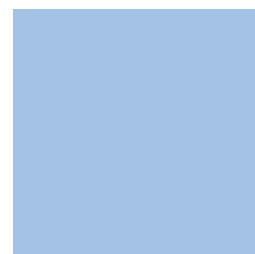
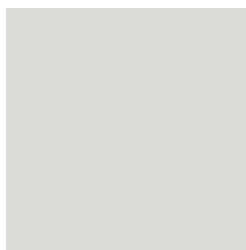


# Capacity Building for Malaria

## Niger Legacy Report | December 2019



Cover photos: Olivier Girard (2018)



## Global Framework

The Human Resources for Health in 2030 (HRH2030) Program is a five-year global cooperative agreement that builds on USAID's investments to improve and increase the sustained availability, accessibility, acceptability, and quality of the health workforce. The Capacity Building for Malaria (CBM) activity within HRH2030 embeds long-term technical advisors into National Malaria Control Programs (NMCPs) to help countries make the best use of their Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM) grants and U.S. President's Malaria Initiative (PMI) resources towards effective malaria activities. HRH2030-CBM provides a framework and community of practice to help advisors identify obstacles that prevent countries from achieving their malaria control and elimination goals.

## HRH2030-CBM in Niger

In Niger, HRH2030-CBM has been supporting the NMCP through our Senior Technical Advisor, Dr. Eric Coulibaly, for two years. HRH2030-CBM's systematic, evidenced-based approach was tailored to the Niger context through the use of the Capability Maturity Model (CMM) to develop an understanding of the NMCP's capacity in targeted dimensions.

After conducting an initial CMM assessment, HRH2030-CBM identified opportunities for maturation, specifically in the areas of supply chain; leadership, management and governance; and

monitoring and evaluation (M&E) – which led to a more focused strategy and allowed Dr. Coulibaly to dedicate his time improving the NMCP's GFATM grant performance, framed around sustainability of results and the commitment of staff to the NMCP and its mission. In particular, Dr. Coulibaly oversaw the development of context-specific supply chain interventions and monitoring tools, so that moving forward, the NMCP could ensure regular availability of malaria commodities in every corner of Niger. Specific to the leadership, management and governance area, HRH2030-CBM supported the launch of an in-depth NMCP capacity assessment to identify gaps and maximize the organization's structural and management capability.

## Interventions and Achievements

Throughout HRH2030-CBM's time in-country, the greatest triumph achieved in partnership with the NMCP was reducing the malaria mortality rate from 0.23 per 1000 in 2012 to 0.11 per 1000 in 2017, a 49 percent decrease. HRH2030-CBM also supported the NMCP in the development and implementation of the National Malaria Strategic Plan (2017-2021), its accompanying M&E plan, and malaria standard treatment guidelines. These higher-level policy and procedural documents provided the NMCP with roadmaps and tools to develop and submit GFATM concept note and PMI MOP, and achieve tremendous results in line with HRH2030-CBM's activity objectives:

**Objective 1. Strengthen the NMCP's institutional capacity to ensure effective implementation of high-quality malaria control services at all levels of the health system.**

Malaria is the leading cause of morbidity and mortality among children under-five years in Niger. Working hand-in-hand with NMCP leadership, HRH2030-CBM coordinated successful implementation of seasonal malaria chemoprevention (SMC) campaigns in 2017 and 2018 to protect children aged 3-59 months – facilitating improved collaboration and planning between the NMCP and relevant stakeholders including UNICEF, Global Fund (as implemented by CRS) and PMI (as implemented by PSI). As a result, the 2018 SMC campaign reached 100 percent of children in Niger; a total of four million. During HRH2030- CBM's tenure, the SMC administrative coverage rate increased from 68 percent (2.7 million children covered) in 2017 to 100 percent (4 million) in 2018.

In 2018, the long-lasting insecticide-treated net (LLIN) distribution campaign was completed in twelve of Niger's hyper-endemic districts in three regions – Maradi, Tahoua and Zinder. Dr. Coulibaly facilitated the microplanning sessions for census taking, LLIN quantification, distribution, distributor training, and for monitoring and evaluation (M&E) activities. Results document approximately 3,157,990 nets distributed (out of 3,257,846 available, a distribution rate of 96.9%) with 5,688,106 people covered (out of a population of 5,863,423), a coverage rate of 97.01%.

