



FIGHTING MALARIA WITH SKILLED LEADERSHIP

SUCCESS STORIES FROM
THE LEADERSHIP,
MANAGEMENT AND
GOVERNANCE NATIONAL
MALARIA CONTROL
PROGRAM CAPACITY
BUILDING PROJECT
2013–2017



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**LEADERSHIP, MANAGEMENT
& GOVERNANCE PROJECT**



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MSH staff

ACKNOWLEDGMENTS

These stories are the result of the efforts of Senior Technical Advisors of the Leadership, Management and Governance National Malaria Control Capacity Building (LMG/NMCP) project since 2013: Olivier Byicaza Nk, Israel Chauke, Ghislaine Djidjoho, Cheikh Gassama, Filiberto Hernandez-Villar, Kwabena Larbi, Youssoufa Lo, Pépin Miyigbena, Maurice N'Djoré, and Remy Prohom. Thank you for capturing and sharing your successes, as well as your dedication to the fight against malaria through your service to National Malaria Control Programs (NMCP).

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ACRONYMS

ACPCI	Association of Private Hospitals of Côte d'Ivoire	MOHSW	Ministry of Health and Social Welfare
ACT	artemisinin-based combination therapy	MSH	Management Sciences for Health
ANC	antenatal care	NMCP	National Malaria Control Program
CCM	Country Coordinating Mechanism	NSP	National Strategic Plan
CDC	Centers for Disease Control	OTSS	onsite training and supervision support
CNLS	National Council for the Fight against AIDS	PMI	President's Malaria Initiative
CRS	Catholic Relief Services	PLNT	National Program against Tuberculosis
CSH	Collaborative Support for Health	RBM	Roll Back Malaria program
DOSTS	Directorate for Strategic Operations and Health Technologies	RDT	rapid diagnostic test
EUV	end-user verification	SEP/CNLS	<i>Secrétariat Exécutif Permanent du Conseil National de lutte contre le Sida</i>
IDB	Islamic Development Bank	SIAPS	Systems for Improved Access to Pharmaceuticals and Services program
IPT	intermittent preventive treatment	SMC	Seasonal Malaria Chemoprevention Campaign
IPT _p	intermittent preventive treatment of malaria in pregnancy	SP	sulfadoxine-pyrimethamine
IRESKO	<i>Institut pour la Recherche, le développement Socio-économique et la Communication</i>	SP3	three doses of sulfadoxine-pyrimethamine
ITN	insecticide-treated bed nets	STA	Senior Technical Advisor
LDP+	Leadership Development Program Plus	T3	WHO initiative "Test. Treat. Track."
LMG	Leadership, Management and Governance project	TB	tuberculosis
M&E	monitoring and evaluation	UNICEF	United Nations Children's Fund
MC-CCAM	Malaria Consortium-Cameroon Coalition Against Malaria	USAID	US Agency for International Development
MOH	Ministry of Health	WHO	World Health Organization



INTRODUCTION

The Leadership, Management and Governance National Malaria Control Program Capacity Building Project (LMG/NMCP), funded by the US Agency for International Development (USAID)/President's Malaria Initiative (PMI), was launched in 2013 with the goal of providing direct technical assistance to National Malaria Control Programs (NMCPs) to manage and implement Global Fund malaria grants in countries with stated needs.

Over four years, LMG/NMCP has provided assistance to NMCPs in Burundi, Cameroon, Côte d'Ivoire, Guinea, Lao PDR, Liberia, Sierra Leone, and Togo, through the indispensable work and expertise of our Senior Technical Advisors (STAs). These STAs, who are directly embedded within the NMCP, served as technical experts as well as day-to-day coaches to NMCP staff, in an effort to sustainably build capacity, improve grant management and partner coordination, and ultimately strengthen the role of the NMCP as the leader of national malaria control efforts.

Over the course of this project, NMCPs across all countries have shown significant improvement in their level of internal coordination, human resource and financial management, leadership capacity, collaboration and coordination with key (as well as new) malaria partners, and improved quality in technical documents. The success and overall impact of this project can, without a doubt, be attributed to the work and dedication of our STAs to serve as technical experts, coaches, mentors, trainers, and role models in their efforts to sustainably build and strengthen leadership, management, and governance capacity.

Our donor has recognized the major contribution—and the major difference—of this tailored assistance. Julie Wallace, USAID Global Health Bureau Malaria Division Chief, said “What these advisors have been able to accomplish in terms of building internal NMCP capacity is just phenomenal. While we have supported other long-term technical assistance advisors to NMCPs, LMG’s advisors, with their focus on leadership and management, are contributing to lasting improvements unlike anything we’ve ever seen.”

This success story compendium highlights how the work of our STAs and the project has directly and indirectly impacted individuals, communities, and countries in the fight against malaria. Whether reinforcing leadership skills, facilitating the engagement of partners in national-level coordination, mentoring, strengthening training approaches, or rationalizing malaria resources, over the course of their time in the field, these STAs have acquired the trust and respect of their colleagues at the NMCP and of the communities they work in, and these stories are just some examples of these achievements.

I am delighted and proud to share these stories with you.

— *Kristin A. Cooney, MA*
Director, West Africa Region
Health Programs Group
Management Sciences for Health (MSH)



“[The LMG/NMCP Senior Technical Advisor] did not hesitate to brave the insecurity of Bujumbura... to meet with me and the SEP/CNLS Management Unit Coordinator...late at night to restore contact between the [two organizations]...which allowed us to reach consensus.”

—Dr. Herménégilde Nzimenya, Director of the NMCP

THINKING OUTSIDE THE BOX—AND THE OFFICE—TO FIND **COMMON GROUND BETWEEN GLOBAL FUND IMPLEMENTING PARTNERS**

SINCE the Global Fund began providing grants to Burundi, the Principal Recipient for malaria funding has been the *Secrétariat Exécutif Permanent du Conseil National de lutte contre le Sida* (SEP/CNLS). The NMCP and SEP/CNLS have never been able to reach agreement on the terms and modalities of a grant agreement to qualify the NMCP as a sub-recipient, effectively preventing the NMCP from playing an active role in the implementation of malaria response activities in Burundi.

When Cheikh Gassama joined the USAID-funded Leadership, Management and Governance (LMG) project as the LMG/NMCP Senior Technical Advisor for Burundi in September 2014, the discussion between the NMCP and the SEP/CNLS was at a complete standstill, with little contact between the two organizations. In an effort to reconcile each party's position and ultimately resolve the issue, Mr. Gassama initiated separate discussions with the NMCP's Director and the SEP/CNLS Management Unit Coordinator. After gaining a deeper understanding of each party's position, Mr. Gassama met with the two directors informally after working hours. By bringing the two parties together in a neutral non-work

environment and facilitating the conversation to resolve misunderstandings, Mr. Gassama broke through the impasse and laid the groundwork for an agreement between the NMCP and SEP/CNLS.

Dr. Herménégilde Nzimenya, Director of the NMCP, expressed his gratitude for the support provided by Mr. Gassama: “You did not hesitate to brave the insecurity of Bujumbura...to meet with me and the SEP/CNLS Management Unit Coordinator...late at night to restore contact between the [two organizations]...and review the contract, which allowed us to reach consensus.” As a result, after more than six months of negotiations, the NMCP officially signed a sub-agreement with the SEP/CNLS to establish the NMCP as a transition partner for US\$140,000 of Global Fund support. This sub-agreement, in effect from September to December 2015, financed a study on the efficacy of antimalarial drugs and funded supervision visits to integrated health facilities and laboratories. “[I strongly hope that the] LMG/NMCP project will continue to assist the NMCP with grant management,” stated Dr. Nzimenya. ■



PARTNERS UNITE TO FIGHT MALARIA IN CAMEROON

Successful partner coordination results in award of 77 million euro grant from the Global Fund

THE Cameroon NMCP works with in-country partners to support malaria interventions and develop national policies and practices for the fight against malaria. The NMCP also is the Principal Recipient of the Global Fund malaria grant. When the USAID-funded LMG/NMCP was launched in Cameroon in April 2014, the program was struggling to develop a high quality concept note for submission to the Global Fund, to be considered as a recipient for future Global Fund grants for malaria interventions.

LMG/NMCP Cameroon worked closely with partners to develop the malaria concept note, coordinating stakeholders to better harmonize technical and financial inputs. According to Dr. Frenk Jose Bessolo Mba, the NMCP Deputy Permanent Secretary, “Without the contribution of technical and financial partners, including LMG/NMCP Cameroon...the concept note would not have been finalized by the Global Fund deadline. LMG/NMCP Cameroon helped facilitate strategic planning and programmatic reviews, coordination and monitoring

between the public sector and the community sector [as well as] performance improvement of the NMCP based on lessons learned and feedback from the Global Fund team. This enabled a breakthrough in finalizing the concept note, while ensuring high quality writing. If the concept note is successfully implemented as designed, the [Cameroonian] people will benefit.”

