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**LEADERSHIP, MANAGEMENT
& GOVERNANCE PROJECT**



Inspired Leadership. Sound Management. Transparent Governance.

LEADERSHIP, MANAGEMENT AND GOVERNANCE NATIONAL MALARIA CONTROL PROGRAM CAPACITY BUILDING PROJECT



FINAL REPORT

ABOUT THE LMG PROJECT

Funded by USAID, the Leadership, Management and Governance (LMG) project (2011-2016) collaborates with health leaders, managers, and policymakers at all levels to show that investments in leadership, management, and governance lead to stronger health systems and improved health. The LMG project embraces the principles of country ownership, gender equity, and evidence-driven approaches. Emphasis is also placed on good governance in the health sector—the ultimate commitment to improving service delivery—and fostering sustainability through accountability, engagement, transparency, and stewardship. Led by Management Sciences for Health (MSH), the LMG consortium includes Amref Health Africa; International Planned Parenthood Federation (IPPF); Johns Hopkins University Bloomberg School of Public Health (JHSPH); Medic Mobile; and Yale University Global Health Leadership Institute (GHLI).

Photo credits (left to right): Pinky Patel, MSH staff, MSH staff

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ACRONYMS

ACPCI	Association of private clinics (in Côte d'Ivoire)
CCM	Country coordinating mechanism
EUV	End-user verification survey
GF	The Global Fund to Fight AIDS, Tuberculosis and Malaria
HR	Human resources
iCCM	Integrated community case management
ITN	Insecticide-treated bed nets
LDP+	Leadership Development Program Plus
LMG	Leadership, Management and Governance project
L+M+G	Leadership + Management + Governance
STA	Long-term Senior Technical Advisor
M&E	Monitoring and evaluation
MIP	Malaria in pregnancy
MOH	Ministry of Health
MOU	Memorandum of understanding
MSH	Management Sciences for Health
NFM	New Funding Model (of Global Fund grant)
NMCP	National Malaria Control Program
NPSP	Nouvelle pharmacie de la santé publique de Côte d'Ivoire
NSP	National Strategic Plan
OCA	Organizational capacity assessment
OCAT	Organizational capacity assessment tool
PMI	United States President's Malaria Initiative
PR	Principal Recipient (of a Global Fund grant)
PU/DR	Performance update and disbursement request
SP	Sulfadoxine-Pyrimethamine
SR	Sub recipient (of a Global Fund grant)



INTRODUCTION

Since its launch in 2005, the United States President's Malaria Initiative (PMI) has been working to reduce malaria-related morbidity and mortality in 20 focus countries. With PMI's targeted support and rapid scale up of proven malaria prevention and treatment measures, these countries have made strides towards controlling and eliminating malaria. In 2013, USAID/PMI began to consider the following questions: how can other US government contributions to the global fight against malaria, including in non-PMI focus countries, be fortified to achieve greater impact? Namely, what could be done to boost the effectiveness of Global Fund to Fight AIDS, Tuberculosis and Malaria (GF) malaria grants, specifically in countries facing big challenges in managing and implementing those grants?

To answer these questions, USAID/PMI worked with USAID's Leadership, Management and Governance project (LMG), implemented by Management Sciences for Health (MSH), to devise a strategy for strengthening the national entities responsible for leading, managing, and governing national malaria control efforts -- National Malaria Control Programs (NMCPs). The strategy needed to be different than the targeted technical assistance provided by other projects, and instead aim to equip NMCPs to independently carry out their core functions. This strategy would need to be tailored to the particular needs of each NMCP, but also flexible enough to respond to new or unexpected challenges. It would need to be nimble, personalized, and contextualized, while also standardized enough to clearly articulate the kind of support NMCPs could expect to receive.

In the end, the selected strategy was simple: a highly qualified advisor; possessing GF experience and a set of leadership and management skills,

working directly with the NMCP team at their office for two to four years. Soon after arrival in their respective countries of assignment, these long-term Senior Technical Advisors (STA) conducted an organizational capacity assessment (OCA) with the participation of NMCP staff, to identify strengths and weaknesses in key organizational development domains. The results of the OCA, along with the NMCP's priority activities for that year, formed the basis of each STA's annual work plan. In addition to the overall goal of leaving the NMCPs capable of effectively implementing their national malaria strategies, the work plan activities aimed to achieve three objectives:

Objective 1: National Malaria Control Program human, financial, and material resources effectively managed

Objective 2: National Malaria Control Program develops and directs policy and norms for the implementation and surveillance of the national malaria control strategy

Objective 3: National Malaria Control Program mobilizes stakeholders to participate in national malaria control coordination and implementation efforts

The project, named the Leadership, Management and Governance National Malaria Control Program Capacity Building Project (LMG/NMCP), launched in October 2013 when it placed the first STA with the Guinea NMCP. Since then, LMG/NMCP recruited eight STAs to work with NMCPs in Burundi, Cameroon, Côte d'Ivoire, Lao PDR, Liberia, and Sierra Leone.

Four years later, the LMG/NMCP project can confidently claim to have played a key role in catalyzing NMCPs to:

- better manage resources,
- lead and govern national malaria control strategy and efforts, and
- effectively mobilize existing and new stakeholders.

STA's face-to-face and day-to-day mentoring, advising, and coaching, coupled with targeted training and technical assistance, fostered the conditions necessary for NMCP staff to feel confident and empowered to carry out their job functions. This work, coupled with STA-supported improvements to organizational systems, tools, and procedures, is not only leaving NMCPs more capable of fulfilling their missions,

but also was accomplished in a way that allowed NMCP teams to say, "We did it ourselves."

This report includes the stories of NMCP leaders and staff that have been impacted by the project. These are stories of successes, achievements, and key learning experiences, organized under each of the project's objectives. The individuals profiled were interviewed in Côte d'Ivoire in July 2017, and their stories are supplemented by other interviews and project documentation collected during the project's four-year lifespan. The report also outlines the project's design, project management approach, important lessons learned, and recommendations for continued USAID/PMI capacity building support to NMCPs. Our hope is that this report will serve to both document the significant progress made by NMCPs with the support of the LMG/NMCP STAs, and inform and guide future efforts to empower NMCPs to effectively and efficiently lead the fight against malaria. ■

We can never say enough about our STA. Thanks to his technical support we have improved coordination of our interventions and adequate internal communication here at the NMCP, through our weekly and monthly meetings.

-Ibrahima Sanoh, NMCP Guinea staff

TABLE I. STA BY COUNTRY AND DATES

COUNTRY	ADVISOR	DATES
Burundi	Cheikh Gassama	September 2014 - June 2016
	Filiberto Hernandez-Villar	August 2016 - August 2017
Cameroon	Maurice N'Djoré	April 2014 - August 2017
Côte d'Ivoire	Pépin Miyigbena	January 2014 - August 2017
Côte d'Ivoire, Supply Chain Management	Ghislaine Djidjoho	November 2015 - August 2017
Guinea	Youssoufa Lo	October 2013 - August 2017
Lao PDR	Rémy Prohom	April 2015 - April 2016
Liberia	Kwabena Larbi	January 2014 - August 2017
Sierra Leone	Israel Chauke	May 2015 - March 2016
	Olivier Byicza Nk	July 2016 - May 2017
	Dorothy Onyango	June 2017 - August 2017

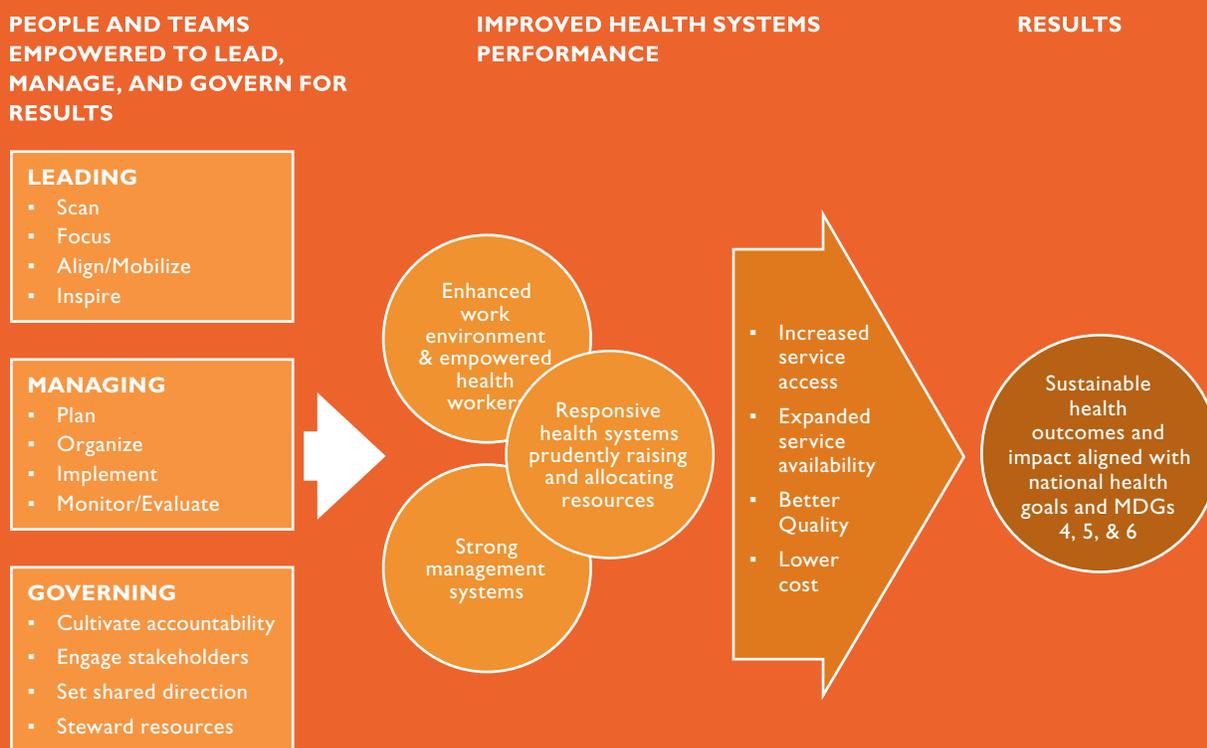


DR. BLEU BOMIN AND DR. ARMANDE YAPI OF THE CÔTE D'IVOIRE SUPPLY CHAIN MANAGEMENT UNIT OF THE NMCP DURING AN LDP+ TRAINING OF FACILITATORS SESSION

LMG/NMCP PROJECT DESIGN

In the global fight against malaria, NMCPs play a central role in leading national-level malaria control efforts. In order for NMCPs to fulfill this role, it is essential that individual NMCP staff members and NMCPs as organizations possess the knowledge, skills, behaviors, and attitudes required to successfully lead, coordinate, and manage actors involved in malaria control at all levels of the health system. The LMG/NMCP project was designed to support NMCPs in becoming fully capable of both directing and implementing national malaria control strategies, and of effectively managing Global Fund malaria grants.

FIGURE 1. LEADING, MANAGING, AND GOVERNING FOR RESULTS MODEL: HOW DO MANAGEMENT, LEADERSHIP, AND GOOD GOVERNANCE STRENGTHEN ALL SYSTEM BUILDING BLOCKS?



LMG/NMCP's design is adapted from MSH's Leading, Managing, and Governing for Results Model (Figure 1). This model serves as a road map to guide health managers, their teams, and organizations to improved services and better health outcomes. By following it, managers can transform discouraged, passive employees into active managers who lead. And once they start, one change will lead to another; they will see improvements in team spirit, customer service, quality, and even the physical environment in which people work. Creating these transformations is an act of leadership that will transfer power to their teams. Team members learn by doing, are empowered, and become more systematic in the way they themselves lead, manage, and govern.

Using this model, LMG/NMCP developed the STA's role to accompany NMCP staff and team to build knowledge, skills, and behaviors needed to own and lead malaria-related health system strengthening through models of personal and team empowerment. In practice, this meant that STAs worked with NMCP senior leaders to identify top priorities and the most challenging bottlenecks to NMCP functioning. They then worked alongside NMCP teams to identify specific actions needed to achieve priorities, and develop time-bound plans with assigned responsibilities.

¹ The LMG/NMCP project completed a study of the added value of the STA model to Global Fund grant performance. The results of this study can be found in the Phase I and Phase II study reports (Cialino, Baba-Djara, and Shukla, 2017).

They helped NMCP teams monitor the implementation of their action plans, and provided support along the way. Initially, STAs tended to provide more assistance, and as time went on, were able to shift from direct technical assistance to advising, and from advising to coaching.¹

STA SUPPORT BY TYPE

In an LMG/NMCP study of the STA model that provides assisting, advising, training and coaching support to directors and staff, STAs in place for two years or more provided more coaching support while STAs with less than two years provided more assistance.

NMCP DIRECTORS: STA SUPPORT BY TYPE

	>2 years of STA	<2 years of STA
Training	2%	6%
Assisting	39%	56%
Advising	23%	16%
Coaching	36%	22%

NMCP STAFF: STA SUPPORT BY TYPE

	>2 years of STA	<2 years of STA
Training	10%	11%
Assisting	22%	30%
Advising	25%	31%
Coaching	43%	28%



**NMCP STAFF PARTICIPATING IN AN LDP+ SESSION
IN CÔTE D'IVOIRE**

NMCP's willingness and openness to changes and STA support was an essential aspect of the project's success. In most cases, NMCPs requested LMG/NMCP assistance, which meant that NMCP leaders took ownership of the support even before an STA was recruited. Involving NMCP leaders from the beginning was part of the project's design: STAs were selected based on a list of key priorities and needs that had been developed by the NMCP and local USAID mission, and shared with the project team. These lists took into account current GF grant performance, upcoming GF grant deadlines and grant-funded activities, and gaps in organizational capacity. LMG/ NMCP used this information to adapt the STA job description for each country, and involved NMCP directors in the interview and selection process.

Once recruited, NMCP leaders introduced STAs to the larger NMCP team and to other key malaria stakeholders, including grant principal and sub-recipients, fiscal and fiduciary agents, Ministry of Health officials, malaria commodities supply and procurement entities, and other organizations involved in national malaria control efforts. Upon arrival, STAs began working directly with the NMCP staff and leadership and were seated at the NMCP office-- an arrangement that was formalized in a memorandum of understanding (MOU) between LMG and the NMCP. For the first two to six months, STAs focused largely on learning about the NMCP and the overall malaria control context, participated in planning and implementing NMCP activities, and provided technical assistance and advice. After gaining footing, STAs conducted

an organizational capacity assessment using MSH's participatory organizational capacity assessment tool (OCAT), which measures ten domains of organizational capacity (see text box). Then, in coordination with NMCP leadership and teams and LMG/NMCP home office support teams, STAs developed an annual work plan based on OCA recommendations, GF grant issues and challenges, and the NMCP's annual work plan.

