-M	Monitoring and coordination with partners: no regular meetings between the NMCP and Plan, the community PR. This meant that there was no regular forum for	<p>The Senior Technical Advisor advised the NMCP to coordinate more closely with partners to implement and monitor activities.</p> <p>He helped develop a meeting calendar in the concept note for</p>	The NMCP was selected as PR and the four community partner SRs were confirmed (Plan, IRESCO, MC-CCAM, Malaria No More).

			<p>monitoring and coordinating activities: implementation bottlenecks ensued, and community activities were poorly coordinated with public sector activities.</p>	<p>both the NMCP and NMCP with partner, based on past experience. The calendar is being followed.</p> <p>This improvement influenced the GF's choice of the NMCP as PR and the four community partners as SRs.</p>	<p>Partner coordination has improved, and more partners have been involved in implementing grant activities and in the fight against malaria (OMS, UNICEF, CHAI, Malaria No More, Plan, ACMS, MC-CCAM, MSH).</p>
Côte d'Ivoire	Pépin Miyigbena	CIV-809-G09-M	<p>There had been no direct disbursement to the PR (NMCP) by the GF for 29 months from phase 2 of Round 8 grant. (Phase 1: January 1, 2010- December 31 2011; Phase 2: January 1, 2012 - December 31, 2014).</p> <p>In sum, between January 1, 2012, and May 2014, the NMCP received no direct disbursement of GF funds.</p> <p>According to the initial LMG assessment, reasons included outstanding conditions precedent, poor</p>	<p>The Senior Technical Advisor assisted the NMCP to lift 12 of 13 conditions precedent. He did so by developing required documents and advising the NMCP on how to follow various procedures.</p> <p>In addition, the advisor helped the NMCP improve communication with the GF (e.g., providing prompt feedback and better presenting disbursement requests).</p> <p>The Senior Technical Advisor also helped the NMCP to prepare and participate in update teleconferences with the GF, sometimes with partners (CARE, WHO, UNICEF).</p>	<p>As a result of this support, the GF resumed disbursing grants to the NMCP:</p> <ul style="list-style-type: none"> - 2.9 million euros, June 4, 2014: the first direct disbursement of phase 2 of the round 8 grant; - 895,000 euros, December 16, 2014: Second direct disbursement of phase 2 of the round 8 grant

			communication with the GF, and low consumption of resources/burn rate by the NMCP.	The Senior Technical Advisor provided technical support for the planning and conducting large activities-- reviewing terms of reference, supporting review and approval of activity budgets, supervising, coordinating validation, and holding meetings to confirm strategies far in advance.	
Côte d'Ivoire	Pépin Miyigbena	CIV-809-G09-M	The quality of the PUDR was frequently criticized by the GF in management letters, and the dashboard was frequently submitted far past the deadline to the CCM.	The Senior Technical Advisor: <ul style="list-style-type: none"> - Reviewed the indicators (formulation, relevance, definition, sources, collection methods), per the contract with the GF, with the NMCP M&E resource staff. - Provided technical support to improve quarterly data collection - Assisted the NMCP to draft and validate the PUDR and dashboard in plenary - Reviewed the quality of the dashboard and PUDR (the programmatic and financial sections) prior to submission - Supported the NMCP Director to respect the submission deadlines 	This support notably streamlined the process of compiling the PUDR, as well as its quality. The LFA noted these improvements. The NMCP has since been able to submit the PUDR and dashboards on time to the CCM.
Côte d'Ivoire	Pépin Miyigbena	CIV-809-G09-M	Delays in lifting conditions precedent, use of grant funds, and general	The Senior Technical Advisor: <ul style="list-style-type: none"> - Supported the NMCP Coordination Committee to review 	100% of the conditions precedent have been lifted.

			implementation of the GF grant.	and develop the documents, responses, reconciliations, and other efforts required to lift conditions precedent. - Monitored and advised NMCP on dealing with the GF (e.g., timely submission) to satisfy the conditions precedent.	NMCP received first and second grant disbursements as a PR in phase 2, also enabling the NMCP's disbursements to SRs and operational partners.
Côte d'Ivoire	Pépin Miyigbena	CIV-809-G09-M	<p>The NMCP needed to reimburse 119,337 euros worth of ineligible costs to the GF. After reviewing the costs that were declared ineligible by the GF, it became clear that many were due to neither mismanagement of funds nor to a lack of transparency.</p> <p>Instead, some problems stemmed from a lack of planning and leadership, e.g., advances were not reconciled on time, and VAT was not reimbursed. Others were due to failure to communicate with the GF to obtain agreement on items such as hotel rates for trainings. Poorly written</p>	<p>The Senior Technical Advisor was able to:</p> <ul style="list-style-type: none"> - Support the NMCP to draft responses and convincing arguments to advocate to the GF to reconsider the reimbursement order. - Support several meetings with the Ministry of Health, during which NMCP staff clarified questions on the reimbursement demanded by the GF. - Work with the NMCP coordination committee to recover certain ineligible costs, notably advances that had not been reconciled and reclaiming VAT that had been incorrectly paid out. 	<p>The GF revised its position on several costs that had been declared ineligible. This reduced the amount to be reimbursed by 50%.</p> <p>The 50% reduction meant that those funds could instead be used to provide services and save lives. The outstanding 50% to be reimbursed is still being negotiated, and the NMCP is advocating that the state's contribution towards purchasing LLINs for the campaign be counted as the</p>

			information in procurement documents (e.g., terms of reference for a tender and the procurement procedures manual) contributed to other irregularities.		reimbursement.
Côte d'Ivoire	Pépin Miyigbena	CIV-809-G09-M	<p>A company that was hired to rehabilitate the central NPSP warehouse received advance funds but did not carry out the work in accordance with specifications or in proportion to the advance that was sent.</p> <p>The GF demanded that the PR resolve the issue.</p>	<p>The Senior Technical Advisor was able to coordinate:</p> <ul style="list-style-type: none"> - a team to analyze the situation and propose solid responses to the GF - the NMCP to apply procedures to penalize the contractor and get the work finished - conference calls with the GF to discuss the proposed actions. <p>He also met with the contractor and advised the NMCP on how to monitor the contractor to carry out the work according to the specifications.</p>	The warehouse was finally rehabilitated by the contractor and approved by the relevant MOH structures (NPSP, NMCP, DIEM).
Côte d'Ivoire	Pépin Miyigbena	CIV-809-G09-M	Demurrage was going to be owed for 400,655 LLINs that arrived at port without proper planning for moving them out.	<p>The Senior Technical Advisor was able to:</p> <ul style="list-style-type: none"> - Support and advise the NMCP to create a plan for avoiding demurrage for the 400,655 LLINs delivered to the port of Abidjan - Support the NMCP to review 	<p>All 400,655 LLIN were received and delivered.</p> <p>No demurrage had to be paid.</p>

				<p>contracts with the transport companies to transport the LLINs to 82 districts</p> <ul style="list-style-type: none"> - Support and advise the NMCP and the GF to allow a UNICEF-NMCP partnership in order for UNICEF to quickly provide carriers selected under their own internal procedures - Participate in a briefing meeting with the carriers selected by UNICEF and provide the NMCP with a convoy to send the LLINs to health districts - Participate in a consultation and orientation meeting with the carriers to go over the delivery plan for the LLINs. 	
Côte d'Ivoire	Pépin Miyigbena	CIV-809-G09-M	<p>Obtaining the State's willingness to pay.</p> <p>The GF requires submission of a “willingness to pay” document. The document represents the commitment of the government of Côte d'Ivoire to finance efforts to combat tuberculosis, HIV, and malaria.</p>	<p>The Senior Technical Advisor:</p> <ul style="list-style-type: none"> - Advised on several technical notes to the Minister of Health requesting the willingness to pay document - Helped organize a meeting with LMG, the NMCP Director, and the Director General of Health to advocate for the document - Met with three national programs (malaria, TB, and HIV) for updates and to propose that MOH submit just one document for the three 	<p>The Côte d'Ivoire government produced the willingness to pay document.</p> <p>The state will contribute 1.1 million euros, exceeding the required 15% contribution.</p>