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





Gwenn Dubourthoumieu



mSOS



Todd Shapera

“Mobile Money allowed us to improve the security, transparency, and traceability of payment transactions, as well as the security of our staff by significantly reducing the difficulties and risks associated with the handling of money during this first phase of the ITN campaign.”

—Mr. Roger Binelli, Mobile Money Focal Point, NMCP, Cameroon

MOBILE MONEY: A SOLUTION FOR FACILITATING PAYMENTS IN MASS ITN DISTRIBUTION CAMPAIGNS

Mobile Money provides an innovative approach to reducing risks and ensuring reliable payment

DURING the 2011 insecticide-treated bed net (ITN) mass distribution campaign in Cameroon, the NMCP encountered several difficulties—primarily around security and transparency—when paying for campaign-related expenses. When designing the 2015 campaign, the primary concerns for the NMCP were to ensure reliable payment of the census and distribution workers and reduce the risks associated with the handling of money, such as theft, armed robberies, and misappropriation of funds.

Mobile Money was chosen as an innovative, reliable, and cost-effective solution to these risks for the 2015 ITN campaign. However, the NMCP staff encountered multiple challenges in the implementation of this new strategy. These challenges included training different stakeholders at the central and regional level, creating accounts and making payments with Mobile Money, and managing the Mobile Money technical platform.

In response to these questions, Dr. Maurice N’Djore, Senior Technical Advisor of the USAID-funded LMG Project, provided technical support and recommendations to the NMCP. With his help, the NMCP was able to implement key preparatory measures prior to the implementation of the Mobile Money strategy, including the designation of a Mobile

Money Focal Point within the NMCP, the training of NMCP and sub-recipient staff by MTN and Orange (the mobile phone operators chosen for the implementation of Mobile Money), and the provision of MTN and Orange technical support to the NMCP for the duration of the campaign.

As a result, Mobile Money was successfully used to pay the census and distribution workers during the first phase of the ITN campaign. This solution offered speed, security, and traceability of payments, giving the workers the assurance that they would receive timely and appropriate payment, as well as drastically reducing the NMCP staff workload and paperwork related to the justification and validation of payments.

According to the NMCP Mobile Money Focal Point, Mr. Roger Binelli, “Mobile Money allowed us to improve the security, transparency, and traceability of payment transactions as well as the security of our staff by significantly reducing the difficulties and risks associated with the handling of money... This contributed to the successful implementation of the first phase of the ITN campaign...and most importantly ensured that the census and distribution workers were able to carry out their duties, resulting in the beneficiaries receiving their ITNs without interruption.” ■





The strategy document will
“facilitate the joint and harmonized
implementation of community activities
in health regions and districts.”

—Dr. Achu, NMCP Permanent Secretary

Gwenn Dubourthoumieu

WORKING IN HARMONY: INTEGRATED STRATEGY PROMOTES COMPLEMENTARY EFFORTS AT THE COMMUNITY LEVEL IN CAMEROON

Coordination of community interventions fostered through integrated strategy for HIV, tuberculosis, and malaria

DURING the implementation of previous Global Fund grants, Cameroon's NMCP struggled to successfully coordinate and implement community activities in the fight against malaria. In the absence of a strategy to harmonize community activities, the NMCP was challenged to monitor community health workers and align partners working to fight HIV, tuberculosis, and malaria at the community level. Although Cameroon's current malaria grant (which was signed by the MOH and Ministry of Finance and the Global Fund in February 2015) included a new approach, without an integrated strategy across the three disease areas, the NMCP was still unable to operate community activities in certain regions.

Recognizing the importance of an integrated effort to fight HIV, tuberculosis, and malaria at the community level, the NMCP led the effort to develop a strategy from November 2015 to May 2016. The NMCP established a dedicated team—including staff from the NMCP, the HIV and TB programs, and Global Fund sub-recipients—to address issues related to the implementation of community activities while the strategy was being finalized.

For the first time in Cameroon, a joint strategy for community activities is being implemented by the NMCP in partnership with the National Council for the Fight against AIDS (CNLS) and the National Program against

Tuberculosis (PNLT). This integrated strategy document will guide implementation of community interventions for the three programs funded by the Global Fund, under the supervision of the Ministry of Health's Directorate for Strategic Operations and Health Technologies (DOSTS). The strategy includes an implementation framework with joint technical approaches, cost sharing arrangements, and a minimum package of activities by disease area.

The LMG Senior Technical Advisor played a crucial role in this process by identifying solutions to challenges encountered by each program in the implementation of community activities, harmonizing activities from each of the three programs, and helping to develop the strategy document. According to the NMCP's Permanent Secretary, Dr. Achu, the strategy document will “facilitate the joint and harmonized implementation of community activities in health regions and districts, reduce the number of actors involved in community activities, address challenges to monitoring and coordination, and prepare versatile community health workers trained in all three disease areas and other areas such as diarrhea.” The strategy, which is currently being implemented, marks an important coordination milestone among the three programs, furthering the goals of each to fight against disease in Cameroon. ■



EFFECTIVE TEAMWORK SAVES LIVES WITH SUCCESSFUL MALARIA CAMPAIGN

LDP+ training helped develop better collaboration in Cameroon

THE NMCP and its partners have made vast advancements in malaria control efforts in Cameroon; from a successful ITN mass distribution campaign, to strengthening and standardizing malaria case management using rapid diagnostic tests (RDTs), artemisinin-combined therapy (ACT), and the intermittent preventive treatment of malaria in pregnancy (IPTp). Despite these efforts, morbidity and mortality rates of malaria in children under five in the North and Far North Regions of the country remain high, particularly during the rainy season lasting from July to October. In the past year, the NMCP looked to decrease morbidity and mortality rates in children under five in these regions, capitalize on lessons learned, and better coordinate with stakeholders to effectively plan, organize, and monitor an effective intervention to address this public health concern.

To develop an appropriate strategy to respond to these challenges, the NMCP used concepts it learned through the Leadership Development Program Plus (LDP+) training, implemented by the USAID-funded LMG/NMCP project for NMCP staff, which emphasizes scanning, focusing, aligning, and mobilizing stakeholders.

In collaboration with its technical malaria partners, the NMCP implemented a Seasonal Malaria Chemoprevention Campaign (SMC) in the North and Far North of Cameroon in 2016. Dr. Ewane Germaine Ekoyol, the Head of the NMCP Malaria Case Management Unit, was elected as the focal person of the activity, which was financed by the Islamic Development Bank (IDB) and the Global Fund. The planning committee created for this activity was composed

of NMCP staff and sub-recipients (SRs) of the Global Fund grant, including Malaria No More, the Malaria Consortium-Cameroon Coalition Against Malaria (MC-CCAM), *Institut pour la Recherche, le développement Socio-économique et la Communication* (IRESCO), and Plan International, in collaboration with LMG/NMCP, the World Health Organization (WHO), and the United Nations Children's Fund (UNICEF), which provided technical support to develop an action plan, provide training materials, develop messaging and communication for the activity, and monitor equipment.

The success of the SMC campaign, coupled with ongoing malaria prevention and control efforts, contributed to a significant decrease in malaria morbidity, with rates dropping by 47% in the North (from 36,024 cases in October 2015 to 19,044 cases in October 2016), and by 60% (or 75,364 cases in 2015 compared to 44,971 cases in 2016) in the Far North, and an overall decrease in malaria mortality rate of 59% and 74% in the North and Far North of Cameroon, respectively, since the start of the campaign, according to data from 2016. Dr. Ekoyol credited the LDP+ training with a key role in the success of the intervention, since it helped partners effectively work together to address a challenge and achieve a successful result. "As part of the NMCP staff, I am happy that we were able to organize a truly successful first SMC campaign in Cameroon, in collaboration with our SRs and with the technical support of our partners, in particular the WHO, UNICEF, IDB, and MSH." ■





As part of the NMCP staff, I am happy that we were able to organize a truly successful first SMC campaign in Cameroon from July to October 2016, in collaboration with our SRs and with the technical support of our partners.”

—Dr. Ekoyol, NMCP Malaria Case Management Unit Head



TEAMWORK AND DELEGATION OF TASKS FACILITATES THE SUBMISSION OF THE GLOBAL FUND MALARIA CONCEPT NOTE IN CÔTE D'IVOIRE

NMCP now uses facilitated teamwork to carry out key functions

AS THE NEXT Principal Recipient of the Global Fund malaria grant, Côte d'Ivoire's NMCP faced a major challenge: on October 1, 2014, the Global Fund sent feedback on the NMCP concept note, requiring significant revisions to the note by October 15, 2014 to ensure submission.

The concept note committee had little hope that it could complete the necessary edits in fourteen days. Even Côte d'Ivoire's Country Coordinating Mechanism (CCM) doubted the NMCP's ability to meet the October 15 deadline and considered delaying the concept note's submission.