OCAT DOMAINS

1. Governance
2. Organizational planning and resource mobilization
3. Grants and sub-grant management
4. Human resources and change management
5. Communication, information, and records management
6. Project management
7. Advocacy, networking, and alliance building
8. Institutional strengthening capacity
9. Monitoring and evaluation, reporting, and knowledge management

With the work plan finalized, STAs then began implementing activities, which primarily focused on adopting leading, managing, and governing practices within the NMCP team for improved

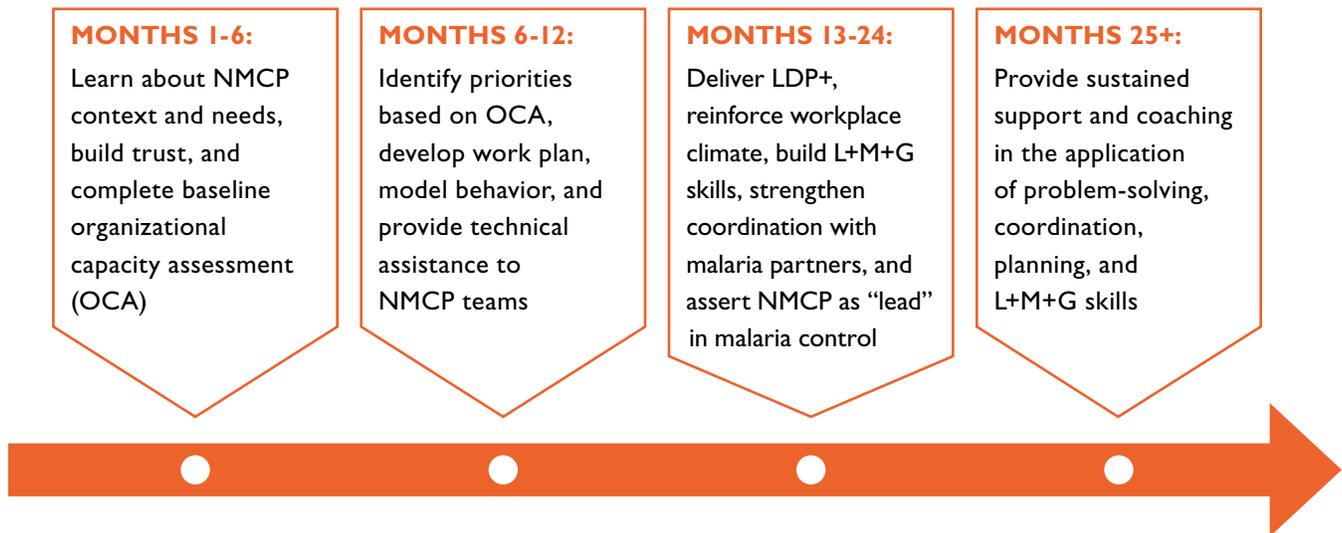
management and implementation of the national malaria strategy. In practice, STAs supported some combination of the following activities:

- Introduced regular planning and monitoring meetings with NMCP teams.
- Attended meetings with the GF and other donors alongside NMCP leadership.
- Reviewed grant issues (grant conditions, unjustified grant spending, etc.) and proposed ways to resolve them.
- Advised and coached NMCP teams as they developed quarterly and monthly work plans to guide implementation of action plan activities.
- Introduced and facilitated Leadership Development Program Plus (LDP+) for NMCP staff.
- Developed and trained staff to use management tools.
- Provided feedback to NMCP staff and teams on their work.
- Coached NMCP leadership in their communication with donors and other stakeholders.
- Participated in supervision visits to regions and districts.

- Reviewed and revised guidelines, manuals, policies, and other governing documents.

A general timeline of STA support is displayed in Figure 2 below.

FIGURE 2. TIMELINE OF STA ACTIVITIES



LMG/STA SUPPORT

Throughout their tenure, STAs received administrative, operational, project management, and technical support from the LMG/NMCP home office support team and local MSH office. STAs could rely on this support to help manage logistics for workshops and meetings, recruit and manage short-term technical assistance, coordinate travel, and provide timely response to STAs’ needs as MSH employees. STAs held bi-weekly touch base calls with the LMG/NMCP home office support team, during which they provided updates on their work and requested assistance with any challenges. LMG/NMCP home office team members also visited STAs at least once a

year, in order to meet with NMCP leadership to receive feedback on the support, discuss NMCP needs, and provide technical assistance to the STA.

LMG/NMCP also coordinated communication and support among the LMG STAs, as well as STAs managed by other projects. This included quarterly coordination calls with all STAs and the PMI activity manager, during which STAs provided brief updates on their most recent successes and challenges, and gave each other advice and feedback. In addition to calls, LMG/NMCP hosted annual in-person coordination meetings for all



CEREMONY CELEBRATING THE LAUNCH OF THE M'BADON MUNICIPAL HEALTH CENTER LOCATED IN COCODY-BINGERVILLE, CÔTE D'IVOIRE, DURING THE MALARIA DAY EVENT

STAs. During these week-long meetings, STAs were trained on the MSH's LDP+, discussed what was working well and what was difficult, shared tips and expertise, and discussed challenges and progress with USAID/PMI and GF representatives.

“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, in particular the WHO, UNICEF, ISD, and MSH.”

*- Dr. Ekoyol, Cameroon NMCP
Malaria Case Management Unit Head*

At the final coordination meeting, held in July 2017, NMCP directors and deputy directors joined the STAs for a Coaching and Communication workshop (a program developed under the broader LMG project), for the first three days.

The benefit of this support package was two-fold: it allowed STAs to focus on their work, rather than become overburdened with logistical and administrative tasks, and it fostered a sense of identity among STA as members of a larger project team. As the sole non-NMCP staff working at the NMCP office, the STAs' roles and identities could at times be ambiguous. The STA network built under LMG/NMCP allowed STAs to reach out directly to their colleagues in other countries, or to the home office team, when they struggled or had questions. A dedicated support team and network helped them feel valued and supported in their roles, which sustained their motivation and commitment to supporting the NMCP.

LMG/NMCP-PRODUCED RESOURCES AND OUTREACH

- Fact sheets detailing LMG/NMCP achievements in six countries (2017)
- Compendium of Success Stories from all LMG/NMCP countries (2014-2017)
- Technical Highlight on successful long-term technical assistance
- Video on LMG/NMCP support in Liberia during the Ebola outbreak (<https://www.youtube.com/watch?v=CZXcoLNQY4Y>)
- Video on LMG/NMCP support in Guinea (<https://www.youtube.com/watch?v=lxNfbotkly4>)
- Presentation on LMG/NMCP successes to the Global Fund at the Global Fund headquarters in Geneva (June 2017)

In addition to supporting STA on the ground, the home office support team coordinated evaluation and assessment support to NMCPs. In March 2017, the STA in Guinea carried out an organizational capacity assessment of the NMCP in Togo. The results of this assessment will inform future PMI support to the NMCP. Additionally, the project supported a supply chain assessment in coordination with the NMCP in Cameroon. This short-term technical assistance assessed the malaria pharmaceutical management practices and capabilities within the NMCP, identified gaps, and proposed recommendations to optimize antimalarial commodity management in Cameroon.

LMG/NMCP also led an assessment of the added-value of the STA model, particularly as it relates

to Global Fund grant performance outcomes. Many of the results of this assessment are woven throughout this report, and a full discussion of the assessment results can be found in the complete assessment report.² The assessment findings have been shared with USAID mission contacts, USAID/PMI Washington, Global Fund country portfolio managers, and USAID's Human Resources for Health in 2030 (HRH2030), and can serve as a resource both for understanding the impact of STA under LMG, and as a foundation for future measurement and evaluation of the STA model. ■

2 Cialino, Betsie, Monita Baba-Djara, and Mahesh Shukla. (2017). *The Added Value of Long-term Technical Assistance to National Malaria Control Programs*. Medford, Massachusetts. Management Sciences for Health.



DR. JAMES PRATT, LIBERIA NMCP DIRECTOR, KWABENA LARBI LMG STA, AND DR. PAYE KONAN NYANSAIYE LIBERIA NMCP DEPUTY DIRECTOR DURING THE ITN DISTRIBUTION CAMPAIGN

OBJECTIVE I: NATIONAL MALARIA CONTROL PROGRAM HUMAN, FINANCIAL, AND MATERIAL RESOURCES EFFECTIVELY MANAGED

Examples of activities completed under LMG/NMCP Objective 1 include the following:

- Conduct Organizational Capacity Assessment of NMCP
- Review and update job descriptions in line with National Strategic Plans (NSP)
- Implement and conduct performance evaluations for all NMCP staff
- Review and update NMCP organigram
- Assist the NMCP to submit Human Resource (HR) policy document to the Ministry of Health for review and validation
- Coach and mentor NMCP staff to hold and facilitate regular monthly meetings
- Develop and conduct Financial Management trainings for NMCP and district finance staff
- Develop technical capacity development plan for NMCP staff
- Support NMCP to develop and implement staff Code of Conduct
- Conduct LDP+ for NMCP staff
- Support NMCP technical units to develop, implement, and monitor monthly and quarterly work plans in line with NSP
- Lead NMCP staff to conduct end-user verification survey (EUV)



-Dr. Timothée Guilavogui (right),
Guinea NMCP Deputy Director

STRENGTHENED HR MANAGEMENT CAPACITY

“ The baseline institutional capacity assessment conducted during the project launch in 2013 was key in helping us identify some of the major gaps within our program. At the time, this included an understaffed accounting unit, with one accountant responsible for responding to all administrative and financial needs of the NMCP. The assessment also showed that within the case management, M&E, and vector control units, there was overall poor staff performance and motivation, which was impacting the technical quality of our work. The administrative and financial procedures manual available at the time was neither reflective of nor applicable to the context of our program, and when staff were interviewed during the baseline assessment,

many stated that they were not even aware of their roles and responsibilities within their units. This demonstrated a real weakness in our human resource capacity and ultimately our ability to carry out our work effectively.

In response to this challenge, the STA helped us to develop and share a new competency framework in 2014, which was essentially a normative document that clearly outlined roles and responsibilities of all NMCP staff and included an up-to-date organigram and the NMCP's organizational structure. And in December 2014, following negotiations with the Global Fund for the New Funding Model (NFM) grant, the advisor, using the competency framework as a foundation, advocated on our

behalf to strengthen human resources within the NMCP--which the Global Fund approved.

Thanks to his incredible support, seven new staff were recruited in 2015 and assigned to the various units. The STA was fundamental not only in helping to facilitate the recruitment process, but also in developing and implementing a mentoring and coaching plan to help integrate the new staff members. While they were hired because of their strong foundation and technical knowledge, their lack of practical experience meant that they required an extra level of training and coaching. The training has allowed them to become more competent and effective in strategic and operational planning, coordination, and teamwork. He encouraged them from day one to focus on achieving results, and he continues to monitor and support them. Today, all units within the program have a highly skilled staff force capable of effectively managing their respective interventions. Up-to-date job descriptions are now also displayed throughout the office which has really helped staff to better understand their own roles and responsibilities.

In 2015 to 2016, with funding from PMI and the Global Fund, 38 districts across the country were assigned malaria focal points, in an effort to strengthen coordination, planning, supervision, and the management of malaria commodities. The STA played a key technical and support role in helping us to develop terms of reference for these focal points. Because he understood the importance and need for training, he advocated

to our partners to develop and implement a training curriculum for focal points, and in addition, proposed and helped develop an MoU with our partners, Catholic Relief Services (CRS) and Malaria No More, to manage focal points and activity roll out and implementation on the field.

As he is not from Guinea, the STA plays a critical role as he is someone who is part of the team but also unbiased, so his support in recruiting new staff helped us to move away from the pressure we often feel to select certain people. With his involvement, we were able to hire the right candidates for each position. His support didn't end there though: he dedicated significant time to coaching new staff and helping them integrate into their roles and the NMCP team.

In addition to coaching these new, younger staff, the STA has been my coach as well. I have my own quarterly meetings with him and together we discuss what I, as a leader, have done that has worked well and where I need to improve or change strategies. This feedback is critical and so helpful to me, especially because it is not managerial or coming from partners who are on the outside, but instead is coming from someone who is working with me daily and is focused on helping me strengthen my role, and ultimately the capacity of the program. His feedback helps me improve as a member of the team and as a leader and for that, I am very grateful." ■

SUPPORTED AND MOTIVATED STAFF



-Dr. Antoine Méa Tanoh,
Côte d'Ivoire NMCP Director

He helped us not only to identify the gaps, but also gave us processes that we could use to address them. These processes, such as the LDP+, gave our staff tools and competency to better understand and embrace their roles and responsibilities. It enabled them to feel like a part of the larger team with a common vision and mission. Before, many of our staff felt like they only belonged to their specific technical unit and that their work ended there. Now, they feel more involved, more responsible, and more supported to work towards the NMCP's global impact. They see so much more clearly how their day-to-day responsibilities accomplish something larger.

“ Since arriving in 2014, our STA has played a key role in helping us to strengthen NMCP human resource capacity. In particular, we have gained a lot from his support and contributions when we designed and conducted a new process for employee performance evaluations. We did these in three phases: self-evaluations, 360-evaluations, and supervisor assessments. As a coach and a mentor, he guided us throughout the process with feedback and advice. Once completed, we discussed the results with him and he helped us to identify the gaps in HR capacity, and what I, as a leader, should do to strengthen my staff.

