

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

Washington, DC Trip Report, June 21-24, 2015

Author: Betsie Frei

Date of Publication: July 15, 2015

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

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

LMG/NMCP Project

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



1. Scope of Work:

Destination and Client(s)/ Partner(s)	Arlington, Virginia, USA
Traveler(s) Name, Role	Betsie Frei, Senior Project Officer
Date of travel on Trip	June 21 - 24, 2015
Purpose of trip	PMI coordination planning
Objectives/Activities/ Deliverables	The purpose of this trip was to plan monitoring, evaluation, and reporting for long-term technical assistance funded by the President’s Malaria Initiative (PMI).
Background/Context, if appropriate.	<p>PMI has provided funding through the Leadership, Management and Governance National Malaria Control Program Capacity Building Project (LMG/NMCP), for a Senior Project Officer (SPO) to coordinate monitoring, evaluation, reporting, and communication across various mechanisms that are receiving PMI funding to provide long-term technical assistance to NMCPs. The SPO monitors the progress of workplan implementation across several mechanisms (LMG, SIAPS, and MCSP), and ensures regular coordination among each project’s Senior Technical Advisors who are embedded at NMCPs. The SPO is responsible for developing, sharing, and maintaining monitoring and reporting tools that will give a consolidated picture of PMI’s work in these target countries, and that will reveal the impact of long-term technical assistance (LTTA).</p> <p>I was promoted to serve in this SPO position in May 2015, and traveled from Medford, Massachusetts, to Arlington, Virginia, in order to meet with key LMG staff, including the LMG/NMCP Principal Technical Advisor and the M&E Senior Technical Advisor, as well as the USAID/PMI Activity Manager, Bhavna Patel. Please find the full job description attached as an annex.</p>

2. Major Trip Accomplishments:

Monday, June 22, 2015:
 I worked at MSH’s office in Arlington to complete a matrix that shows each LMG Senior Technical Advisor’s value added to improving implementation of Global Fund malaria grants. In the afternoon, I met with the LMG/NMCP Principal Technical Advisor, Emmanuel Le Perru, and LMG M&E Senior Technical Advisor, Monita Baba Djara, to discuss different approaches to providing this coordination and evaluation support.

One of the key questions that we decided would need to be clarified is: What is the key question PMI would like for this assistance to answer? Our assumption was that the answer is “What is the value added of long-term technical assistance?”, but we would need to confirm this with PMI later in the week. In addition to this primary question, it is necessary to know what answers to the question would be satisfactory to PMI. For example, would PMI prefer more qualitative answers, quantitative answers, or a mixture of both? Once this is clarified, the way forward will be to:

1. Agree on a theory of change for long-term technical assistance.
2. Create a results framework.
3. Create an evaluation plan.

4. Identify a variety of deliverables.
5. Complete and submit deliverables.

We discussed some possible deliverables, which will be fleshed out and shared with PMI next month for feedback. These include:

- A summary report of all NMCP baseline assessments to show what the status of NMCPs was at the beginning of the LTTA.
- Identifying shared outcome indicators for all LTTA to track (as is currently done with LMG/NMCP performance monitoring plans), in order to track changes in malaria outcomes during the LTTA.
- Key informant interviews, which will assess NMCP stakeholder and partners' perceptions of NMCP capacity and competencies before and after LTTA.
- A leadership self-assessment of NMCP staff on behavior change. LMG is currently piloting a similar assessment, which can be adapted.
- A concept paper on PMI's LTTA strategy.

Tuesday, June 23, 2015:

I worked at MSH's office to complete translation and compilation of the LMG/NMCP Global Fund performance matrices, which were shared with PMI prior to the meeting on Wednesday. Please see attached annex.

Wednesday, June 14, 2015:

Emmanuel Le Perru and I went to the USAID Global Health Programs office to meet with Bhavna Patel. During our meeting, Ms. Patel confirmed that the key question the SPO should be trying to answer is "What is the added value of long-term technical assistance to NMCPs?" I, along with other LMG staff, will come up with proposed ways of answering that question, and together with Ms. Patel will identify which deliverables will be needed. To begin, one way to answer will be to compile each mechanism's quarterly reports into a summary report. This will be completed next quarter, and in an annual summary report in September. I confirmed the next steps that Monita and I identified on Monday.