The LMG/NMCP project's Senior Technical Advisor in Côte d'Ivoire advised the NMCP to avoid delaying the submission and assured the CCM and the NMCP Director General that it was possible to meet the deadline with organization and teamwork. The project organized the NMCP and other stakeholders, working first with the NMCP leadership to identify which staff could be excused from other work to focus on the concept note, then dividing staff and relevant NMCP partners into teams. After identifying main areas for improvement, each team was given a firm deadline to revise and complete a section of the note. The LMG/NMCP Senior Technical Advisor monitored each team's work, providing technical support, feedback, and encouragement as needed. The NMCP successfully submitted the concept note by

the October 15 deadline, and in early December 2014, the NMCP received the good news—the concept note had been approved.

The Coordinating Director of the NMCP is convinced that the October 15 submission was made possible through the teamwork led by LMG/NMCP, noting that “the facilitated teamwork allowed us to overcome the challenges that jeopardized the October 15 submission. The LMG/NMCP Senior Technical Advisor's approach allowed each team member to apply their skills in order to produce a high quality concept note. This team-based approach is now being used by the NMCP to ensure that each phase of the national bed net distribution campaign is successful. While we were already a team, the support provided by LMG/NMCP has allowed us to become stronger and more dynamic.” ■

“While we were already a team, the support provided by LMG/NMCP has allowed us to become stronger and more dynamic.”

—MOH Cabinet Director



IT ONLY WORKS IF YOU USE IT: THE DOOR-TO-DOOR HANG-UP CAMPAIGN FOR BED NET USE

Ensuring that families actually use the bed nets distributed throughout the 82 districts of Côte d'Ivoire

IN 2011, the Côte d'Ivoire NMCP distributed for free more than 8 million ITNs—enough for every family with a pregnant woman or a child under five in the country.

The LMG project, with funding from both USAID and PMI, began assisting the NMCP in early 2014. The project discovered that less than one in three households was using the net given to them in 2011; the LMG Senior Technical Advisor for Malaria, Pépin Miyigbena, realized that no one had shown families how to hang the nets.

In Miyigbena's own words: "If you just give someone something new, without explaining why and how to use it, chances are they won't."

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 bed nets."

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. ■



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

—Dr. Méa Antoine Tanoh, Coordinating Director, NMCP



THE IMPLICATIONS FOR SUCCESS OF **ACTIVE LISTENING** FOR CÔTE D'IVOIRE NMCP TEAMS

“He who knows how to listen, becomes someone to whom we listen.”

AT THE REQUEST of Dr. Méa Antoine Tanoh, Director of the NMCP in Côte d'Ivoire, and with the support of the USAID-funded LMG project, the NMCP participated in a LDP+ from November 2014 until November 2015. The LDP+, developed by MSH, is a team-based, results-oriented, participatory leadership development process that enables teams to face challenges and achieve results through action-based learning. As they work on real workplace challenges, the teams receive feedback and support from facilitators and local technical coaches to achieve measurable results.

One of the three NMCP teams in the LDP+ chose to address the challenge of improving the coverage rate of the three doses of sulfadoxine-pyrimethamine (SP3) for intermittent preventive treatment of malaria for pregnant women (IPTp). Over the course of their first two working sessions designed to understand the context of this challenge, exchanges within the team were tense, demonstrated intolerance, and lacked the participation of two noticeably timid group members.

With the support of the LDP+ technical coaching team, the members of this NMCP LDP+ team committed to the practice of active listening, one of the techniques discussed in the first LDP+ workshop. This practice, which consists of careful, judgment-free listening, patience, and constructive

feedback, helped the team engage the two reticent team members. As a result, these two team members began expressing their opinions and proposed the necessary actions to overcome the obstacles and root causes of the identified challenge, including a survey of the health agents in the Didiévi health district, which had the lowest SP3 coverage rate. Through this survey, the team identified four root causes of the poor SP3 coverage rate for pregnant women: late antenatal care; geographic inaccessibility; the lack of spousal involvement in raising awareness on the use of IPTp; and underreporting by providers of women on SP3.

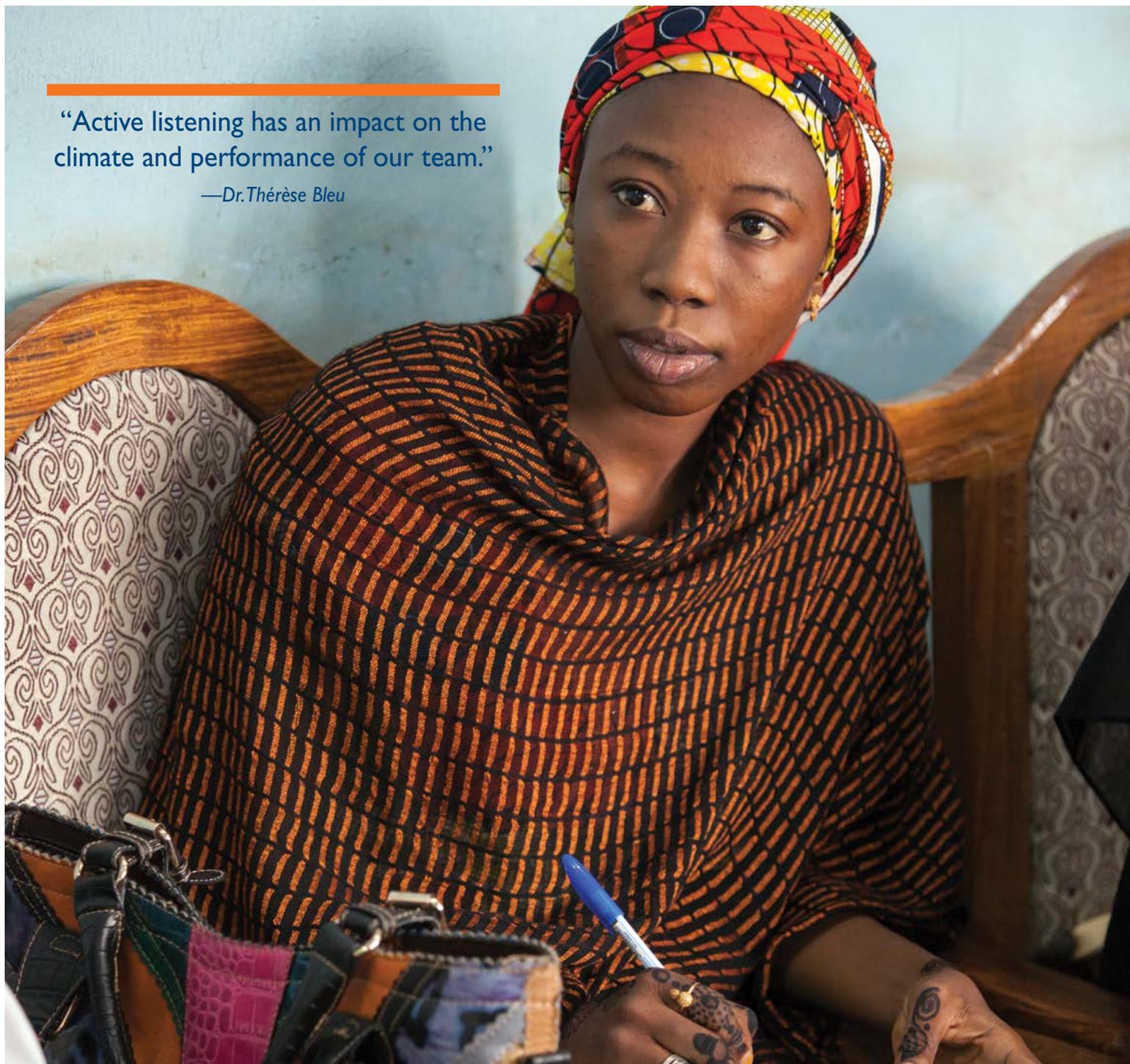
The LDP+ team then created an action plan that focused on these root causes. Within two months of implementing the action plan, the SP3 coverage rate increased by 4% in the Agnéby Tiassa Mé Region and by 14% in the Bélier Region. The coverage rates for both regions had previously been relatively stagnant over the long term.

After four months, the team members are proud to have overcome their challenge and improved the SP3 coverage rate. They attribute their success to their use of active listening, an essential leadership quality and determining factor in the effectiveness of a team. ■



“Active listening has an impact on the climate and performance of our team.”

—*Dr. Thérèse Bleu*





“The LDP is a magical program that should be conducted wherever there is a love for thinking.”

—Dr. Victoire Broalet

THE PROFESSIONAL AND PERSONAL IMPACT OF THE LDP+

A testimonial by Dr. Victoire Broalet, NMCP pharmacist

DR. VICTOIRE BROALET, a pharmacist with the NMCP in Côte d'Ivoire, used to think that only men or people with great political power could be leaders. Her perspective changed when she had the opportunity to participate in the LDP+ from November 2014–November 2015, supported by Dr. Méa Antoine Tanoh, Director of the NMCP, and the USAID-funded LMG project. The LDP+, developed by MSH, is a team-based leadership development process that uses action-based learning. As teams work on real workplace challenges, they receive feedback and support from facilitators and local technical coaches to achieve measurable results. Below, Dr. Broalet shares the story, in her own words, of the impact of the LDP+ on her personal and professional life.

