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CÔTE D'IVOIRE 2011–2017

BUILDING LEADERSHIP IN HEALTH CARE

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FINAL REPORT: LEADERSHIP, MANAGEMENT AND GOVERNANCE PROJECT

Training of trainers program in Adzopé, March 2017

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BUILDING LEADERSHIP IN HEALTH CARE

THE LEADERSHIP, MANAGEMENT AND GOVERNANCE PROJECT IN CÔTE D'IVOIRE, 2011–2017

Contents

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ACRONYMS

ANC4+	Antenatal care visits (4 or more)
AIDS	Acquired immune deficiency syndrome
ART	Antiretroviral therapy
ARVs	Antiretrovirals
CCM	Country Coordinating Mechanism
CDC	U.S. Centers for Disease Control and Prevention
DMR	Desired Measurable Result
GFATM	Global Fund to Fight Aids, Tuberculosis and Malaria
GMS	Grant Management Solutions
HIV	Human immunodeficiency virus
IT	Information Technology
LDP+	Leadership Development Program, Plus
LMG	Leadership, Management, and Governance (project)
L+M+G	Leadership, Management, and Governance (tools, approaches, practices)
LMS	Leadership, Management, and Sustainability (program)
M&E	Monitoring and evaluation
MESST	Monitoring and Evaluation System Strengthening Tool
MNCH	Maternal and child health
MSHP	*Ministère de la Sante et de l'Hygiène Publique (*Ministry of Health and Public Hygiene)
MOST	Management and Organizational Sustainability Tool
MSH	Management Sciences for Health
NFM	New Funding Model
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PLHIV	People living with HIV
PR	Global Fund Principal Recipient
SR	Global Fund Sub-Recipient
TB	Tuberculosis
USAID	U.S. Agency for International Development


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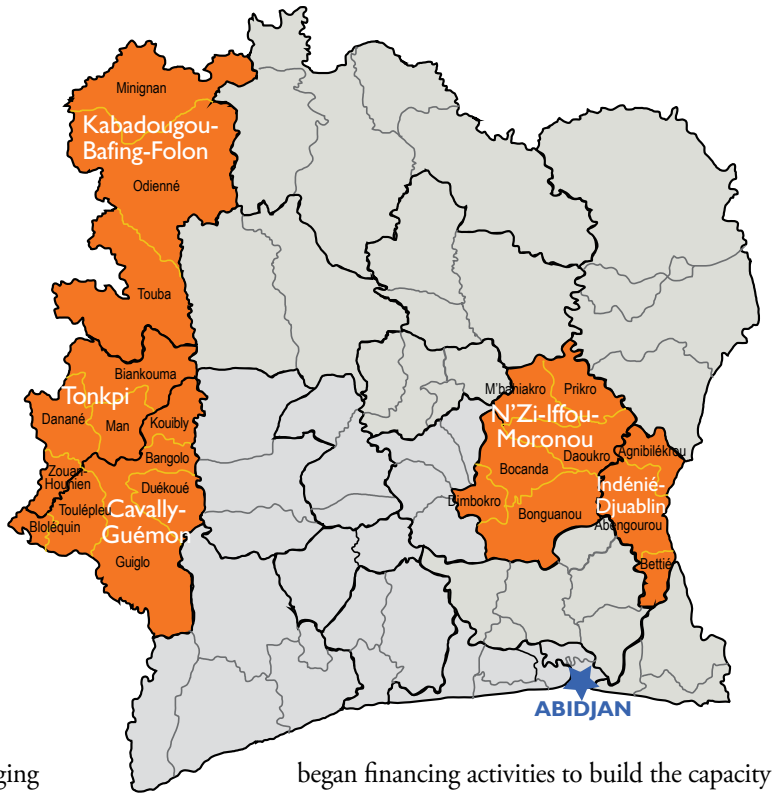
Photo by ICAP



EXECUTIVE SUMMARY

At the end of 2011, Côte d'Ivoire was emerging from a decade of economic and political instability marked by two civil wars. The country faced significant health challenges, particularly in the area of maternal and child health, and was struggling to prevent and treat HIV, tuberculosis (TB), and malaria. Prolonged conflict led to poor governance and under-funding, both of which weakened the public health sector.[1]

In response to these challenges, the Government of Côte d'Ivoire, in its *National Health Development Plan* for 2012–2015, articulated a vision for an integrated, accountable, efficient health care system that would guarantee the health and well-being of all citizens, particularly the most vulnerable populations. To accomplish its vision, the government prioritized strong leadership, transparent governance, and sound management.[2] To support the government's efforts to strengthen its health system, the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) prioritized leadership, management, and governance activities.[3]

In December 2011, through the USAID-funded Leadership, Management and Governance (LMG) Project, PEPFAR began financing activities to build the capacity of members of the Country Coordinating Mechanism (CCM)—a national committee of representatives from government, the private sector, technical fields, and civil society—and recipients of grants from Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) to improve governance, monitoring, and oversight of these grants. These activities built on previous capacity building assistance provided to the CCM from 2005–2010 through the USAID-funded Leadership, Management, and Sustainability (LMS) program. By continuing to help strengthen these entities, LMG/Côte d'Ivoire helped create more stable, transparent, and efficient national structures capable of obtaining and managing increased levels of funding from the GFATM.

In 2013, LMG/Côte d'Ivoire expanded to provide technical assistance to the regional and district levels of the health system. Responding to the challenges of a centralized health system characterized by top-down decision-making and inefficient bureaucracy, the *Ministère de la Sante et de l'Hygiène Publique* (MSHP) decentralized decision-making and management to health regions and districts, bringing important health decisions closer to the communities and

Photo by BROOKE BARKER

people they serve.[4] To support this shift, LMG/Côte d'Ivoire began implementing a decentralized management pilot project in the health regions of Indénié-Djuablin and N'Zi-Iffou-Moronou.

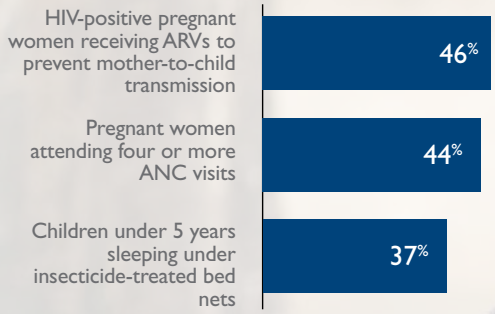
LMG/Côte d'Ivoire worked directly with the managers and directors at the decentralized levels in those regions, focusing efforts on producing measureable results rather than completing routine activities. LMG's strategy was to build the leadership and management capacity of decision-makers through specialized training and mentoring. By December 2014, the regions and corresponding districts of implementation showed marked improvements in HIV and AIDS and maternal and child health (MNCH) indicators. For example, the antiretroviral therapy (ART) retention rate of people living with HIV increased by about 40% in both regions.

In 2014, the already weak health systems in the West Africa region were hit by the Ebola outbreak. Sharing borders with two of the three countries hit hardest by the epidemic, Liberia and Guinea, Côte d'Ivoire's already fragile health infrastructure faced a major threat. In response to this acute challenge, USAID allocated Ebola emergency funds in 2015 to extend the LMG decentralization project to three new regions along the border with Guinea and Liberia (Cavally-Guémon, Kabadougou-Bafing-Folon, and Tonkpi). LMG focused on building cross-sectoral capacity at the regional, district, and hospital level for epidemic preparedness and response. Over the course of two years, LMG strengthened the epidemic surveillance system in these regions. By the end of activities in June 2017, the regions and their corresponding districts and referral hospitals were better equipped to respond to epidemic threats. In one district, the weekly notification rate (from health sites to the district) on possible cases of Ebola, yellow fever, cholera, measles, and meningitis increased from 15% to 100%. In one referral hospital, the percentage of suspected cases of epidemic diseases reported in the national notification system increased from 26% to 100%.

At its end in June 2017, LMG/Côte d'Ivoire had trained over 400 practitioners in leadership, management, and governance (L+M+G) practices at the hospital, district, regional, and central levels of the health system. The MSHP worked in close partnership with MSH throughout the project. In 2016, after seeing LMG's results, the MSHP took ownership of the LMG decentralization approach and expanded the program to three additional regions (Bélier, Agnéby-Tiassa-Mé, and Sud-Comoé) with funding from the GFATM malaria and TB grants.

Photo by ICAP

Figure 1.
Côte d'Ivoire health statistics in 2011

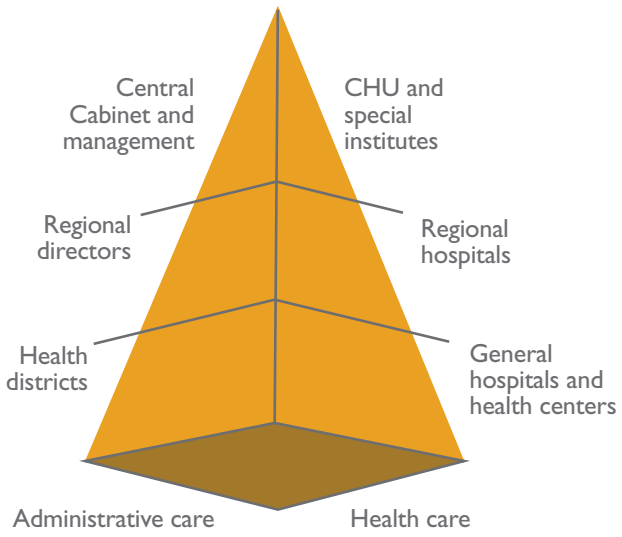


Source: *http://countdown2030.org/documents/2015Report/Cote_dIvoire_2015.pdf*

Photo by ICAP

Figure 2.