We also discussed expanding quarterly coordination calls, in order to allow PMI to hear updates directly from advisors, and to include other malaria partners, such as the Fund Portfolio Managers (from the Global Fund) or Roll Back Malaria, in the future. For the next call in the beginning of August, Ms. Patel asked for the following agenda:

- 1) **9:00 am – 10:00 am:** Internal. I will share the quarterly reporting template with the other projects and talk through reporting formats. Call participants will discuss the progress made during the quarter, and Emmanuel will summarize how we have managed hiring, placing, and supervision of advisors under LMG/NMCP.
- 2) **10:00 am – 11:30 am:** Open Forum:
 - i) **10:00 – 10:30 am:** Emmanuel will provide an overall update on LMG/NMCP.
 - ii) **10:00 – 11:00 am:** Senior Technical Advisors from LMG and SIAPS (future meetings will include MSCP Advisors) will provide updates on work completed thus far (an agenda will be confirmed with each of them in advance). Roll Back Malaria advisors possibly joining.
 - iii) **11:00 – 11:30 am:** Questions and answers.
 - iv) **11:30 am – 12:00 pm:** Wrap up, next steps, planning for PMI brownbag.

We also discussed organizing a brown bag at USAID in August or October to share progress to date for each project. Ms. Patel also informed us that in addition to advisors funded under LMG, SIAPS, and MCSP, there are advisors to NMCPs in Mozambique, Malawi, and Nigeria who are funded through USAID missions. There is also an advisor to the Pan-American Health Organization in Haiti, who is focusing on malaria. These advisors should also be included in coordination and evaluation work.

We also discussed LMG/NMCP activities: another \$3.4 million will be obligated to LMG/NMCP to fund four LTTA providers to the NMCPs in Cameroon, Côte d'Ivoire, Democratic Republic of Congo, and Togo. These

advisors will focus on strengthening the NMCPs' supply chain management capacities. LMG/NMCP will hold an annual coordination meeting, with all LTTA advisors in attendance, likely the second or third week of November, in Abidjan, Côte d'Ivoire. Ms. Patel will see if she can attend, and will likely invite others. It is also possible that LMG/NMCP will organize a second meeting for all advisors, as well as their NMCP counterparts.

3. Next steps: Key actions to continue and/or complete work from trip.

Description of task	Responsible staff	Due date
Draft agenda for next quarterly call to share with PMI.	Betsie	7/9/2015
Work with Monita to: <ol style="list-style-type: none"> 1. Agree on a theory of change for long-term technical assistance. 2. Create a results framework. 3. Create an evaluation plan. 4. Identify a variety of deliverables. 	Betsie, Monita	7/31/2015
Share suggested deliverables with PMI	Betsie	7/31/2015
Write summary of quarterly reports	Betsie	7/30/2015

4. Contacts: List key individuals contacted during your trip, including the contacts' organization, all contact information, and brief notes on interactions with the person.

Name	Contact info	Home organization	Notes
Betsie Frei	bfrei@msh.org	MSH/Medford	
Emmanuel Le Perru	eleperru@msh.org	MSH/Arlington	
Monita Baba Djara	mbabadjara@msh.org	MSH/Arlington	
Bhavna Patel	bpatel@usaid.gov	Sr. Malaria Program Advisor, USAID-PMI	



POSITION DESCRIPTION - US

POSITION TITLE:	Senior Project Officer
CENTER/OFFICE:	Center for Leadership and Management
SUPERVISOR'S POSITION TITLE:	Principal Technical Advisor, with dotted line to the USAID/PMI Sr. Malaria Program Advisor
MAIN PURPOSE OF POSITION:	<p>As a member of the Center for Leadership and Management, the Senior Project Officer (SPO) works under the direction of Principal Technical Advisor to coordinate monitoring, evaluation, reporting, and communication across various mechanisms receiving funding from the President's Malaria Initiative (PMI), ensuring that the impact of PMI funding is systematically tracked, measured and reported. The SPO monitors the progress of workplan implementation across several projects (including SIAPS, MCSP, and LMG) and ensures regular coordination, technical knowledge exchange, and communication among project Senior Technical Advisors seated at national malaria control programs as well as other project support staff. The SPO develops, shares, and maintains streamlined monitoring and reporting tools to give a consolidated picture of PMI's work across target countries, while also contributing to the Center's shared monitoring and evaluation tools and databases, providing technical monitoring and evaluations support as necessary to other projects and teams. The SPO is aware of and adheres to MSH procurement integrity standards in all activities.</p>
LOCATION:	Medford or Arlington
REQUIRED MINIMUM EDUCATION:	A Master's degree in Business Administration, Public Health Management, or in related international development, health or research field