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

-Côte d'Ivoire MOH Cabinet Director

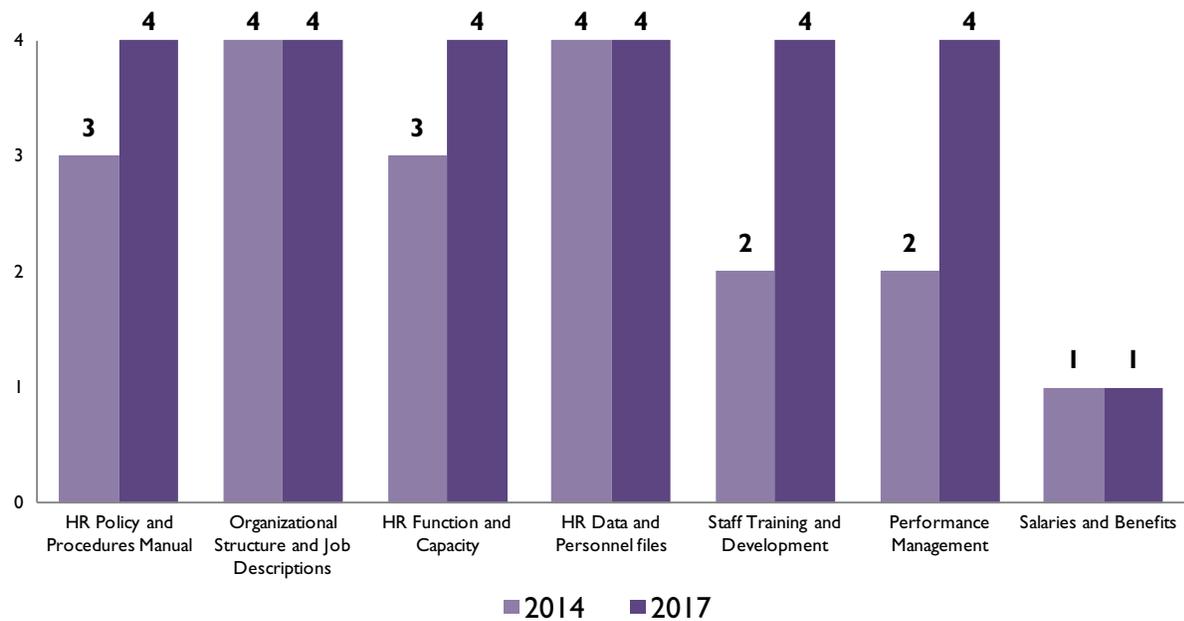
I believe that thanks to his support, there are big improvements across all the NMCP units. And I also believe that these improvements are



reflected externally through our Global Fund grant rating. It would not have been possible

for us to achieve a higher grant rating without having made these internal changes.” ■

FIGURE 3. CÔTE D<quot;IVOIRE HUMAN RESOURCES OCA SCORES





-Dr. Oliver Pratt,
Liberia NMCP Director

RATIONAL HUMAN RESOURCES

“When our STA arrived in 2014, the government of Liberia had begun a huge reform of the public civil service workforce. The NMCP was no exception, and we were faced with the challenge of reviewing our current staffing structure and proposing a new organigram. The STA played a key role in helping us to do this. After identifying organizational weaknesses during the institutional capacity assessment that he conducted soon after his arrival, the STA worked with us to restructure the NMCP.

We looked at the current structure and reporting lines, reviewed the expertise and skills of our staff, and restructured staff roles and responsibilities in order to ensure efficiency within the program. The STA supported us to develop revised and updated TORs for all staff, and to also

develop staff improvement and training plans in order to build capacity and sustainability.

Parts of this process were difficult, as during this restructuring we were also required to assess the technical capacity of staff, and decide who to retain in order to meet a set of minimum requirements, and which staff to remove in order to avoid duplication of roles and efforts. The STA supported us throughout the whole process: he coached us on how to ensure and maintain a transparent, democratic, fair, and respectful system. One of the other key areas of support that the STA provided was in regards to assisting the leadership team to develop staff work plans and staff appraisal systems that were then not in place. By the time we were finished with the redesign, the structure we proposed to the Ministry of Health streamlined our numbers from 61 to 39 staff. Those who were not retained were

matched with other ministry agencies, and those at retirement age were given the option to retire.

His support in this area continued to be useful. Most recently, he assisted us in reviewing and revising the terms of reference for two positions: Integrated Vector Management Coordinator and Diagnostic Officer. With the STA's support, we've been able to approach our human resources needs with clarity and transparency. We've been able to devise new ways to motivate staff, such as offering training opportunities.

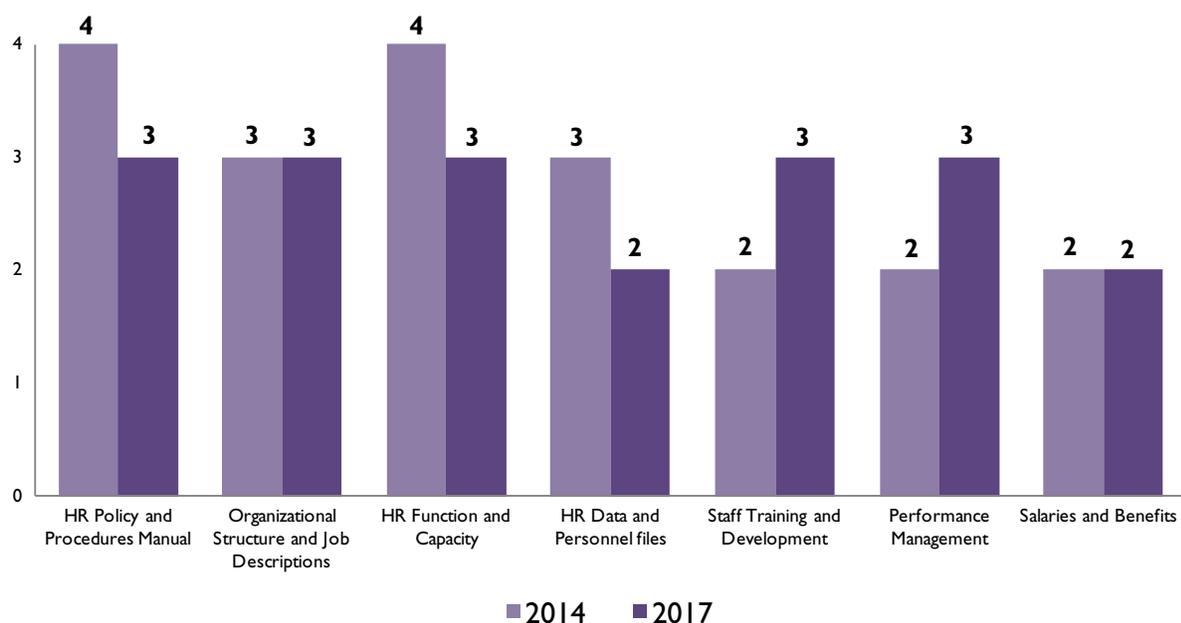
Thanks to the STA support we now have a system in place where we, as managers, can provide regular feedback to our staff and vice versa, in a formalized manner. With a full restructuring of our

“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 (on the restructuring of HR)

human resource structure, we now have staff that are more efficient and focused on tasks. There is an overall improved coordination in malaria control activities from the senior management level down, as well as improved responsiveness on our end to engage and work alongside other malaria control partners in the country.” ■

FIGURE 4. LIBERIA HUMAN RESOURCES OCA SCORES





**MR. HENRY MBALLA, HEAD OF
HR UNIT, CAMEROON NMCP**

WORKSPACE AND FILE MANAGEMENT

-Dr. Joel Marcellin Ateba, *Cameroon NMCP Deputy Director*

“When our STA arrived in Cameroon, we were facing a challenge: we had piles and boxes of documents and papers with no system for filing and storing them. We have limited space at our office, so with no space to store our documents we had to keep them in staff offices and in our meeting rooms. This limited our usable work space, and in general just made our office look cramped. The STA helped us initially to recognize that we needed to find a better way to store our files, and figure out the cost for implementing a new system. He worked closely with us here at the NMCP, including the program’s Chief Administrative Section, to organize our archives, given the limited space available in our office.

He really helped and supported efforts to improve our records management within the program by developing the terms of reference for archiving and by helping us to advocate to leadership for a full-time archivist to design and manage the system. The STA has been coaching the new archivist to help him integrate and familiarize himself with the work environment and system. It was our STA’s idea to have the new archivist travel to the regions in order to better understand the health reporting context beyond the central level.

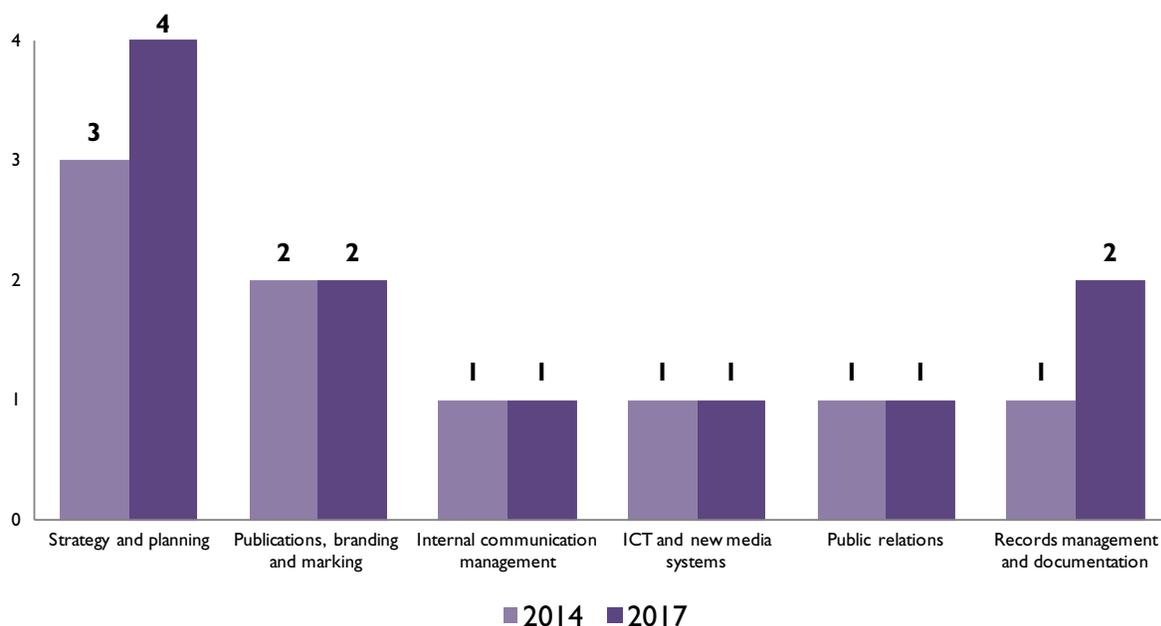
Also with the STA’s support, we recently developed and presented a request to the Global Fund for funding to purchase storage containers and cabinets needed to file our archives and provide additional office space.



The Global Fund has approved our request and we are incredibly excited for this change to finally take place. Now we are really in full implementation and have an archivist to support us to make this all operational and sustainable.

The improvements in the system been huge: having a cleaner, more organized workspace and a more rational filing system has helped to improve staff morale and our work climate. People now actually come to work because they want to and have the space and means to do so.” ■

FIGURE 5. CAMEROON COMMUNICATIONS AND FILE MANAGEMENT OCA SCORES



HUMAN RESOURCES AND GLOBAL FUND GRANT MANAGEMENT



-Dr. Darius Habarugira,
Burundi NMCP Director

“When we became the principal recipients to the Global Fund grant for the first time in 2015, we were required to build a new grant management unit at the NMCP. This unit never existed before at the NMCP, and we were a bit lost as to where to begin. Our STA at that time was hugely influential in guiding us to create this new unit in adherence to GF guidelines.

The first step was for us to create a recruitment plan for staffing the new unit. The STA helped us to identify the necessary positions, which turned

out to be ten in total. The next step was for us to develop the terms of reference for the committee that the Minister of Health established to manage recruitment for the new positions. He not only supported us in this--he also trained and coached the committee members to ensure that the recruitment process was transparent, impartial, and compliant with GF requirements and deadlines.

From there, we wrote the new job descriptions and profiles for each position (including an HR manager, an M&E officer, a procurement expert, and an auditor). During that time, the GF also asked us to create a communications unit. As always, the STA was there to provide technical support. He helped us write clear

“The relationship between the Global Fund’s management unit and the NMCP was not good. So the LMG Advisor who was present had to help us be the liaison, the liaison between both. It’s a role that [the Advisor] played very well because in the end we succeeded in having a rather good relationship.”

-USAID/Burundi



NMCP RISK MAPPING WORKSHOP PARTICIPANTS

job descriptions for this unit as well. Thanks to the support we received from him, we now have an clear recruitment plan in place, which has been approved by the GF, and guarantees that our process for hiring is competitive, transparent, unbiased, and fully documented.

One of the bonuses from this experience is that we also feel more prepared now to respond to GF requests, both in terms of timeliness and in terms of our understanding of GF requirements. We are better equipped to manage not just our human resources, but also our administrative and financial resources.” ■

“It was very difficult to draft the concept note because we were really not unified. We weren’t really a team. So, he first arrived as a liaison among everyone. He was a person everyone had trust in. From the onset he knew what he was coming here to do. He had a scientific approach. He knew people and he knew how to approach them. And he brought us together, and trained us together, and each person was able to see what their individual responsibility was in solving the problems we could encounter.”

-NMCP Deputy Director



-Dr. Timothée Guilavogui,
Guinea NMCP Deputy Director

EFFECTIVE INTERNAL COORDINATION

“ In 2013, there was no coordination framework within the NMCP, internal communication was weak, and there was an overall climate of mistrust within the units. This was one of the key weaknesses that came up during the baseline organizational capacity assessment of our program—the low levels of coordination and teamwork at that time. We were struggling to find the time to discuss our activities and challenges, and this was taking a toll on our ability to function as a cohesive team. The STA was fundamental in helping establish and institutionalize weekly coordination meetings. He knew that instituting regular, well-planned meetings was what we needed to do in order to begin working together to identify and address bottlenecks, be informed of what everyone had on their plates, and plan

next steps strategically. With his coaching and support, we began scheduling and actually conducting weekly coordination meetings at the NMCP. He helped us to convince the larger team that these meetings are essential. One way that he helped us do that was by including everyone in the meetings: instead of me or any other person dominating the meeting, we started to have everyone share their accomplishments and their priorities. People appreciated the new format, because it allowed them to assert and understand their roles within the broader team, and because it created a sense of stability and structure to our week. These meetings provide an ideal platform for refining and strengthening interpersonal communication and relationships, and to instill a positive work environment across the board.