“At work, I could not organize myself or complete tasks on time. I didn’t take initiative and was trapped in a subordinate role. Communication with other staff members wasn’t open. Before, in my current position, I felt like everything eluded me and I was going nowhere, like I had no potential. I felt lost! I blamed myself for having quit my first job.”

“My participation in the first LDP+ workshop helped me understand that leadership is not just a privilege for men, and even less so just for public figures. I immediately understood that in applying the principles of this program, I had the power to change my perspective, and others’ opinions of me, in professional settings as well as my personal life. I understood that I had to be the change that I wanted to see. I then decided to overcome the challenges presented to me and to succeed in the tasks entrusted to me by my superiors. I invested time in understanding the things I didn’t know and in developing my own leadership.”

“Today, thanks to the LDP+, communication at work has improved. I’m more organized, and I frequently complete tasks on time. I take more initiative, and managing my time better gives me the chance to spend more time with my family and to be more balanced and fulfilled.”

“Most recently, having successfully negotiated with one of our partners, I ensured that the advanced strategies for 14 districts were completed on time. For this accomplishment, I received personal congratulations from [the NMCP] Director, Dr. Tanoh. I admit that this acknowledgment gave me a great feeling. I felt proud and like a leader!”

“Now, I enter the doors of the NMCP to work each morning with much less apprehension and more serenity.”

Dr. Broalet is now more fulfilled by her relationship with her daughter, as well as by her position. ■



Dr. Victoire Broalet and daughter by MSH staff



GREATER FULFILLMENT THROUGH IMPROVED LEADERSHIP, MANAGEMENT, AND GOVERNANCE PRACTICES

LDP+ increased performance, accountability, and confidence

FOR MANY YEARS, Mr. Jean-Paul Koffi, Senior Accountant at the NMCP, lived in a state of perpetual stress and anxiety associated with extra work, demanding colleagues, and constant reproaches and shortcomings reported at the end of external audits and local funding agent reviews.

When Dr. Méa Antoine Tanoh, Director of the NMCP in Côte d'Ivoire, requested USAID support for an LDP+, Mr. Koffi participated as a member of the team focused on improving financial management of the round-eight Global Fund grant. The LDP+, developed by MSH, is a team-based, results-oriented, participatory leadership development process that enables teams to face challenges and achieve results through action-based learning. As they work on real workplace challenges, the teams receive feedback and support from facilitators and local technical coaches to achieve measurable results. This LDP+, supported by the USAID-funded LMG project, began in November 2014 and ended in November 2015.

During the first six months of leadership, management, and governance training with his LDP+ team, Mr. Koffi, along with other members of the financial management team, reorganized their work, improved the distribution of tasks, restructured internal communication, and held regular weekly meetings to plan and monitor the implementation of their activities. The team rediscovered their collective confidence and cohesion, resulting in a more peaceful and cooperative work environment.

These positive changes allowed Mr. Koffi to keep his accounting records up to date, to respect accounting norms and procedures, to regularly produce financial reports, and to perform monthly financial closings on time. Now, he easily carries out his essential tasks, including archiving of accounting records, bank reconciliations, preparation of periodic financial reports, and budget monitoring. For the first time, the external audit completed for January–June 2015 uncovered no major issues—a huge victory for Mr. Koffi and the finance team.

Today, Mr. Koffi feels more fulfilled and productive. Very happy with the added value the LDP+ brought to the financial management team, he now finds that with a more effective work environment he is able to spend more time with his family. ■



Jean-Paul Koffi by MSH staff



“The LDP+ is a great behavior change program that allows you to regain self-confidence through observation and action.”

—Mr. Jean-Paul Koffi, Senior Accountant
at the NMCP in Côte d'Ivoire



Under the supervision of a statistician from the National Malaria Control Program, data collection for an end-use verification survey was conducted at the Soubré Hospital in southwest Côte d'Ivoire. The exercise allowed for a more detailed look at malaria commodity management than a situational analysis could provide.



IMPROVING MALARIA **COMMODITY** MANAGEMENT THROUGH THE EUV PROCESS

An end-use verification survey identified key actions for strengthening malaria supply chain management in Côte d'Ivoire

AFTER conducting a situation analysis of the supply chain for the NMCP in Côte d'Ivoire, USAID's LMG project found that it was still missing key information on malaria commodity management. By following up with an end-user verification (EUV) process in one region, the project was able to better understand both the flow of malaria products and the implementation of malaria case management policy in health facilities, ultimately making targeted recommendations to reinforce both.

When she began providing technical assistance to the NMCP in November 2015, LMG's Senior Technical Advisor for Supply Chain Management made a supply chain situational analysis her first priority; however, understanding the specifics of malaria commodities proved to be difficult because available supervision reports did not distinguish them from other products. Additionally, while supervision was conducted at peripheral levels, it was mostly focused on HIV programming; results were rarely sent up the system hierarchy to the central level.

The Senior Technical Advisor suggested that more could be learned through an EUV process, using the tool developed by the PMI both to observe the practices and collect data on

commodity management. This methodology is adaptable to Côte d'Ivoire's "push system" of malaria commodity allocation and could accommodate the full range of products used by the NMCP.

Conducted in 25 health facilities in the Gbokle Nawa San Pedro region in June 2016, the EUV survey showed that lack of respect for established minimum and maximum stock levels had created wide variations in product availability across all facilities, and that only half of supervision visits around that time included malaria case management components.

The EUV results led to significant changes in the Gbokle Nawa San Pedro region: all supervision visits now include malaria data quality controls; district team meetings are held more regularly; stocks are monitored and managed closely by the regional pharmacist; and malaria commodities are regularly transferred from districts with surpluses to those facing shortages. The Interim Director of the NMCP's Monitoring and Evaluation Unit believes the EUV process should be extended to other districts, recognizing the improvements to his unit: "This activity has encouraged us in our mission to ensure quality control of data and evaluate the performance of indicators." ■



A woman with short dark hair, wearing a white lab coat, is speaking and gesturing with her right hand. She is in a room with yellow walls. In the background, there is a doorway and a poster on the wall. The poster features a photograph of a person and some text, including the words "The risk of..." and "may be...".

WHEN THE BEST
LEADERS' WORK
IS DONE, THE
PEOPLE WILL SAY
"WE HAVE DONE
IT OURSELVES."

—Lao Tzu



FOSTERING PUBLIC-PRIVATE PARTNERSHIPS FOR IMPROVED MALARIA TREATMENT

Increasing access to quality malaria treatment and care in Côte d'Ivoire's private facilities through a new partnership agreement

CÔTE D'IVOIRE is one of the ten countries most affected by malaria in sub-Saharan Africa, with 3,712,831 confirmed malaria cases in 2014, according to WHO. Since April 2014, Côte d'Ivoire has actively worked to involve the private sector in the provision of quality malaria prevention and treatment services as a part of the country's national strategy to fight against malaria.

Before August 2016, children under one year of age and pregnant women attending for-profit private clinics did not have access to ITNs to protect themselves against malaria. Pregnant women accessing these private clinics for their antenatal care (ANC) visits did not receive sulfadoxine-pyrimethamine (SP) as IPTp. Funding from the government and the Global Fund ensures that all malaria commodities are provided free of charge to patients in both public and private health facilities; however, many for-profit private facilities do not administer malaria treatment based on testing or in compliance with national standards. Further, data on malaria care and treatment in for-profit private clinics was not captured in the national health information system.

In July 2016, the NMCP took on this challenge by partnering with the Association of Private Hospitals of Côte d'Ivoire (ACPCI) to ensure the provision of quality malaria prevention and treatment services to patients accessing private clinics. After signing a partnership agreement on August 24, 2016, the NMCP provided ACPCI with the necessary information

technology equipment to begin to manage health data from for-profit private health facilities.

As the NMCP's Director, Dr. Méa Antoine Tanoh, claimed, "Signing this collaboration framework is a new beginning for the NMCP." The LMG Senior Technical Advisor played a pivotal role in establishing this partnership by helping the NMCP develop a strategy to both incorporate the private sector into the Global Fund concept note and implement malaria control activities in the private sector. The LMG Senior Technical Advisor also facilitated discussions between the NMCP and ACPCI to develop the partnership framework and supported data collection within ACPCI-affiliated private health facilities.

In for-profit private clinics, 84 health workers have been trained on new procedures for malaria prevention, treatment, and care, and 55 health workers have been trained on data management. As a result, children under one year of age and pregnant women now routinely receive free ITNs and SP in 30 of ACPCI's affiliated private health facilities, and will soon receive these services in all 62 facilities in ACPCI's network. ■

"Signing this collaboration framework is a new beginning for the NMCP!"