REQUIRED MINIMUM**EXPERIENCE:**

7+ years required. Significant (at least 3 years) experience managing overseas projects in public health, preferably with USAID funding. Knowledge of international public health and some experience with leadership, management, and governance in health.

KNOWLEDGE and SKILLS:

- Fluent English and French.
- Strong computer skills; Google platform, MS Office, MS Project, PowerPoint preferred.
- Solid command of project management concepts and execution as well as of USAID and PMI reporting requirements.

COMPETENCIES:

- Strong interpersonal and communication skills; demonstrated ability in consensus building, and to constructively lead a team.
- Understanding of contractual and compliance issues.
- Ability to work independently.
- Demonstrated good judgment for decision making.
- Demonstrated managerial, communication, monitoring and evaluation skills.
- Significant time spent working and traveling in developing countries. Demonstrated sensitivity to developing country issues.
- Strong computer skills; MS Office, MS Project, Power Point preferred.

MAIN DUTIES AND RESPONSIBILITIES

Number	Key Performance Areas	Major Activities / Responsibilities	Percent of Time (must equal 65%)
1.	<i>Support to Technical Project Implementation</i>	<ul style="list-style-type: none"> • Support Technical Advisors to develop/design project monitoring and evaluation tools and systems (See E. Monitoring and Evaluations Support) • Provide skilled technical assistance to field-based LTTA in the areas of monitoring, evaluation, and reporting. 	10
2.	Communications and coordination support	<ul style="list-style-type: none"> • Develop standardized reporting templates for supported PMI projects, assist Long Term Technical Advisors to write and submit high-quality reports for PMI. • Work with long-term technical assistance advisors (LTTA) and project support staff to streamline and improve reporting among mechanisms in order to provide PMI with dynamic global summaries and in-depth analysis of PMI-funded activities. • Prepare papers and presentations on PMI partners' experiences internally and externally. • Lead the development and implementation of an annual regional and/or global coordination meeting for involved LTTA. 	20
3.	Monitoring and evaluations support	<ul style="list-style-type: none"> • Develop indicators, reporting tools and/or performance evaluation criteria to capture and disseminate the value added of PMI-funded long term technical assistance provided through the LMG, SIAPS and MCSP projects. • In cooperation with USAID/PMI, develop communication materials and evidence-based results building a case to justify continuation of such long term TA funding from PMI. • In cooperation with project staff, define common indicators as needed to measure quantity, quality, and contribution of LTTA to project objectives. • On an ongoing basis monitor project implementation using standardized monitoring tools, provide technical feedback to project staff for results-based decision making. • Review, develop, and oversee the use of performance monitoring plans for projects, identifying and tracking both process and outcome indicators. • Maintain and store monitoring data, sharing information as needed and requested across projects and with USAID/PMI. • Identify relevant indicators for projects' contributions to improvements in health service delivery. • Collect and consolidate reports across mechanisms, including secondary processing of reports and data for global summaries and consolidated monitoring of project progress. • Coordinate writing, review, and submission of USAID/PMI technical reports (review, edit and finalize quarterly and program reports as requested). 	35

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 coordinator to hold twice a week meetings with Plan international, PMI/CDC/USAID, UNICEF, WHO, AMP and SRs to plan the LLIN	In spite of the Ebola outbreak, the LLIN distribution campaign was successfully implemented and distributed more than 2.7 million LLINs across all 15 counties.