				<p>diseases</p> <ul style="list-style-type: none"> - Helped draft the document - Helped draft a memo to the Minister providing advice on the willingness to pay document 	
Côte d'Ivoire	Pépin Miyigbena	CIV-809-G09-M	<p>Risk of mismanagement of LLIN distribution campaign funds. Past precedent: poor financial management practices by the donor (GF) that marked the last LLIN campaign in 2011, the fourth conditions precedent of the phase 2 round 8 grant, irregularities and controversial reactions on the part of regional and district health teams in response to the civil society PR's (CARE) management of funds (paid by Orange mobile money) during the pilot phase of the campaign.</p>	<p>The Senior Technical Advisor:</p> <ul style="list-style-type: none"> - Aided the NMCP to put into place a fund security plan for the distribution campaign at the district and regional levels, allocating funds for the different phases of the distribution. - Advocated on behalf of the GF for financing the fund security plan for an additional 3.7 million euro - Facilitated a meeting with members of the campaign finance committee about the fund security plan at the regional and district levels 	<p>The fund security plan was approved and implemented.</p> <p>To decrease financial irregularities, this mechanism facilitates transparency, optimization of resources, greater efficiency in campaign interventions, and easy justification of all expenses related to organizing the campaign.</p>
Guinea	Youssoufa Lo	GIN-M-CRS	<p>The Ebola epidemic required that the NMCP and partners adapt malaria control strategies and reorient personnel on these strategies.</p>	<p>The Senior Technical Advisor regularly helped CRS and the NMCP to draft a mitigation plan to address the risks presented by the Ebola outbreak, to revise tools and training, as well as NMCP's coordination with the NMCP.</p>	<p>Financing for the Ebola mitigation plan was approved by the GF, the management of malaria control strategies were revised in accordance</p>

					to WHO recommendations. Management approaches that take into account the Ebola outbreak context were designed and shared, and protective gear was placed in all structures, with staff trained on all these new strategies.
Guinea	Youssoufa Lo	GIN-M-CRS	Lack of coordination between partners and within the NMCP for the development of the malaria concept note.	<p>The Senior Technical Advisor helped recruit a consultant, developed a roadmap and timeline for drafting the note, organized meetings with technical groups, and organized workshops in which partners drafted the concept note.</p> <p>He actively participated in all the phases of the concept note and annexes (workplan, procurement plan) and negotiation with the GF.</p>	<p>The Guinea proposal was approved.</p> <p>The concept note was accepted.</p> <p>Activities under the new funding model grant are planned to begin July 1, 2015.</p>
Sierra Leone	Israel Chauke	SLE-M-MOHS	Conditions precedent: Before paying CHWs, as proposed in the detailed budget, the PR must submit a plan detailing management of CHWS, including how they will be	The Senior Technical Advisor advised on this plan, including on procurement compliance, development and use of monitoring and accountability tools, and MOUs at district and community levels for equipment	The CHW management framework has been developed. Other related documents are in process, with the activity expected to be

			<p>selected, trained, supervised, monitored, and paid. Such information is to be accessible from a digital database and aligned with the overall CHWs strategy.</p>	and supervision of CHWs.	completed in July 2015.
Sierra Leone	Israel Chauke	SLE-M-MOHS	<p>Poor GF coordination - PMU/NMCP on grant management. The two units do not meet, resulting in PUDR development challenges.</p>	<p>The Senior Technical Advisor raised the need for coordination, especially between the PMU and NMCP. Both parties agreed.</p>	<p>A first meeting has been held: it was a major success to have the PMU and MNCP directors commit to meet regularly with clear meeting objectives.</p>

ANNEX III: SUCCESS STORIES



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LEADERSHIP, MANAGEMENT & GOVERNANCE PROJECT
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SUCCESS STORY

It only works if you use it: The door-to-door Hang-Up Campaign for bednet use in Côte d'Ivoire

The LMG/NMCP Project partnered with CARE, UNICEF, the Ministry of Health and the Fight Against AIDS, and the Global Fund to ensure that families actually use the bednets distributed throughout the 82 districts of Côte d'Ivoire.



Community volunteers install an LLIN in a home, supervised by Chief of Prevention Dr. Colette Kokrasset



The LMG Senior Technical Advisor (center) with community volunteers during the Hang-Up Campaign

“LMG/NMCP’s technical support is helping us improve the health of the Ivorian population...”

Dr Tanoh Méah Antoine
Coordinating Director, NMCP

Photo: Management Sciences for Health

In 2011, the Côte d'Ivoire National Malaria Control Program (NMCP) distributed for free more than 8 million long-lasting insecticide-treated bednets (LLINs)--enough for every family with a pregnant woman or a child under five in the country.

The Leadership, Management and Governance (LMG) project, with funding from both USAID and the US President’s Malaria Initiative (PMI), began assisting the National Malaria Control Program in early 2014. The project discovered that fewer than one in three households was using the net given to them in 2011. Then the LMG Senior Technical Advisor for Malaria, Pépin Miyigbena, realized that no one had shown families how to hang the nets.

“If you just give someone something new, without explaining why and how to use it, chances are they won’t,” says Miyigbena.

Miyigbena approached the major malaria partners in the country--UNICEF and CARE as well as the Ministry of Health and the Fight Against AIDS—to get them all on board for a mass education campaign to take place after the upcoming 2014-15 nationwide net distribution. While these organizations had cooperated for malaria control at a high level, this effort would be so labor-intensive that they would have to collaborate more closely than ever before.

“We got all the malaria organizations in the same room and not only agreed on the importance of an educational effort, but joined forces all the way down to the grass roots to make it happen.” The unified sense of purpose also helped inspire the Global Fund to contribute 350,000 Euros to fund what became known as the “Hang-Up Campaign.”

“CARE and UNICEF community health workers, and local Ministry agents, all worked together to make sure that every household in the country got visited. We distributed 14 million nets--one for every two people. During the Hang-Up Campaign, the community workers didn’t leave the house until the family knew how to install them.”

NMCP’s Coordinating Director acknowledged, “LMG/NMCP’s technical support is helping us improve the health of the Ivorian population through the use of treated bednets.”

Quantitative results of the Hang-Up Campaign will not be available until 2016. But the precedent that LMG/NMCP launched--of combining education with distribution and of all partners working hand-in-hand—will likely have a positive impact in more ways than one.



SUCCESS STORY

Partner coordination results in successful long-lasting insecticidal nets (LLINs) distribution campaign in Liberia

Successful partner coordination in Liberia results in distribution of 2.78 million LLINs despite Ebola outbreak

The Liberian National Malaria Control Program (NMCP) and its partners were planning a mass distribution campaign of long-lasting insecticidal nets (LLINs) when the Ebola outbreak struck in March 2014. The epidemic severely strained the nation’s health services: as it threatened to affect all regions, the NMCP faced restrictions on travel, a severe shortage of volunteers to distribute bed nets, and even uncertainty whether these LLINs would even be shipped to Liberia.

Despite these seemingly insurmountable challenges, the USAID-funded Leadership, Management and Governance National Malaria Control Program (LMG/NMCP) project successfully supported the NMCP and its partners to undertake a mass nationwide distribution of LLINs.

LMG/NMCP helped the NMCP and its partners to determine the most cost effective, equitable, and safe option for distributing LLINs. After discussing all options, the partners decided to undertake a simultaneous universal distribution of LLINs in all of the counties of Liberia. With LMG/NMCP support, the NMCP also developed and implemented a strategy to distribute 250,000 LLINs donated by PMI to all health facilities offering antenatal and delivery services in the country.

LMG/NMCP’s support was essential to the success of the campaign, as Mr. Nyansaiyea, a senior NMCP staff member stated, “The LMG/NMCP Senior Technical Advisor stayed and supported us during the Ebola outbreak, and his contribution was instrumental in achieving the mass LLINs campaign objective”.

The persistence and commitment of the NMCP and its partners, with active support from LMG/NMCP and USAID/PMI/CDC staff, contributed to the successful distribution of over 2.78 million LLINs. The campaign was successful in spite of the Ebola outbreak and the enormous strain that the outbreak exacted on the social, health, and economic capital of Liberia. LMG/NMCP has fostered strong coordination and communication between donors and implementing partners, actively encouraging partners to model ongoing malaria control interventions on this success.

Photo: Management Sciences for Health

Volunteers distribute LLINs during mass nationwide distribution campaign in Liberia

“LMG/NMCP’s...contribution was instrumental in achieving the mass LLINs campaign objective.”

- Mr. Nyansaiye, Senior NMCP Staff

ANNEX IV: PERFORMANCE MONITORING PLANS



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**Performance Monitoring Plan (PMP) for the Leadership, Management and Governance (LMG)
National Malaria Control Program Capacity Building Project - Cameroon
October 2014 - September 2015
DRAFT Submitted to USAID/Cameroon, October 3, 2014**

This Performance Monitoring Plan (PMP) will be used to monitor and report on the overall performance of the Leadership, Management and Governance National Malaria Control Program Capacity Building Project (LMG/NMCP) in Cameroon in meeting its expected results and targets for PY1. The plan classifies performance indicators by the three expected objectives. Progress towards each will be measured using the indicators listed.

The project has selected 3-5 service-delivery outcome indicators (depending on availability of data) that are standard across all six countries. Targets and baselines are set by each country's NMCP.