Organizational pyramid of Côte d'Ivoire's health system



Source: *Côte d'Ivoire National Health Development Plan, 2012-2015, Annex 1*

THE HEALTH SYSTEM IN CÔTE D'IVOIRE

To address the challenges facing Côte d'Ivoire's health system and accomplish the vision laid out in the *National Health Development Plan* for 2012-2015, the MSHP prioritized strong leadership, transparent governance, and decentralization of health management and services from the central level to regional and district levels.[5]

The MSHP established the following administrative structure for the health system:

- The central level, comprising MSHP departments and central services, is responsible for the definition of policy, support, and overall coordination of health.
- Twenty regional health departments support health districts in the implementation of health policy.
- Eighty-two health districts coordinate health action depending on their territorial jurisdiction and provide operational and logistical support to health facilities.[6]

The public health system represents a pyramid (see Figure 2), with 1,967 urban and rural primary health care centers forming the base; 68 general, 17 regional, and two specialized hospitals in the middle; and facilities for last-resort referrals, including four teaching hospitals and five specialized national institutes at the top.[7] With a population of 23.7 million (as of 2017), there is a public primary care center for every 12,048 persons[8] and 6.3 doctors, nurses, and midwives per 10,000 population.[9]According to the MHPH's 2015 *Annual Report on the State of Health,* more than 29% of the population lives more than five kilometers from a health facility.[10]

The Ivorian public health system delivers the majority of health services, but a growing private sector and traditional medicine practitioners also contribute to the population's health care,[11] necessitating more concerted collaboration and coordination among the multiple stakeholders interacting with the health system.

Photo by BROOKE BARKER


Photo by ICAP

Global Fund Impact in Côte d'Ivoire 2003–2017

US$ 459,833,928
Total disbursed amount

170,000
People on antiretroviral therapy

98,500
New smear-positive TB cases detected and treated

26,800,000
Insecticide-treated nets distributed

Source: Global Fund website, https://www.theglobalfund.org/en/portfolio/country/?loc=CIV&k=ed3fb9ed-a462-4743-b6d3-12b20f363974-

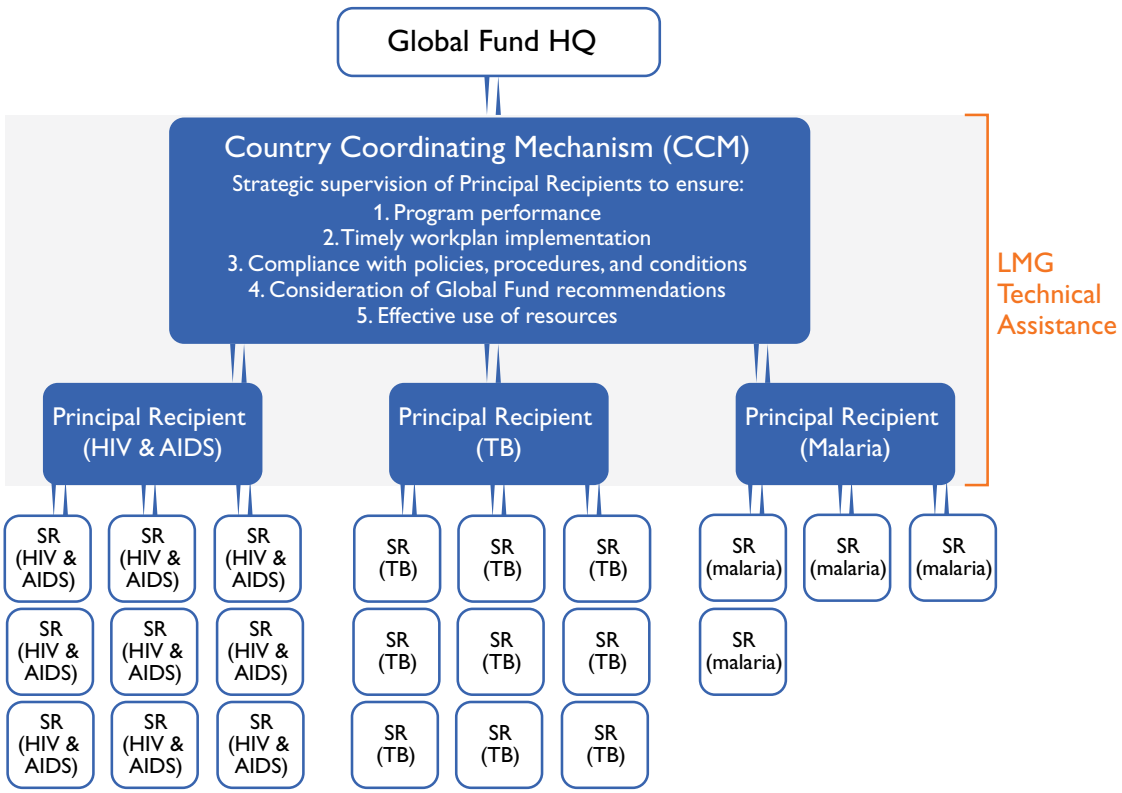
TECHNICAL SUPPORT FOR FUNDING FROM THE GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA

When the LMG project began working in Côte d'Ivoire in 2011, the country had the highest adult HIV prevalence in West Africa, estimated at 3.4%. HIV/TB co-infection rates were at 24%, with TB acting as the leading cause of AIDS-related deaths.[12]Simultaneously, malaria was the leading cause of death in the country.[13]In Côte d'Ivoire, Global Fund grants are the largest source of funding for national efforts to combat TB and malaria and the second-largest funding source for HIV interventions.[14] These grants represent an enormous opportunity for the country to make strides against these three diseases. However, successful implementation of grants requires sound management and diligent oversight.

In 2011, Côte d'Ivoire was in danger of missing Global Fund funding opportunities and targets because the CCM—a national committee of representatives from government, the private sector, technical fields, and civil society—was poorly led and managed. Given that the country risked losing critical HIV and AIDS, TB, and malaria funding, PEPFAR enlisted the LMG project to work with the CCM and Principal Recipients (PRs) of Global Fund grants to build their skills in leadership, management, and governance; monitoring and evaluation; supervision; and resource mobilization.

An effective CCM leads the preparation of national requests for funding, manages and monitors the funds after the proposal succeeds, and helps implementing organizations reach their goals. Over the six years, the LMG project worked closely with the CCM and PRs to carry out these essential responsibilities. The LMG project provided short-term technical assistance for discrete trainings and a full-time Technical Advisor embedded in the CCM to coach members.

Figure 3.
Global Fund management structure in Côte d'Ivoire



Strategies and Achievements

Strengthening regular CCM functions

The LMG/Côte d'Ivoire Technical Advisor worked closely with CCM members to ensure that the CCM could carry out its routine functions, which included overseeing PRs and conducting oversight visits, guiding grant implementation, and helping to ensure audit recommendations were followed. To fully execute its strategic supervision function, the CCM must regularly meet to monitor progress on the HIV and AIDs, TB, and malaria grants, follow up on recommendations given to the PRs, and address implementation challenges. Additionally, the CCM must conduct regular oversight visits to the PRs and site visits outside of Abidjan to supervise activity implementation.

The LMG Technical Advisor supported the organization and execution of General Assembly, Secretariat, and committee meetings to verify PR grant implementation and performance and to report to the Global Fund. Also, the LMG Technical Advisor worked with CCM members to develop consistent practices for planning and reporting to ensure efficient time use and

Strategic Supervision (a key function of the CCM)

CCM supervises PR results to ensure:

1. Program performance
2. Timely workplan implementation
3. Compliance with policies, procedures, and conditions
4. The consideration of Global Fund recommendations
5. The effective use of resources

The CCM needs to identify obstacles encountered in implementation and promote corrective measures.

Photo by ICAP

"Before, I worked on call—when I had an idea, I just did it. Now I create a plan—a work calendar. I plan things out and I link it to the CCM strategy."

"I listen to my coworkers and ask good questions so that we can find solutions together. I focus on giving good feedback and encouraging my staff."

— CCM members, reflecting on lessons learned from the LDP+ process

adequate follow-up. For example, the CCM and Technical Advisor developed templates for regular reports and tracking recommendations and an interview guide for information gathering during site visits.

Developing capacity of CCM members to carry out their responsibilities

To build CCM member leadership capacity, LMG/Côte d'Ivoire guided CCM committee members (charged with overseeing HIV and AIDS, malaria, and TB activities) through the Leadership Development Program Plus (LDP+), an intensive series of performance enhancement workshops and coaching sessions to help them work through real challenges by setting targets, devising action plans, and working towards a workplace goal. The committee members all increased the number of regular meetings held as a result of the LDP+.

In addition to the LDP+, CCM members participated in ongoing trainings on managing risk, maintaining document archives, supervising PRs, and practicing good governance. Overall, LMG/Côte d'Ivoire trained six permanent secretariat staff, seven CCM members, and seventeen civil society network members (representing nine separate networks) on good governance practice, and it trained more than sixty CCM members and seventeen civil society network members on strategic monitoring.

In 2013, when the GFATM launched a New Funding Model (NFM) that substantially changed its grant-making process, LMG/Côte d'Ivoire, in collaboration with Grant Management Solutions (GMS), worked with the CCM to help members understand the new process. LMG/Côte d'Ivoire explained the changes and provided regular coaching and training throughout each stage of the application process.