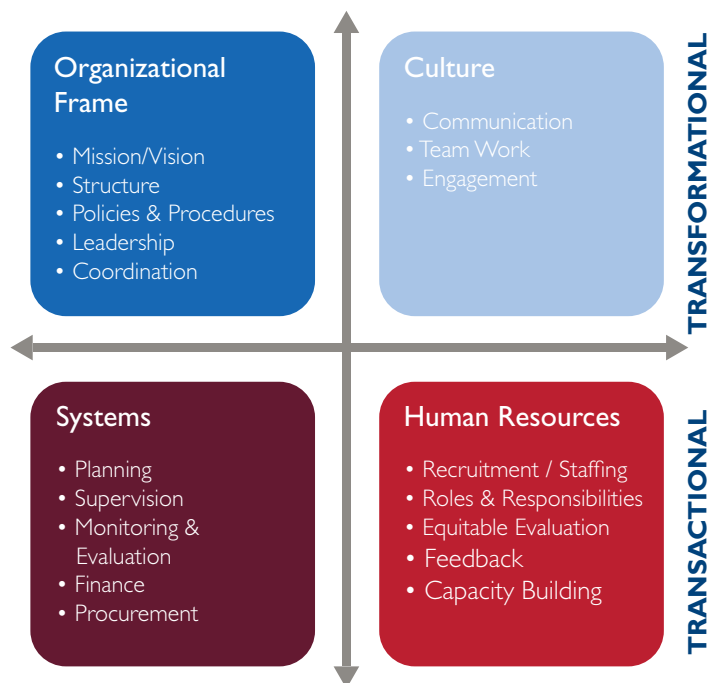
To support alignment of PMI activities with NMCP needs, HRH2030-CBM, in its final two quarters, evaluated the



A woman and her daughter benefit from a seasonal malaria chemoprevention campaign in Niger. Photo credit: Ollivier Girard (2018)

**NCMP CAPACITY ASSESSEMENT OBSERVATIONS & FINDINGS**

Assessment findings were presented by thematic area, as defined by the Organizational Development Model. Findings were drawn from semi-structured interviews with the NMCP, MOH, and partners, as well as relevant points from an Engagement Survey.



organizational capacity of the NMCP to conduct its management and coordination role with respect to the objectives and expected results set forth in the National Malaria Strategic Plan (NMSP) for 2017-2021. HRH2030-CBM worked closely with the assessment team in reviewing the questionnaire (aligned to the thematic areas found above), organizing meetings with the NMCP team, and scheduling stakeholder interviews with existing, GFATM-financed NMCP partners such as CRS and UNICEF. HRH2030-CBM provided the NMCP with a roadmap to both improve its organizational mandate—to coordinate malaria strategies nationally—and to become a stronger candidate to be considered a Principal Recipient when applying for GFATM grants. The results of the assessment also strongly suggest a realignment and possible restructuring of the organization to focus on improved leadership, coordination, communication, and management. Systematic change of this nature will lead to changes and improvements in all other areas, including systems and processes, and ultimately, malaria outcomes.

**Objective 2. Strengthen NMCP's leadership, health workforce, and procurement and supply management to support successful implementation of PMI-supported and GFATM's new funding model-funded activities.**

The Niger NMCP has served as the GFATM prime recipient for malaria activities since 2006, and in 2015 (prior to HRH2030-CBM's presence) received a score of B2, or "inadequate but potential demonstrated." In 2017, HRH2030-CBM contributed





Seasonal malaria chemoprevention (SMC) distribution campaign in Niger. Photo credit: Ollivier Girard (2018)

to the development, submission, and negotiation of the Global Fund grant request on behalf of the Niger NMCP. Dr. Coulibaly significantly contributed to the procurement and supply chain management section of the grant request submission, helping to validate a projected \$27 million supply plan. These efforts resulted in the Global Fund approving a grant of \$44.5 million euros to implement malaria interventions for the period of 2018 to 2020.

During its time in Niger, HRH2030-CBM was integral in helping PMI as they expanded their footprint in Niger to make the transition to a PMI-focus country. As such, they supported PMI's in-country assessment and development of the Malaria Operational Plans (MOP) for FY17, FY18, and FY19.