Indicator	Baseline	PY1 quarterly Targets				ACTUALS Q3	End of Project Target	Means of Verification		Comments	
		Q1 target	Q2 target	Q3 target	Q4 target			Data source	Frequency		
Objective 1: National Malaria Control Program human, financial, and material resources effectively managed											
Output 1.1 Organizational capacity assessment of National Malaria Control Program conducted with key internal management strengths and weaknesses identified											
1.1.1	French and English organizational capacity assessment report on internal management validated	0	0	1	0	0	1	1	OCAT report	Once	Completed
1.1.2	% of recommendations that have been implemented by NMCP according to OCAT annual assessment	0	0	10%	20%	30%	30%	100%	NMCP records	Annually	
Output 1.2 Organizational staff capacity and structure reviewed and streamlined											
1.2.1	% NMCP staff with a formal job description	0	0	0	50%	100%		100%	NMCP records	Once	An organizational audit, to be financed by the Global Fund, is planned for September 2015. Results should be available for December 2015 and will complement OCAT findings to develop job descriptions. The target for Q3 and the target at the end of project will be recalculated after the organizational audit.
1.2.2	Resource mobilization committee established within the NMCP	0	0	0	1	0		1	NMCP records	Once	Establishment of a resource mobilization unit is an activity that has been delayed to PY2.
1.2.3	% of staff who have received performance evaluations according to established calendar	0	0	0	0	80%		80%	Project reports	Annually	Annual staff reviews will likely be pushed back to December 2015 in order to take into account audit recommendations.
1.2.4	% of total NMCP funds mobilized by resource mobilization unit for the first year	0	10%	20%	30%	40%		40%	NMCP records	Annually	Establishment of a resource mobilization unit is an activity that has been delayed to PY2.
1.2.5	% of senior staff at NMCP who have evaluated staff under their supervision according to established calendar	0	60%	70%	80%	100%		100%	Project reports	Annually	Annually in line with NMCP staff performance review
Output 1.3: National Malaria Control Program management units implement standardized internal operational management tools											
1.3.1	# of bi-weekly coordination meetings held with staff	0	6	6	6	6	8	36	Meeting report	Biweekly	Meetings in the last quarter were frequently rescheduled or canceled due to conflicting events (Global Fund visit, microplanning exercises, trainings).
1.3.2	# of semiannual task force meetings held	0	1	0	1	0	1	4	Meeting report	Semiannually	The next task force meeting is planned for August 2015, after the first phase of the LLIN distribution is complete.
1.3.3	# of NMCP meetings on best practices	0	0	1	1	0	1	2	Meeting report	Once	This indicator has been revised based on OCA findings, to focus on best practices instead of 'Best practices for Leadership'.

1.3.4	% of GF recommendations implemented to address audit findings	0	15%	20%	30%	50%	20%	80%	NMCP internal audit report; NMCP report	Annually	This indicator has been removed and replaced (previously "# of NMCP staff training meetings held on the operational manual"), in order to better measure the adaptation of standard internal operational management tools. Targets will be retained for each quarter in PY2.
Output 1.4: Strengthened NMCP staff technical capacity to plan, implement, and monitor interventions											
1.4.1	# of semiannual progress reports submitted to the Global Fund on time	0	0	1	0	1	1	1	Progress Update and Disbursement Request (PUDR) Submission letter	Semiannually	
1.4.2	# of innovative anti-malaria strategies developed annually	0	0	1	0	0	3	1	Terms of reference for activity	Annually	Innovations include supportive supervision (included in Global Fund concept note) and mobile money payments
1.4.3	% of GF recommendations implemented to address audit findings (internal and external)	0	15%	30%	40%	50%	35%	80%	Global Fund Management letter	Annually	
1.4.4	Annual Program Reports completed and submitted on time	0	0	1	0	0	1	1	NMCP annual report	Annually	Annual report will be completed in the next quarter.
Output 1.5: Leadership Development Plus Program (LDP+) focused on applying leadership, management and governance practices and executing the leadership dimensions of challenges is implemented regionally for National Malaria Control Programs											
1.5.1	LDP+ curriculum adapted for LMG/NMCP LDP+ and virtual platform	0	1	0	0	0	1	1	Project reports	Once	Completed
1.5.2	# NMCP staff that complete all four workshops of the LDP+ delivered by LMG/NMCP	0	0	0	0	12	12	12	Project reports	Once	Measured at the end of the LDP+
1.5.3	# of teams participating in the LDP+ who have developed an action plan	0	0	0	2	0	2	2	Project reports	Once	Completed
1.5.4	% of teams participating in the LDP+ that have achieved their desired measurable result within six-eight months of completing the training	0	0	0	0	100%	100%	100%	Project reports	Once	Will be measured six months after the end of the LDP+.
1.5.5	% of teams participating in the LDP+ that have reported an improved work climate six -eight months following the training	0	0	0	0	80%	80%	80%	Workshop reports	Once	Will be measured six months after the end of the LDP+.
Objective 2: National Malaria Control Program develops and directs policy and norms for the implementation of the national malaria control strategy											
Output 2.1: Organizational capacity assessment of National Malaria Control Program conducted with key internal management strengths and weaknesses identified											
2.1.1	French and English organizational capacity assessment report on internal management validated	0	0	1	0	0	1	1	OCAT report	Once	Completed
2.1.2	% of recommendations that have been implemented by NMCP according to OCAT annual assessment	0%	0%	10%	20%	30%	30%	80%	NMCP records	Annually	The tool to measure implementation of OCA recommendations is currently being built
Output 2.2: National Malaria Control Program develops detailed workplans for implementation and monitoring of the multi-year national malaria control strategy											
2.2.1	Annual NMCP workplan validated	0	0	1	0	0	1	1	NMCP records	Annually	In line with NMCP annual planning cycle
Output 2.3: Malaria control norms and technical tools are updated and available for implementation											
2.3.1	Malaria control norms and technical tools are developed and updated according to national guidelines based on WHO recommendations	0	0	0	1	1	1	2	Project reports	Once	
2.3.2	# of health agents trained on newly-developed and updated malaria management tools	0	0	0	3634	0	3634	3794	NMCP records	Semiannually	Trainings are currently being carried out.
2.3.3	# of tools developed and updated for malaria diagnosis and treatment according to national guidelines	0	0	0	1	1	2	2	Project reports; tools developed	Semiannually	Include introduction of malaria management and diagnostic tools
2.3.4	% of malaria cases treated according to national guidelines in health facilities	0	TBD	TBD	TBD	TBD	TBD	TBD	NMCP records; Project reports	Annually	Data will become available after July 2015.
2.3.5	# of NMCP field visits carried out	0	0	0	TBD	TBD	TBD	TBD	NMCP records; Project reports	Annually	Due to security risks in several regions and lack of available transport at the NMCP, this activity will be reprogrammed in year 2, when visits can be prioritized around available transport and security.
Objective 3: National Malaria Control Program mobilizes stakeholders to participate in national malaria control coordination efforts											
Output 3.1: Organizational capacity assessment of National Malaria Control Program conducted with key internal management strengths and weaknesses identified											

3.1.1	French and English organizational capacity assessment report on internal management validated	0	0	1	0	0	1	1	OCAT report	Once	Completed
3.1.2	% of recommendations that have been implemented by NMCP according to OCAT annual assessment	0%	0%	10%	20%	30%	30%	80%	NMCP records	Annually	
Output 3.2: National Malaria Control Program regularly provides technical input for stakeholders of Global Fund malaria grants											
3.2.1	Global Fund malaria concept note submitted by deadline	0	1	0	0	0	1	1	Concept note; Project reports	Once	Completed
3.2.2	# of meetings held by RBM/WHO/GF attended by NMCP representatives & STA	0	0	1	0	1	1	2	NMCP records; Project reports	Quarterly	
3.2.3	# of coordination meetings held every 3 months with PR and SRs held in the previous semester	0	0	1	1	1	2	2	NMCP records; Project reports	Quarterly	
3.2.4	% of sub recipients implementing program activities according to national guidelines	0	0	0	25%	50%	50%	75%	NMCP records	Semiannually	Indicator changed to indicate sub recipients instead of "stakeholders". The four sub recipients (stakeholders) have been chosen and their contracts are being finalized
3.2.5	Semiannual progress reports to GF submitted on time	0	1	0	1	0	1	3	Project reports	Semiannually	
Output 3.3: Functional National Coordination Committee and thematic sub-committees											
3.3.1	# of quarterly National Coordination Committee meetings held	0	0	0	1	1		5	NMCP records	Semiannually	The corresponding activity is currently being reviewed and may be refined according to local context and NFM in terms of periodicity and participants
3.3.2	% of recommendations implemented by NCMP to address bottlenecks in programs after coordination meetings	0	0%	0%	20%	30%	50%	80%	NMCP records; Project reports	Semiannually	Work began in June 2015, and data is being tracked and verified by the NMCP M&E manager.
3.3.4	% of recommendations implemented by civil society PR to address bottle necks in programs after coordination meetings	0	80%	90%	100%	100%		100%	NMCP records; Project reports	Semiannually	As there is no longer a civil society PR in the NFM grant, this indicator has been removed.
3.3.5	% sub-committee working group quarterly meetings held	0	0	0	60%	100%		100%	NMCP records	Quarterly	As there is no longer a civil society PR in the NFM grant, this indicator has been removed.
Output 3.4: National Malaria Control Program detailed stakeholder engagement action plan developed and implemented to ensure continuous engagement of local, national, and international partners											
3.4.1	Stakeholder engagement plan developed	0	0	0	1	0	0	1	NMCP records	Once	Currently re-examining the timing and appropriateness of the stakeholder engagement plan given the beginning of the NFM grant. This activity will be re-assessed during PY2 workplanning
3.4.2	% stakeholder engagement action plan targets met	0	0	0	0	TBD		100%	NMCP records; Project reports	Quarterly	See above
3.4.3	Mapping tool of private sector partners of NMCP completed	0	1	0	0	0	1	1	NMCP records	Once	Completed
3.4.4	# of private sector organizations involved in malaria activities	22	TBD	TBD	TBD	TBD	0	TBD	NMCP records	Once	Targets will be updated once the stakeholder engagement plan is finalized
3.4.5	% of NMCP funds from private sector sources	TBD	TBD	TBD	TBD	TBD		TBD	NMCP records	Once	Baseline and targets will be identified next quarter
Outcome indicators that are regularly monitored											
1	% of GF TOP TEN indicators with a satisfactory rating	50%				57%	57%	70%	NMCP PUDR	Semiannually	The next PUDR will be submitted in August 2015
1	% of health centers reporting no stock outs of ACT	64.1%					72%	70.8%	Training reports in the PUDR (progress reports)	Semiannually	
1	Number of LLINs distributed through mass campaign	8,115,879						12,322,059	National LLIN distribution report	Once	Data will become available once the campaign is finished in December 2015.