LMG/Côte d'Ivoire also trained CCM members on using tools for monitoring and evaluating PR implementation and performance. As the CCM is an oversight body, strong M&E systems are necessary for determining effective management and use of GFATM grants. CCM members learned to use the Monitoring and Evaluation System Strengthening Tool (MESST) to assess the strength of their M&E system—the M&E plan, personnel, and data collection and reporting platforms—and then develop an action plan to improve M&E. The MESST helped the CCM improve its M&E efforts and the quality of data to gauge successful implementation of activities supported by the GFATM.

To facilitate data collection and analysis, CCM members learned how to use a dashboard tool, a software program developed by GMS that captures data from PRs on health indicators and essential drug stocks associated with GFATM grants. The dashboard then presents a graphical snapshot, so the CCM can easily keep track of project progress, identify problems, and intervene as necessary.

As new members joined and old members departed the CCM, the Technical Advisor provided orientation on the positions, such as President and Permanent Secretary, and ongoing mentorship on roles and responsibilities. This contributed to improvements in the CCM's professional reputation and increased visibility, which have resulted in more applications for CCM positions, although most are unpaid.

Developing standardized procedures and policies

LMG/Côte d'Ivoire supported the development of key CCM documents that establish clear policies and processes to help ensure the CCM is compliant with GFATM regulations and operates in a transparent and streamlined capacity. For example, the CCM now manages a regular and stable membership-renewal process.

LMG/Côte d'Ivoire also provided information technology (IT) materials, helped develop a CCM intranet, and supported the development of regular quarterly internal information bulletins. These activities established reliable communication channels and improved the internal communication at the CCM.

Photo by BROOKE BARKER

Documents LMG/Côte d'Ivoire helped the CCM to develop

1. CCM Statute
2. CCM Internal Regulations
3. Conflict of Interest Policy
4. Governance Manual
5. Procedures Manual
6. Protocol for speaking during General Assembly

Strengthening capacity of Principal Recipients

The CCM selects the PRs, which are organizations charged with managing the implementation, monitoring, and evaluation of the malaria, TB, or HIV and AIDS grant activities that are carried out by Sub-Recipient (SR) organizations. It is therefore important that the PRs have strong systems and a clear understanding of GFATM processes and policies.

In addition to supporting the CCM, LMG/Côte d'Ivoire worked with the PRs to strengthen their leadership and management skills through training and coaching on key topics, such as the NFM, the use of the dashboard monitoring tool, GFATM grant implementation directives, the MESST tool for data-based decision-making, and work plan and budget proposal development.

Evaluating CCM organizational management

In June 2017, LMG/Côte d'Ivoire led a Management and Organizational Sustainability (MOST) assessment[15] with the CCM to assess changes at the CCM since 2011. Developed by Management Sciences for Health (MSH), this participatory exercise confirmed several organizational improvements such as the articulation, understanding, and use of a clear CCM mission statement. In addition, the CCM organizational strategy is clearly aligned with the CCM missions and values. The assessment also revealed concrete improvements in the CCM use of communication mechanisms, which are now consistently used to share information within the CCM and with stakeholders.

Photo by BROOKE BARKER

FREE AND TRANSPARENT CCM ELECTIONS

In 2012, the LMG project assisted with the CCM membership renewal and elections to ensure representation by all sectors and stakeholders in the CCM. The project worked with the CCM to lead civil society information sessions on CCM member roles and responsibilities and to assist stakeholders in identifying nominees for member positions. The project then helped oversee the election process, where all candidates presented their platforms before the General Assembly, and each voting member cast his/her vote by secret ballot. The successful execution of a transparent and fair election process was an important step toward effective CCM support to Global Fund Principal Recipients in Côte d'Ivoire.

> "These elections were conducted with great success, such professionalism, equality, and transparency… as if it were a presidential or municipal election in a country."
>
> — Dr. Memain, 2012 outgoing CCM President

Photo by BROOKE BARKER

As a component of the MOST assessment, key informant interviews conducted with CCM members, who noted the following improvements in routine functioning:

- CCM committee meetings are more participatory; before, they were not.
- As a result of the LDP+, CCM members are oriented around a common vision and therefore better able to prioritize.
- Support staff that have been hired meet the requirements of the job.
- The CCM is better able to mobilize resources.
- CCM member training takes place regularly and effectively equips members for their roles.
- Thematic working groups are functioning.
- Established procedures are respected.
- Strategic monitoring takes place via site visits.
- CCM members have the ability to analyze the dashboards.
- The CCM President and Vice Presidents are executing their roles and responsibilities.
- The CCM administration is functioning correctly.

Respondents also commented that the permanent secretariat is now better governed and there is a better understanding between the secretariat and CCM members of each party's role. Respondents also noted that CCM members are held accountable for filling their roles and responsibilities. One person stated that CCM members now understand that they are there to resolve issues with grants, and carry out site visits in order to understand and resolve grant issues. Overall, they felt confident in their ability to create a common vision to achieve desired results and overcome challenges with success. These improvements were all attributed to the support received from LMG, in particular the regular mentorship of the Technical Advisor, the LDP+ and governance trainings, CCM member orientations, and the support for site visits.

Photo by BROOKE BARKER

"Before, we were not precise about when we would hold CCM meetings. Now, we have regular meetings. The meetings were so long before, but now we complete each meeting within two hours."

— CCM member

SHIFTING HEALTH MANAGEMENT FROM CENTRAL GOVERNMENT TO REGIONS AND DISTRICTS

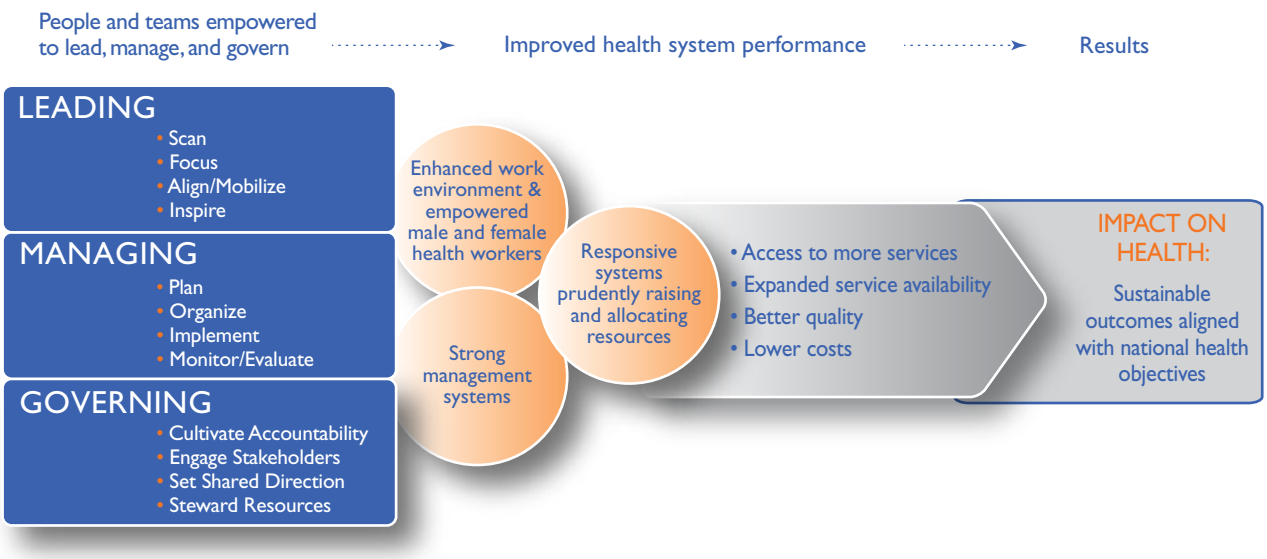
Decentralization brings health decision making closer to the people by delegating authority to the regions and districts to set health agendas. Decentralized health systems can reduce bureaucratic delays and better respond to the local needs and context, and consequently, increase the community's access to and use of public health services. Through decentralization, the government of Côte d'Ivoire sought to increase access to health care, foster community participation in setting health priorities, and decrease health disparities in even the hardest to reach areas.

The Leadership, Management, and Governance (L+M+G) Approach to Decentralization

From October 2013 to September 2015, LMG/Côte d'Ivoire launched a pilot initiative, with funding from PEPFAR, to strengthen the leadership, management, and governance of the health directorates and facilities in the regions of Indénié-Djuablin and N'Zi-Iffou-Moronou and their nine districts. During the pilot project, regions and districts focused on improving ART retention rates and MNCH outcomes.

In October 2015, building upon the success of the decentralization pilot project, the government of Côte d'Ivoire expanded the approach, with additional USAID

Figure 4.
Leading, Managing, and Governing for Results Model



Source: *LMG project, Health Systems in Action: An eHandbook for Leaders and Managers, 2014*

Photo by BROOKE BARKER

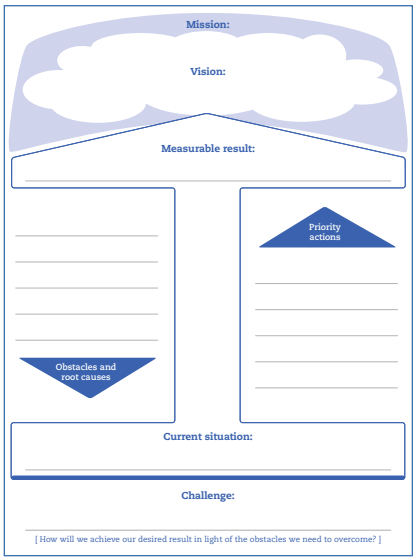
Ebola funding, to the health regions of Cavally-Guémon, Kabadougou-Bafing-Folon, and Tonkpi. These regions prioritized reinforcing systems to control diseases prone to epidemics, such as Ebola, by establishing coordinated response strategies, community participation, and better data collection and analysis.