—Dr. Méa Antoine Tanoh, NMCP Director





Partners, by MSH staff

STRENGTHENING NMCP PARTNER COORDINATION AND OWNERSHIP

LMG project recommendations helped extend and improve participation in malaria task force meetings in Côte d'Ivoire

“NOW, we have conducted a *real* task force meeting,” declared Dr. Méa Antoine Tanoh, Director of Côte d'Ivoire's NMCP, in October 2016. The NMCP introduced semi-annual task force meetings to coordinate national malaria control activities beginning in 2013, but October 2016 was the first time all of the country's malaria partners had convened and presented their own research results. This simple but significant change was the result of a recommendation by the USAID-funded LMG project.

Coordinating malaria strategy has been urgent in Côte d'Ivoire, where in 2015 3,211,468 cases of infection were confirmed and treated in health centers; an additional 91,497 confirmed cases were treated directly in the community. The government's partners in the fight against malaria include USAID, UNICEF, and WHO, as well as private-sector stakeholders like Sanofi and Bayer. However, most partners had no voice in the first several task force meetings—both because invitations had been limited to sub-recipients of Global Fund grants, Regional Health Directors, and Ministry of Health and Public Hygiene representatives, and because presentations at the meetings had previously only been delivered by NMCP staff members.

By not involving the full range of stakeholders in task force meetings, the NMCP was compromising its ability to coordinate malaria activities. Additionally, it placed a

considerable extra burden on team members—responsible not only for planning the meetings but also developing and delivering the full agenda of presentations—leading to burnout. NMCP team members openly reported high levels of stress and frequently called in sick in the days following their presentation of the NMCP information, where they endured stakeholder criticism.

In response, the LMG project's Senior Technical Advisor proposed revised terms of reference for the task force meetings that emphasized the need to make them engaging and more effective in reinforcing national-level coordination of malaria control activities. In particular, he recommended extending invitations to all partners (beyond Global Fund grantees) and suggested requiring each attending organization to present its activities, progress, and results as a way to reinforce ownership and accountability.

Although changes did not come without nearly two years of advocacy from the LMG project, the October 2016 task force meeting included ten new partners—32 partners in total. Especially noting the constructive and motivating feedback they received on their first-time presentations, participants congratulated the NMCP for revising the task force meeting format, and for promoting better collaboration and coordination among national malaria stakeholders. ■







STRENGTHENING PARTNERSHIPS IN THE FIGHT AGAINST MALARIA IN GUINEA

Technical groups provide an ideal structure for solving the NMCP's coordination challenges

ONE OF the major pillars for achieving the national objectives in Guinea's 2013–2017 National Strategic Plan is strengthening partnerships. The USAID-funded LMG project, implemented by MSH, is providing direct technical assistance to Guinea's NMCP to work toward this goal.

The LMG/NMCP project conducted a thorough situational analysis of the NMCP in partnership with Stop Palu in November 2013. This analysis revealed a lack of involvement of key partners in the NMCP's planning, coordination, implementation, and monitoring of program activities, hindering the NMCP's ability to coordinate efforts and achieve priority targets in the fight against malaria.

Working in close collaboration with the leaders of each NMCP unit and the central coordination unit, the LMG/NMCP Senior Technical Advisor helped the NMCP develop five functional technical groups to address these challenges: Monitoring and Evaluation; Case Management; Information; Education, Communication, and Behavior Change Communication; and Commodities and Vector Control. These technical groups, led by NMCP unit leaders, are composed of representatives from Stop Palu, Catholic Relief Services (CRS), Systems for Improved Access to Pharmaceuticals and Services Program (SIAPS), the Ministry of Health, universities, and the private sector. During regular monthly meetings, the LMG/NMCP project assisted each

of the five groups to develop terms of reference and their respective technical group workplans that included plans for coordination with other technical groups and partners.

According to the surveyed NMCP unit managers, the technical groups provide an ideal environment for harmonization of key NMCP interventions. By working synergistically in technical groups, the program achieved more than 80% of the activities included in the NMCP's six-month workplan. The NMCP now has better coordination of interventions, communication with partners, regular monitoring of workplan implementation, sharing of technical documents, and increased accountability, enabling the program to develop richer interventions and strategies for malaria control. ■

“By establishing technical groups within the NMCP...coordination with partners in the fight against malaria has improved.”

—Dr. Timothé Guilavogui, Deputy Coordinator, NMCP, Guinea



“The myth of private sector integration in the fight against malaria has now become a reality.”

—Dr. Timothé Guilavogui, Deputy Coordinator,
NMCP, Guinea

INVOLVING PRIVATE HEALTH FACILITIES IN THE FIGHT AGAINST MALARIA IN GUINEA

“Knowledge, like a garden, cannot be harvested if it is not cultivated.”

HEEDING the proverb, “Knowledge, like a garden, cannot be harvested if it is not cultivated,” when the leaders of Guinea’s NMCP learned that nearly 60% of all primary curative care consultations in the capital city of Conakry took place at private health facilities, they knew they needed to enrich their knowledge. Digging deeper, they found that many private facilities did not follow the national malaria treatment and prevention guidelines: private providers prescribed drugs that were not recommended or were of unknown origin, did not collaborate with public health authorities, and rarely participated in district activities. As a result, data from private facilities—on the number of cases treated and how—were not integrated into district and municipal health reports. With an incomplete picture of malaria control activities, the NMCP struggled to make data-based decisions.

When the USAID-funded LMG project introduced the LDP+ to the NMCP, they saw an opportunity to act on this knowledge. The LDP+ organized NMCP staff into teams that worked together to identify a common vision and a challenge that was keeping them from achieving it. The vision was clear: integrate private health facilities into national malaria control efforts.

The teams worked together to develop action plans that included meeting with private facilities. They learned that these facilities lacked even more than they first imagined, including provider training, consultation records, and free insecticide-treated bed nets and anti-malarial drugs. With the support of LMG, the teams established a memorandum of understanding on integration between the NMCP and private sector facilities. They held refresher trainings for private providers, supplied facilities with approved treatments and bed nets at a flat rate, and carried out coaching visits.

Five months later, at least 80% of private sector facilities in the Ratoma and Matoto districts of Conakry were applying national protocols for malaria treatment, routinely distributing bed nets, transmitting their monthly reports to the district, and participating in coordination meetings with the Prefectural Health Directorates. According to the Deputy Coordinator, Timothé Guilavogui, “the myth of private integration in the fight against malaria has now become a reality in Guinea. This integration contributes to better information for decision-making and reduces Guineans’ risk of exposure to counterfeit drugs.” ■





PERSONNEL COACHING, AN IMMEDIATE SOLUTION FOR IMPROVING THE QUALITY OF HUMAN RESOURCES

A 2013 LMG situation analysis of the Guinea NMCP revealed weaknesses in the quality of human resources; the program staff were receiving no guidance or coaching and were unaware of their roles and responsibilities. This situation limited the NMCP's ability to play its leadership role in the national fight against malaria. In response, the NMCP took advantage of the Global Fund's New Funding Model to hire seven individuals with needed skill sets and assigned them to different coordinating units within the NMCP.

Within this context, the LMG project, financed by USAID's PMI, was asked to provide coaching to the new NMCP staff. Coaching consisted of several individual meetings led by the LMG/NMCP Senior Technical Advisor and focused on the behavior, skills, and knowledge of staff, as well as the organizational structure of the NMCP. The LMG Advisor reinforced leadership and management practices, such as strategic and operational planning, coordination, and team work. These coaching meetings were compelling moments in assessing the staff's contribution to implementing the work plan, encouraging them, and recognizing the results achieved by the coordinating units.

To date, all of the staff that received coaching are well integrated into their coordinating units. They know how the NMCP functions, effectively plan their monthly and weekly activities, perform regular monitoring of the workplan, and ensure consistent communication with all partners. Their involvement in the operation of the coordinating units was instrumental in restoring the leadership role of the NMCP and in the implementation of the 2015 workplan, which surpassed an 80% implementation rate—despite the Ebola virus outbreak.

According to the NMCP Deputy National Coordinator, “Personnel coaching is a winning bet, an immediate solution for improving the quality of human resources at a low cost. It is a simple and effective leadership practice that was adapted to the NMCP, which is often faced with multiple human resource management challenges. One just needs to believe in this approach and carry it out with conviction in order to transfer the skills to new staff and ensure the integration of best practices, which will influence the success of health programs and the overall strengthening of the health system in Guinea.” ■





“Personnel coaching is a winning bet, an immediate solution for improving the quality of human resources at a low cost. It is a simple and effective leadership practice...which will influence the success of health programs and the overall strengthening of the health system in Guinea.”

—NMCP Deputy National Coordinator



“What we saw as problems yesterday, we now see as opportunities to boost and improve malaria control efforts in Guinea, thanks to the LDP+.”