As the deputy director, the coordination meetings have really helped me to stay on top of all the moving parts, and have allowed me to regularly and effectively communicate with my staff. The STA is always present during our meetings, and is available to provide feedback, to review and reframe action plans, follow up on recommendations, and consistently coach our staff on creating their weekly and monthly work plans. This has had real impact in how we manage and implement our activities: we plan, we implement, we report back to each other, we receive and give feedback, and we learn.” ■



Photo credit: MSH

DR. YOUSOUFA LO, LMG STA GUINEA

“His support to the NMCP in Guinea is beneficial because it helps the NMCP teams to all have the same level of information on activities through our weekly meetings. He helps the NMCP units to coordinate better with partners, through the monthly technical working group meetings. To me, he is the Google of the NMCP.”

-Dioubate Mohamed, NMCP staff

STRENGTHENED FINANCIAL MANAGEMENT



-Dr. Samuel Juana Smith,
Sierra Leone NMCP Director

“We really have the LMG/ NMCP project and advisor to thank for helping us identify the need to strengthen our financial management capacity. In 2015, the first STA helped us organize and facilitate a financial management workshop for 39 NMCP finance and program team leaders on key aspects of financial management. During this workshop the advisor trained our finance and program officers on the grant management requirements regarding financial tracking, accounting for resources, and documenting activity results.

Thanks to his support and expertise, our finance officers began accounting for every dollar (and reduced the funding balance to liquidate to only

US\$600); the Global Fund disbursed an amount greater than US\$350,000, which allowed us to continue funding our activities for that year. The improvements in the financial management at the central and district level throughout Sierra Leone were remarkable that year, thanks to the support of the project and the advisor, and we are happy that we really worked to prioritize and improve financial accountability for the good of our communities and our vision as a program.

The support in strengthening the financial management of our NMCP continued under the new STA who in 2017 helped us to prepare and carry out a refresher training for 14 district health management teams, with the objective of continuing to help district health officers on the field understand how to appropriately liquidate funds transferred to their accounts, and guide them in the implementation of these project activities.” ■

“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 (on financial management training)



“Things have radically changed. The same individuals that were there back in the day are the same ones that are there today. But you can see that these are individuals that have changed. In terms of planning, of monitoring the implementation, in terms of responsiveness. There is really a change.”

-UNICEF representative, Côte d’Ivoire

EFFECTIVE MEETINGS

-Dr. Antoine Méa Tanoh, Côte d’Ivoire NMCP Director

“Our weekly coordination meetings are an important opportunity for staff to present activity progress updates and partner updates, and to discuss and share actions required for upcoming activities. Since he arrived, our STA has made it a priority to help facilitate and support these meetings.

We were particularly struggling with respecting the time allocated for these meetings. People had begun to get frustrated with weekly meetings that frequently started late, and/or went over time. He helped to ensure that we make the most of our time and discussions together as a team. So we started to regularly develop an agenda before each meeting. He got us a timekeeper (a chronograph). And this helped us to make our meetings more

efficient, and we have all noted how this has helped us to improve both the duration and the value of our meetings. Since the STA always makes it a priority to attend our weekly meetings, he often coaches and guides us through our discussions. This has helped us to address challenges, and anticipate and mitigate risks when we’re planning activities. I have noticed that he’s really helped staff to understand the importance of tracking and documenting our meetings, and now someone is always assigned to write and share meeting minutes soon after the meeting. This is a great habit - it promotes accountability and keeps everyone updated on our priorities.” ■



-Dr. Joel Marcellin Ateba,
Cameroon NMCP Deputy Director

SECURING GLOBAL FUND GRANT RESOURCES

“ Security in the North and Extreme North regions of Cameroon has been and continues to be a concern. During the previous insecticide-treated bed net (ITN) distribution campaign, we encountered many challenges in the transfer of funds from the central level to the periphery as a means to pay community health workers. Many of the health workers never received their payments or per diems due to money being stolen or lost in the process, and those responsible for transferring money found themselves at risk and accountable for something out of their control. Considering these challenges, we were fortunate enough to have the technical support and guidance of the STA to plan for the 2015 ITN distribution campaign. He helped us adapt a new

approach to the campaign, given the context we are working in, with a focus on how we could reduce security risks linked to the thefts and incorrect handling of money, and ensure the effectively and timely payment of health workers.

When mobile money was chosen as the solution to these challenges and an innovative method to pay the census and distribution workers during the first phase of the campaign, the STA was key in helping us prepare and mitigate many of the challenges that arose and that were to be expected when implementing a new system. His support in engaging mobile money companies to train our staff, as well as sub recipient (SR) staff, on the system was very appreciated. He also suggested that we designate a mobile money point person

within the NMCP, and ensure technical support availability throughout the campaign. This advice contributed significantly to the success of the activity. The STA's recommendation to assign one of our financial controllers as the point person for this activity really helped us to coordinate efforts, and thanks to his training and support, he is now able to take ownership of this role.

For the first time we did not encounter any issues in the payment of our workers. We saw a major decrease in paperwork and administrative delays, and ultimately a reduction of risk and challenges associated with handling a lot of cash. I really believe that a secure and transparent system benefits the entire population, from those preparing and implementing the activity, to the beneficiaries and communities. We were very fortunate to have the incredible support of our advisor to make this a reality." ■



**ROGER BINELLI, FINANCIAL CONTROLLER,
AND DR. MAURICE N'DJORÉ, LMG STA
CAMEROON**

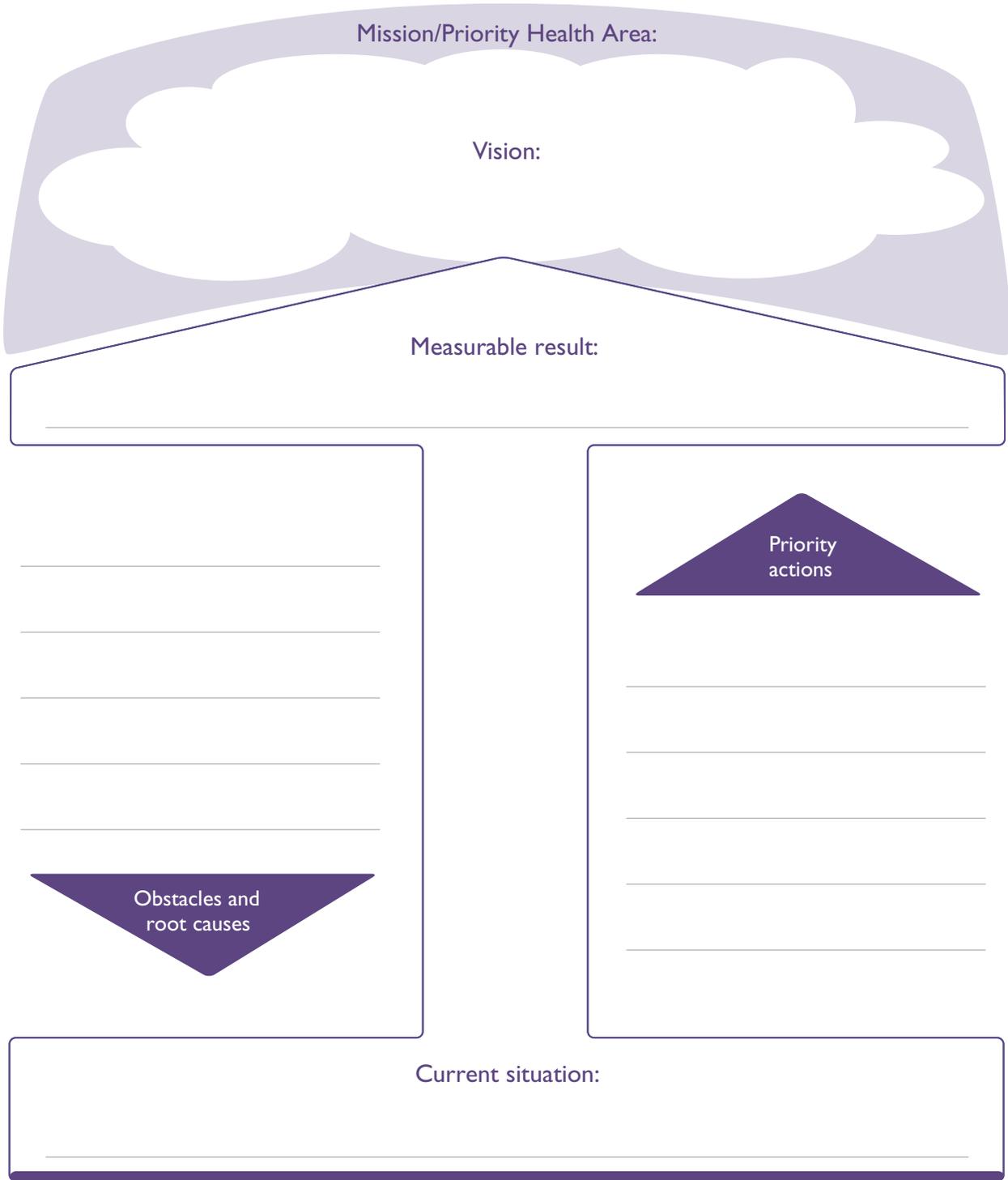
“Mobile money allowed us to improve the security, transparency, and traceability of payment transactions, as well as the security of our staff by significantly reducing the difficulties and risks associated with the handling of money during this first phase of the LLIN campaign.”

-Mr. Roger Binelli, Mobile Money Focal Point, National Malaria Control Program (NMCP), Cameroon

BUILDING MANAGEMENT CAPACITY THROUGH LEADERSHIP DEVELOPMENT PROGRAMS

As part of its core strategy to strengthen leadership, LMG/NMCP implemented the LDP+ with NMCPs in most countries. The LDP+ is an intensive series of performance enhancement workshops and coaching sessions, to help regional and district-level participants address real challenges and achieve intended results. Developed by MSH after years of testing and revision by thousands of facilitators and health workers in over 40 countries, the LDP+ is an experiential learning and performance enhancement process that equips people at all levels of an organization with the skills to lead, manage and govern programs. LDP+ participants form improvement teams to create a shared vision for addressing a priority health area. Facilitators and coaches support those teams to apply leading and managing practices to improve teamwork and effectiveness, to work through challenges to achieve measurable results, and to align stakeholders around a common vision.

FIGURE 6. CHALLENGE MODEL



[How will we achieve our desired result in light of the obstacles we need to overcome?]

CÔTE D'IVOIRE

–Dr. Antoine Méa Tanoh, *NMCP Director*



MEMBERS OF NMCP DURING THE THIRD LDP+ WORKSHOP

“ I noticed that during and after the LDP+, staff were much more willing to improve and to achieve results.

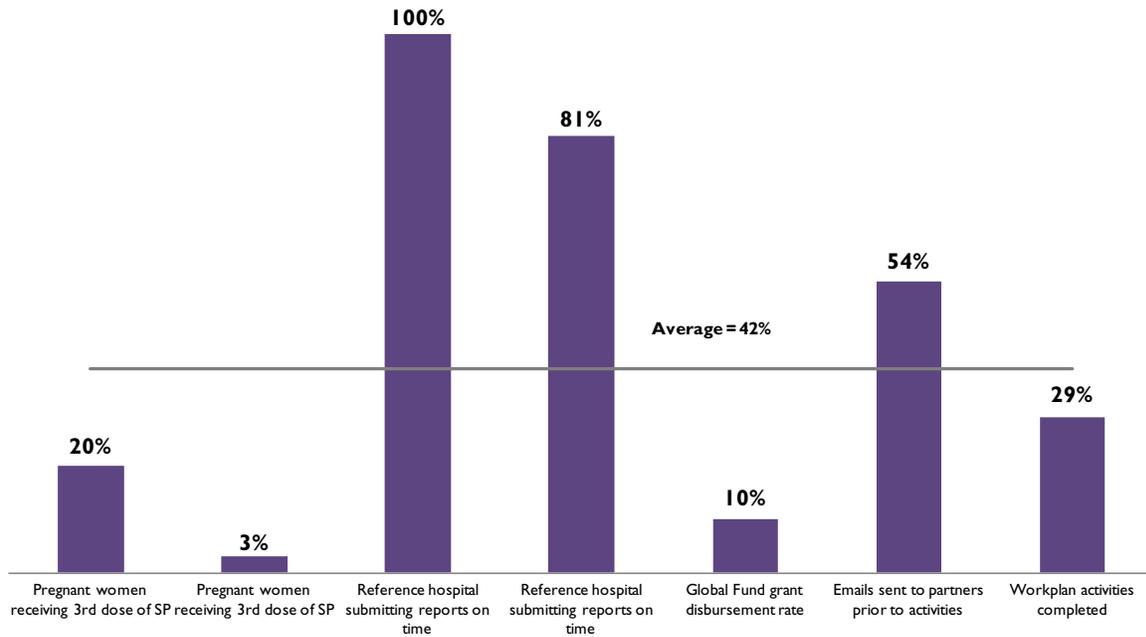
Staff are also more aware of their roles and contributions to the NMCP's goals. This is not to say that we were at zero before, but there has definitely been a change. I've found that the LDP+ is an important program, and it really helps develop capacity. I saw that, even when we were in the process of implementing our activities, we had to go beyond what we were doing to take initiative and prioritize. It helped us to become more open and more intuitive. For that reason, I believe it should be made available

to everyone--it helps us to find ways to overcome our challenges, and it gives us more tools and resources that we can go on to use to manage the challenges we encounter on a regular basis.

The LDP+ has had a huge influence on the behavior of everyone at the NMCP. First, the LDP+ has helped us to be better organized within our technical units. Second, the LDP+ has brought everyone in to be engaged in achieving the NMCP's objectives. Third, it allowed the NMCP leaders to always orient and refer to the overall vision. This has given us a way to work together to achieve results.

In terms of results, as a Global Fund grant recipient, we report our results to the Global Fund twice a year. Several years ago, we had a performance rating of C, which is an unsatisfactory score. For the past two years, we've had a B1 rating--a satisfactory score. We are maintaining a satisfactory score on our grant. The NMCP has really persisted in demonstrating performance and establishing itself as a strong program, both in the eyes of the Ministry of Health, and in the eyes of our partners, who consider the NMCP to be a program that produces results. Those are the really important things that the LDP+ has allowed us to achieve since we started in 2014. Everyone

FIGURE 7. CÔTE D'IVOIRE LDP+ RESULTS: PERCENT CHANGE PER TEAM INDICATOR



feels responsible for their part in the larger picture, and everyone is engaged in achieving results.