The LMG approach to decentralization follows the 12 practices of L+M+G and the theory of change outlined in the Leading, Managing, and Governing for Results Model (see Figure 4). This Results Model serves as a road map to guide individuals and their teams to improved services and better health outcomes. Following this road map can help transform discouraged, passive employees into active managers who lead, resulting in a cascade of improvements in team cohesion, customer service, service quality, and even the physical environment in which people work—and eventually to greater impacts on the health of communities.[16]

As part of its core strategy to strengthen leadership, LMG/Côte d'Ivoire led the LDP+. 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 improvement 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.

In Côte d'Ivoire, the process helped staff to work better in teams and lead others towards a shared goal. Staff from the central, regional, and district levels were trained to become LDP+ facilitators. With some initial in-person coaching, followed by remote coaching, the team of local facilitators successfully guided participants through 12 sessions on leadership, management, and governance, divided into three to four workshops over the course of six months. The team members actively practiced what they learned by using the Challenge Model—a key tool in the LDP+ that systematizes thinking through a challenge and coming up with strategies to reach an intended measurable result (see Figure 5, page 16). Throughout the process, the teams received support from their facilitators, who also served as coaches. At the end

Figure 5.
The Challenge Model



Source: *LMG project. LDP+: A Guide for Facilitators. Medford, MA. Revised 2016.*

of the six-month period, the teams presented their results to LDP+ colleagues, the technical coaching team, and the health system governing body to share lessons learned and plan for the continued implementation of new knowledge and skills. By the end of the process, in the first two regions and then in the western regions, the MSHP developed a pool of competent master facilitators who were training others and thus expanding the availability of local resources for leadership, management, and governance development in the country.

To complement the LDP+ process, regionally-based Technical Advisors provided ongoing technical support throughout the duration of the projects. These Technical Advisors worked with regional and district staff on a daily basis and reinforced management skills and practices to plan, track, communicate, coordinate, and reflect. For example, LMG/Côte d'Ivoire Technical Advisors worked with staff to ensure that offices have systems in place for data collection, meetings are well organized and documented, and teams are coordinating efforts and communicating crucial information. By facilitating the adoption of these best practices on a regular basis over the course of one to two years, the LMG Côte d'Ivoire Project built the knowledge and skills of regional and district managers, contributing to greater institutional sustainability in the long term. This support was instrumental in helping these regional and district leaders fulfill their Ministry of Health-assigned roles and responsibilities as Regional Directorates and District Directorates in terms of supportive oversight visits, data validation workshops, and effective planning, coordination, and communication.

LMG/Côte d'Ivoire also trained regional and district health staff in the four essential practices for good governance: creating a culture of accountability; engaging diverse stakeholders; setting strategic direction, and stewarding scarce resources. During the trainings, participants developed governance action plans that were implemented over the following month. For example, the Tonkpi Regional Health Directorate created a text messaging system to regularly provide updates on the regional and district coordination committee (alerts, meetings, trainings, and advocacy efforts).

"Before the LDP+, when my colleagues from the [Ministry of Health] invited me to a meeting or activity, I was reticent and defensive, but over the course of the LDP+ workshop, my barriers fell. I realized that we have only one health [system], and that by working together we can help to guarantee good health for all. The leadership, management, and governance practices that we learned are so important and innovative that I advocated for my colleagues at the police and gendarmerie to [also] be involved in the [LDP+] process."

— Lieutenant Colonel Moumouni Lougue, Director of the Water and Forest Department, Guiglo district

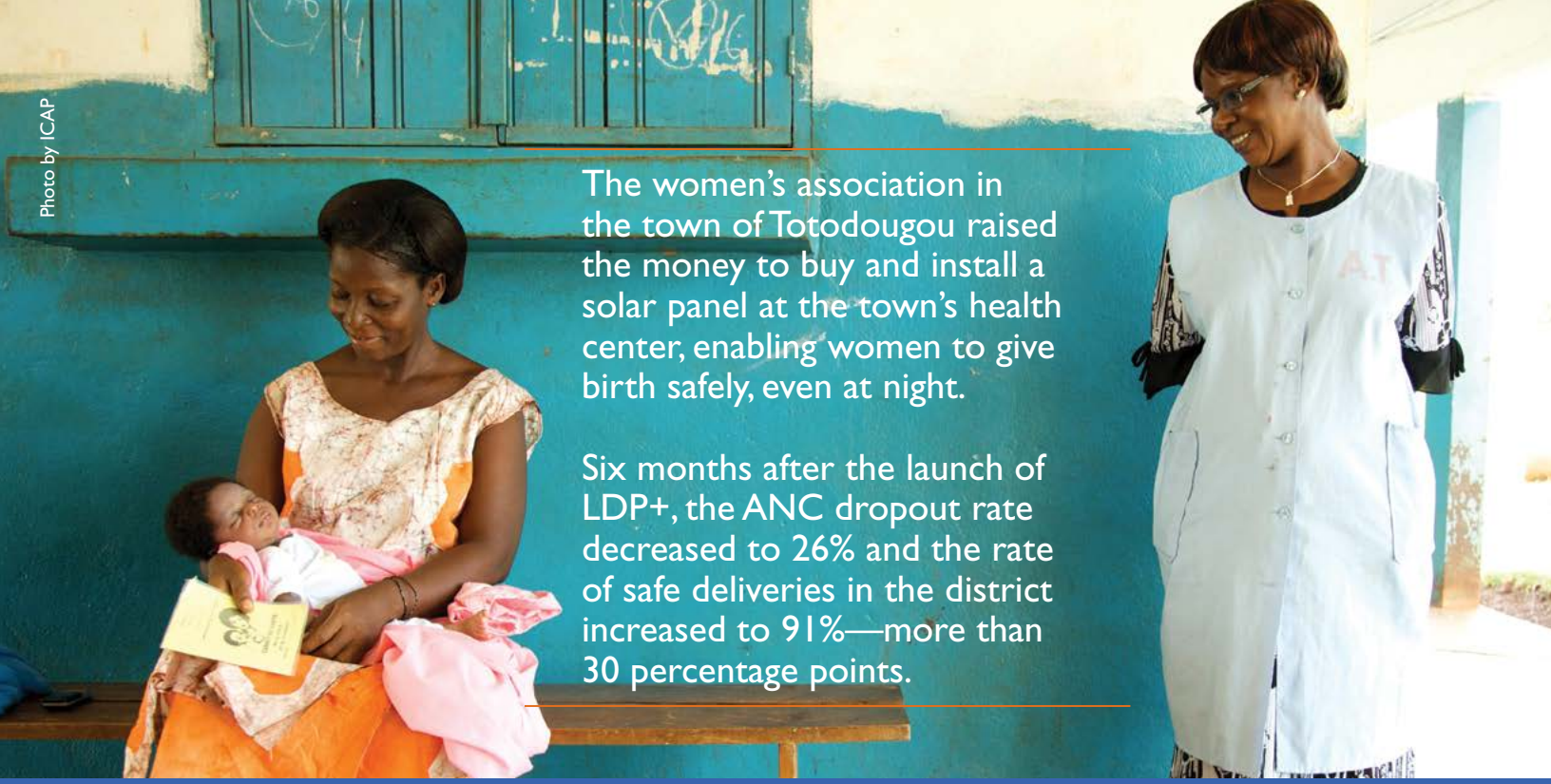


Photo by ICAP

The women's association in the town of Totodougou raised the money to buy and install a solar panel at the town's health center, enabling women to give birth safely, even at night.

Six months after the launch of LDP+, the ANC dropout rate decreased to 26% and the rate of safe deliveries in the district increased to 91%—more than 30 percentage points.

LEADERSHIP LIGHTS UP THE CLINIC

Between LDP+ workshops, the M'bahiakro district health team organized meetings in communities to share LDP+ practices with community leaders, administrative authorities, and other organizations. While discussing challenges, the community acknowledged that pregnant women were not completing the recommended four antenatal care visits, and they were giving birth in unsafe conditions.

"Almost all deliveries take place at night, and women complained there was no electricity in the health center. Many women [in the district] prefer to give birth at home, not understanding the importance of completing the series of antenatal care visits or giving birth at a health center," explained Fleur Koko, a member of the district improvement team. "When we started hosting community-wide meetings, women realized the need to complete their series of ANC visits." The women's association in the town of Totodougou raised more than US $700 to buy and install a solar panel at the town's health center, enabling women to give birth safely, even at night.

By September 2014–six months after the launch of the LDP+ in the district–the antenatal care dropout rate in the district decreased from 55% (September 2013) to 26%, while the rate of safe deliveries in the district increased from 59% (September 2013) to 91% during the same period.

Photo by MSH

LMG/Côte d'Ivoire provided a package of basic materials (external hard drives, air conditioners, and computers) to provide more accommodating work and meeting conditions in the regional and district health offices. LMG/Côte d'Ivoire provided eight vehicles to regional, district, and the General Director offices for use in supervision and routine coordination activities.

Decentralization Pilot Project

In the health regions of N'Zi-Iffou-Moronou and Indénié-Djuablin, LMG/Côte d'Ivoire led the LDP+ with 11 regional and district health improvement teams made up of 42 MSHP officers in the two regions. The project conducted a second LDP+ round with 19 health facility improvement teams.