—*Pharmacist from the Télémélé Prefectoral Health Office*

INTEGRATING LEADERSHIP PRACTICES TO IMPROVE MALARIA CONTROL EFFORTS

The abridged LDP+ allowed community health workers in the field to take ownership of malaria control efforts and develop action plans that generate results

WHEN the USAID-funded LMG/NMCP project discovered, through an organizational capacity assessment of the NMCP, challenges related to human resource management and monitoring and evaluation (M&E) capacity, as well as a lack of tools and processes necessary for effectively planning and implementing supervision visits across the country, the project took action. These challenges were negatively impacting the NMCP's ability to lead malaria control efforts in the country.

LMG/NMCP implemented the LDP+ in 2015. This tool utilizes a participatory approach to address challenges and build leadership capacity. Between 2015 and 2017, LMG/NMCP successfully implemented three cycles of the LDP+. The first cycle was carried out during an eight-month period for central-level technical units and local and district-level teams. During the program, participants learned new leadership, management, and governance practices in an effort to strengthen the quality of malaria data as well as integrate the private sector into malaria control efforts in Guinea.

The second cycle, implemented in 2016, was a condensed, three-month program consisting of four key steps: (1) a situational analysis; (2) a workshop to share analysis results and present key leadership and management concepts;

(3) two to three coaching missions; and (4) a restitution workshop.

After the first two successful cycles, the NMCP piloted a third phase of the LDP+ in February 2017 in two health centers in Conakry to improve the quality of care and supply chain management in these facilities and adapt the supply chain management program training to include specific LDP+ modules. The NMCP also now uses the challenge model approach to develop road maps and response plans prior to the quarterly reviews, carry out supportive supervision and its biannual EUV survey, and to organize meetings with thematic working groups and the Roll Back Malaria (RBM) committee.

The routine integration of leadership practices by the NMCP has led to an improvement in the level and quality of national malaria control interventions across the country. According to a pharmacist from the Télémélé Prefectoral Health Office, by strengthening leadership capacity at all levels using the LDP+ approach, those in the field are able to take ownership of malaria control efforts and develop action plans that generate results. "What we saw as problems yesterday, we now see as opportunities to boost and improve malaria control in Guinea, thanks to the LDP+," he said. ■





PARTNER COORDINATION RESULTS IN SUCCESSFUL ITN DISTRIBUTION CAMPAIGN

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

THE LIBERIAN NMCP and its partners were planning a mass distribution campaign of ITNs when the Ebola virus 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 uncertainty as to whether the ITNs would be shipped to Liberia.

Despite these seemingly insurmountable challenges, the USAID-funded LMG/NMCP project successfully supported the NMCP and its partners to undertake a mass nationwide distribution of ITNs.

LMG/NMCP helped the NMCP and its partners to determine the safest, most cost-effective, and most equitable option for distributing ITNs. After discussing all options, the partners decided to undertake a simultaneous universal distribution of ITNs in all of the counties of Liberia. With LMG/NMCP support, the NMCP also developed and implemented a strategy to distribute 250,000 ITNs 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. Nyansaiye, 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 ITN campaign objective."

The persistence and commitment of the NMCP and its partners, with active support from LMG/NMCP, USAID/PMI, and Centers for Disease Control (CDC) staff, contributed to the successful distribution of over 2.78 million ITNs. The campaign was successful in spite of the Ebola outbreak and the enormous toll 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. ■

"LMG/NMCP's...contribution was instrumental in achieving the mass ITNs campaign objective."

—Mr. Nyansaiye, Senior NMCP Staff



DOCTORS ENGAGED IN IMPROVED MALARIA CASE MANAGEMENT WITH PEER TRAINING

Taking additional steps to understand the needs of doctors in Liberia allowed the LMG/NMCP project and NMCP to find a new way to train doctors in malaria case management

THE NMCP in Liberia is scaling up malaria control interventions with support from the USAID-funded LMG project, The Global Fund, and other partners. Every year, the NMCP updates frontline health workers on new policies and guidelines in malaria management in line with RBM and WHO recommendations. The NMCP then follows up with quarterly supportive supervision of health workers to encourage evidence-based practices for the management of both simple and severe malaria cases in health facilities.

In theory, it is a strong approach, but in practice, despite many attempts, the NMCP has been unable to get many doctors to attend these trainings—and their absence is affecting the quality of services. Reports from supportive supervisory visits indicate that some doctors are not following current WHO recommendations when managing malaria cases. Additionally, since doctors often manage the higher-level health facilities, they are not providing the requisite support and resources to other clinicians practicing evidence-based malaria control, even though these staff have been trained by the NMCP.

The LMG/NMCP Senior Technical Advisor, Kwabena Larbi, set out to understand the root cause of this challenge. Again and again, doctors told him that they are more comfortable

being trained by fellow doctors, which they believe allows for an easy exchange and acceptance of new ideas. With this feedback, Mr. Larbi discussed best options to bring the doctors on board with the NMCP training team. He shared his experience from other countries and encouraged the training team to adapt those ideas to the Liberia context. The training team agreed to adopt a new model to train doctors on malaria case management: form a team of experienced doctors, provide them with evidence-based updates, and have them conduct trainings for doctors. “I am really pleasantly impressed with the new ideas that the [training] team is proposing. Involving doctors more closely will definitely improve NMCP effectiveness in fighting malaria,” claimed Oliver Pratt, NMCP Program Manager.

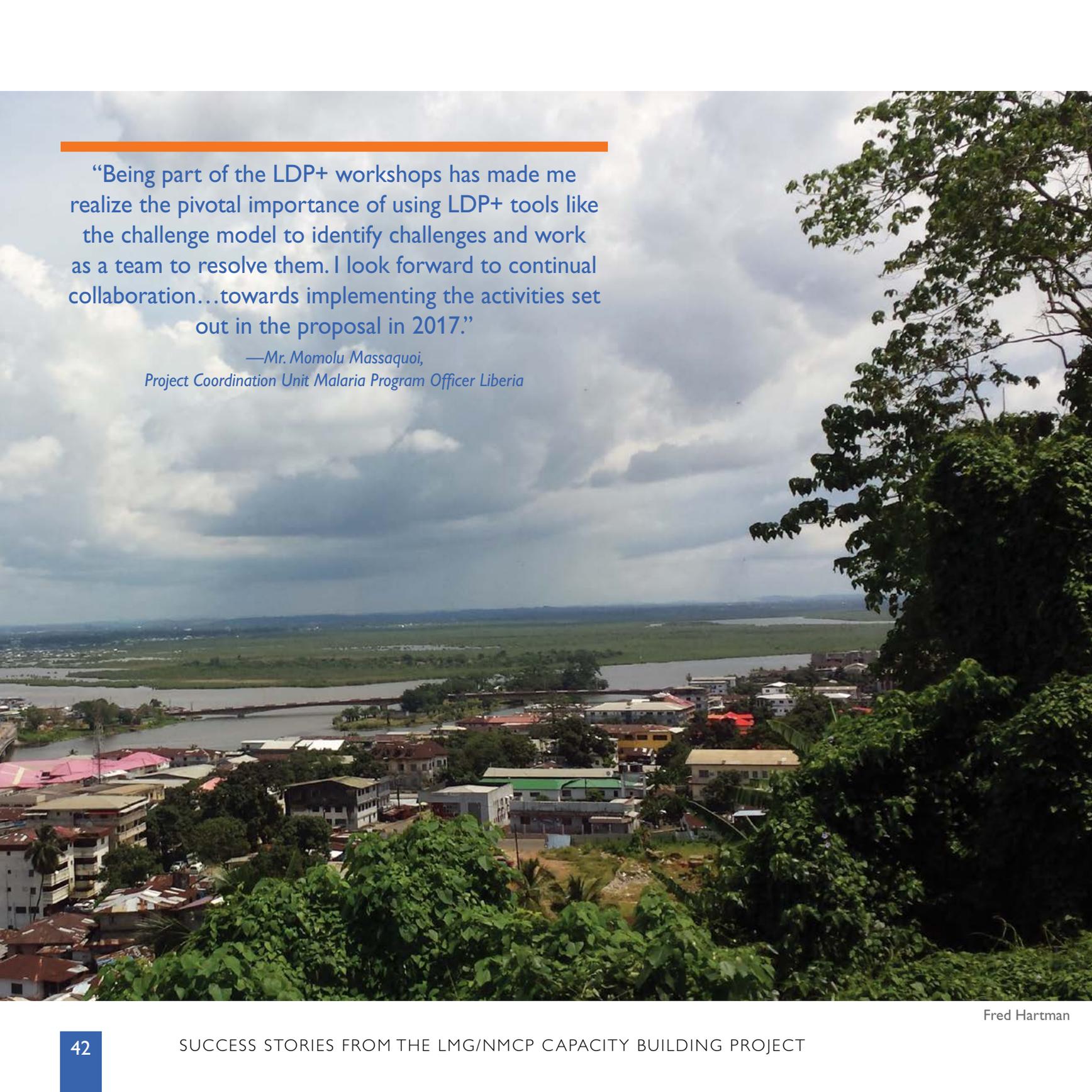
The NMCP expects this doctor-to-doctor training activity will improve access to quality malaria treatment for the people of Liberia. This experience demonstrates the need for dialogue, flexibility, and creativity to adapt an activity to meet the needs of a key stakeholder group. ■





“Involving medical doctors more closely will definitely improve NMCP effectiveness in fighting malaria.”