In terms of results at the level of the NMCP, we have a lot to report. First, there was the training of all NMCP staff: each unit selected objectives and a priority area to address. One group chose to increase the number of pregnant women receiving the third dose of SP. One group chose to improve the quality and timeliness of commodity consumption data we receive from health centers. And one group chose to address the grant burn rate, which is related to financial management. So a coach--who is also an NMCP staff member--worked with each group, and each group achieved really strong results. We presented

these results at the end of the process, and they were quite impressive. After that first LDP+, we have gone on to choose other challenges to address and overcome. That's how we've continued to use the LDP+: once one challenge is overcome, we find another to take on." ■

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

-Mr. Koffi, Senior Accountant at the NMCP

CAMEROON

–Dr. Joel Marcellin Ateba, NMCP Deputy Director



PARTICIPANTS AT THE LDP+ RESULTS PRESENTATION BY THE NMCP, HOTEL AZUR, YAOUNDÉ, MAY 16, 2016)

“The most powerful part of the LDP+ was how it changed our work environment. Prior to the LDP+, there was a lot of stress at work. Staff dealt with this by working in silos and focusing on achieving results, but not putting time to reflect on how to get there. After having completed the LDP+ and used the LDP+'s approach to planning for results, staff are less stressed and less frustrated. I personally did not participate in the first LDP+, since it was held before I began working at the NMCP, but I was able to appreciate the approach in the second abridged LDP+. I noticed that the abridged version

contributed greatly to this improved work climate. It increased my colleagues' appreciation and understanding of their roles and responsibilities, and we have begun achieving the results we want.

When I first started working at the NMCP, I noticed that some staff focused entirely on their own individual work, to the detriment of the team. So my objective was to improve teamwork and ensure that the NMCP had a common vision and goals as a team. I focused on improving the working relationships between the different technical units, as well as between NMCP leadership and the unit heads. I did this through day-to-day coaching and technical support, but also through larger activities like the LDP+. The LDP+ really helped to create team spirit and inspired staff to work towards a common vision. Each unit, along with the director and the deputy director, has really evolved. Now they work together to achieve their vision and the program's goals.

“The LDP is a process of destabilization followed by restabilization.”

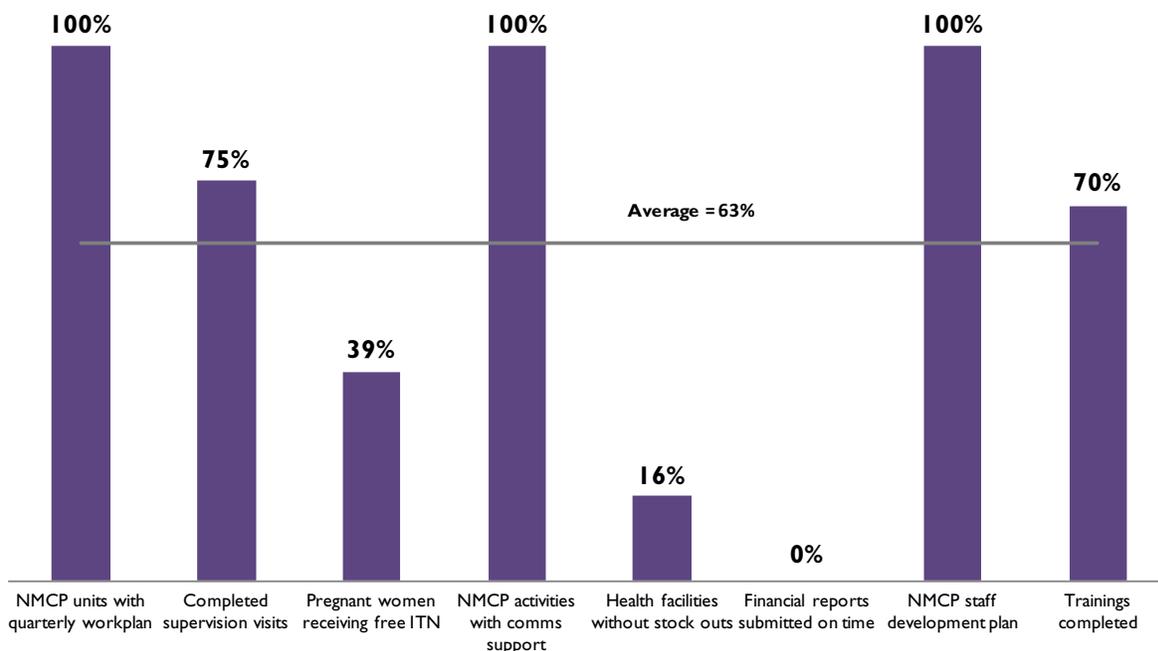
-Dr. Médou, NMCP staff



Initially, I led this work and worked with the team to carry out activities. Now, they can

do it on their own. I can simply observe and provide feedback and recommendations." ■

FIGURE 8. CAMEROON LDP+ RESULTS: PERCENT CHANGE PER TEAM INDICATOR





LDP+ PARTICIPANTS FROM THE NMCP IN GUINEA

GUINEA

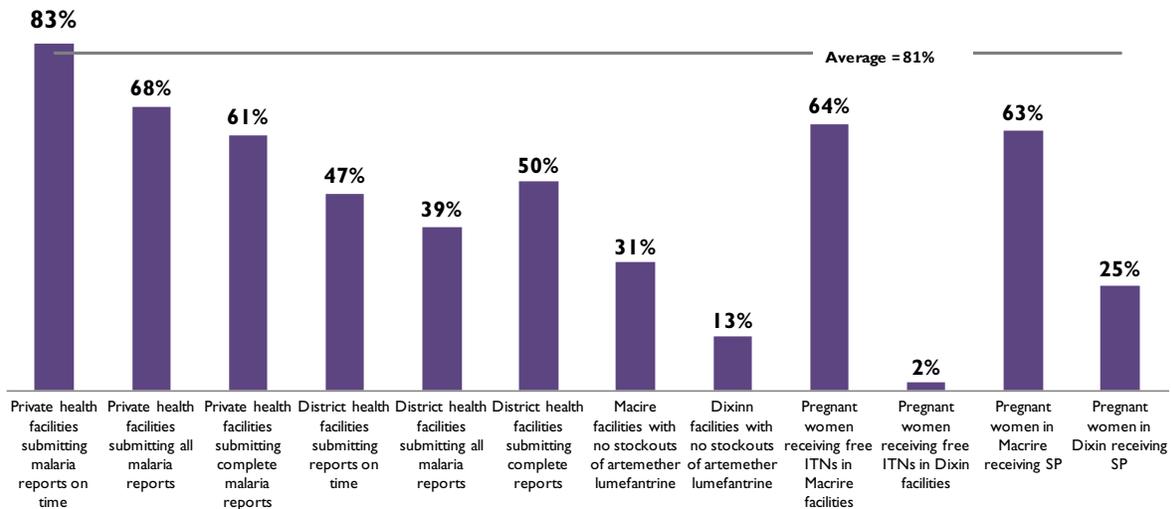
—Dr. Timothée Guilavogui, *NMCP Deputy Director*

“ We had made great strides in organizing ourselves internally with the institution of our annual, quarterly, monthly, and weekly unit work plans, and our weekly meetings. With the LDP+, we’ve gone even farther, especially in our application of the LDP+ tools at the district level. Before we were having problems with the data being sent to us, and we were able to use the LDP+ tools to create a challenge model with the health districts. These tools helped us to ask, “If we envision having quality data, then what do we need to do to get that result?”

So we sat down with the district teams and used the LDP+ to work together. And these

districts were able to improve the quality, the completeness, and the timeliness of the data they submitted to us. This then allowed us to create what we call “Facilities of Excellence”, because we realized that in order to improve behavior we needed to have a reference point - a model. So we selected a health facility in Conakry as a pilot reference facility. We used the LDP+ to scan to see how things were currently being done: what guidelines were they following? What national diagnosis and treatment protocols were they applying? Were their registers filled out? Were medicines being managed well at the pharmacy? And together we identified that facility’s strengths and the weaknesses, and then we transformed the weaknesses into an action plan. We have been

FIGURE 9. GUINEA LDP+ RESULTS: PERCENT CHANGE PER TEAM INDICATOR



able to share the results of that work, and now that facility is one of our Facilities of Excellence—the example we show to other facilities that we’re working with now to demonstrate what a healthy, functioning health facility looks like.” ■

“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



Photo credit: Youssouf Lo

LDP+ PARTICIPANTS FROM THE NMCP IN GUINEA

LIBERIA

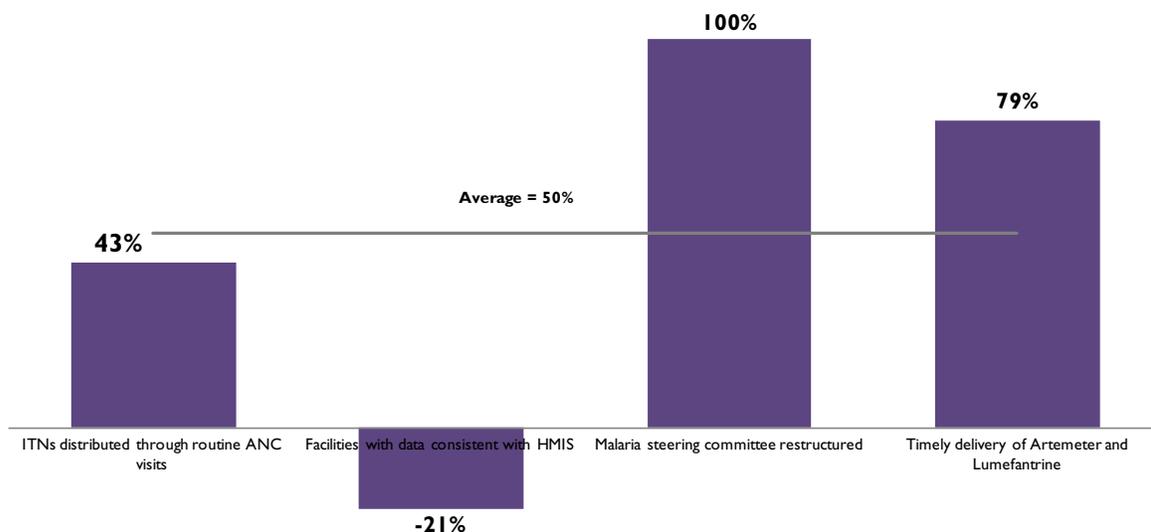
–Dr. Oliver Pratt, NMCP Director

“Since the introduction of the LDP+ several years ago, I have seen enormous and significant improvements in the working relationship with my staff. I not only see that they are more organized and involved in planning activities, but our communication has also improved. One particular area of improvement has been what we call the White Board, which is where we share information and communicate with staff. Everyone is much more confident with what they are doing and how they do it. Each team member has gotten to know their role, when to play their role, and when to step back. We are now focused on exactly what we want to do and when to do it.” ■

“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,
PCU Malaria Program Officer, Liberia

FIGURE 10. LIBERIA LDP+ RESULTS: PERCENT CHANGE PER TEAM INDICATOR

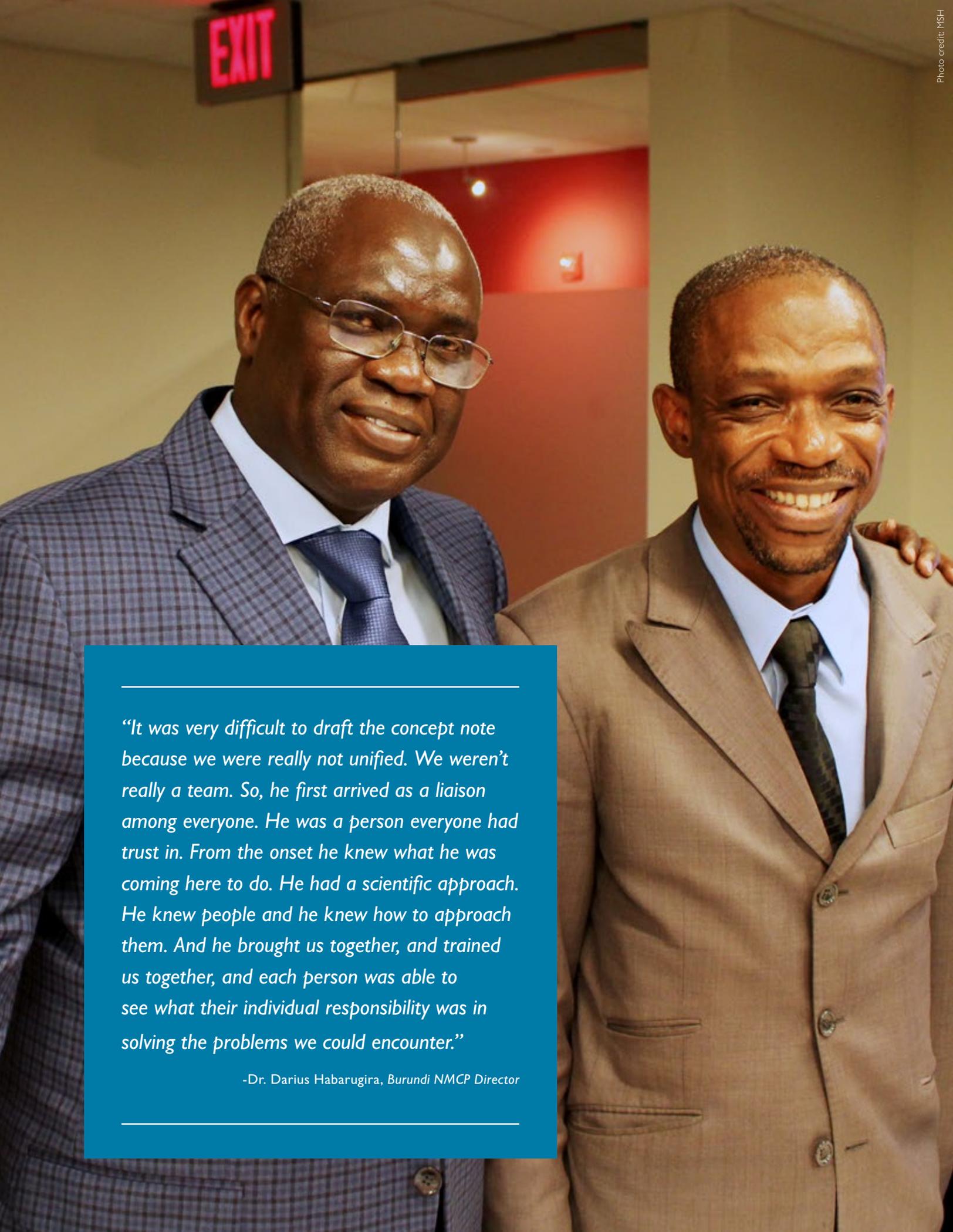




LDP+ PARTICIPANTS FROM LIBERIA NMCP

“The LDP+ is a tool that helped me to be a successful Advisor. It helps the NMCP to think through their problems, to really identify what the challenges are, and to work towards set targets in a real-life situation. The LDP+ helps them to achieve their targets and carry out activities they would have been doing anyway, but it’s this tool that serves a vehicle for getting them from Point A to Point B more effectively.”