All of the regional and district health improvement teams focused efforts on HIV prevention and treatment, while most of the health facility improvement teams aimed to improve MNCH outcomes.

Out of the 11 regional and district improvement teams, nine met their desired measurable results (DMRs), and the two teams that did not meet their DMRs were only one and five percentage points below their targets. See Table 1 opposite for a sample of measurable results.

Photo by BROOKE BARKER

Photo by BROOKE BARKER

Table 1.
Sample of regional and district Health Improvement Teams' desired measurable results and their achievement

Improvement Team	Desired Measureable Result	Baseline (May 2014)	Target	Actual (Dec 2014)
Indénié-Djuablin regional directorate	Regional directorate carries out 100% of the districts' HIV coordination, monitoring, and evaluation activities in order to increase the proportion of PLHIVs still on antiretrovirals (ARVs) at 12 months	59%	80%	81%
N'Zi-Iffou-Moronou regional directorate	Increase the retention rate of PLHIV on ARVs at 12 months from 69% to 80%	69%	80%	79%
Bocanda district directorate	Increase the retention rate of PLHIV on ARVs from 61% to 80%	61%	80%	85%
Bettié district directorates	Increase the percentage of TB-seropositive HIV-positive tuberculosis patients receiving ARV from 50% to 80%	50%	80%	100%

Photo by PINKY PATEL

All 19 health facilities that participated in the LDP+ made progress toward achieving their DMRs during the program cycle. Of the 12 health facilities in the N'Zi-Iffou-Moronou region, seven (or 58% of teams) exceeded the goal set for the end of December 2015, and the remaining teams in this region had achieved more than 75% of their DMRs by September 2015, when the pilot project closed (see Table 2 for a sample of these results). These results can be attributed to the implementation of action plans by teams and the adoption of leadership practices among providers in participating health facilities.

Decentralization Project for Epidemic Preparedness and Response

The 2015 outbreak of Ebola in West Africa posed a major threat to Côte d'Ivoire's already fragile health infrastructure and its ability to quickly and adequately respond to emerging disease epidemics. The MSHP noticed the success of the LMG approach in Indénié-Djuablin and N'Zi-Iffou-Moronou; for example, the Bettié district increased the percentage of HIV+ TB patients on TB treatment and ARVs from 50% to 100%, and called for the expansion of this approach to the Côte d'Ivoire's western regions of Cavally-

Table 2.
Select N'zi-Iffou-Moronou desired and final measurable results

Improvement Team	Desired Measureable Result	Baseline (Apr 2015)	Target	Actual (Sep 2015)
Ouéllé health center, Daoukro health district	Increase the ANC4+ coverage rate in the Ouéllé health center zone from 15% to 41%	15%	41%	160%***
Bonguéra health center, M'bahiakro health district	Increase the contraceptive prevalence rate in the Bonguéra health center zone from 2% to 10%	2%	10%	25%
Kangandi health center, Bongouanou health district	Increase the rate of postnatal consultations in the Kangandi health center zone from13% to 30%	13%	30%	56.4%
Dimbokro Maternal and Child Health Center, Dimbokro health district	Increase the proportion of pregnant women attending prenatal consultations who have received 2 doses of sulfadoxine-pyrimethamine from 30% to 50%	33%	50%	66%
Tanguélan health center, Agnibilékrou health district	Increase the percentage of infants born to HIV-positive women who had a virologic HIV test done within 12 months of birth from 50% to 80% in the Tanguélan health center zone	50%	80%	83%*
Abengourou Regional Hospital, Abengourou health district	Reduce the maternal death rate by 50% (from 40 deaths to 20 deaths) in the Abengourou Regional Hospital zone from May 1- December 31, 2015	40**	20	11*

**Actual as of July 2015, as the Indénié-Djuablin DR was unable to complete the third LDP+ workshop during the reporting period due to a visit from the President of the Republic to the region, which disrupted previously planned Regional and District Health Directorate activities.*

***As of May 2015*

****Numerator: number of women who completed ANC 4+; Denominator: number of expected pregnancies in the Ouéllé health center zone. (Actual exceeds 100% because women from other health zones traveled to the Ouéllé health center for ANC.)*

Guémon, Kabadougou-Bafing-Folon, and Tonkpi, with a focus on epidemic preparedness and response.

This expanded decentralization project incorporated the "One Health" approach to disease prevention. Introduced by the U.S. Centers for Disease Control and Prevention (CDC), this whole government approach acknowledges the interconnections between human health and a variety of other factors, such as the ecosystem, animals, water, forests, and plants. The "One Health" approach enables regional and district teams to establish more effective early-warning systems and respond to public health emergencies.

In accordance with the "One Health" concept, regions and districts formed improvement teams of staff from the health, water, sanitation, agriculture, animal, and fishery sectors to coordinate interventions for epidemic preparedness and response, and to participate in LDP+ workshops and coaching sessions. Participants from non-health sectors made up 43% of the LDP+ improvement teams in the epidemic preparedness decentralization project.

Table 3.
Selected desired measureable results and their achievement, epidemic preparedness decentralization project

Improvement Team	Desired Measureable Result	Baseline (Nov 2015)	Target	Actual (Jun 2017)
Bloléquin District Health Directorate	Increase the district reporting rate on the seven surveilled diseased (Ebola, measles, yellow fever, meningitis, cholera, neonatal tetanus, and acute flaccid paralysis [including polio]) from 42% to 100%	42%	100%	100%
Duékoué District Health Directorate	Increase the activity achievement rate for the departmental committee for the fight against epidemics from 20% to 80%	20%	80%	85%
Bangolo District Health Directorate	Increase the achievement rate of the eight Ministry of Health and Public Hygiene defined steps for epidemic disease surveillance from 46% to 70%	56%	70%	83%
Bloléquin Referral Hospital	Decrease the number of deaths from suspected cases of diseases under epidemiological surveillance from 2 to 0	2	0	0
Kabadougou-Bafing-Folon Regional Health Directorate	From June 2016 to December 2016, the completion of weekly notifications on surveilled diseases will increase from 89% to 100%	89%	100%	100%
Danané District Health Directorate	Increase the investigation rate of suspected epidemic disease cases from 80% to 90%	80%	90%	100%
Biankouma Referral Hospital	From November 2016 to June 2017, increase the notification rate of suspected cases of epidemic diseases from 26% to 90%	26%	90%	100%

Photo by BROOKE BARKER

MANAGING THROUGH TEAMWORK

"In 2014, I locked myself in my office to work on developing an action plan, which I virtually imposed on my colleagues...Now, I have confidence in the quality of work of my staff, and I delegate tasks to them."

— Sister Monica Aucello, Director,
Poetro Bonilli Denominational Health Center in Odienné district

Photo by MSH

Although staff at the Poetro Bonilli Denominational center implemented all of the activities in the center's action plan for 2014, Sister Monica was not satisfied as she noticed that her staff lacked motivation and struggled individually to try to achieve the objectives in the plan.

Sister Monica's outlook completely changed in December 2015, after participating in her first LDP+ workshop. Sister Monica left with a renewed commitment to delegation and teamwork to achieve results, and brought these lessons back to her colleagues. They decided to develop their own challenge model and action plan to increase the percentage of complete records for clients living with HIV. After working through the challenge model, by June 2016, the team had surpassed their original goal of 80% with a 97% rate of complete records.

"I now have confidence in the quality of work of my staff, and I delegate tasks to them. This has improved the work environment and allowed me to take a vacation this year, a luxury I have not had for seven years!" exclaimed the proud Sister Monica. She is so dedicated to the LDP+ that she has decided that each unit at the Poetro Bonilli Denominational center will regularly select a new challenge and use the LDP+ process to continue to improve the quality of services.

As a result of this regular support provided by the LMG project, regional and district health offices now have and use physical and digital archiving systems, publish quarterly information bulletins for health staff, and report receiving higher quality data from health facilities.

Photo by BROOKE BARKER

The multi-sectoral regional and district improvement teams identified measurable results related to the prevention, response, and surveillance of emerging infectious disease threats. Under the epidemic preparedness project, improvement teams focused on disease surveillance, tracking, and reporting in order to establish consistent processes and systems to monitor potential epidemic diseases and both prevent and respond to epidemics like Ebola. By June 2017, 19 out of 29 (65%) had achieved their DMR and 11 out of 29 (38%) had exceeded their target (see Table 3, page 22).

Strengthening Management: Daily Technical Support for Best Practices

Regionally-based LMG/Côte d'Ivoire technical advisors provided ongoing support to regions and districts to support implementation of L+M+G best practices. Technical Advisors provided technical assistance for supportive oversight visits, data validation workshops, and effective planning, coordination, and communication.

Integrated supportive oversight visits

LMG/Côte d'Ivoire worked with district health teams to conduct integrated, supportive oversight visits at health facilities and referral hospitals every quarter. For the decentralization pilot project, these supervision missions helped improve the quality of care in district health facilities by ensuring the availability of key commodities, confirming that patient records were filled out completely, and revising patient flow as necessary to help reduce patient waiting time.

For the epidemic preparedness project, Technical Advisors provided coaching and support on work related to epidemiological surveillance, reproductive health, malaria control and treatment, and family planning. Supportive oversight visits allowed districts to review gaps, such as poor filing practices and archiving of reports, and the unavailability of MSHP standard texts.