—*Oliver Pratt, NMCP Program Manager*



“Being part of the LDP+ workshops has made me realize the pivotal importance of using LDP+ tools like the challenge model to identify challenges and work as a team to resolve them. I look forward to continual collaboration...towards implementing the activities set out in the proposal in 2017.”

—Mr. Momolu Massaquoi,
Project Coordination Unit Malaria Program Officer Liberia

EFFECTIVE LDP+ LEVERAGES FUNDING FOR LIBERIA NMCP

Structured leadership and development program improves health outcomes using a team-based learning approach

STRENGTHENING and building leadership and management skills within health systems teams are central to successfully improving the health of a country's population. USAID's LMG/NMCP in Liberia has specifically focused on these topics so teams can identify and solve challenges quickly—focusing on results.

The LDP+ is an important tool to engage program staff and management in an eight-month process to identify challenges faced within the NMCP, and to work in teams to address these challenges. The LDP+ builds on the principles of experiential learning, recognition of existing skills, and staff expertise. Senior managers and coaches facilitate the process to help reduce identified roadblocks, which helps guarantee each team's success.

The NMCP in Liberia experienced great success recently after completing the first cycle of the LDP+. Two concrete successes include the staff's ability to apply the challenge model and action planning in their everyday lives, as well as their ability to work more effectively as a team to identify and resolve challenges that arise. The LMG/NMCP Senior Technical Advisor led the charge, providing long-term technical assistance since 2014, working with NMCP staff to implement the LDP+.

Because of its initial success, the country's Minister of Health now recognizes the importance of this process in helping programs take the lead in resolving implementation challenges, which include poor communication between programs and the Ministry of Health and Social Welfare (MOHSW), lack of clear guidelines in submission of requests from programs, long and cumbersome approval processes, and poor adherence to programs to procurement, financial, and reporting policies.

At the top of the list, however, is the slow implementation of Global Fund activities, so the MOHSW recommended the senior management of the Global Fund-supported programs—including the NMCP and HIV/AIDS and TB—participate in the LDP+ program. LMG worked closely with both the MOHSW and the MSH-led Collaborative Support for Health (CSH) project to solicit funds from different donors. The German International Agency approved the proposal for funding for an amount of \$87,000 to launch a new LDP+ cycle for the senior management of the MOHSW.

The LMG NMCP Senior Technical Advisor is working with both the MOHSW and CSH to organize the workshops. ■



IMPROVING MALARIA CASE MANAGEMENT IN LIBERIA'S PRIVATE HEALTH FACILITIES

Introducing the onsite training and supervision support model to improve the performance of health workers and quality of care delivered in Liberia's private health facilities

ALTHOUGH the NMCP is responsible for providing supplies, training, and supervision to both public- and privately-owned health facilities throughout Liberia, resource constraints have forced the NMCP to prioritize supervision to public facilities over private facilities. This has greatly impacted Montserrado County, where more than 70% of all health facilities are privately owned. Years of minimal supervision in Montserrado County have contributed to poor malaria diagnosis, treatment, and case recording in private health facilities.

Recognizing this issue, the USAID-funded LMG/NMCP project introduced the NMCP to onsite training and supervision support (OTSS) as a pilot program to tackle the challenges facing Montserrado County. Across many different countries and contexts, OTSS has proven more effective than formal training in improving the performance of health workers and quality of care delivered. The LMG Senior Technical Advisor introduced the OTSS pilot with the hope that it would be adopted and scaled up by the NMCP and other units of the MOHSW. With initial funding provided by LMG/NMCP, the LMG Senior Technical Advisor trained six members from the NMCP, three Montserrado County health workers, and three representatives of the MOHSW in OTSS supervisory tools and processes. After completing the training, the team conducted visits to more than 100 of the 230 private

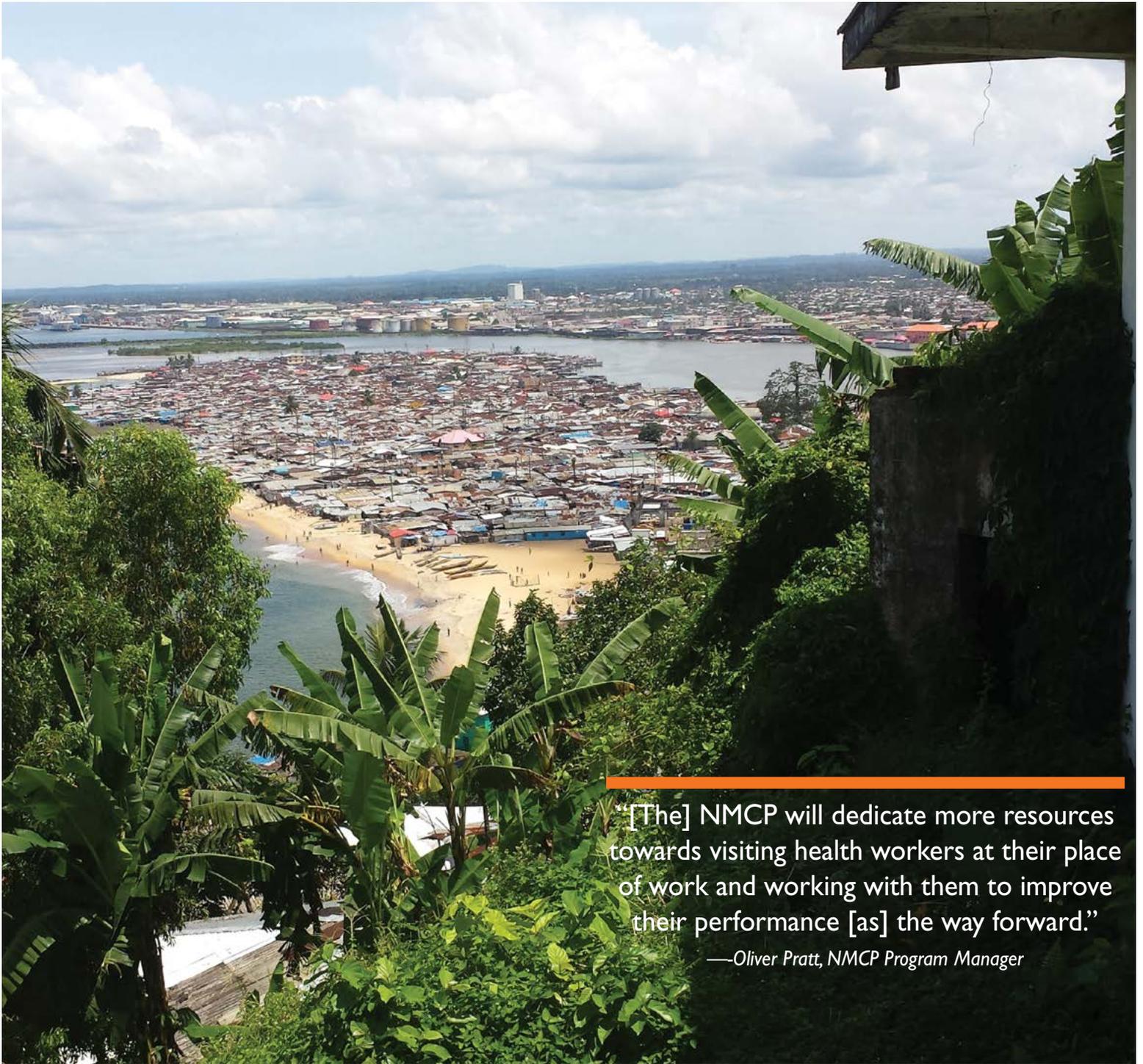
health facilities in Montserrado County during a ten-day period.

After their visits, the health workers said they benefitted from the updates on current malaria case management guidelines and the onsite training and coaching on rapid diagnostic tests and febrile case management. Employees at the health facilities also had a positive reaction to the visits and were looking forward to the health workers' return so they could learn more. "During my six years working here, this is the first time people from the MOHSW have come to visit us, taken their time to explain how we should work, and listened to our problems—I ask you to come again so we can do better," said one nurse.

NMCP staff members have expressed equal enthusiasm, noting their desire to incorporate these visits into their everyday work. In response, the NMCP Program Manager has committed to identifying additional resources to increase the scale and frequency of OTSS within Montserrado and other counties across Liberia.