-Kwabena Larbi, LMG/NMCP STA in Liberia



“It was very difficult to draft the concept note because we were really not unified. We weren’t really a team. So, he first arrived as a liaison among everyone. He was a person everyone had trust in. From the onset he knew what he was coming here to do. He had a scientific approach. He knew people and he knew how to approach them. And he brought us together, and trained us together, and each person was able to see what their individual responsibility was in solving the problems we could encounter.”

-Dr. Darius Habarugira, Burundi NMCP Director

OBJECTIVE 2: NATIONAL MALARIA CONTROL PROGRAM DEVELOPS AND DIRECTS POLICY AND NORMS FOR THE IMPLEMENTATION AND SURVEILLANCE OF THE NATIONAL MALARIA CONTROL STRATEGY

Examples of activities completed under Objective 2 include the following:

- Provide technical support to NMCP management unit teams to develop annual work plans
- Provide technical assistance in the development of the National Malaria Strategic Plan (NSP)
- Provide technical support to NMCP management unit teams in developing annual work plans in line with the NSP and based on the GF grant
- Provide technical support to the NMCP in developing a plan of action to formalize and improve its internal system for archiving data and documents at the central level
- Support the NMCP to design and update the ITN mass distribution campaign document
- Provide technical support to the NMCP to update guidelines for integrated community case management (iCCM) in line with WHO recommendations
- Provide technical support to the NMCP and MOH to conduct a therapeutic efficacy study of current first-line malaria drugs
- Support the review of Malaria in Pregnancy (MIP) and children under one year by implementing the new intermittent preventive treatment third dose (IPTp3) protocol
- Train CHWs at the community level on rational drug use and safety monitoring with relevant NMCP staff
- Provide ongoing coaching to the NMCP M&E team to improve malaria program data collection, analysis, and utilization/dissemination



THE PMI/WASHINGTON TEAM VISITING HEALTH FACILITIES IN CÔTE D'IVOIRE

Photo credit: Páipín M'iyigbena

SUPPLY CHAIN MANAGEMENT AND GOVERNANCE

-Dr. Antoine Méa Tanoh, Côte d'Ivoire NMCP Director

“ One of the ongoing challenges for us within the supply chain management unit has been the lack of clearly defined rules and regulations for managing malaria medication and other commodities. This has negatively impacted the quality and performance of the supply chain management system. The STA for Supply Chain Management (SCM) has been instrumental in helping us to identify this gap, in supporting us to respond to this challenge, and finally, in helping us to develop a malaria management procedures manual. Early in 2017, I worked with her to organize three workshops for 13 central directorates and the *Nouvelle pharmacie de la santé publique de Côte d'Ivoire* (NPSP) to develop and validate this manual.

The STA did not just help us to organize these workshops, but in her role as advisor, she really took the time to help us understand and review the importance of having an effective information system in place to ensure efficient management and availability of commodities from the central to the peripheral health levels. She guided us through the process, from creating an outline of the supply chain process in the country, to developing a comprehensive operational manual that includes roles and responsibilities of actors at all levels.

Since the manual was finalized, I have realized how important it is to have all this in writing. It helps to clarify and ensure a standardization

of these processes, particularly when it comes to training and integrating new staff. The head of our supply chain unit would find herself spending hours explaining these processes and procedures to new staff, as there was really no standardized way of doing it. Having this manual has completely changed the onboarding process, as we now give new staff the time to review and familiarize themselves with the manual, and by the time I begin to work with them, they are already familiar with the processes and are able to begin working more quickly and more effectively. Having this manual in place makes everyone's job easier and gives my staff a concrete tool that they can always consult if they have any doubts.

The next step, now that the manual is ready, is to organize training sessions for district and regional pharmacists in an effort to familiarize them with the manual in order to ensure an efficient and more standardized supply chain management system. Once these regional and district pharmacists are trained, we plan to have them all cascade the training to other health workers at the community level, in order to transfer this knowledge as extensively as possible across the country." ■



DR. GHISLAINE DJIDJOHO, CÔTE D'IVOIRE
SUPPLY CHAIN MANAGEMENT STA

“By putting the procedures into writing, this clarifies things and helps us to more easily integrate staff because we no longer need to sit and spend hours explaining everything.”

*-Dr. Armande Yapi Yepie, NMCP Côte d'Ivoire
Supply Chain Management Unit Head*

MALARIA TREATMENT GUIDELINES

-Dr. Samuel Smith, Sierra Leone NMCP Director



**TRAINING WITH NURSING INSTITUTIONS
ON MALARIA TREATMENT GUIDELINES IN
SIERRA LEONE**

“When we revised the Malaria Strategic Plan for 2016, we also needed to update the Malaria in Pregnancy guidelines. We needed to update our own guidelines based on WHO’s recommendations on the number of intermittent preventive doses of SP that pregnant women should receive. The advisor supported us in bringing together all our partners and stakeholders--such as the midwives from training institutions and from the private sector--and we worked together to develop an MIP strategy document that will help to ensure that the WHO recommendations are implemented at all levels.

Having the advisor also helped us to review and improve malaria case management and use of

NMCP GUIDELINES DEVELOPED AND/OR REVISED WITH LMG/NMCP SUPPORT:

- Malaria in pregnancy (MIP) guidelines in Guinea, Liberia, and Sierra Leone
- Case management guidelines
- ITN distribution guidelines
- Revised current and developed new National Strategic Plans in Burundi, Cameroon, and Côte d’Ivoire



TRAINING WITH NURSING INSTITUTIONS ON MALARIA TREATMENT GUIDELINES IN SIERRA LEONE

RDTs. He also assisted us in training the District Health Management Teams, nursing institution trainers, and private health facility personnel, in applying and adhering to our national guidelines. The advisor found new opportunities for expanding that should follow the guidelines, and thanks to the training we conducted with the nursing institutions, many have included the training in their course curriculum. Our Case Management Unit head has been doing a lot of post-training supervision visits, and I really see that this has been passed on. Usually when nurses complete their degree and start practicing in the field, they don't have very much knowledge of how to diagnose and treat malaria. But with this training, we find that nurses arrive better prepared to address malaria." ■



PARTICIPANTS RECEIVING CERTIFICATES AFTER COMPLETING THE TRAINING ON MALARIA TREATMENT GUIDELINES



TEAM SUPERVISOR AND LTA FOR SUPPLY CHAIN MANAGEMENT, DR. GHISLAINE DJIDJOHO, PRESENTING THE EUV RESULTS TO THE HEAD DOCTOR AT THE LOUPOU HEALTH CENTER

Photo credits: MSH

DATA FOR IMPROVED SUPPLY CHAIN MANAGEMENT

-Dr. Armande Yapi Yepie, NMCP Côte d'Ivoire Supply Chain Management Unit Head

“With LMG’s financial and technical support, we were able to do an EUV study of malaria commodities for the first time in Côte d’Ivoire. The advisor had in-depth knowledge of how to do an EUV, and it was really a new activity for us. We had never before done something like this - something that allowed us to assess the availability and final use of commodities. The results of the EUV helped us to reach the root causes of the problems we were facing in regards to management of commodities, and how facilities were using commodities.

As we were conducting the EUV, I began to understand that it was not only revealing interesting data on how commodities are used,

it was also helping the facilities and health facility staff that we supervise to take ownership of the root causes that were being revealed. With this in hand, they were able to develop improvement plans for those challenges. I’m hoping that we can implement the same approach across the regional health directorates.

At the central NMCP level, the EUV was an opportunity for us to evaluate ourselves and the work that we do. It was such a good experience--I highly recommend it to other NMCPs that are seeking to address supply chain management challenges.” ■

UNDERSTANDING THE ANTI-MALARIAL SUPPLY CHAIN IN CÔTE D'IVOIRE

The LMG/NMCP-supported EUV revealed important supply chain and malaria testing and treatment data, which was used to adjust NMCP strategies in these areas. The EUV revealed that in the six health districts included in the survey:

ON THE DAY OF THE SURVEY VISIT:

- 21% of facilities had stock outs of rapid diagnostic tests
- 11% of facilities had stock outs of ITNs
- Only 3% of facilities had expired products
- 100% of facilities were equipped to treat malaria
- 60% of facilities had inadequate storage conditions

IN THE PAST THREE MONTHS:

- 50% of facilities had stock outs of more than seven days of rapid diagnostic tests
- 27% of facilities did not submit malaria reports on time

IN THE NEXT THREE MONTHS:

- 23% of facilities would have expired products

IT ALSO REVEALED:

- 29% of patient cases seen in facilities were for malaria
- 17.5% of malaria cases in children under five did not receive adequate treatment
- 100% of facility staff had been trained in stock management
- 66% of health workers had been trained in the new malaria case management guidelines
- 52% of health workers had been trained in microscopy
- 100% of facilities had received a supportive supervision visit in the past six months
- 93% of facilities had received a stock management visit
- 100% of facilities had received a case management visit
- Only 40% of cases of fever had been treated with ACT without confirmation of malaria



**ITN DISTRIBUTION CAMPAIGN IN LIBERIA, TRANSPORTING
BEDNETS TO REMOTE AND HARD TO REACH AREAS**

MALARIA IN THE MIDST OF EBOLA

-Dr. Oliver Pratt, Liberia NMCP Director

“Our advisor has done a lot of malaria research and really knows the subject matter, especially case management. During the Ebola crisis, we introduced the “no touch” policy for malaria diagnosis and treatment. To limit health workers’ physical contact, and therefore minimize their risk of infection, we suspended diagnostic services in communities. He helped us to lead the shift in that policy, which led to the suspension of testing. He helped us to not only disseminate the new guidelines, but also to train and monitor the application of the guidelines.

The mass ITN distribution campaign was also scheduled right at the height of the Ebola crisis. Our advisor helped us to adjust our plans, and we did a special distribution campaign that focused on the “no touch” policy. He was instrumental in helping us to still carry out the planned campaign. He contributed technically, but he also helped us to organize meetings, review documents, and ensure that the guidelines were properly understood and applied. The quality of our activities and our data were not compromised. We strongly recognize that he played a truly valuable role in all this.”

-Dr. Timothée Guilavogui, Guinea NMCP Deputy Director

“When the Ebola crisis hit, the NMCPs in the region were at risk of being set back four to five years. Some of the other NMCPs in the region had to close their doors, and their staff went to work on the Ebola response. But in Guinea, with the help of the advisor and his reinforcement of our leadership, we were able to keep our malaria partners focused and committed to our malaria objectives, without scattering our team. Our team understood that we could best serve Guinea by staying focused on malaria, and we were one of the only programs that brought malaria partners together during the outbreak. We highlighted that losing sight of our objectives would not only put the malaria program behind by several years, but would also put more people at risk of dying. We were able to share the data with our partners that showed that more people would die from malaria than Ebola--we even conducted surveys that confirmed this. So it was crucial for the leaders of the NMCP be strong and focused in bringing partners together, to reconfirm their commitment to fighting malaria, and to avoid having ourselves and our partners afraid and distracted by Ebola.

So we went ahead, and with the advisor's support we revised guidelines and training documents in order to better protect health workers from Ebola. The advisor provided technical and organizational support, and with his coaching we asked ourselves,

“How do we protect the achievements we've made in our fight against malaria? How can we both protect people from Ebola, and protect our hard-won gains?” We understood that we had come a long way since 2012, and we made it a priority to think critically about how we could adjust to protect people from Ebola, and from malaria. We really did not want to lose what we had accomplished. And I think that we were successful: if you look at where we are at with malaria control today, you might have the impression that the Ebola crisis never happened. Some of the other programs in the region had to start again at zero. But right now in Guinea, community case management is taking place, and people have almost totally forgotten about the effects of Ebola. Some of the protective measures are still in place, but all the community agents and health workers have resumed their work.

If you look at our indicators, you can see why we were recognized with the African Leaders Malaria Alliance Award for Excellence in 2015. This award is only given to countries that have made progress in fighting malaria, and that year we were recognized not only for our considerable progress, but also because we did it in spite of Ebola. We achieved this as a team. If the advisor had been there, I'm sure we still would have done something, but we wouldn't have been as strong as we were.” ■



“If I’m overloaded, I can ask the advisor, ‘Can you please step into my shoes?’ So I can delegate and he will represent me. To me he’s part of the team, so I can delegate to him, he represents me well, and when we go to meetings, we have a common message. So he can represent us anywhere, I mean, and have the same message about what the program stands for, what is our vision, and even with the Global Fund he knows everything. So even some workshops we go to, he does presentations, and he represents on our behalf so people think he’s part of us, because he knows all the issues and the challenges, the weaknesses, the strengths, and the opportunities out there.”

-Dr. Samuel Smith, Sierra Leone NMCP Director

OBJECTIVE 3: NATIONAL MALARIA CONTROL PROGRAM MOBILIZES STAKEHOLDERS TO PARTICIPATE IN NATIONAL MALARIA CONTROL COORDINATION AND IMPLEMENTATION EFFORTS

Examples of activities completed under Objective 3 include the following:

- Support Global Fund grant implementation
- Reinforce communication between the NMCP and SRs, partners, and stakeholders in malaria activities for the GF
- Attend annual regional Roll Back Malaria trainings and workshops to review, update, and plan country activities according to the country roadmap
- Assist the NMCP to develop a stakeholder engagement action plan in collaboration with the NMCP leadership
- Provide technical support to the NMCP coordination team to submit documents and clarifications requested by the Global Fund by/prior to the established deadlines
- Provide coaching and training to the NMCP staff to continue integrating private health facilities in national malaria control efforts
- Provide support to the implementation of the NMCP's stakeholder engagement action plan
- Provide technical support to the NMCP to strengthen coordination with sub-recipients
- Develop a stakeholder engagement action plan in collaboration with the NMCP leadership
- Coach the NMCP on facilitating monthly meetings for each of the technical working groups
- Coach the NMCP on sustaining working relationships and coordination with the Global Fund portfolio team
- Provide technical support to NMCP M&E and finance staff to prepare and submit semi-annual Progress Update and Disbursement Report (PU/DR) to the CCM and the Global Fund



**CÔTE D'IVOIRE NMCP TEAM WITH MEMBERS OF USAID/
CÔTE D'IVOIRE AND THE PMI/WASHINGTON TEAM**

GLOBAL FUND GRANT MOBILIZATION AND MANAGEMENT

-Dr. Antoine Mea Tanoh, Cote d'Ivoire NMCP Director

When the LMG STA first arrived in early 2014, we had a GF grant rating of C--unsatisfactory--for over two years. We also hadn't received a direct disbursement of GF funds since 2012. Thanks to his background as a fiscal agent, one of the first things he was able to do was sit down with us to review all of the reasons why our grant performance was so poor. We looked at all conditions precedent, and he helped us to

understand what we needed to do in order to have conditions lifted. We created a plan and addressed the easiest conditions first. By June 2014, we received our first disbursement. In July, we got the second--we had been able to satisfy 12 of the 13 conditions in just a few months.