The HRH2030-CBM Program had the most impact in working with the NMCP to improve the management of malaria commodities, to ensure better availability of products at the central and district levels. They supported the development of annual quantification exercises for commodities such as artemisinin-based combination therapies (ACTs), injectable and rectal artesunate for severe malaria, sulfadoxine pyrimethamine (SP) for intermittent preventive treatment (IPT), and LLINs; quarterly product distribution plans; and quarterly stock inventory and stock analysis reports. In early FY18, HRH2030-CBM began working closely with the USAID-funded Global Health Supply Chain – Procurement and Supply Management (GHSC-PSM) to ensure delivery of PMI-funded malaria commodities to Niger's central warehouse. With HRH2030-CBM support, at the end of January 2019, more than 90 percent of GHSC-PSM commodities were delivered on-time.

### Objective 3. Strengthen LTTAs and NCMP technical knowledge and experience, and M&E management in malaria control.

Continuing to build and share knowledge remained an important part of Dr. Coulibaly's mandate in-country, supported by the larger global HRH2030-CBM efforts. Dr. Coulibaly and the NMCP management team participated in two HRH2030-CBM semi-annual meetings in March 2018 in Guinea, and in December 2018 in the United States. These meetings served as opportunities for the NMCP community and the advisors supporting them to share their experiences and build relationships. During the meeting in Guinea, a new online exchange platform was launched to allow NMCP staff to join a "community of practice" to share challenges, solutions, and continue to build knowledge.

Finally, M&E remained an area where Dr. Coulibaly consistently provided technical assistance. In order to fill an identified need, he helped to draft scopes of work for M&E positions to be embedded by malaria donors. The GFATM hired an M&E Associate in June 2018, working within the NCMP, and the USAID/MEASURE Evaluation project planned to embed an M&E Senior Advisor in the NMCP starting in April 2019.

Through Dr. Coulibaly's efforts, the M&E Specialist and M&E Senior Advisor will be working on improving data gathering procedures and data quality over the course of the next year; a lasting impact that will carry on part of Dr. Coulibaly's work after his departure.

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## How to Achieve Success as a Senior Technical Advisor

*“It starts with establishing confidence with NMCP manager and staff. The technical advisor must demonstrate his or her qualities and skills by example, motivate others to do the work, and should be seen as someone that can listen to anyone in the team. Their door should always be open. They should be considered as part of the NMCP team and therefore assume its successes and failures.”*

— Dr. Eric Coulibaly

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### Lessons Learned and Next Steps

During the last two years, HRH2030-CBM reported notable improvement in the relationship between the NMCP, the GFATM, PMI, and the activity's implementing partners. However, as noted in the NMCP Capacity Assessment, there are still opportunities to further improve collaboration.

Strengthening relationships between all partners is key, and will require regular meetings and increased involvement throughout the entire activity planning process. Higher levels of collaboration between stakeholders have proven to yield superior results. For example, in 2018, an anticipated shortage of seasonal malaria chemoprevention (SMC) treatments demanded comprehensive collaboration between partners in order to fill the commodity gap – which was exacerbated by an unexpected, insufficient amount of funding from UNICEF. The resulting coordinated approach resulted in SMC treatment reaching 100 percent of eligible children (aged 3-59 months) – a first in the history of the NMCP.

In addition to this assistance, and the experience from lessons learned across other CBM countries, HRH2030-CBM also played a key role in facilitating Niger's GFATM grant negotiations, as well as in drafting and finalizing the PMI Malaria Operational Plan (MOP). Improved coordination with these two funding mechanisms helped mobilize more resources towards Niger's fight against malaria.

Though the Niger NMCP has been able to significantly improve the efficacy of its activities, there are still important efforts to be

made in the areas of financial and organizational management in order to improve grant performance and achieve an AI level (Exceeds Expectations). To continue to climb towards the AI ranking, in addition to the roadmap laid out by the NMCP Capacity Assessment conducted by HRH2030-CBM, recommendations for next steps for the NMCP include:

- **Improve data collection and analytics:** Due to the challenge of the quality and availability of malaria epidemiological data, it is important to provide specific support to strengthen monitoring and evaluation capacities. One specific action item is to redefine malaria epidemiological strata and readjust interventions accordingly. The absence of a logistics management information system for better commodity management and logistics data availability for quantification needs to be addressed.
- **Identify gaps and maximize capacity in leadership, management, and governance:** These can be addressed by developing a Leadership Development Program Plus (LDP+) for the NMCP. Once the LDP+ is in place, it will be necessary to work with the NMCP to review their organizational chart and develop job descriptions for their different positions.

With a continued focus on increasing collaboration, strengthening the management of epidemiological data, and building leadership capacity, the NMCP in Niger will be better able to attain the objectives set forth in its National Malaria Strategic Plan and advance on the journey to self-reliance.



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