**Performance Monitoring Plan (PMP) for the Leadership, Management and Governance (LMG)
National Malaria Control Program Capacity Building Project - Côte d'Ivoire
October 2013 - September 2015**

This Performance Monitoring Plan (PMP) will be used to monitor and report on the overall performance of the Leadership, Management and Governance National Malaria Control Program Capacity Building Project (LMG/NMCP) in Côte d'Ivoire in meeting its expected results and targets for the duration of the project. The plan classifies performance indicators by the three expected objectives. Progress towards each will be measured using the indicators listed.

The project has selected 3-5 service-delivery outcome indicators (depending on availability of data) that are standard across all six countries. Targets and baselines are set by each country's NMCP.

Indicator	Baseline	PY1 Targets and Actuals		PY2 Quarterly Targets				ACTUALS Q3	End of Project Target	Means of Verification		Comments	
		PY1 Targets	PY1 Actuals	Q1 target	Q2 target	Q3 target	Q4 target			Data source	Frequency		
Objective 1: National Malaria Control Program human, financial, and material resources effectively managed													
Output 1.1: Organizational capacity assessment of National Malaria Control Program conducted with key internal management strengths and weaknesses identified													
1.1.1	French and English organizational capacity assessment report on internal management validated	0	1	1	0	0	0	0	0	1	OCAT report	Once	
1.1.2	% of essential OCAT recommendations implemented by the NMCP	0	0%	0%	50%	65%	80%	80%	47%	80%	Mid-term review or assessment report	Once	
Output 1.2: Organization of NMCP human resources improved													
1.2.1	% NMCP staff with an approved job description	NA	50%	0	50%	100%	100%	100%	92%	100%	NMCP records	Once	Job descriptions for 45 staff are complete. Awaiting formal signature of approval from the NMCP Director
1.2.2	# of resource mobilization committees established within the NMCP	0	0	0	1	0	0	0	1	1	NMCP records	Once	Official memo creating the committee has been developed and approved by the NMCP. The Committee is officially in place.
1.2.3	% of executive staff who have received performance evaluations on an annual basis according to established calendar	0	0	0	0%	0%	90%	90%		90%	Project reports	Annually	The reviews take place on an annual basis and will be reprogrammed for PY3.
1.2.4	# of employee code of conduct internally disseminated at the NMCP	0	0	0	0	0	1	0	1	1	NMCP records	Once	This indicator has been revised to better measure project progress. Previous indicator: "% of recommended internal HR regulations included in employee code of conduct". The internal code of conduct has been adopted and approved at the NMCP based on OCA recommendations. The manual has been disseminated to all NMCP employees.
1.2.5	# of NMCP staff who received the code of conduct manual	0	0	0	0	0	45	0	45	45	NMCP records	Once	This indicator has been revised to better measure project progress. Previous indicator: "Employee conduct manual disseminated within the NMCP"
Output 1.3: Coordination and operations of the NMCP improved in line with the National Strategic Plan (NSP)													
1.3.1	Revised staff capacity building and technical assistance plan	0	1	0	0	0	1	0	1	1	NMCP records	Once	Staff capacity building plan finished. Staff capacity building needs have been incorporated into the NFM grant
1.3.2	# of weekly coordination meetings held	0	12	7	12	12	12	12	9	48	Meeting reports	Quarterly	70% (9/13) planned meetings held this quarter
1.3.3	# of semiannual task force meetings held	0	0	0	1	0	1	0	1	2	Meeting reports	semiannually	First meeting held in January, next meeting will take place the end of June 2015
1.3.4	Semiannual task force meeting minutes validated by meeting attendees	0	0	0	1	0	1	0	1	3	Meeting reports	Quarterly	First meeting held in January, next meeting will take place the end of June 2015
1.3.5	# of NMCP staff training meetings held on financial and accounting procedures	0	0	0	1	1	1	1	1	5	Training Meeting Report	two quarters	Four accountants were trained in January. Trainings could not be held in Q3 due to staff workload, but are scheduled to be held in the beginning of July 2015
1.3.6	% of staff reporting satisfaction with internal communication at the NMCP	0	0	0	0%	40%	60%	80%	10%	80%	NMCP records	Quarterly	The internal communication plan was revised and put in place in Q2. A survey measuring staff satisfaction has been developed and administered to 19 randomly selected staff. The responses showed that only 10% of staff are satisfied with the plan.
Output 1.4: NMCP staff technical capacity to plan, implement, and monitor interventions strengthened													
1.4.1	# of quarterly or semiannual progress reports submitted to the Global Fund on time	0	3	3	1	1	0	1	6	5	PUDR Submission letter	Quarterly	PUDR for T19 of round 8 submitted before the deadline in November 2014, PUDR T20 submitted before the March 6 deadline, and no PUDR to submit this quarter

1.4.2	# of innovative anti-malaria strategies developed per semester	0	1	2	1	0	1	0	3	4	NMCP annual report	Annually	Innovations include: inclusion of private clinics in the LLIN distribution to pregnant women, an advanced strategy for managing care for children under 5, recommended by UNICEF, was adopted by the NMCP
1.4.3	% of conditions precedent satisfied	0	100%	92%	100%	100%	100%	100%	100%	100%	Global Fund Management letter	Quarterly	All conditions precedent satisfied.
1.4.4	# of NMCP Dashboards completed on time and presented at CCM quarterly meetings	0	3	3	1	1	0	1	5	6	CCM report of Dashboard presentation	Quarterly	PUDR dashboards for T19 of round 8 submitted before the deadline in November 2014, PUDR dashboard T20 submitted before the March 6 deadline, and no PUDR to submit this quarter
1.4.5	Annual Program Reports completed and submitted on time (March)	0	1	1	0	1	0	0	2	2	NMCP annual report	Once	NMCP Annual report was finished and disseminated before March 31, 2015.
1.4.6	% of private structures and university hospitals whose data related to malaria activities is integrated into NMCP reports	NA	0	0	0	0	60%	60%	5%	60%	NMCP records	Quarterly	Data from only 3 of 60 private clinics have been included in NMCP reports LMG/NMCP is waiting for the final Global Fund grant signature in order to implement the new private sector integration strategy
Output 1.5: Leadership Development Plus Program (LDP+) focused on applying leadership, management and governance practices and executing the leadership dimensions of challenges is implemented regionally for National Malaria Control Programs													
1.5.1	LDP+ curriculum adapted for LMG/NMCP LDP+ and virtual platform	0	0	0	1	0	0	0	1	1	Project reports	Once	
1.5.2	# of NMCP staff that attend each LDP+ workshop	0	0	0	24	24	24	24	24	24	Workshop reports	four times	A total of 24 NMCP employees have participated in the LDP+ thus far.
1.5.2	# NMCP staff that complete all four workshops of the LDP+ delivered by LMG/NMCP	0	0	0	0	0	0	14	0	14	Workshop reports	Once	
1.5.3	# of teams participating in the LDP+ who have developed an action plan	0	0	0	0	3	0	0	3	5	Project reports	Once	All three teams have developed an action plan
1.5.4	% of teams participating in the LDP+ that have achieved their desired measurable result within six months of completing the training	0	0	0	0%	0%	0%	100%	0%	100%	Project reports	Once	Will be measured six months after the end of the LDP+
1.5.5	% of teams participating in the LDP+ that have reported an improved work climate six months following the training	0	0	0	0%	0%	0%	80%	0%	80%	Project reports	Once	Will be measured six months after the end of the LDP+
Objective 2: National Malaria Control Program develops and directs policy and norms for the implementation of the national malaria control strategy													
Output 2.1 Organizational capacity assessment of National Malaria Control Program conducted with key internal management strengths and weaknesses identified													
2.1.1	French and English organizational capacity assessment report on internal management validated	0	1	1	0	0	0	0	1	1	OCAT report	Once	
2.1.2	% of essential OCAT recommendations implemented by the NMCP	0	0	0	50%	65%	80%	80%	47%	80%	Mid-term review or assessment or report	Once	
Output 2.2: Multi-year national malaria control strategy and detailed implementation and monitoring workplans developed													
2.2.1	National Malaria Control Program M & E plan revised and validated	0	1	0	1	0	0	0	1	1	NMCP records	Once	M&E Plan revised and validated in December 2014.
2.2.2	% of NMCP management unit teams producing a validated action plan	0%	0%	0%	0%	0%	100%	0%	100%	100%	NMCP records	Annually	All teams developed action plans before March 30, 2015.
Objective 3: National Malaria Control Program mobilizes stakeholders to participate in national malaria control coordination efforts													
Output 3.1 Organizational capacity assessment of National Malaria Control Program conducted with key internal management strengths and weaknesses identified													
3.1.1	French and English organizational capacity assessment report on internal management validated	0	1	1	0	0	0	0	1	1	OCAT report	Once	
3.1.2	% of essential OCAT recommendations implemented by the NMCP	0	0	0	50%	65%	80%	80%	47%	80%	Mid-term review or assessment or report	Once	
Output 3.2: National Malaria Control Program regularly provides technical input and collaboration for Global Fund malaria grants													
3.2.1	Global Fund malaria concept note submitted by deadline	0	0	0	1	0	0	0	1	1	Concept note; Project reports	Once	NFM Concept note submitted on October 15, 2014
3.2.2	% CCM-led concept note development workshops attended by NMCP representatives in the previous quarter	0	100%	100%	100%	100%	100%	100%	100%	100%	Project reports	Quarterly	The NMCP team participated in a total of four workshops (concept note development, country dialogue)
3.2.3	# monthly coordination meetings with 5 SRs in the previous quarter	0	0	2	1	1	1	1	4	6	Project reports; Meeting minutes	Quarterly	
Output 3.3: Functional National Coordination Committee and thematic sub-committees													
3.3.1	Terms of reference for the National Coordination Committee and sub-committee working groups revised and validated	0	0	0	0	1	0	0	0	1	NMCP reports	Quarterly	The CCM is taking the lead on drafting the TORs, and the corresponding activity is under review and may be revised in the next workplan
3.3.2	# of National Coordination Committee and sub-committee working groups installed	0	6	0	0	6	0	0	0	6	Document review	Once	See above