The involvement of the regional directorate in district oversight missions contributed to improvement in quality of district-level activities and coordination between the regional and district-level health teams.

Data validation workshops

With technical and financial support from LMG/Côte d'Ivoire, district epidemiological monitoring staff visited health centers to validate HIV, malaria, reproductive health, and other health data. These data validation visits checked for:

- prompt and thorough completion of reports in the health information system;
- availability of data collection and management tools;
- use of national collection tools;
- accurate and complete reports;
- proper calculation of ART retention rates;
- data consistency; and
- the involvement of health facility managers in the production of reports.

Planning, coordination, and communication

LMG/Côte d'Ivoire focused much of its technical and financial support on ensuring regional and district health teams, health facility staff, and local leaders met regularly to discuss the state of health, progress, challenges, and unfinished work to meet desired results. LMG/Côte d'Ivoire purchased equipment for conference rooms at the regional directorates, so that these offices could regularly host meetings, trainings, and workshops. LMG/Côte d'Ivoire ensured that regional and district health teams regularly met annually, semi-annually, quarterly, and monthly, with each periodic meeting serving a specific purpose.

Annual and semi-annual review meetings provided the regional health team the opportunity to share results from the districts and the region as a whole. These opportunities served to hold health teams accountable for results and motivate them to work towards goals by recognizing successes, sharing best practices, and seeking input to solve problems. For example, at the August 2015 semi-annual review meeting for N'Zi-Iffou-Moronou, the regional health team celebrated successes like the treatment of all confirmed malaria cases and the fact that 100% of TB patients completed routine screening for HIV. The regional health team also discussed the challenges of stock-outs of some vaccines and a sub-optimal completion rate (50%) of HIV-positive women who completed the initial assessment for prevention of mother-to-child HIV transmission.

The 2016 regional review meeting in Tonkpi revealed that involving community health workers and traditional medicine practitioners strengthened the epidemiological surveillance system. At the meeting in Kabadougou-Bafing-Folon, people identified the challenge of low coverage rates of polio, measles, yellow fever, and tetanus vaccines.

Quarterly regional coordination meetings provided opportunities for local health authorities to learn about pertinent public health issues and to discuss and propose solutions in a collaborative setting. For example, during the December 2014 quarterly coordination meeting in Indénié-Djuablin, participants from USAID/PEPFAR, LMG/Côte d'Ivoire, MSHP, and the regional directorate reviewed inconsistencies among districts in calculating ART retention rates. Stakeholders recommended holding a working session with representatives from the health centers in the region and partner organizations to reach a consensus on how to calculate this indicator. As a result of this working session, the regional directorate agreed to calculate ART retention at 12 months, thus improving data quality and consistency in the region.

In the three regions of the expanded decentralization project, the regional directorates formed multi-sectoral committees to combat Ebola. During these committee meetings, representatives from each sector provided updates on Ebola preparedness activities and

Photos by BROOKE BARKER

Figure 6.
Capacities of good governance

Photo by ICAP

brainstormed solutions to challenges they encountered while implementing these activities. LMG/Côte d'Ivoire helped facilitate the process of holding regular monthly and semi-annual meetings, by scheduling meeting dates with regional health directors and coordinating with the president of each Ebola committee.

As a result of this regular support provided by LMG/Côte d'Ivoire, regional and district health offices now have and use physical and digital archiving systems, publish quarterly information bulletins for health staff, and report receiving higher quality data from health facilities.

Practicing Good Governance: Workshops for Developing Action Plans

For both the pilot and epidemic preparedness decentralization projects, LMG/Côte d'Ivoire trained representatives from the regional and district directorates, hospitals, management committees—and in the case of the expanded project, staff from other sectors—in the four essential practices for good governance: creating a culture of accountability, engaging diverse stakeholders, setting strategic direction, and stewarding scarce resources.

Training sessions emphasized that governance must be seen as a team decision-making process that ensures the continued performance of the health system. Governance works when:

1. decisions are based on accurate information, evidence, and common values;
2. the process is transparent, inclusive, and responsive to the needs of beneficiaries;
3. decision-makers and those who implement decisions are held accountable;
4. strategic objectives are achieved in an effective, efficient, ethical, transparent, and equitable manner.[17]

Trainers showed participants how the Challenge Model could be used as a tool to help address governance challenges, reviewing each of the stages in its development. To create a culture of accountability, participants agreed on the importance of organizations, ministries, and health facilities working together to meet the needs of the population. Trainers presented the benefits of implementing good governance practices, and alternatively, the risks of failing to practice good governance.

Workshop participants developed and implemented action plans to improve governance practices within their regions, districts, and committees to fight against Ebola.

Evaluating the LMG Approach

The LMG/Côte d'Ivoire M&E team designed an internal evaluation, conducted in June and July 2017. The evaluation assessed the results of the leadership development approach of the project and if and how the project achieved its stated objectives. The LMG M&E team surveyed and interviewed

> "Governance is a collective process of making decisions to ensure continuous vitality and performance of organizations or health systems. Governance is (1) setting strategic direction and objectives; (2) making policies, laws, rules, regulations, or decisions, and raising and deploying resources to accomplish the strategic goals and objectives; and (3) overseeing and ensuring that the strategic goals and objectives are accomplished."
>
> Management Sciences for Health, "How to Govern the Health Sector and Its Institutions Effectively," *The eManager,* No. 1, 2013

"I was both aware of the maternal health challenges that existed and frustrated at not being able to meet [them] due to lack of appropriate strategies. But thanks to the LDP+, I developed my challenge model, identified useful allies in the community, and worked according to the strategies of the LDP+. Today, I organize consultations in the villages [within Kongoti] and I can mobilize and educate pregnant women, who now attend ANC visits more frequently."

— Charlotte Abroman, midwife at the Kongoti Center for Rural Health in the Daoukro health district

hospital, regional, and district directorate staff, local government officials, health ministry officials, and USAID officials.

The evaluation found that LMG/Côte d'Ivoire was successful in teaching the majority of participants the 12 (L+M+G) core practices. The majority of surveyed participants exhibited knowledge of 11 out of 12 practices (scanning, focusing, aligning/mobilizing, inspiring, planning, organizing, M&E, cultivating responsibility, implementing, engaging stakeholders, setting a shared direction, and stewarding resources). One practice—setting a shared direction—was only mastered by 45% of those surveyed.

The evaluation also found that LMG/Côte d'Ivoire successfully built new individual L+M+G capacity that led to greater organizational capacity at the regional and district offices and hospitals. Managers at each level reported they were satisfied with the changes in work performance, the organizational system, work climate, and management systems at their respective organizations.

The LDP+ helped participants overcome two key obstacles: leadership barriers and lack of teamwork. While 50% of survey respondents faced leadership barriers prior to the LDP+, only 10% felt that this was still an obstacle in the workplace after participating in the LDP+. While lack of teamwork affected one-third of respondents prior to the LDP+, no respondents believed afterward that this remained an obstacle. With its focus on creating positive team dynamics, the LDP+ successfully improved team cohesion among project participants.

While the LDP+ helped participants overcome certain obstacles, participants did not feel that they gained an improved ability to overcome financial constraints and political challenges. These two challenges often stem from decision makers and factors that are external to the region, district, and hospital spheres of influence. The L+M+G decentralized approach is well suited to helping participants address challenges that can be changed from within the decentralized level of organization, but has limited potential in helping to address higher-level obstacles (i.e., limited funding, turnover, and corruption stemming from politics at the central level). These central-level obstacles can have an important impact on the decentralized

Photo by MSH STAFF

THINKING OUTSIDE THE LABORATORY: HOSPITAL STAFF INVENT A SOLUTION FOR TB SCREENING

When HIV treatment lapses, opportunistic infections and illnesses, like TB, can arise, posing a real threat to patients' health. While all health facilities treating HIV and AIDS patients in Côte d'Ivoire should also regularly screen for TB, the lack of resources often prevent this practice.

Under-financed and lacking sufficient facilities, the Prikro General Hospital was forced to refer patients to the Daoukro district hospital, 72 km away, for TB screening and treatment. Inspired by the practices he learned during the LDP+, Dr. Djah Beugré, Director of Prikro's General Hospital, wanted to establish TB screening on site, despite the limited laboratory space available on hospital grounds. He aligned his team around this shared vision, arranging for two staff members to participate in training at the Abengourou Antituberculosis Center.

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

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

level and often need to be addressed in order to achieve sustainable health system improvements at the hospital, district, and regional levels. For example, turnover of Regional Health Directors and vacant Regional Health Director posts stalled activities in Ebola-funded regions during project implementation.

The internal evaluation also looked at five HIV and MNCH outcome indicators in the five target regions, in order to understand if there had been any significant changes in health outcomes over the life of the project. The evaluation found that there had been some progress in each indicator in every region since 2013. However, due to data limitations, the evaluation was not able to determine a correlation between LMG/Côte d'Ivoire's interventions and the observed improvements in health outcomes. The evaluation concluded that more study would be needed in order to understand the role of LMG/Côte d'Ivoire in inducing changes in regional health outcome indicators.

Nevertheless, the improvements in the five indicators imply that populations in these areas are accessing and using health services at higher rates than when the project began. The indicators in the evaluation included:

1. Rate of live births attended by skilled personnel
2. Coverage rate of 4+ (ANC) visits
3. Contraceptive prevalence rate/usage rate of modern contraceptive methods
4. Proportion of people living with HIV still alive and on treatment, 12 months after initiation of ART (retention rate of people living with HIV on ARVs at 12 months)
5. Percentage of HIV-positive TB patients on TB treatment and receiving ARV treatment

Improvements in these indicators are detailed in the following section.