"This exercise is a real eye opener," said NMCP Program Manager Oliver Pratt. "Instead of spending all of our time and resources on expensive trainings, [the] NMCP will dedicate more resources towards visiting health workers at their place of work and working with them to improve their performance [as] the way forward." ■





“[The] NMCP will dedicate more resources towards visiting health workers at their place of work and working with them to improve their performance [as] the way forward.”

—*Oliver Pratt, NMCP Program Manager*

LIBERIA'S NMCP REVISES ITS **STAFF STRUCTURE** FOR GREATER EFFECTIVENESS AND EFFICIENCY

A clear, organized human resources review results in a more rational, agile NMCP

LIKE MOST government entities during Liberia's civil war, the NMCP had few capable staff or resources, rendering it powerless to implement its malaria prevention, diagnostic, and treatment priorities. Once the war ended, increased international funding for much-needed malaria control activities resulted in massive, rapid growth in NMCP staff. While this scale-up was intended to ensure the implementation of key interventions, a lack of standardized hiring processes resulted in overstaffing, misalignment of skills with job functions, and unclear roles. In 2014, the government of Liberia recognized that out-of-control payroll expenses required an overhaul of government staffing, including the NMCP. At the same time, the Global Fund asked the NMCP to minimize staff numbers to maximize malaria resources.

In this context, USAID's LMG/NMCP worked with NMCP leadership and key partners to restructure the NMCP's human resources. Using results from LMG/NMCP's organizational capacity assessment, RBM's recommendations, and examples of other strong regional NMCP structures, the project worked

with NMCP leaders to develop terms of reference for the NMCP in line with Liberia's current context, changing its key role from implementer to facilitator.

A review team developed an organigram with streamlined units, reporting lines, and revised job descriptions. The project then helped the NMCP assess existing staff technical competencies, experience, and work ethic. Staff who met a minimum number of checklist items were matched to open positions. By the end of the process, the NMCP had reduced the number of staff from 61 to 39. Those who were not retained were matched to other MOHSW agencies, and those of retirement age were given the option to retire.

A broad stakeholder consensus that the human resources restructuring was necessary for moving the NMCP forward helped ensure the process was transparent and democratic. One staff member noted, "The manner in which our supervisors were consulted...encouraged me...I knew they would not forget my hard work and dedication to the program." ■





“The manner in which our supervisors were consulted really encouraged me, and I knew they would not forget my hard work and dedication to the program.”

—NMCP Staff



“This training will bolster our service to the communities and the continued commitment to saving lives. We are happy that we have led the way in improving financial accountability.”

—Hassan Bangura, Accountant with the NMCP
in Sierra Leone

UNLOCKING DONOR FUNDS AND SAVING LIVES THROUGH **IMPROVED FINANCIAL MANAGEMENT**

Improving the Sierra Leone NMCP's accountability through financial management training

BETWEEN January and April 2013, the Global Fund disbursed US\$468,627 in funding for malaria activities to Sierra Leone's 13 districts. However, between April 2013 and September 2015, the country's NMCP faced challenges in fund liquidation with insufficient justification and poor documentation quality. This resulted in the Global Fund suspending transfers of funds to the districts. As of September 2015, the Local Fund Agent rejected more than 65% of the financial documentation to justify expenditures submitted by Sierra Leone's NMCP.

Recognizing financial management as a major capacity-building need for the NMCP, the USAID-funded LMG project facilitated a financial management workshop for all 39 NMCP finance and program team leaders from September 29 to October 3, 2015. The five-day workshop addressed key aspects of financial management, ensuring that finance and program officers are all fully aware of grant management requirements, such as adequately accounting for resources and tracking and documenting activity results.

One month after the training, the NMCP reduced its balance of funding to liquidate to only US\$600, allowing

for the disbursement of more than US\$350,000 in funding and guaranteeing the continuity of activities. "Besides the remarkable improvement in financial management at the central and district levels, the finance officers are now aware of the need to account for every dollar they receive," stated Hassan Bangura, an accountant with the NMCP. "This training will bolster our service to the communities and the continued commitment to saving lives. We are happy that we have led the way in improving financial accountability."

In a show of national commitment to public finance management, the Permanent Secretary for the Ministry of Health and Sanitation, the National Director of Public Finance, and the National Director for Human Resources also attended the training. Mrs. Kadjia, the National Director of the Human Resources Management Office, expressed her appreciation, saying, "I am so happy that this long overdue training is taking place. By recognizing and addressing the skill gaps that exist in public finance management, this training should be replicated and run for all public finance officers in this country." ■



LEADING THE FIGHT AGAINST MALARIA WITH IMPROVED DATA COLLECTION

M&E training contributes to massive strides in malaria data information collection in Sierra Leone

WHEN THE USAID-funded LMG project began providing technical assistance to Sierra Leone's NMCP in May 2015, the NMCP was facing major challenges collecting data information from the country's 13 health districts, negatively impacting reporting as well as access to Global Fund financial resources. The LMG/NMCP project conducted a situational analysis of the NMCP in July 2015, which confirmed the crucial need for capacity building in M&E at the national level.

To respond to this need, in November 2015 the LMG/NMCP Senior Technical Advisor, Israel Chauke, led a two-day M&E workshop on data collection and management with NMCP malaria M&E officers from each District Health Management Team, M&E staff from each of the district hospitals, and malaria focal points. After learning about the NMCP malaria strategy and how the NMCP can fight against malaria and contribute to health decision making, Brima Puvandeh, a participating NMCP malaria M&E officer from the Bonthe District, pledged to "make sure the NMCP has all the information it needs to lead the fight against malaria. We feel acknowledged and capacitated. We are motivated. We feel

[that] we can and should contribute to fighting against malaria in our country."

Within three weeks of the training, participating M&E officers created a WhatsApp M&E forum. This creative use of technology provided a dynamic platform for routine malaria communication and management of M&E issues in all districts, with real-time resolution of challenges. Additionally, two district hospitals, the Bonthe Government and Kailahun Nixon Memorial Hospitals, submitted the first set of patient malaria indicators and information dating back to 2014 to the Malaria M&E District Health Management Team focal persons. "The training has already achieved what has not been achieved in more than 10 years," Mussa Sillah-Kanu, the NMCP's M&E team leader shared. "We [had] more information submitted in [the] two weeks after the training than [had] been submitted since the beginning of 2015. Our challenge now, though a positive one, is to have the ability to handle the sudden surge in...information and the ability to process it and use it for all the various malaria control and prevention activities." ■





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—Mussa Sillah-Kanu, NMCP’s M&E team leader

STRENGTHENING MALARIA CASE MANAGEMENT IN SIERRA LEONE'S **TRAINING INSTITUTIONS**

Training tutors of nurse training institutions on effective and up-to-date malaria case management will trickle down to students, the next generation of “soldiers” in the fight against malaria

THE NMCP in Sierra Leone has made it a priority to review the Malaria Treatment Guidelines in line with the country's 2016–2020 National Strategic Plan (NSP), which aims to strengthen the capacity of health workers in the public and private health sectors to implement the new WHO Test. Treat. Track (T3) initiative in malaria case management. In order to achieve this objective, the NMCP must focus on ensuring delivery of targeted and cost-effective malaria diagnostic and treatment interventions across the country, using microscopy or RDTs for diagnosis, and treating confirmed cases with effective ACT.

While at the national level there is a clear understanding of the malaria interventions needed throughout the country, the challenge lies at the training institution and health facility levels, where a gap in the skill set and knowledge on these topics persists. One such area is within nurse training institutions, where tutors themselves lack the necessary training on up-to-date malaria case management. In response, the USAID-funded LMG/NMCP project organized a two-day training for 29 tutors from public and private nurse training institutions on malaria case management and appropriate use of RDTs and IPTp.

The aim of the workshop was to strengthen participants' understanding of effective malaria diagnostic and treatment procedures and to encourage them to introduce and integrate these updated procedures and trainings into the curriculum for final year students. This form of trickle-down training will ensure that, once students have completed the course and are posted to peripheral health units across the country, they will be able to carry out the proper malaria diagnosis and treatment procedures and ultimately contribute to malaria control, in line with the WHO recommendation and the 2016–2020 NSP.

During his opening statement, the NMCP Program Manager acknowledged LMG/NMCP for its ongoing technical and financial support to the NMCP efforts in malaria control. He went on to say that this kind of training is critical to building the skills and capacity of nursing students, who will soon be going out to the field as key players in the fight against malaria. “This kind of training is critical to building the skills and capacity of nursing students who will soon be going out to the field as key players in the fight against malaria,” said Sister Anitta Kamara, NMCP case management focal person. “It will certainly have a positive impact on the diagnostic and effective treatment of malaria cases with the graduates' contribution.” ■





MSH Staff

“This kind of training is critical to building the skills and capacity of nursing students who will soon be going out to the field as key players in the fight against malaria.”

—Sister Anitta Kamara, NMCP Case Management Focal Person