Around the same time, we started working on the concept note for the NFM grant. The advisor supported our team tremendously throughout this process: writing the concept note, developing the budget, and responding to the Global Fund's

feedback and requests. We signed the \$96 million NFM agreement in May 2015, with \$81 million of that going to the NMCP as PR. Earlier this year, we submitted our request to the Global Fund for program continuation, and had the same consistent guidance and feedback again from our STA. When we shared our draft to Roll Back Malaria for their feedback, they told us that ours was the strongest application they had reviewed to date.

This all has been very significant for our program. For the past two years we've maintained a BI grant rating. We have consistently demonstrated that we are a strong performing program, both to the Ministry of Health, as well as to our partners. They know us to be a program that produces results. This success has been due to the collaborative effort with our STA, to resolve grant conditions, to put in place mechanisms for monitoring and implementing the grant, and to submit very strong grant funding applications. One of the most gratifying achievements and indicators of our improvement in performance has been the bonus funding that we have received every six months since 2016. This has given us so much pride and joy, especially after seeing in writing that the Global Fund views our NMCP as one of the best programs, and we can only hope that this sense of pride and achievement can continue.

What makes us most proud, and grateful for the STA's support, is that we now have the skills and the capacity to lead the negotiations with



**DR. PÉPIN MIYIGBENA, LMG STA
CÔTE D'IVOIRE**

the Global Fund. In the past, we often hired consultants on our behalf to develop the needed documentation and we would send them to negotiate the terms of the grant in our place. This strategy though clearly did not work and it never once led to anything positive, because we were not taking ownership of the process. Today, we have taken ownership and find ourselves equipped with the skills to write the documents and to negotiate the grant, thanks to the critical training and coaching from our advisor. His support in the Global Fund grant process has inspired staff to apply and engage themselves, overcome challenges as a team, and achieve results. While we were already a team, the support provided by LMG/NMCP has allowed us to become even stronger and more dynamic." ■

JOINT COMMUNITY ACTIVITIES

-Dr. Dorothy Achu, Cameroon NMCP Director



DR. MAURICE N'DJORÉ, LMG STA CAMEROON

“One of the challenges that we faced in Cameroon up until late 2015 was aligning our work in malaria control with that of our colleagues working to fight HIV and AIDS and TB. We lacked an integrated approach. So in the New Funding Model grant applications, all three of the disease programs included integrated activities. The STA was crucial in helping us to harmonize activities among the three programs, and he worked closely with us to include the NMCP technical unit heads to develop a feasible strategy. As the malaria program was the more advanced program, compared to the other disease programs, the STA assisted the other two programs to reach the same level, in order to develop a strategy that was feasible and effective. It was the first

time that we worked in partnership with the National Council for the Fight against AIDS and the National Program against Tuberculosis to address a common challenge and goal.

The STA's suggestion and support to bring on board a UNICEF consultant to help us develop a strategic plan was really very important. And now that the plan is in place, it is clear how much it has helped to standardize community health activities across the health regions and districts, reduce the numbers of actors involved, improve monitoring of activities, and ensure that our health workers are trained and competent across the three disease areas.

The skills and tools that we acquired through the LDP+ have been critical in helping us achieve and take ownership of this new strategy because it required us, like the LDP+ teaches, to scan the environment, identify the core challenges, and develop a feasible solution to overcoming this challenge. We now have members of our team that have taken ownership and become experts in driving this strategy and are capable of training others on it. While the improvements are there, it is important to note that we continue to work in a rather complex environment with high staff turnaround, so the advisor's support continues to be critical to this work and to achieving results.” ■



**BURUNDI NMCP STAFF DURING
WORLD MALARIA DAY EVENTS**

NMCP AS FIRST TIME GF GRANT PRINCIPAL RECIPIENT

-Dr. Darius Habarugira, Burundi NMCP Director

“September 2014 was a very important time for us at the NMCP, as we were selected to be the principal recipient of the Global Fund grant for the first time, an achievement which also meant that we would now be taking the lead in developing and submitting the concept note as PR for the first time. It was around that time that the LMG STA arrived and immediately jumped in to provide technical assistance and guidance. He quickly became part of the drafting committee to help us develop the different sections of the concept note, to review risks associated with the grant implementation, and given his financial expertise, to provide key support in the review of the concept note budget. What he also did,

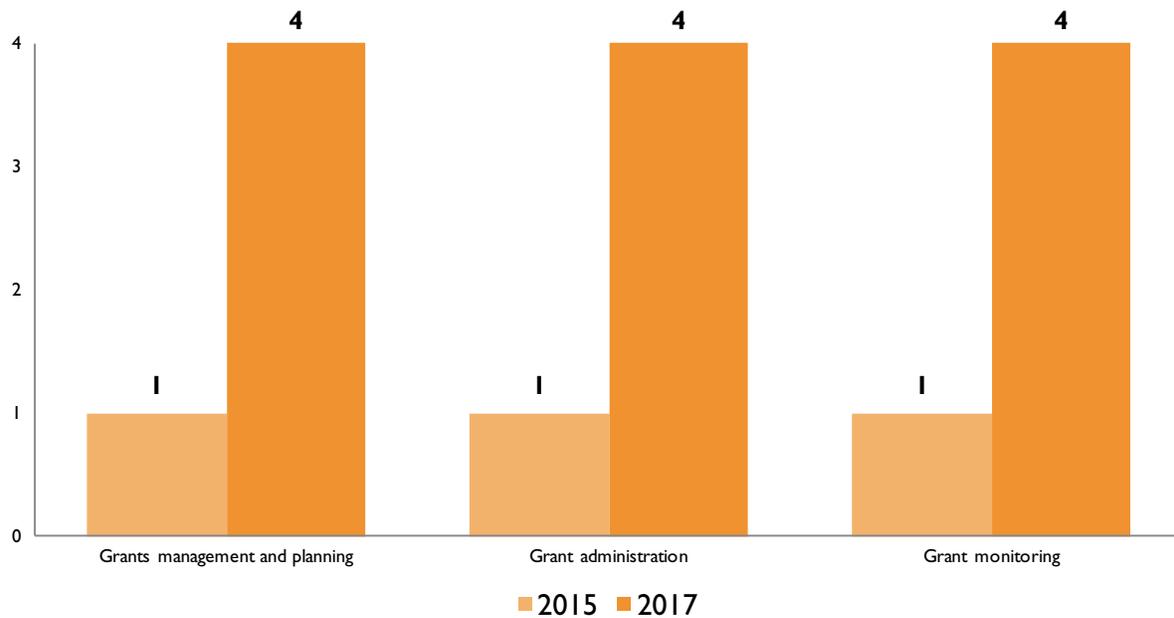
through his coaching and guidance, was help us all to better understand what our role was in the process and how each one of us could contribute. Our STA has worked closely with each of our program unit heads to guide them and their teams in understanding their role and in helping them to develop our unit plans.

The STA's presence not only as an advisor, but as a team member, was most evidenced by his participation and presence in many of our calls and meetings with the Global Fund. It was through his participation as a member of our team that helped him really understand our challenges, our strengths, and the support we most needed from him.

The STA went beyond his role to help us identify priority modules for community health system strengthening. He also helped us to set up monitoring and evaluation plans that, though they were not required by the Global Fund, he considered important and added value to the grant activities. Thanks to his consistent and vital support, we submitted the malaria grant action plan, detailed budget, procurement plan, and performance evaluations to the Global Fund in May 2015 for \$24 million. We even went on to receive a bonus grant of more than \$36 million for January 2016 to December 2017.

As first time implementers of the Global Fund grant, our STA continued to support our team during this time to develop administrative, management, and M&E processes for the Global Fund grant with the future SRs. We had to set up clear and standardized processes for identifying and selecting future SRs, budget negotiations, action plan negotiations, approving and signing grant sub-awards, and fund disbursements. His level of expertise, experience, and his openness with us, is what has helped us to achieve this success." ■

FIGURE 11. BURUNDI GRANT MANAGEMENT OCA SCORES



REVIVING THEMATIC WORKING GROUPS

-Dr. Timothée Guilavogui, Guinea NMCP Deputy Director

“ Back in 2013, in theory we had monthly meetings with the other malaria stakeholders, but these were held sporadically, and we rarely had any kind of structure for how we wanted the meetings to go. What this meant was that we often weren't aware of the work other partners were doing, and vice versa. Any information that was shared was shared sporadically and unequally. When the advisor arrived, he helped us work to solidify the role of the national malaria committee, create technical working groups, and introduce malaria committees at the regional levels.

We'd already had a National Malaria Committee since 2012, but it wasn't until the advisor came that we really institutionalized and structured the committee with all the other malaria partners. He encouraged us, and also did a bit of the initial legwork, to start holding the meetings regularly.

He also helped us to think through the content of our meetings. We then created five technical working groups: M&E, case management, anti-vector, communication, and supply chain management. We started having these groups hold monthly meetings, which included representation from the NMCP, the MOH, and



our other partners. These groups were charged with monitoring the work done each month by the NMCP technical units along with partners. The advisor helped us develop the terms of reference for the technical working groups, and guided us through the process of having those terms reviewed and finalized by everyone involved. These groups are now very active and help us to not only hold ourselves accountable to our partners, but to also to coordinate the work being done across the country.” ■



“Building the capacity to make sure that they can do it—that makes a lot of difference. You can provide a short-term technical support, you go, the people here will still be doing it the same way. And for people to change, for behavior change, it’s not just a flash, it’s not overnight, it takes time. So that’s why the long-term technical assistance is valuable.”

-Global Fund Principal Recipient representative in Liberia

BUILDING A PUBLIC-PRIVATE PARTNERSHIP

-Dr. Timothée Guilavogui, Guinea NMCP Deputy Director

“ Nearly 60% of all primary care consultations in Conakry are at private health facilities, which for us was a real concern given that these facilities were not applying or adhering to national malaria control guidelines, nor were they reporting their data to the public health district. Private providers were known for not collaborating with public health authorities, and they had a reputation for prescribing drugs that either were not recommended or that were of unknown origin. This lack of integration also meant that data from private facilities on the number and processes for treating malaria cases were not being integrated into health reports. The weak reporting and data management system was a major challenge to the country, particularly at the decision-making level.

The STA’s support was instrumental in helping us to apply the LDP+ process to respond to this challenge and work to integrate the private not-for-profit sector in malaria control activities. The STA really worked with us to reflect on the data available and said, “Let’s imagine if we have all the public facilities working well: this means we’re effectively reaching 40% of the population. So if we arrive at the end of our strategic plan period, will we be satisfied with what we have achieved? Will we be satisfied with 40%?” Everyone of course said no. We all agreed that was not enough. We immediately knew we had an obligation to reach out to the private health sector. We developed a challenge model to integrate the private sector and implement a concrete and feasible action plan.

The public-private partnership was formalized by a memorandum of understanding that was developed with help from our advisor. The MOU engages and requires the various stakeholders to implement a training plan, improve the quality of care, carry out a supervision plan, and ensure regular submission of monthly reports. Today, more than 30 private health facilities are supplied with malaria commodities by the NMCP, are adhering to national malaria treatment guidelines, and are submitting their activity reports to the districts in a timely manner. We continue to hold regular coordination meetings with our partner to discuss and review activities, and the STA is always present to help facilitate these meetings.

While we started with private non-profit health facilities, accessed by many, we also knew that the country has a lot of potential resources within the mines, as many of the mining companies have health facilities that treat malaria. However, it was also known that within the health facilities managed by the mining companies, the quality of malaria care and adherence to prevention guidelines was poor--perhaps due to the fact that many of the companies are foreign and don't feel obliged to comply with national guidelines. In April 2016, with the support of the STA, we met with representatives from the Guinea Chamber of Mines to present our initial proposal for an MOU. In May of that same year, we organized an international workshop with Chamber of Mines representatives, as well as international partners,

to discuss current work being done in malaria and to highlight the mutually beneficial opportunities that this kind of partnership would bring about.

We officially established a partnership with the Guinea Chamber of Mines that same year and immediately implemented a coordination and technical assistance mechanism within the districts. The STA supported us throughout this process, helping us to develop and finalize the MoU, implement a pilot committee, and organize monitoring visits to all mining companies across the country. This partnership has helped strengthen the collaboration with the private sector and improve the quality of care and data and reporting across the country." ■



FOR-PROFIT HEALTH SECTOR INTEGRATION

-Dr. Antoine Méa Tanoh, Côte d'Ivoire NMCP Director

“ In Côte d'Ivoire, we have been working tirelessly over the last few years to try to involve the private sector in the national malaria strategy.

The ACPCI, the association of private clinics, always had a very different vision and set of priorities from those of us in the public health sector, as their focus remains on profit. While funding from the government and Global Fund aims to ensure that all malaria commodities are provided free of charge in public and private health facilities across the country, we were aware that infants and pregnant women who were going to for-profit private clinics

were not receiving free ITNs to protect themselves against malaria. Nor were pregnant women who went to these clinics for antenatal care receiving free Sulfadoxine-Pyrimethamine (SP). We were concerned about whether or not private facilities were consistently complying with national treatment standards, and we knew that their lack of reporting to the national health information system meant that we had gaps in our data.