				<p>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>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 activities. The STA supported the two groups to develop an agreement that adheres to GF requirements.</p>	<p>The grant agreement has yet to be signed; however, both parties are closer to signing, after communicating more openly.</p>
Cameroon	Maurice N’Djoré		<p>Drafting the Global Fund malaria grant concept note: the NMCP had no clear</p>	<p>The Senior Technical Advisor supported the NMCP, the country writing team, and the international</p>	<p>The Cameroon concept note was approved and signed.</p>

			strategy or plan.	<p>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 note on time. He helped the NMCP draft responses to TRP questions.</p>	New grant activities under the NFM began in April 2015.
Cameroon	Maurice N'Djoré	CMR-M-MOH	Implementation: in previous grant rounds (3 and 5), the Global Fund noted poor programmatic and financial performance.	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>Since these efforts, the NMCP has consistently submitted the PUDR and dashboard on time.</p> <p>The Global Fund has noted that the quality</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>	and timeliness of submissions has improved.
Cameroon	Maurice N'Djoré	CMR-M-MOH; CMR-910-G08-M	<p>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 monitoring and coordinating activities: implementation bottlenecks ensued, and community activities were poorly coordinated with public sector activities.</p>	<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 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>The NMCP was selected as PR and the four community partner SRs were confirmed (Plan, IRESCO, MC-CCAM, Malaria No More).</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	Pépin	CIV-809-	There had been no direct	The Senior Technical Advisor	As a result of this

d'Ivoire	Miyigbena	G09-M	<p>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 communication with the GF, and low consumption of resources/burn rate by the NMCP.</p>	<p>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>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.</p>	<p>support, the GF resumed disbursing grants to the NMCP:</p> <p>- 2.9 million euros, June 4, 2014: the first direct disbursement of phase 2 of the round 8 grant;</p> <p>- 895,000 euros, December 16, 2014: Second direct disbursement of phase 2 of the round 8 grant</p>
Côte d'Ivoire	Pépin Miyigbena	CIV-809-G09-M	<p>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</p>	<p>The Senior Technical Advisor:</p> <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. 	<p>This support notably streamlined the process of compiling the PUDR, as well as its quality.</p>

			CCM.	<ul style="list-style-type: none"> - 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 	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 implementation of the GF grant.	<p>The Senior Technical Advisor:</p> <ul style="list-style-type: none"> - Supported the NMCP Coordination Committee to review 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. 	100% of the conditions precedent have been lifted. 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	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>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 	<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</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 information in procurement documents (e.g., terms of reference for a tender and the procurement procedures manual) contributed to other irregularities.</p>	<p>which NMCP staff clarified questions on the reimbursement demanded by the GF.</p> <ul style="list-style-type: none"> - 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>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 reimbursement.</p>
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</p>	<p>The warehouse was finally rehabilitated by the contractor and approved by the relevant MOH structures (NPSP, NMCP, DIEM).</p>

				the work according to the specifications.	
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 contracts with the transport companies to transport the LLINs to 82 districts - 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. 	<p>All 400,655 LLIN were received and delivered.</p> <p>No demurrage had to be paid.</p>
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</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 	<p>The Côte d'Ivoire government produced the willingness to pay document.</p> <p>The state will contribute 1.1 million</p>

			of the government of Côte d'Ivoire to finance efforts to combat tuberculosis, HIV, and malaria.	<p>Director General of Health to advocate for the document</p> <ul style="list-style-type: none"> - Met with three national programs (malaria, TB, and HIV) for updates and to propose that MOH submit just one document for the three diseases - Helped draft the document - Helped draft a memo to the Minister providing advice on the willingness to pay document 	euros, exceeding the required 15% contribution.
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</p>	<p>The Senior Technical Advisor regularly helped CRS and the NMCP to draft a mitigation plan to address the risks presented by the</p>	<p>Financing for the Ebola mitigation plan was approved by the GF, the management</p>

			reorient personnel on these strategies.	Ebola outbreak, to revise tools and training, as well as NMCP's coordination with the NMCP.	of malaria control strategies were revised in accordance 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.	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. He actively participated in all the phases of the concept note and annexes (workplan, procurement plan) and negotiation with the GF.	The Guinea proposal was approved. The concept note was accepted. Activities under the new funding model grant are planned to begin July 1, 2015.
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.</p> <p>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.</p> <p>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>