Data on HIV and maternal health indicators

Rate of live births attended by skilled personnel

As shown in Figure 7 below, the percentage of deliveries attended by skilled health personnel increased between baseline and endline in all regions. However, only Kabadougou-Bafing-Folon achieved a statistically significant increase in skilled birth attendance, from 44% to 81%.

Figure 7.
Percent of deliveries attended by skilled health personnel, by region

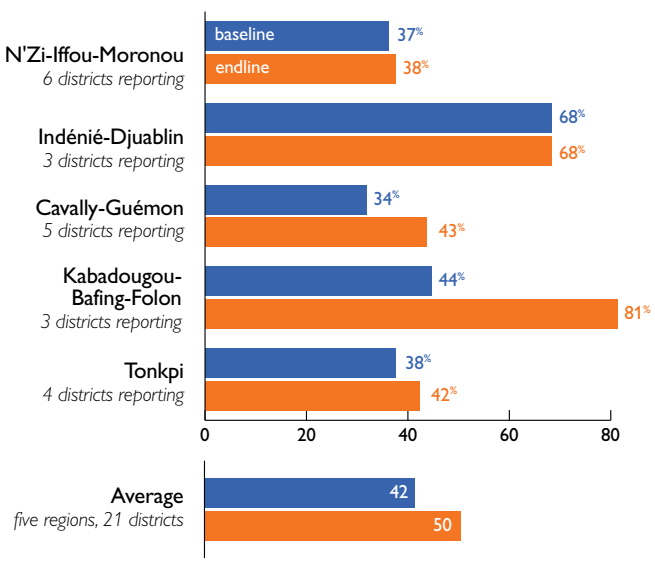


Photo by BROOKE BARKER

Figure 8.
Coverage rate of 4+ antenatal care visits, by region

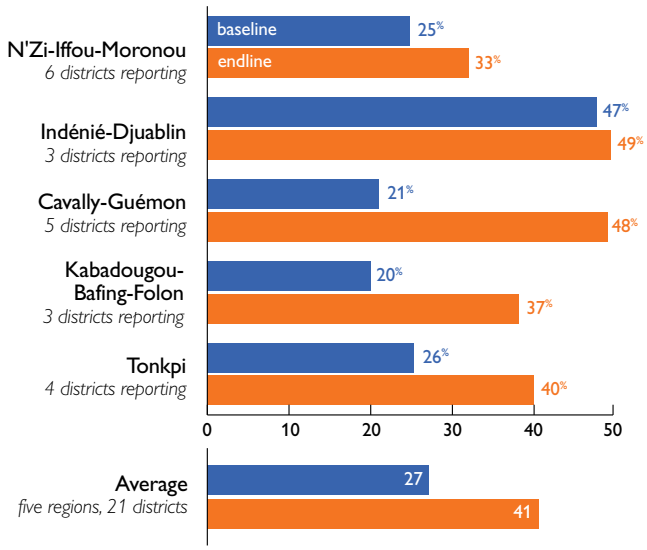


Figure 9.
Contraceptive prevalence rate, by region

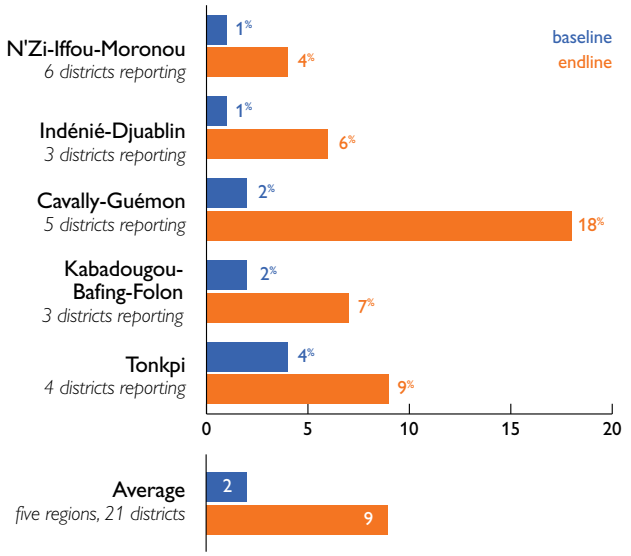


Figure 10.
Retention rate of people living with HIV on antiretrovirals at 12 months after initiation, by region

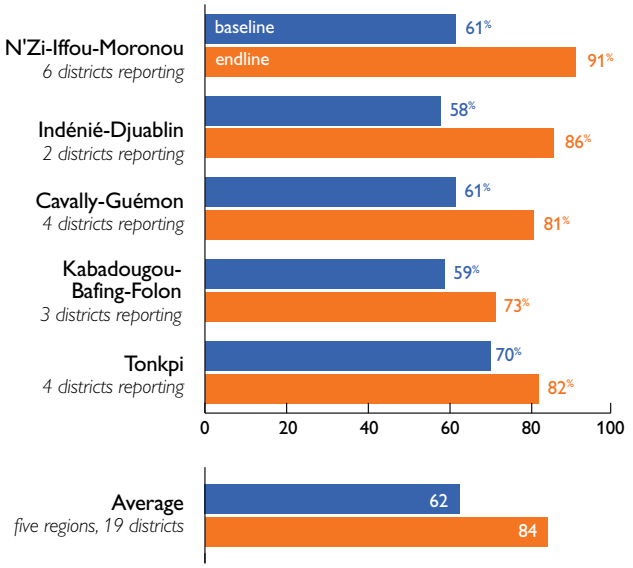
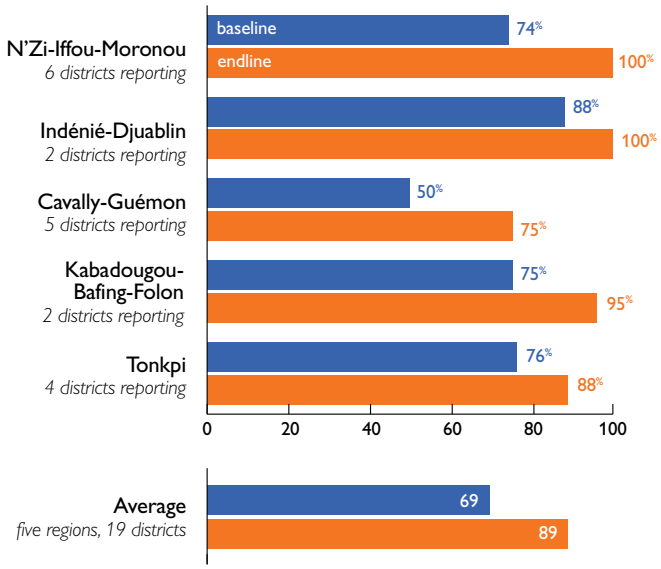


Figure 11.
Percent of HIV-positive TB patients receiving TB and antiretroviral treatment, by region



"I appreciate that we see the importance of this aspect of developing capacity. We couldn't do any of this unless the government of Côte d'Ivoire really wanted to improve the health of this country and the health and well-being of its people. It's important to stop and see where we have arrived, what we have accomplished, because you always see challenges ahead of you—the work is never done. It's good to take a moment to say yes, we did a great job. There's always a lot of work to do, and the next steps are to continue to improve management and push even harder so people in the regions feel empowered to insist on good health care, and good performance gets rewarded."

— Andrew Haviland, US Embassy Chargé d'Affaires to Côte d'Ivoire

Coverage rate of 4 antenatal care (ANC) visits

As shown in Figure 8, the ANC4+ coverage rate increased between baseline and endline in all regions. The difference was statistically significant in all regions except Indénié-Djuablin.

Contraceptive prevalence rate/usage rate of modern contraceptive methods

As shown in Figure 9, the contraceptive prevalence rate increased between baseline and endline in all regions. The regions of N'Zi-Iffou-Moronou, Cavally-Guémon, and Tonkpi achieved a statistically significant increase.

Proportion of people living with HIV still alive and on treatment, 12 months after initiation of ART (retention rate of people living with HIV on ARVs at 12 months)

As shown in Figure 10, the ART retention rate for people living with HIV increased between baseline and endline in all regions, while the increases were statistically significant in N'Zi-Iffou-Moronou and Indénié-Djuablin.

Percentage of HIV-positive TB patients on TB treatment and receiving ARV treatment

As shown in Figure 11, the percentage of HIV-positive TB patients receiving anti-TB and ARV treatment increased between baseline and endline in all regions, with the region of N'Zi-Iffou-Moronou achieving a statistically significant increase.

Photo by ICAP

Lessons learned: Addressing challenges to project implementation

- Begin recruitment of seconded staff for Regional Health Directorates early. Slow recruitment contributes to delays in project start up.
- Plan ahead and streamline processes for procurement, such as vehicle purchase. Consider alternative options (i.e., vehicle rental) to implement project activities as planned.
- Anticipate delays in workplan approval and put in place mechanisms to move forward while waiting for formal approvals—particularly with short deadlines to implement the project. Keep project launch and implementation on schedule.
- Align project policies, such as per diem rates, with those of other MSHP partners, to avoid misunderstanding.

LESSONS LEARNED AND LOOKING FORWARD

Over six years, LMG/Côte d'Ivoire helped to strengthen the leadership, governance, and management capacity of staff at various levels of Côte d'Ivoire's health system. The support provided by LMG/Côte d'Ivoire to health facilities and governing bodies, from the district to national level, through a variety of interventions (LDP+, coaching, organizational development, technical and financial assistance), has contributed to observable changes in the way people work together to strengthen the health system.