3.3.3	% of recommendations to National Coordination Committee implemented	0	1	0	0%	40%	60%	80%	0%	80%	NMCP Reports	Quarterly	See above.
3.3.4	% quarterly National Coordination Committee meetings held	0	1	0	60%	80%	100%	100%	0%	100%	Meeting minutes	Quarterly	See above.
3.3.5	% National Coordination Committee meeting minutes validated by partners	0	100%	0	100%	100%	100%	100%	0%	100%	Meeting minutes	Quarterly	See above.
3.3.6	% sub-committee working group quarterly meetings held	0	100%	0	50%	80%	100%	100%	0%	100%	NMCP records	Quarterly	See above.
3.3.7	% sub-committee quarterly meeting minutes validated by partners	0	100%	0	100%	100%	100%	100%	0%	100%	NMCP records	Quarterly	See above.
Output 3.4: National Malaria Control Program detailed stakeholder engagement action plan developed and implemented to ensure continuous engagement of local, national, and international partners													
3.4.1	Stakeholder engagement plan developed	0	0	0	0	1	0	1	0	1	NMCP records	Once	The stakeholder engagement plan as project activity is being reevaluated for consistency with NMCP needs.
3.4.2	% stakeholder engagement action plan targets met	0	0	0	0	0	80%	100%	0%	100%	NMCP records; Project reports	Quarterly	See above.
Outcome indicators that are regularly monitored													
1	% of GF TOP TEN indicators with a satisfactory rating	33%							71%	80%	NMCP Annual Report (published March 2015, PUDR in June 2015)	Annually	Baseline data is from 16th Quarterly PUDR, target is from 2015 PSN. 5 out 7 TOP TEN indicators have received a satisfactory performance rating.
2	% of health centers reporting no stock out of ACT	82%							92%	90%	NMCP Annual Report (published March 2015, PUDR in June 2015)	Annually	Baseline data is from 16th Quarterly PUDR, target is from 2015 PSN. PUDR data from Q1 of 2015 shows that 92% of health centers have reported no stock outs of ACT
3	% of health centers reporting no stock out of LLINs	65%							75%	80%	NMCP Annual Report (published March 2015, PUDR in June 2015)	Annually	Baseline data is from 16th Quarterly PUDR, target is from 2015 PSN. PUDR data from Q1 of 2015 shows that 75% of health centers have reported no stock outs of LLINs
4	Proportion of households with at least one LLIN for every two people	NA							92%	90%	NMCP Annual Report (published March 2015, PUDR in June 2015)	Annually	Indicator from the PSN, target is aligned with 2015 PSN. LLIN campaign data is still being analyzed.
5	Number of LLINs distributed through mass campaign	8,093,869							14,667,718	13,664,777	NMCP Annual Report (published March 2015, PUDR in June 2015)	Annually	Baseline data is from 2012 Net Campaign Report, target is aligned with 2015 PSN. Data shows that the NMCP has met 107% of its target number of LLINs.



**Performance Monitoring Plan (PMP) for the Leadership, Management and Governance (LMG)
National Malaria Control Program Capacity Building Project - Guinea
October 2014 - September 2015**

This Performance Monitoring Plan (PMP) will be used to monitor and report on the overall performance of the Leadership, Management and Governance National Malaria Control Program Capacity Building Project (LMG/NMCP) in Guinea in meeting its expected results and targets for the duration of the project. The plan classifies performance indicators by the three expected objectives. Progress towards each will be measured using the indicators listed.

The project has selected 3-5 service-delivery outcome indicators (depending on availability of data) that are standard across all six countries. Targets and baselines are set by each country's NMCP.

Indicator	Baseline	PY1 Targets and Actuals		PY2 Quarterly Targets				ACTUALS Q3	End of Project Target	Means of Verification		Comments	
		PY1 Targets	PY1 Actuals	Q1 target	Q2 target	Q3 target	Q4 target			Data source	Frequency		
Objective 1: National Malaria Control Program human, financial, and material resources effectively managed													
Output 1.1: Organizational capacity assessment of National Malaria Control Program conducted with key internal management strengths and weaknesses identified													
1.1.1	French and English organizational capacity assessment report on internal management validated	0	1	1	0	0	0	0	1	1	Baseline Organizational Capacity Assessment Report	Once	
1.1.2	NMCP implements 80% of assessment recommendations	n/a	n/a	n/a	20%	40%	60%	80%		80%	Project Reports	Once	Project is currently developing measurement tool.
1.1.3	% change in organizational weaknesses disaggregated by capacity area	0	0	0	0	0	0	80%		80%	Final Organizational Capacity Assessment Report	Once	Delayed to PY3, as final OCA will measure this change.
Output 1.2: Organizational staff capacity and structure reviewed													
1.2.1	Revised organigram developed	0	1	1	0	0	0	0	1	1	NMCP records	Once	
1.2.2	Revised organigram proposal submitted to MSHF	0	0	0	0	1	0	0	1	1	NMCP records	Once	Submitted to Global Fund Portfolio Manager
1.2.3	HR Reference Manual validated	n/a	n/a	0	0	1	0	0	1	1	NMCP records	Once	NMCP validated and accepted by the Global Fund.
1.2.4	# of coaching sessions organized by NMCP staff	n/a	n/a	0	12	12	12	12	17	48	Report	Monthly	Coaching to technical units during the development of action plans and preparing for monthly working group meetings.
1.2.5	% of NMCP staff trained on the HR Reference Manual	n/a	n/a	0	0%	100%	0%	0%		100%	NMCP records	Quarterly	Additional staff under the Global Fund grant have still not been recruited.
1.2.6	# reports from weekly coordination meetings submitted	0	32	26	12	12	12	12	24	48	Project reports; Meeting minutes	Quarterly	Meeting day changed from Monday to Tuesdays in order to avoid political protests that cause delays in staff arrival.
1.2.7	Emergency community engagement protocol for NMCP staff completed and disseminated	0	0	0	1	0	0	0		1	NMCP records; Project reports	Monthly	Activity modified to match the NMCP's priorities during the Ebola outbreak. The NMCP focused its attention on carrying out an Ebola-impact assessment and WHO guidelines for treating malaria during the outbreak in Oct, Nov, and Dec 2015.
Output 1.3: National Malaria Control Program management units implement standardized internal operational management tools													
1.3.1	NMCP internal operational procedure manual developed	0	1	1	0	0	0	0	1	1	NMCP records	Once	
1.3.2	NMCP internal supervision matrix and tools updated	0	1	1	0	0	0	0	1	1	NMCP records	Once	
1.3.3	# of bi-annual supervision reports submitted	0	0	0	0	1	0	1	1	2	NMCP records	Annually	
1.3.4	# NMCP unit team weekly meetings held in the preceding quarter	0	18	14	72	72	72	72	140	288	Document review; NMCP records	Quarterly	Targets updated to reflect weekly occurrence of meetings.
Output 1.4: Leadership Development Program Plus (LDP+) focused on applying leadership, management and governance practices and executing the leadership dimensions of challenges is implemented regionally for National Malaria Control Programs													
1.4.1	LDP+ curriculum adapted for LMG/NMCP LDP+ and virtual platform	0	1	0	0	0	1	0	1	Once	Project reports	Quarterly	
1.4.2	# NMCP staff that complete all four workshops of the LDP+ delivered by LMG/NMCP	0	0	0	0	0	0	20		20	Workshop reports	Once	Measured at the end of the LDP+.
1.4.3	# of teams participating in the LDP+ who have developed an action plan	0	0	0	0	5	0	0	5	5	Workshop reports	Once	
1.4.4	% of teams participating in the LDP+ that have achieved their desired measurable result within six months of completing the training	0	0	0	0	0	0	100%		100%	Project reports	Once	Will be measured six months after the end of the LDP+.
1.4.5	% of teams participating in the LDP+ that have reported an improved work climate six months following the training	0	0	0	0	0	0	80%		80%	Project reports	Once	Will be measured six months after the end of the LDP+.