With the support and technical assistance of the STA, in July 2016 we were able to successfully establish a public-private partnership

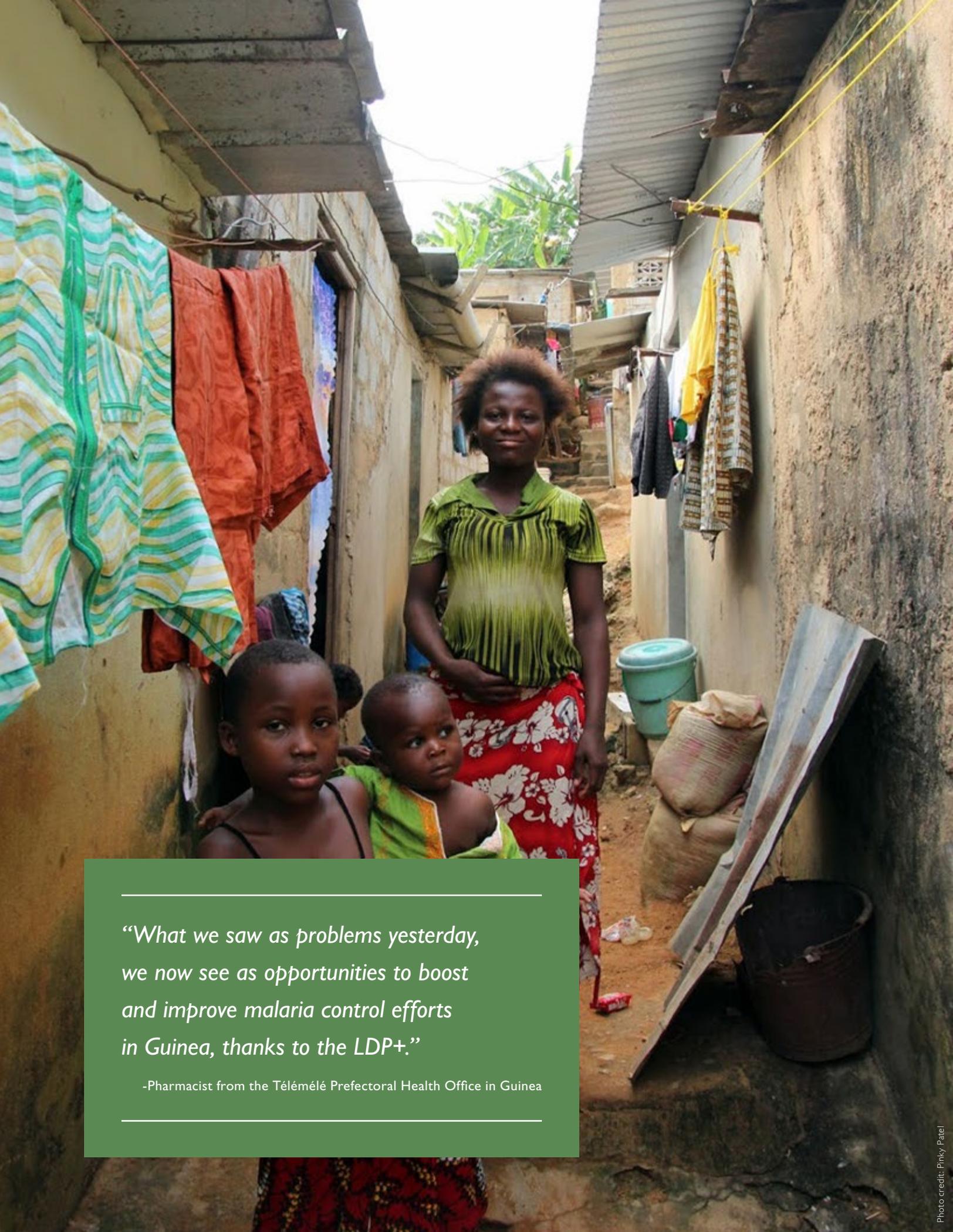
with the ACPCI and to develop a strategy to incorporate the private sector into the Global Fund concept note. The partnership has helped us to better monitor the provision of quality malaria prevention and treatment services to the many patients accessing private clinics. Since the partnership was established, these private facilities have agreed to distribute free ITNs in their clinics, and provide SPs free of charge to pregnant women. The STA has also been a fantastic facilitator during our discussions with the ACPCI to develop the partnership framework and establish a data collection system within their private health facilities.

To date, 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 at many of the ACPCI's affiliated private health facilities, and our goal is to aim for all 62 facilities in ACPCI's network to provide these same services soon. The partnership has really benefited our work in malaria control efforts because it allows us--as a program and team--to have a greater impact within the population, especially knowing that now all patients are receiving the same commodities whether or not they are attending a public health facility. Thanks to the STA's tremendous support in establishing this partnership, we have increased our level of coverage, strengthened collaboration with other

facilities, and kept our word and commitment to our people to ensure access to quality malaria prevention and treatment services for all." ■



CÔTE D'IVOIRE NMCP DIRECTOR SIGNING PARTNERSHIP AGREEMENT WITH ACPCI PRESIDENT



*“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 in Guinea

LESSONS LEARNED AND RECOMMENDATIONS

LMG/NMCP built the capacity of NMCP leaders to independently lead, manage, and govern national efforts to combat malaria. The collective experiences of the LMG STAs and support team, as well as feedback from NMCP staff and NMCP partners, have contributed to a number of lessons and recommendations for the next phase of NMCP capacity building support, and future use of the STA to model for organizational capacity building. These lessons are divided into two categories: technical and programmatic.

TECHNICAL

LDP+

The original design of the LMG/NMCP project included the LDP+ in each country. MSH's expertise in strengthening leadership, management, and governance (L+M+G) practices indicated that the LDP+ would be an important and valuable component of the STA support, as a process that develops people at all levels of an organization and empowers them to face local health service delivery challenges and achieve measurable results. This proved to be correct, as the LDP+ has been cited by both STAs and NMCP staff as a decisively powerful process for introducing leading, managing, and governance practices and making them part of the standard behaviors to cement team cohesiveness and achieve results.

In the context of STAs' long-term, daily support, and mentoring, the LDP+ process was even

more compelling. In several countries the LDP+ was repeated more than once and was adapted by the NMCP teams to become their standard approach for identifying and working towards desired results. According to the STAs, the LDP+ was a way for them to push NMCPs to solve problems on their own. For the first LDP+ cycle, obtaining the full support of the MOH and other health system authorities was essential to ensuring that time and resources were made available for NMCP staff to participate in the full LDP+ process. Additionally, allocating sufficient project resources for LDP+ workshops helped to convince NMCP and Ministry authorities that the process would not detract from their scarce resources.

We found that once an NMCP completed a fully-resourced LDP+, it was sufficiently convinced

by the transformative power of the tools and processes and willingly advocated that the process be repeated and adapted. This injected a boost

of energy and momentum into NMCPs, and we recommend that future support to NMCPs consider including the LDP+ in project plans.

“She doesn’t back down in the face of difficulties, she is resolute, she really articulates her convictions well and that, that’s very important. One must be able to convince. Once you finish diagnosing the system, you say ‘Here is the problem at hand.’ It’s necessary to be able to communicate in a strategic way to bring partners to endorse things. I think that [the STA] is a real opportunity for the NMCP here.”

-UNICEF representative in Côte d’Ivoire

CAPACITY BUILDING FOCUS

The goal and objectives of LMG/NMCP aimed to build NMCP capacity, rather than achieve specific health or grant outcomes. While this design assumed that healthy, functioning NMCPs would have an impact on Global Fund grant and malaria outcomes, the focus of the project’s assistance was to equip the NMCP to fulfill its mandate. This design enabled STAs to work alongside NMCP staff, and eventually shift to mentoring and coaching, rather than doing the work of the NMCP. STAs were held accountable for the value they added to NMCP capacity to successfully lead and coordinate national malaria control efforts, rather than the number of activities they completed or any specific grant performance measures.

Likewise, the project’s focus assumed that NMCPs already possessed, or could access, sufficient

technical malaria expertise. While all STAs had some level of malaria technical knowledge, their greatest expertise lay in Global Fund grant management, organizational capacity building, and program management. Those STAs with skills and experience in all of those areas were able to provide the most effective and responsive support, and gain the confidence of their NMCP peers. Support to the NMCPs centered on the core objective of the LMG project: supporting health systems strengthening by addressing the gap in L+M+G capacity. This objective was communicated to NMCP leadership at the outset, and differentiated STA support from targeted, short-term technical assistance. As a result, LMG/NMCP STA support strengthened behaviors and systems that will be sustained after STAs have left.



Photo credit: Cherie Black

GROUP PHOTO AT LMG/NMCP COACHING AND COMMUNICATIONS WORKSHOP IN GRAND BASSAM, JULY 2017

PROGRAMMATIC

STA NETWORK

LMG/NMCP explicitly set out to foster sharing and support among STAs. This was accomplished through annual meetings, quarterly calls with all STA, and also informal email and telephone exchanges between STAs. In the second year of the project, the LMG/NMCP home office team developed a page specifically for LMG/NMCP STA on LeaderNet.org, an MSH online platform that serves as a community for global health professionals. The LMG/NMCP group on LeaderNet was intended to be a forum for discussion and sharing among the STA, where STAs could post and respond to articles, questions, and thoughts. After several months of promoting the group, we found that STAs carried out these kinds of discussions, but preferred to use email, Skype, and WhatsApp

(technologies that were already integrated into their everyday communication habits).

STAs reported that regular coordination calls and meetings successfully created a team spirit among all STAs and a platform for exchange and learning among them. As a result, many STAs communicated on a regular basis throughout the course of the project to share ideas and support one another. Regular coordination and sharing also meant that their work and accomplishments were routinely highlighted, and that they had easy access to the expertise of their STA counterparts in other countries, as well as to MSH home office technical expertise. We recommend that quarterly calls and annual, or even bi-annual, meetings continue to be prioritized.



“He accompanied us at an operational level, in the area of data management, through his availability and his advice to NMCP leadership. We have been able to put in place tools on the ground that help us improve data quality. I have really appreciated that.”

-Guinea NMCP Staff

ENGAGEMENT WITH NMCPs

Over the course of LMG/NMCP’s four-year lifespan, the project recruited ten STAs to work with malaria programs in eight different countries. This sample size is small, but in the experience of LMG/NMCP, NMCPs that specifically requested an STA were more likely to maximize the STAs’ support and integrate them fully into the NMCP team. NMCPs that felt the STA was imposed or who were not convinced of the STAs’ added value to their day-to-day functioning were more likely to request financial assistance from the project and limit the STAs’ involvement. We recommend that, to the extent possible, USAID missions outline the purpose and extent of STA support to NMCPs, and obtain their commitment to hosting an STA, prior to requesting them to accept a placement.

STA RECRUITMENT

On the recruiting side, we found that tailoring the duty assignment for each individual country was an important step in identifying a good fit for each NMCP. We also emphasized the importance of “soft” skills--negotiation, coaching, conflict resolution, communication, listening--for STAs to be effective in their roles. Individuals who were more accustomed to playing the role of an expert or a director often needed more time to gain the trust and confidence of their NMCP counterparts than those individuals who were comfortable with not having all the answers and who assumed a posture of patience and humility. We recommend that recruitment of future STAs seek the following candidate characteristics:

- Demonstrated ability to negotiate and bring together diverse stakeholders and serve as a diplomatic facilitator

- Demonstrated ability to work independently, with little daily supervision
- Expert-level communication skills (listening, posing questions, writing, editing, providing feedback)
- Demonstrated achievements in supporting teams to accomplish results
- Ability to remain calm and organized under pressure.

MEASURING STA EFFECTIVENESS: STA ASSESSMENT, OCA

LMG/NMCP attempted to effectively measure the added value of STA support in two ways: baseline and endline OCAs and a study of the STA model, completed in August 2017. The baseline OCA recommendations guided STA assistance

throughout the life of the project, and the endline assessment allowed the project to review changes that have taken place at the NMCP since the arrival of the STA. The study used qualitative and quantitative methods to understand if and how STAs add value to NMCPs ability to lead, manage, and coordinate malaria control efforts. These two efforts to measure NMCP capacity and STA contributions provided valuable insights into (a) how to best measure capacity and improvements; (b) NMCP staff and malaria stakeholder perceptions of STA support; and (c) the kinds of improvements that can reasonably be expected, given STA support of a certain length of time (in other words, what outcomes [y] can be expected given “size” of the STA input [x]). We recommend that future mechanisms continue to refine measures of NMCP capacity and STA effectiveness. This can be done by continuing to periodically conduct OCAs and rigorously study the theory of change. ■

“The STA really integrated well. He works very closely with the NMCP staff, and he doesn’t just give technical advice, but accompaniment. He’s part of the activity itself. So when we do gap analysis he sits with us, we go through it point by point. When we do proposals he sits with us, we go through it point by point. He doesn’t just say, ‘Write it and send it to me, let me give you feedback.’ No, he’s part of the team. Although it’s more time-consuming for an STA, and it’s difficult sometimes, I think it’s very effective.”

-Sierra Leone, Global Fund grant SR CRS



“Things have radically changed. It must be said that they have radically changed. The same individuals that were there back in the day are the same ones that are there today. But you can see that it is the individuals who have changed. So I think that this internal transformation evidently is due to the presence of a transformational element within the program.”

-UNICEF Côte d'Ivoire

CONCLUSION AND ACKNOWLEDGMENTS

LMG/NMCP has collaborated closely with USAID/PMI, USAID missions, and NMCPs, working with them to improve NMCP capacity to lead and manage country-wide efforts to combat malaria. The project has recognized from the beginning that in order for malaria investments to impact malaria morbidity and mortality, national governments--through the NMCPs--must be capable, motivated, and empowered to take the lead. LMG/NMCP has focused on building on NMCP strengths and addressing weaknesses, in a way that centered on country leadership. By orienting NMCP teams towards their own vision for malaria control, LMG/NMCP STAs were able to successfully introduce and support new ways of managing NMCP resources, update and implement norms and policies, and mobilize existing and new malaria stakeholders.

Contributors to LMG/NMCP's success were many and crosscutting, beginning with USAID/PMI and NMCP leaders, to NMCP staff, Global Fund country portfolio managers, USAID missions, other Global Fund grant PRs and SRs, Roll Back Malaria, and decentralized health systems staff in each country.

Most of all, credit must go to the individual STAs and their NMCP counterparts who, through LMG tools and approaches, overcame challenges and forged new ways of mobilizing against malaria. The result is stronger NMCPs, which means more reliable and targeted malaria prevention and treatment for the people most impacted by the disease. ■

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