Through the LDP+ and its regular coaching and training activities, LMG/Côte d'Ivoire contributed to more effective and responsive teams, capable of managing setbacks, facing challenges, and overcoming obstacles that get in the way of their goals. Participants learned to use the Challenge Model to plan interventions, and began to routinely explore the root causes of problems, scan their environments before reaching conclusions, and develop M&E plans early. These habits have helped teams to avoid basing their proposed interventions on faulty assumptions, and allowed them to see how routinely tracking progress with clear indicators allowed them to stay focused and see results.

While LDP+ team members tended to initially identify superficial desired measurable results (choosing activities they hoped to accomplish rather than results), they began to develop the habit of first identifying and formulating the measurable results that they hoped to achieve *before* choosing activities. This was a change from the past habit of merely carrying out activities because they were included in an annual workplan.

LDP+ participants had a newfound appreciation for the benefits of working as a team towards a shared goal and vision. Many participants realized that motivation does not necessarily require paying people more money—the simple act of including people in design and the creation of a shared vision that is connected to the mandate of the government (or any specific program) brought out the best in people.

If collaboration was enhanced within existing teams, with the Ebola component LMG/Côte d'Ivoire showed how collaboration in a multi-sectoral approach pays off. Those who participated in LMG activities began to understand the importance of working across sectors in the pursuit of health objectives. For example, the project worked with regional

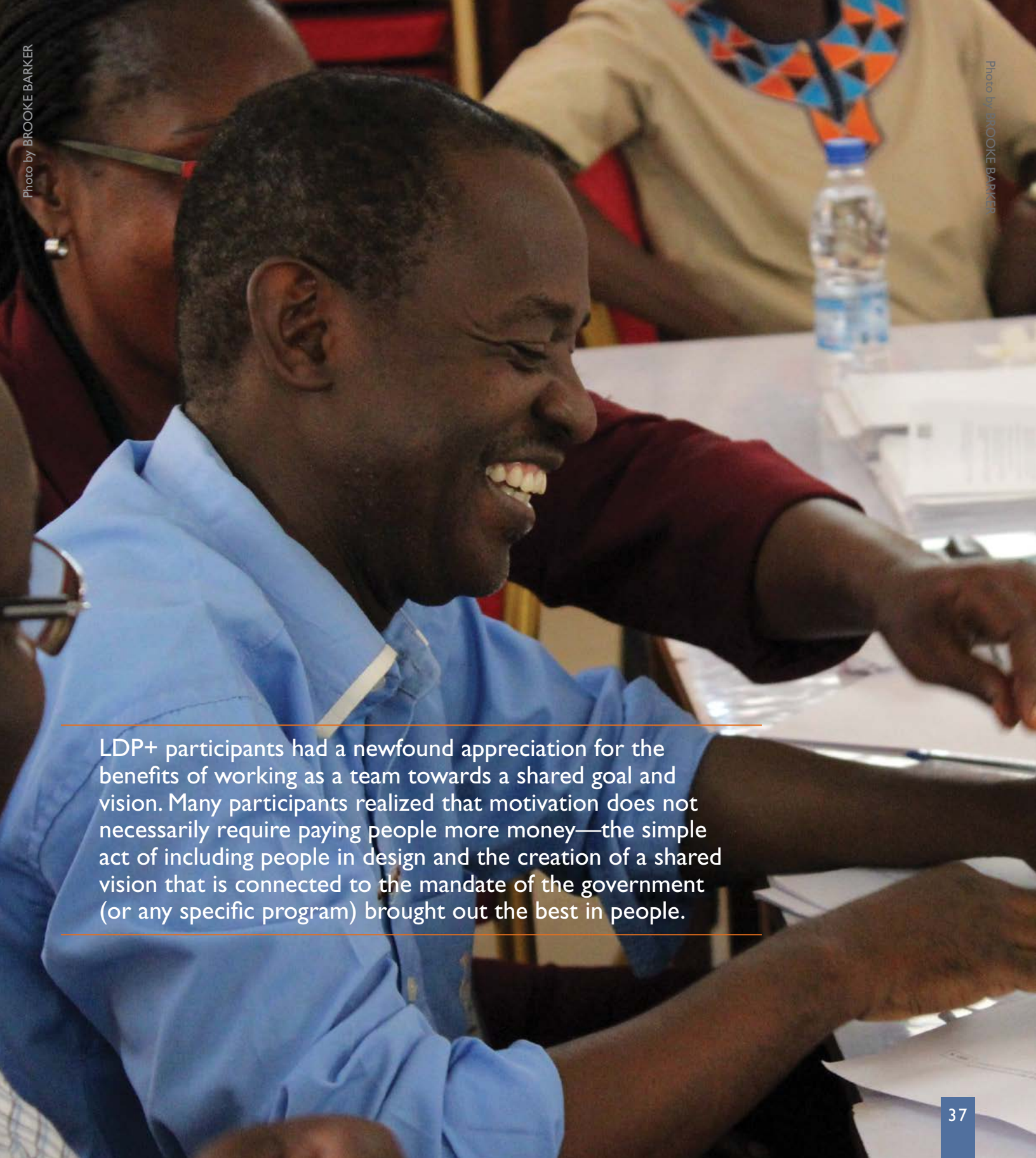


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Photo by PINKY PATEL

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and district health directorates to improve the functioning of coordination committees for the fight against Ebola with members from diverse sectors (agriculture, forests, education, and social affairs). Beneficiaries expressed an appreciation for this multi-sector approach and some participants even brought the LDP+ approach into their own workplaces and became trainers themselves. While LMG/Côte d'Ivoire successfully extended the reach of the LDP+ to include representatives from non-health sectors, they did not include community leaders or members of community-based organizations. Future work should incorporate community members into the LDP+ improvement teams.

While LMG/Côte d'Ivoire succeeded in helping beneficiaries feel more confident in their ability to overcome obstacles, political factors were seen as insurmountable obstacles to most program participants. Actors at the regional, district, and hospital level are often constrained by decisions made at the central level. While the LDP+ helps those actors to more effectively identify and overcome obstacles that are within their sphere of influence, progress can be hindered by central-level challenges. As a result, future decentralization work may require more capacity building support and training at more central-level institutions, potentially in cross-level teams.[18]

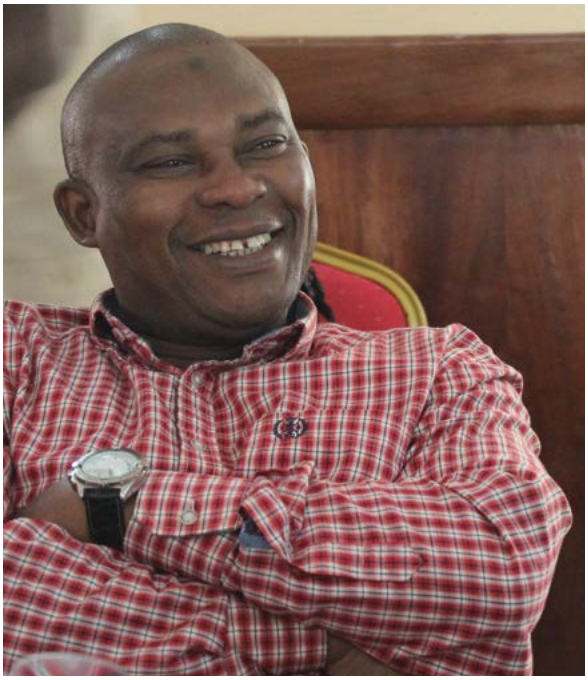
The MSHP has witnessed the value of applying key L+M+G concepts and practices to improve health system functioning at the decentralized level. Based on the encouraging results of both the pilot and Ebola projects, the MSHP advocated for the expansion of interventions to improve L+M+G capacity to other health regions by mobilizing support from other technical and financial partners. Already, LMG/Côte d'Ivoire lives on through the MSHP's expansion of the approach to three new regions (Agnéby-Tiassa-Mé, Bélier, and Sud-Comoé) through both its GFATM Malaria and Tuberculosis grants. An initial evaluation of these grants found evidence of positive individual and team level changes and improvements in the ANC4+ indicator—which was the indicator of focus for the Challenge Models associated with the evaluation—and made recommendations for future projects.

To achieve a health system with strong, institutionalized L+M+G practices throughout the country and at all levels of the health system, the MSHP will have to continue to advocate for including L+M+G strengthening interventions in new funding mechanisms, maximizing the funding provided to the MSHP to strengthen the capacity of beneficiaries. By doing so, this approach can be expanded across Côte d'Ivoire to provide managers of health services at the decentralized levels with the necessary tools and methods to model and cultivate the behaviors that foster teamwork and develop leadership. Equipped with the right tools, managers will have the capacity to improve the country's most important health indicators by providing better health services to those who need it most. ■

Lessons learned: Maximizing the effectiveness of the decentralization approach

- Include a focal point from the General Health Directorate in LDP+ workshops and activities to provide regular feedback to the central level in order to increase accountability and motivation among regional and district managers.
- Explore with the MSHP the development of an official system to recognize and reward strong performance in future projects.
- Include prefects and deputy prefects as active participants in project activities. Their role at the decentralized level can influence constituencies involved in the LDP+ (i.e., local health care workers).

Source: *GFATM Malaria and Tuberculosis grant L+M+G/Côte d'Ivoire project draft external evaluation report, June 27, 2017.*



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