Objective 2: National Malaria Control Program develops and directs policy and norms for the implementation of the national malaria control strategy														
Output 2.1: Organizational capacity assessment of National Malaria Control Program conducted with key strategic strengths and weaknesses identified														
2.1.1	French and English organizational capacity assessment report on strategic management validated	0	1	1	0	0	0	0	0	1	1	OCAT report	Once	
2.1.2	NMCP implements 80% of assessment recommendations	n/a	n/a	n/a	20%	40%	60%	80%		80%	80%	Project Records	Once	Project is currently developing measurement tool.
2.1.3	% change in organizational weaknesses disaggregated by capacity area	0	0	0	0	0	0	80%		80%	80%	Final Organizational Capacity Assessment Report	Once	Delayed to PY3, as final OCA will measure this change.
Output 2.2: National Malaria Control Program develops multi-year national malaria control strategy and detailed workplans for implementation and monitoring														
2.2.1	National Malaria Control Strategy 2013-2017 validated	0	1	1	0	0	0	0	0	1	1	NMCP records	Once	
2.2.2	NMCP annual action plan validated	0	1	1	0	0	1	0	1	2	2	NMCP records	Annually	
2.2.3	NMCP management unit team workplans developed	0	0	0	6	6	6	6	18	24	24	NMCP records	Quarterly	
Output 2.3: Malaria control norms and technical tools are updated and available for implementation														
2.3.1	Malaria control norms and technical tools inventory conducted	0	1	1	0	0	0	0	1	1	1	Project reports	Once	
2.3.2	Action plan for NMCP malaria control norms and technical tool revisions and additions developed	0	1	1	0	0	0	0	1	1	1	NMCP records	Once	
2.3.3	Monitoring and Evaluation operating procedures manual developed	0	1	1	0	0	0	0	1	1	1	NMCP records; Project reports	Annually	Currently being finalized.
2.3.4	Supervisory framework and tools developed	0	1	1	0	0	0	0	1	1	1	NMCP records; Project reports	Annually	
2.3.5	Excel database operational	0	1	0	1	0	0	0	1	1	1	NMCP records; Project reports	Annually	
2.3.6	Technical paper on chemoprevention among children completed	0	0	0	0	1	0	0	1	1	1	NMCP records; Project reports	Annually	
2.3.8	LLIN distribution strategy validated	0	0	0	1	0	0	0	1	1	1	NMCP records; Project reports	Annually	Finalized and being utilized to train distribution staff in the field. The distribution campaign will begin July 2015
2.3.9	Emergency action plan for malaria control in the context of Ebola completed	0	0	0	1	0	0	0	1	1	1	NMCP records; Project reports	Monthly	Plan finalized and supported financially by the Global Fund.
2.3.10	% of emergency action plan for malaria activities completed	0	0	0	40%	80%	100%	0%	50%	100%	100%	NMCP records; Project reports	Monthly	
2.3.11	Technical paper on Ebola impact completed	0	0	0	0	1	0	0	1	1	1	NMCP records; Project reports	Annually	
Objective 3: National Malaria Control Program mobilizes stakeholders to participate in national malaria control coordination efforts														
Output 3.1: Organizational capacity assessment of National Malaria Control Program conducted with key external management strengths and weaknesses identified														
3.1.1	French and English organizational capacity assessment report on external management validated	0	1	1	0	0	0	0	0	1	1	OCAT report	Once	
3.1.2	NMCP implements 80% of assessment recommendations	n/a	n/a	n/a	20%	40%	60%	80%		80%	80%	Project Records	Once	Project is currently developing measurement tool.
3.1.2	% change in organizational weaknesses disaggregated by capacity area	0	0	0	0	0	0	80%		80%	80%	Final Organizational Capacity Assessment Report	Once	Delayed to PY3, as final OCA will measure this change.
Output 3.2: National Malaria Control Program provides technical input and regular collaboration for Global Fund malaria grants														
3.2.1	Global Fund malaria concept note submitted by deadline	0	1	1	n/a	n/a	n/a	n/a	1	1	1	Concept note; Project reports	Once	Completed in PY1.
3.2.2	% CCM-led concept note development workshops attended by NMCP representatives in the previous quarter	0	100%	100%	n/a	n/a	n/a	n/a	100%	100%	100%	Project reports	Quarterly	Completed in PY1.
3.2.3	# monthly coordination meetings with Global Fund Principal Recipient held in the previous quarter	0	9	3	3	3	3	3	6	21	21	Project reports; Meeting minutes	Quarterly	Lack of participant availability due to Ebola outbreak in Q1.
3.2.4	Global Fund grant documents completed (after adoption of concept note)	0	0	0	1	0	0	0	1	1	1	NMCP records; Project reports	Once	
3.2.5	# of periodic reports submitted by NMCP	0	0	0	0	1	0	1	1	2	2	Project reports; Meeting minutes	Monthly	
Output 3.3: National Coordination Committee and thematic sub-committees functional														
3.3.1	# of terms of reference for the National Coordination Committee and sub-committee working groups revised	0	6	6	0	0	0	0	6	6	6	Document review	Once	Completed in PY1.
3.3.2	% National Coordination Committee and sub-committee working groups able to produce a validated term of reference	0	100%	80%	0%	0%	0%	0%	100%	100%	100%	Project reports	Once	Completed in PY1.
3.3.3	% of recommendations implemented by NMCP to address bottlenecks in programs after coordination meetings	0	0%	0%	80%	90%	100%	100%	40%	100%	100%	NMCP records; Project reports	bi-annually	There has been insufficient follow-up of recommendations. The project is creating tools now to facilitate this.

3.3.4	# quarterly National Coordination Committee meetings held	0	1	1	1	1	1	1	5	6	NMCP records	Quarterly	Q3 meeting planned for last week of June 2015.
3.3.5	# National Coordination Committee meeting minutes validated by partners	0	1	1	1	1	1	1	5	6	NMCP records	Quarterly	
3.3.6	% sub-committee working group quarterly meetings held	0	100%	80%	100%	100%	100%	100%	85%	100%	NMCP records	Quarterly	The medical technical group meets irregularly.
3.3.7	% sub-committee quarterly meeting minutes validated by partners	0	100%	80%	100%	100%	100%	100%	85%	100%	NMCP records	Quarterly	
3.3.8	Annual workplan developed	0	1	1	0	1	0	0	2	2	NMCP records	Quarterly	
Output 3.4: National Malaria Control Program detailed stakeholder engagement action plan developed and implemented to ensure continuous engagement of local, national, and international partners													
3.4.1	Stakeholder engagement plan developed	0	1	0	0	0	0	0	1	1	NMCP records	Once	Basic stakeholder engagement plan is part of the 2013-2017 NSP; a more comprehensive plan will be discussed during PY3 workplanning.
3.4.2	# stakeholder engagement action plan targets met	0	0	0	25%	50%	75%	100%	0%	100%	NMCP records; Project reports	Quarterly	Basic stakeholder engagement plan is part of the 2013-2017 NSP; a more comprehensive plan will be discussed during PY3 workplanning.
3.4.3	# of private sector organizations involved in malaria activities	0	0	0	0	0	21	0	21	21	NMCP records	once	Private sector now engaged through LDP+
3.4.4	% of NMCP funds from private sector sources	0	0	0	TBD	TBD	TBD	TBD		TBD	NMCP records	once	Basic stakeholder engagement plan is part of the 2013-2017 NSP; a more comprehensive plan will be discussed during PY3 workplanning.
Outcome indicators that are regularly monitored													
1	% of GF TOP TEN indicators with a satisfactory rating	N/A								80%	NMCP Annual Report	Annually	As the sub-recipient, the NMCP is working to obtain this data from CARE.
2	% of health centers reporting no stock out of ACT	24%							100%	70%	EUV/SIAPS reports	Quarterly	
3	% of health centers reporting no stock out of LLINs	ND							100%	80%	EUV/SIAPS, Stop Palu reports	Quarterly	
4	% of households that received at least one LLIN through the mass distribution campaign	0%								100%	EDS 2017; 2016 Annual survey	Once	The distribution campaign has not yet started.
5	Number of LLINs distributed through mass campaign	5,809,100								6,949,396	Campaign report data	Once	Baseline is from 2013 campaign report; next campaign report will be released in 2016 data will be collected beforehand.



**Performance Monitoring Plan (PMP) for the Leadership, Management and Governance (LMG)
National Malaria Control Program Capacity Building Project -Liberia
October 2013 - September 2015**

This Performance Monitoring Plan (PMP) will be used to monitor and report on the overall performance of the Leadership, Management and Governance National Malaria Control Program Capacity Building Project (LMG/NMCP) in Liberia in meeting its expected results and targets for the duration of the project. The plan classifies performance indicators by the three expected objectives. Progress towards each will be measured using the indicators listed.

The project has selected 3-5 service-delivery outcome indicators (depending on availability of data) that are standard across all six countries. Targets and baselines are set by each country's NMCP.

Indicator	Baseline	PY1 Targets and Actuals		PY2 Quarterly Targets				ACTUALS Q3	End of Project Target	Means of Verification		Comments	
		PY1 targets	PY1 Actuals	Q1 target	Q2 target	Q3 target	Q4 target			Data source	Frequency		
Objective 1: National Malaria Control Program effectively manages human, financial, and material resources													
Output 1.1: Organizational capacity assessment of National Malaria Control Program conducted with key internal management strengths and weaknesses identified													
1.1.1	Organizational capacity assessment report on internal management validated	0	1	1	0	0	0	0	0	1	OCAT report	Once	Completed
1.1.2	NMCP and Ministry of Health and Social Welfare (MOHSW) implement 80% of OCAT recommendations	0	0	50%	50%	70%	80%	80%	60%	80%	NMCP records	Annually	Ongoing. Internal and external communication protocol established. Malaria data analysis and sharing formalized. Other actions delayed due to the Ebola outbreak. LMG/NMCP contacted to support the development of communication and resource mobilization plan in Q4.
Output 1.2: Organizational structure and staff capacity reviewed and optimized													
1.2.1	Revised organogram developed	0	1	1	0	0	0	0	0	1	NMCP records	Once	Completed
1.2.2	Revised organogram proposal submitted to Ministry of Health and Social Welfare (MOHSW)	0	0	1	0	0	0	0	0	1	NMCP records	Once	Completed
1.2.3	% NMCP staff with a validated job description/terms of reference	0	100%	100%	100%	100%	100%	100%	100%	100%	Project reports	Annually	Terms of reference for positions developed and submitted to senior MOH managers.
1.2.4	Vector control unit (VCU) feasibility analysis complete	0	0	0	0	1	0	0	0	1	Project reports	Annually	Postponed due to Ebola outbreak. To be conducted in Q4.
1.2.5	Recommendation made to Ministry of Health and Social Welfare (MOHSW) based on VCU feasibility analysis findings regarding whether to maintain the VCU within the NMCP or to move it to the Liberian Institute of Biomedical Research	0	0	0	0	1	0	0	0	1	Project reports	Annually	Postponed due to Ebola outbreak. To be completed in Q4.
1.2.6	# of counties with malaria case management coordinators	0	3	3	6	9	15	15	0	15	Project reports	Annually	Postponed due to Ebola outbreak. To be completed in Q4.
Output 1.3: National Malaria Control Program management units implement standardized internal operational management tools													
1.3.1	% NMCP unit team weekly meetings held in the preceding quarter	0	90%	70%	80%	85%	90%	90%	50%	90%	Document review; NMCP records	Quarterly	Bi-weekly senior management meetings replaced weekly meetings.
1.3.2	# weekly validated meeting minutes disseminated to all staff, the Assistant Minister of Health, and the chair of malaria steering committee	0	90%	50%	80%	85%	90%	90%	90%	90%	Document review; NMCP records	Quarterly	Bi-weekly senior management meetings replaced weekly meetings.
1.3.3	% of meeting action points completed in the preceding quarter	0	90%	60%	80%	90%	90%	90%	50%	90%	Document review; NMCP records	Quarterly	Actions were delayed as resources were committed to Ebola control, and conditions were not favorable for implementing some action points.
Output 1.4: Leadership Development Program (LDP+) focused on applying leadership, management and governance practices and executing the leadership dimensions of challenges is implemented regionally for National Malaria Control Programs													
1.4.1	LDP+ curriculum adapted for LMG/NMCP LDP+ and virtual platform	0	1	0	1	0	0	0	0	1	Project reports	Once	Completed
1.4.2	# NMCP staff that complete all four workshops of the LDP+ delivered by LMG/NMCP	0	0	0	0	0	0	20	0	20	Project reports	Once	Alignment meeting and second LDP+ planned for Q4.
1.4.3	# of teams participating in the LDP+ who have developed an action plan	0	0	0	0	5	0	0	0	5	Project reports	Once	To be done in LDP+ workshop number 2 planned for Q4.

1.4.4	% of teams participating in the LDP+ that have achieved their desired measurable result within six months of completing the training	0	0	0	0	0	0	0	100%	0%	100%	Project reports	Once	Will be measured six months after the end of the LDP+
1.4.5	% of teams participating in the LDP+ that have reported an improved work climate six months following the training	0	0	0	0	0	0	0	80%	0%	80%	Project reports	Once	Will be measured six months after the end of the LDP+
Objective 2: National Malaria Control Program develops and directs policy and norms for the implementation of the national malaria control strategy														
Output 2.1: Organizational capacity assessment of National Malaria Control Program conducted with key strategic strengths and weaknesses identified														
2.1.1	Organizational capacity assessment report on strategic management validated	0	1	0	0	0	0	0	0	0	1	OCAT report	Once	Completed
2.1.2	NMCP and Ministry of Health and Social Welfare (MOHSW) implement 80% of OCAT recommendations	0	50%	50%	50%	70%	80%	80%	60%	80%	NMCP records	Annually	Ongoing. Internal and external communication protocol established. Malaria data analysis and sharing formalized. Other actions delayed due to the Ebola outbreak. LMG/NMCP contacted to support the development of communication and resource mobilization plan in Q4	
Output 2.2: National Malaria Control Program develops multi-year national malaria control strategy and detailed workplans for implementation and monitoring														
2.2.1	National Malaria Control Strategy 2015-2020 validated	0	1	0	1	0	0	0	1	1	NMCP records	Once	Validation completed	
2.2.2	NMCP annual action plan validated	0	1	0	1	0	0	0	1	1	NMCP records	Annually	Validation completed	
Output 2.3: Malaria control norms and technical tools are updated and available for implementation														
2.3.1	NMCP malaria in pregnancy guidelines revised in line with the new WHO recommendations	0	1	1	0	0	0	0	1	1	Project reports	Once	MIP guidelines and training manuals review completed. In Q4, TWG to validate and orient health workers. National malaria treatment guidelines to be revised to align with MIP guidelines in Q4	
2.3.2	NMCP guidelines for Private sector ACT (PACT) roll-out revised in line with latest evidence and best practice	0	1	0	1	0	0	0	1	1	NMCP records	Once	Completed. Additional guide on safety measures during Ebola outbreak developed and shared	
2.3.3	NMCP guidelines for iccm (Integrated Community Case Management) roll-out revised in line with latest evidence and WHO recommendations	0	1	0	1	0	0	0	0	1	NMCP records	Once	Review of recruitment, remuneration, training and reporting guidelines expected to be completed by Q4	
2.3.4	% county-level health team staff oriented on revised malaria in pregnancy guidelines	0	50%	0	100%	0	0	0	0	100%	NMCP records; Project reports	Once	Delayed. Awaiting validation of MIP guidelines by stakeholders	
2.3.5	% county-level health team staff oriented on iccm	0	100	0	100%	0	0	0	100%	100%	NMCP records; Project reports	Once	County health directorates in all 5 targeted iccm scale up counties briefed on iccm.	
2.3.6	# Community Health Volunteers trained on iccm	1700	2000	0	2000	1800	0	0	0	100%	NMCP records; Project reports	Once	Not done. Coordinating with Plan International to train volunteers after LLIN distribution.	
Output 2.4: NMCP data collection and management methods improved and quality data is available for decision making														
2.4.1	NMCP M&E plan validated	0	1	0	1	0	0	0	0	1	NMCP records	Once	Revised: Activity not planned to be completed this year, as the current M&E plan is still being used. A new plan will be aligned with the 2016-2020 National Strategic Plan in the coming quarters	
2.4.2	% county-level health staff trained on M&E plan and implementation	0	0	0	90%	100%	0	0	0	100%	NMCP records	Once	See above	
2.4.3	% M&E plan targets met	0	80%	70%	80%	90%	90%	90%	30%	90%	NMCP records	Quarterly	Many activities delayed this year due to the Ebola outbreak	
2.4.4	Malaria indicator and LLINs post-distribution surveys conducted	0	0	0	0	0	0	2	0	2	NMCP records	Once	Malaria indicator survey delayed to 2016. LLIN post-distribution survey planned for October 2015	
2.4.5	# of malaria indicators and LLINs post-distribution reports completed and disseminated	0	0	0	0	0	0	2	0	2	NMCP records	once	Due after LLIN distribution campaign is completed	
Objective 3: National Malaria Control Program mobilizes stakeholders to participate in national malaria control coordination efforts														
Output 3.1: Organizational capacity assessment of National Malaria Control Program conducted with key external management strengths and weaknesses identified														
3.1.1	Organizational capacity assessment report on external management validated	0	1	0	0	0	0	0	0	1	OCAT report	Once	Completed	
3.1.2	NMCP and Ministry of Health and Social Welfare (MOHSW) implement 80% of OCAT recommendations	0	50%	50%	50%	70%	80%	80%	60%	80%	NMCP records	Annually	Ongoing. Internal and external communication protocol established. Malaria data analysis and sharing formalized. Other actions delayed due to the Ebola outbreak. LMG/NMCP contacted to support the development of communication and resource mobilization plan in Q4	
Output 3.2: National Malaria Control Program provides technical input and regular collaboration for Global Fund malaria grants														

3.2.1	# monthly coordination meetings with Global Fund partners held in the previous quarter	0	7	5	7	7	7	7	12	28	NMCP reports	Monthly	
3.2.2	% CCM-led concept note development workshops attended by NMCP representatives in the previous quarter	0	100%	100%	100%	100%	100%	100%	0%	100%	Project reports	Quarterly	None organized. NMCP yet to decide on either concept note or costed extension option for Global Fund.
3.2.3	Global Fund Malaria concept note submitted by deadline	0	0	0	0	0	1	0	0	1	NMCP reports	Annually	Liberian Coordinating Mechanism and NMCP yet to decide whether to apply for extension of NFM.
3.2.4	# of conditions precedent satisfied by the NMCP by deadline	4	0	0	1	1	1	1	4	4	NMCP reports	Quarterly	All conditions precedent have been satisfied.
3.2.5	# of USAID/PMI Malaria Operational Planning workshops attended by key malaria staff	0	5	4	0	0	5	0	5	9	NMCP reports	Annually	Completed
Output 3.3: National Coordination Committee and thematic sub-committees functional													
3.3.1	# terms of reference for the National Coordination Committee and technical working groups revised	0	6	4	0	0	0	0	4	4	Document review	Once	Completed
3.3.5	% sub-committee working group quarterly meetings held	0	100%	60%	80%	80%	90%	100%	60%	100%	NMCP records	Quarterly	Post Ebola-outbreak setting has made it difficult to secure a time when all staff are available for meetings. Working group meetings will resume in the following quarter.
3.3.6	% sub-committee quarterly meeting minutes validated by partners	0	100%	100%	100%	100%	100%	100%	100%	100%	NMCP records	Quarterly	
3.3.7	% of committee action points implemented per quarter	0	75%	60%	80%	80%	90%	90%	50%	90%	NMCP records	Quarterly	NMCP staff are still struggling to manage all competing priorities in the post-Ebola months.
Output 3.4: National Malaria Control Program detailed stakeholder engagement action plan developed and implemented to ensure continuous engagement of local, national, and international partners													
3.4.1	Stakeholder engagement plan developed	0	0	0	1	0	0	0	0	1	NMCP records	Once	Completed
3.4.2	% stakeholder engagement action plan targets met	0	0	0	0	80%	90%	100%	0%	100%	NMCP records; Project reports	Quarterly	Data not yet available
Output 3.5: NMCP implements key activities as captured in Global Fund and PMI proposals													
3.5.1	Long-lasting insecticide-treated net (LLIN) distribution plan finalized	0	0	0	0	1	0	0	1	1	NMCP records; Project reports	Once	Completed
3.5.2	Detailed scale-up plan for ICCM validated	0	0	0	0	1	0	0	1	1	NMCP records; Project reports	Once	Completed
3.5.3	Detailed scale-up plan for PACT validated	0	1	0	1	0	0	0	1	1	NMCP records; Project reports	Once	Completed
3.5.5	# of targeted counties implementing ICCM	3	7	3	70%	90%	90%	100%	60%	100%	NMCP records; Project reports	Quarterly	ICCM scale up has been delayed due to the Ebola outbreak
3.5.6	% of targeted pharmacies and medicine shops implementing PACT	0	0	0	80%	90%	90%	100%	90%	100%	NMCP records; Project reports	Quarterly	
Outcome indicators that are regularly monitored													
1	% of GF TOP TEN indicators with a satisfactory rating	70%							~	100%	GF Dashboard	Bi-annually	January -June rating due in July 2015.
2	% of health centers reporting no stock out of ACT	71%							~	100%	Health facility survey 2009/HMIS	Monthly	Health facility survey takes place every 2-3 years and should take place in 2015.
3	% of health centers reporting no stock out of LLINs	100%							~	100%	HMIS records	Monthly	LLIN supplies to health facilities restarted. Data on stock levels to be ready end of July 2015.
4	% of households that received at least one LLIN through the mass distribution campaign	51%							~	90%	2015 Post distribution survey	Annually	Post-distribution survey to be conducted in October 2015. MIS survey delayed to 2016 due to Ebola outbreak.
5	Number of LLINs distributed through mass and routine campaign	4,500,000							2,780,000	3,500,000	Program reports	3 years	GF provide 2.8 million LLINs for mass distribution campaign; PMI will provide 250,000 LLINs for routine distribution.



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SUCCESS STORY

It only works if you use it: The door-to-door Hang-Up Campaign for bednet use in Côte d'Ivoire

The LMG/NMCP Project partnered with CARE, UNICEF, the Ministry of Health and the Fight Against AIDS, and the Global Fund to ensure that families actually use the bednets distributed throughout the 82 districts of Côte d'Ivoire.



Community volunteers install an LLIN in a home, supervised by Chief of Prevention Dr. Colette Kokrasset



The LMG Senior Technical Advisor (center) with community volunteers during the Hang-Up Campaign

“LMG/NMCP’s technical support is helping us improve the health of the Ivorian population...”

Dr Tanoh Méah Antoine
Coordinating Director, NMCP

Photo: Management Sciences for Health

In 2011, the Côte d'Ivoire National Malaria Control Program (NMCP) distributed for free more than 8 million long-lasting insecticide-treated bednets (LLINs)--enough for every family with a pregnant woman or a child under five in the country.

The Leadership, Management and Governance (LMG) project, with funding from both USAID and the US President’s Malaria Initiative (PMI), began assisting the National Malaria Control Program in early 2014. The project discovered that fewer than one in three households was using the net given to them in 2011. Then the LMG Senior Technical Advisor for Malaria, Pépin Miyigbena, realized that no one had shown families how to hang the nets.

“If you just give someone something new, without explaining why and how to use it, chances are they won’t,” says Miyigbena.

Miyigbena approached the major malaria partners in the country--UNICEF and CARE as well as the Ministry of Health and the Fight Against AIDS—to get them all on board for a mass education campaign to take place after the upcoming 2014-15 nationwide net distribution. While these organizations had cooperated for malaria control at a high level, this effort would be so labor-intensive that they would have to collaborate more closely than ever before.

“We got all the malaria organizations in the same room and not only agreed on the importance of an educational effort, but joined forces all the way down to the grass roots to make it happen.” The unified sense of purpose also helped inspire the Global Fund to contribute 350,000 Euros to fund what became known as the “Hang-Up Campaign.”

“CARE and UNICEF community health workers, and local Ministry agents, all worked together to make sure that every household in the country got visited. We distributed 14 million nets--one for every two people. During the Hang-Up Campaign, the community workers didn’t leave the house until the family knew how to install them.”

NMCP’s Coordinating Director acknowledged, “LMG/NMCP’s technical support is helping us improve the health of the Ivorian population through the use of treated bednets.”

Quantitative results of the Hang-Up Campaign will not be available until 2016. But the precedent that LMG/NMCP launched--of combining education with distribution and of all partners working hand-in-hand--will likely have a positive impact in more ways than one.



SUCCESS STORY

Partner coordination results in successful long-lasting insecticidal nets (LLINs) distribution campaign in Liberia

Successful partner coordination in Liberia results in distribution of 2.78 million LLINs despite Ebola outbreak

The Liberian National Malaria Control Program (NMCP) and its partners were planning a mass distribution campaign of long-lasting insecticidal nets (LLINs) when the Ebola outbreak struck in March 2014. The epidemic severely strained the nation’s health services: as it threatened to affect all regions, the NMCP faced restrictions on travel, a severe shortage of volunteers to distribute bed nets, and even uncertainty whether these LLINs would even be shipped to Liberia.

Despite these seemingly insurmountable challenges, the USAID-funded Leadership, Management and Governance National Malaria Control Program (LMG/NMCP) project successfully supported the NMCP and its partners to undertake a mass nationwide distribution of LLINs.

LMG/NMCP helped the NMCP and its partners to determine the most cost effective, equitable, and safe option for distributing LLINs. After discussing all options, the partners decided to undertake a simultaneous universal distribution of LLINs in all of the counties of Liberia. With LMG/NMCP support, the NMCP also developed and implemented a strategy to distribute 250,000 LLINs donated by PMI to all health facilities offering antenatal and delivery services in the country.

LMG/NMCP’s support was essential to the success of the campaign, as Mr. Nyansaiyea, a senior NMCP staff member stated, “The LMG/NMCP Senior Technical Advisor stayed and supported us during the Ebola outbreak, and his contribution was instrumental in achieving the mass LLINs campaign objective”.

The persistence and commitment of the NMCP and its partners, with active support from LMG/NMCP and USAID/PMI/CDC staff, contributed to the successful distribution of over 2.78 million LLINs. The campaign was successful in spite of the Ebola outbreak and the enormous strain that the outbreak exacted on the social, health, and economic capital of Liberia. LMG/NMCP has fostered strong coordination and communication between donors and implementing partners, actively encouraging partners to model ongoing malaria control interventions on this success.

Photo: Management Sciences for Health

Volunteers distribute LLINs during mass nationwide distribution campaign in Liberia

“LMG/NMCP’s...contribution was instrumental in achieving the mass LLINs campaign objective.”

- Mr. Nyansaiye, Senior NMCP Staff